Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce

Literature Review Report

the Lowitja Institute
Australia's National Institute for Aboriginal and Torres Strait Islander Health Research
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A series of component reports, including this report, were written at different points in time by different teams as part of the two year-long Career Pathways Project, which was undertaken during 2018 and 2019 (please see **Appendix 1** for further detail).

All the underlying reports and findings from each component were synthesised for inclusion in the following overarching report:

Authors: Career Pathways Project team

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Abbreviations

ABS	Australian Bureau of Statistics
ACCHO	Aboriginal and Torres Strait Islander Community Controlled Organisations
AHW	Aboriginal Health Worker
AIDA	Australian Indigenous Doctors' Association
AIHW	Australian Institute of Health and Welfare
AMHW	Aboriginal Mental Health Workers
AMIC	Aboriginal Maternal Infant Care
AMSANT	Aboriginal Medical Services Alliance, Northern Territory
AOD	Alcohol and Other Drugs
CPP	Career Pathways Project
FTE	Full Time Equivalent
NSW	New South Wales
PHC	Primary Health Care
SA	South Australia
TRAK	Talking about Raising Aboriginal Kids
UNSW	University of NSW

Cultural preamble

The Career Pathways Project Team acknowledges the Traditional Owners of the land on which we walk and pay our respect to our Elders past, present and emerging. We gratefully acknowledge the generous contribution of Aboriginal and Torres Strait Islander workers and managers from Aboriginal Community Controlled Health Organisations and government health services. Without their valuable participation, this Project would not have been able to document the true value of the work they perform and the cultural knowledge they bring to the health and wellbeing of the Aboriginal and Torres Strait Islander community.

The Career Pathways Project Aboriginal Reference Group, comprising Aboriginal members of the research team, is mindful of the culture, heritage, and protocols of Aboriginal and Torres Strait Islander society and the role of our communities and Elders within this structure. This Project has endeavoured to bring together cultural models of engagement within the structure and process of research. Under the guidance of the Aboriginal Reference Group, the Project reflects a respectful process that is considerate and inclusive of the values and traditions of our communities and what we hold as Aboriginal researchers conducting research in our communities.

The project brings together the voices of Aboriginal and Torres Strait Islander people from across Australia working in health. It highlights the strengths in cultural knowledge, community connections, clinical practices and communication skills, and Indigenous peoples' distinctively Aboriginal and Torres Strait Islander commitment and ways of knowing and conducting business in delivering services to their communities.

The Project articulates an awareness of issues and barriers that frame the employment and retention of Aboriginal and Torres Strait Islander people. It recognises the importance of experience in connecting to Country, community, local knowledge, overlaid with industry expertise and personal and lived experiences that reflect community health and wellbeing.

The Project demonstrates the importance of strengthening and supporting Aboriginal and Torres Strait Islander leadership to create opportunities to enhance employment and retention to reinforce and to embed career pathways for our people in all sectors of health. It offers insights in addressing racism and other underlying attitudes such as unconscious bias and stereotyping, and in understanding of the impact of work overload and burnout, with the aim of creating culturally safe and responsive environments and practices that, in turn, will ensure the wellbeing of the Aboriginal and Torres Strait Islander health workforce, the non-Indigenous health workforce and community alike.

Yours in Unity,

Career Pathways Project Aboriginal Reference Group

Acknowledgement of Country

The project team for this report wishes to pay their respects to the Traditional Owners of the ands on which this research was conducted and to their Elders – past, present and future.

Terminology

In this report the term Aboriginal and Torres Strait Islander people is used throughout, except where the term 'Indigenous' has been used in literature quotes or titles.

About the artwork

Artwork by Joanne Nasir 2017. The Spirit People Dreaming from my great grandmother's songline, Borroloola.

Each figure represents a state or territory. The purple and blue lines represent the career pathway (purple) of the worker and their professional, personal and spiritual journey by the blue. The cream circles at the bottom of the figures represent the Stone Dreaming to keep Aboriginal and Torres Strait Islander workers strong, resilient and spiritually connected to their cultural identity.

Introduction

Although the life expectancy of Australia's First Peoples has slightly improved in recent years the burden of disease continues to be unacceptably high. An Aboriginal and Torres Strait Islander health workforce is integral to a health system that can meet Aboriginal and Torres Strait Islander people's health and wellbeing needs and improve population health outcomes. Aboriginal and Torres Strait Islander health professionals are well-recognised for their ability to provide culturally safe and appropriate healthcare for their communities. It is the capacity to combine technical health professional skills with cultural knowledge that is unique and of such significant value to supporting health outcomes in families and communities. Consequently increasing the health workforce is a central strategy of state and federal policies to close the gap in Aboriginal and Torres Strait Islander health inequity (2017). To achieve this, it is essential that current and future Aboriginal and Torres Strait Islander workers are provided with career opportunities where they are retained and their capacities nurtured which heightens the likelihood for remaining within the health sector.

There is a dedicated body of research about how to build an Aboriginal and Torres Strait Islander health workforce to improve health service access and outcomes for Aboriginal and Torres Strait Islander people. This has focussed on best practice in promoting, recruiting and supporting Aboriginal and Torres Strait Islander people into further education after secondary school (for example, see Anderson, Ewen, & Knoche, 2009; Australian Government, 2012; Gwynne & Lincoln, 2017; Paul, 2013; Wikaire et al., 2016), particularly in allied health, nursing, medical and specialised Aboriginal Health Worker and Practitioner programs of study. There is much less literature available on retaining and developing staff once they are in the health workforce for career development and career pathways.

Aims and research questions

This literature review has been undertaken as a part of the research activities for the Career Pathways Project (CPP) for Aboriginal and Torres Strait Islander health professionals commissioned by the Lowitja Institute. The CPP is focussed on providing insights and guidance to enhance the capacity of the health system to retain and support the development and careers of Aboriginal and Torres Strait Islander people in the health workforce and takes a national perspective. This project was initiated by Aboriginal Community Controlled Organisations (ACCHOs) and involves leadership at all levels by Aboriginal and Torres Strait Islander investigators, partners and field researchers.

The aim of the literature review is to examine the peer and grey literature to inform the broader CPP research activities and proposed actions for strengthening the career development opportunities and pathways of Aboriginal and Torres Strait Islander people in the health workforce. The review focuses on four key questions:

1. What are the unique skill sets and values that Aboriginal and Torres Strait Islander health staff and health professionals can, and do, contribute to health services?
2. What are the experiences of Aboriginal and Torres Strait Islander health staff and health professionals in entering, and progressing, their careers within health services?
3. What factors facilitate Aboriginal and Torres Strait Islander health workforce career development and career advancement?

4. What factors impede Aboriginal and Torres Strait Islander health workforce career development and career advancement?

In undertaking this literature review and addressing these questions, we first briefly provide a snapshot of the Aboriginal and Torres Strait Islander health workforce and then consider key concepts related to careers. We do so to frame the findings of the literature review provided within the main body of this report and to acknowledge the importance of privileging the contexts, values and perspectives of those who constitute the Aboriginal and Torres Strait Islander health workforce.

The Aboriginal and Torres Strait Islander Health Workforce

The Aboriginal and Torres Strait Islander health workforce is a small component of the wider Australian health sector. In 2016 There were 26,188 Aboriginal and Torres Strait Islander people employed in the Australian health industry constituting 1.94% of the total health workforce and therefore still below proportional population representation (3% target) (Australian Bureau of Statistics Census 2016 cited in Ridoutt, Stanford, De Masi, & Blignault, 2018, p. 5). Across the Aboriginal and Torres Strait Islander Health workforce, Aboriginal and Torres Strait Islander staff are concentrated in nursing and Aboriginal Health Worker roles, as seen in Figure 1 below. This relative pattern across the workforce has remained consistent over time despite growth in all sectors.

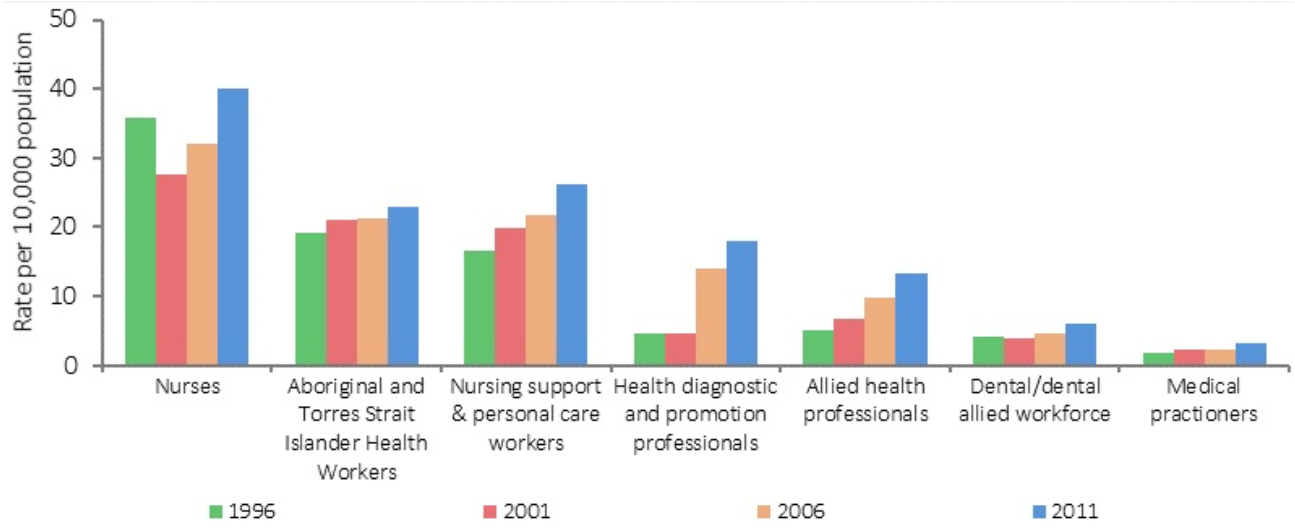

Figure 1: *Aboriginal and Torres Strait Islander people employed in select health-related occupations, rates (per 10,000), 1996, 2001, 2006 and 2011 (Source: AIHW analysis of ABS Census data cited in Australian Health Ministers' Advisory Council, 2017, p. 163)*

Although between 1996-2016 the Aboriginal and Torres Strait Islander health workforce grew by approximately 3% per annum (Ridoutt et al., 2018, p. 20), they are still under-represented in nursing, medical practice and allied health professions. Table 1 shows the relative supply of health professionals, highlighting the significant shortages and disparities across professions.

Table 1: *Comparison of the relative supply of selected health professions (per 100,000 head of population) by Indigenous status*

Health profession	Total rate employed per 100,000 population	
	ATSI workforce	**Non-Indigenous workforce**
Medical practitioner	56.1	352.6
Nurses and midwives	437.1	1,294.6
Dental practitioner	9.9	75.4
Total allied health professionals	112.2	462.0
Aboriginal and Torres Strait Islander health practitioner	36.5	. .
Medical radiation practitioner	7.3	50.5
Psychologist	18.7	99.9
Pharmacist	9.9	92.7
Physiotherapist	15.0	90.2
Occupational therapist	7.4	56.6
(Australian Health Ministers' Advisory Council, 2017)	2.2	17.7
Podiatrist	9.6	15.5
Osteopath	1.4	7.0
Chinese medicine practitioner	3.6	15.3
All registered health professions	613.3	2,180.6

*(**Source:** National Health Workforce Data Set AIHW, 2017 cited in Ridoutt et al., 2020, pp. 12-13)*

1. Includes all persons employed in the workforce for each profession, whether in a clinical or non-clinical role.
2. Rate is based on population of the same characteristic so may be understood as a participation rate (per 100,000 population). The Aboriginal and Torres Strait Islander population was estimated as 729,055. Non-Indigenous population estimated as 23,895,000.

This snapshot of the national Aboriginal and Torres Strait Islander health workforce indicates the inequalities for achieving professional health careers and suggests, given the proportionately small numbers in each profession, the possible challenges of achieving a sense of belonging within one's own profession.

This national profile is reflected in vacancies in Commonwealth-funded Aboriginal and Torres Strait Islander primary health care organisations, with 64% for Aboriginal Health Workers (vacant FTE) nurses (34% FTE) social and emotional wellbeing workers (25 FTE) and Aboriginal Health Practitioners (23 FTE) in 2015; while"66% of Commonwealth-funded Indigenous organisations reported the recruitment, training and support of Aboriginal and Torres Strait Islander staff as one of the top five challenges in providing quality care to clients"(Australian Health Ministers' Advisory Council, 2017, p. 195).

This profile highlights the context within which this literature review has been undertaken where given the small numbers and shortages of the Aboriginal and Torres Strait Islander health workforce there would unlikely be comprehensive national empirical studies from which to illuminate the factors that impede and facilitate career development and advancement. Rather, the literature review would likely depend on small scale studies for interpreting key issues from which to distil common themes and central points for consideration.

Background on key concepts

For the general workforce, a career can be understood as the unfolding sequence of a person's work experiences over time and involve both subjective and objective perspectives. The subjective career can be understood as the individual's own interpretation of his or her career situation at any given time while the objective career is understood as the parallel interpretation of any career provided by society and its institutions (Mayrhofer, Meyer, & Steyrer, 2007).

As well as delineating the concept of 'a career' it is also important to consider the key concepts central to this research study of 'career development', 'career advancement' and 'career pathways'. Where career development focuses on formal and informal strategies that are directed towards strengthening capacity, career advancement can be understood as a measure of success (or failure) in being able to achieve promotion and mobility within one's career (Marineau, 2017).

Career pathways are broadly conceived as the way "individuals move between jobs, vocational areas and roles as well as through education and training programs both formal and informal" (Guthrie, Stanwick, & Karmel, 2012, p. 8). The notion of pathways is a metaphor for the journey an individual takes through their learning and career life and the opportunity structures and constraints within which that is navigated and realised (Meyer, 2016). As Guthrie Stanwick and Karmel (2012) point out career pathways within Australia are connected to formal occupational pathways that are set through vocational and professional qualifications such as those for being an Aboriginal Health Practitioner and they can also be navigated informally, through support, career development opportunities and chance occurrences.

Broadly careers can be understood as occurring in context, located at the "intersection of societal history and individual biography" (Grandjean, 1981, p. 1057). Recent approaches to understanding careers, career development and advancement emphasise the importance of a contextual multilayered perspective that recognises the interplay of structural, institutional,

organisational and individual factors that can intersect to shape career decisions and outcomes (Bretherton, 2014; Mayrhofer et al., 2007; Tomlinson, Baird, Berg, & Cooper, 2018).

Where there had been an emphasis on individuals as having agency and responsibility for their own career decisions and outcomes there is now increasing recognition that careers are influenced by a complex range of factors (Harris & Short, 2014; Hernandez & O'Connor, 2010; Mayrhofer et al., 2007). Individuals' careers no matter the sector or workforce population are embedded within broader structural influences of regulatory environments and policy settings that can and often do, have profound implications directly and indirectly on career development and advancement (Heinz, 2003; Tomlinson et al., 2018).

There is also now an understanding that organisations are an important context for shaping careers. It is in the workplace through social relationships, individuals perceive how they are valued and with what they are entrusted, for who they are in terms of their career identity and advancement (Mayrhofer et al., 2007, p. 215). It is at the organisational level where norms and opportunity structures and constraints are experienced. How management behaves is an important factor in determining if individuals can meet their career needs and preferences in workplaces (Tomlinson et al., 2018) As such the organisation is a key site of action and contextual factor for understanding a range of important factors that have the potential to both impede and facilitate career development and advancement. Career decisions and development for an individual will be influenced by being nested within these broader multilevel contexts as well as his or her own motivations, understandings and own life course (Heinz, 2003; Tomlinson et al., 2018).

These broad concepts and this multi-level approach has been applied within the recent and highly relevant report by Bretherton (2014) *Shifting Gears in Career* for addressing career development in the Aboriginal and Torres Strait Islander workers in the Australian health sector. Bretherton argued that policy provides the broad parameters within which Aboriginal and Torres Strait Islander workers are both recruited and then work, as well as leading to the organisational policies, protocols, management practices and funding that can lead to local resourcing and programs. Connected to this, she noted the importance of workplace-level structures in constraining or broadening career development and the importance of the employers and workplace culture as deep influences on individuals' attitudes to organisations as a place within which to work and pursue a career (Bretherton, 2014, p. 10). Further, Bretherton argued for the role of professional associations in providing an important role of support networks over and across the health sector to strengthen the Aboriginal and Torres Strait Islander health workforce and provide advocacy for the sector. At the individual level there is an expectation of development of generic and vocational level skills and motivation within a health role and the sector (Bretherton, 2014).

This literature review is informed by this recent research on the importance of taking a contextualist and multilevel approach to understanding the shaping of careers and their development and potential for advancement. We seek to provide insights to the core issue of what are the factors that facilitate and impede career development and advancement in the Aboriginal and Torres Strait Islander health workforce. This document has a multilevel structure, first considering issues at the level of the individual, next at the organisational and then at the institutional levels.

Methodology

Sampling and overall search strategy

For peer reviewed articles the following key databases constituted the primary search engines: Medline, Embase and CINAHL from the year 2000. The peer review literature was initially searched in 2017 and again in 2018 to ensure recent literature was captured for the project. A snowballing process was also used where key references not identified in the initial search, but cited in relevant literature, were then sourced and included in the review process. The team was also directed to relevant articles or reports by colleagues. A search strategy endorsed by the Lowitja Institute was used to identify literature specific to Aboriginal and Torres Strait Islander people in Australia: [exp Australia$.ti,ab.) AND (Oceanic ancestry group/ OR aborigina$.ti,ab. OR indigenous.mp. OR torres strait$ islander$.ti,ab].

Grey literature was searched initially using Google Scholar with key terms above combined with "health workforce" OR "health" and "career". Due to the large volume of documents retrieved from the search terms used in Google Scholar (over 20,000 items), the search was re-visited and re-focused on searches of key government and organisational websites to identify macro-level policy documents, such as strategic plans and reports, with a clear focus on career pathways. These organisations including the Lowitja Institute, the Australian Institute of Health and Welfare (AIHW), Australian Indigenous HealthInfoNet and the Joanna Briggs Institute. The grey literature search was also narrowed to 2010 onwards to ensure recency and relevance to the current project. The team was also directed to relevant documents by colleagues. After a second round of review of the collated grey literature from 2010 onwards to ensure recency and relevance to the current project, thirty-nine (39) reports were retained for inclusion.

Peer review search terms

The key search words were grouped into four main categories:

- Country (i.e. Australia, New Zealand, Canada, North America),
- Population (i.e. Indigenous groups for the listed countries),
- Health workforce (which included terms that captured the workforce as a whole and also had terms more specific for Aboriginal Health Workers) and
- Career (which included terms that focused on professional assistance and progression of the workforce such as mentoring).

The detailed search strategies used to search the Medline, Embase and CINAHL databases are included in Appendix 1.

Peer review search and inclusion strategy

Two reviewers screened the abstracts of the search output from all databases and removed duplicates. Stage 1 screening was undertaken by reading article abstracts and removing articles both reviewers agreed did not directly address the review research questions. Stage 2 involved a more in-depth screening by both authors via the development of an annotated bibliography where the key findings were distilled to a paragraph to decide which articles addressed the research questions and would be included in the literature review.

Articles were included when they contained information relating to retainment, support, training and mentoring of Aboriginal Health Workers or health professionals including articles which addressed factors that could enable or constrain retention and career development at

the individual, organisational or institutional level. The majority of the articles sourced were not included due to a focus on recruitment and support of students completing initial health-based study to build an Aboriginal and Torres Strait Islander health workforce. This included articles on recruitment of students from secondary education into tertiary education and those focussed on increasing Indigenous health content in an academic program. Articles focussed on training, education and development of those already in the workforce were retained for the review. Articles focussed on development of cultural competency of the non-Aboriginal workforce were also not included.

Articles with a focus on improving or increasing Aboriginal and Torres Strait Islander health workforce with the aim to improve health outcomes or health access for Aboriginal and Torres Strait Islander health population were removed when no findings related to individual staff skills development or careers were addressed.

Literature Review Findings

The unique contributions of Aboriginal and Torres Strait Islander health staff

The literature strongly attests to the valuable role Aboriginal and Torres Strait Islander health workers play in provision of appropriate healthcare to their community (Conway, Tsourtos, & Lawn, 2017, p. 3; Ella, Lee, Childs, & Conigrave, 2015; Gwynne & Lincoln, 2017; Kirkham, Hoon, Rumbold, & Moore, 2018; Kirkham, Rumbold, Hoon, Stuart-Butler, & Moore, 2018; Roche, Duraisingam, Trifonoff, & Tovell, 2013; Taylor, Thompson, Dimer, Ali, & Wood, 2009; Roianne West, West, West, & Usher, 2011). Shared language, history and cultural understandings of psychosocial family and community dynamics allows Aboriginal and Torres Strait Islander health workers to provide holistic and culturally safe care tailored to Aboriginal people, which increases the acceptability, access and use of healthcare services. Many of these unique skills and contributions have been linked to improved health outcomes.

There is evidence of the unique contributions from within different sectors within the Aboriginal and Torres Strait Islander workforce. For example within the allied health professions, there is evidence of this sector improving access to health care as well as pre-hospital and inpatient health plan compliance through culturally responsive health care (Hayman et al. 2006 cited in IAHA, 2018, p. 16)
as well as providing a unique cultural lens, expertise and culturally appropriate person-centred care, sensitive to social and cultural factors in the provision of health care for Aboriginal and Torres Strait Islander patients (Holman 2014, cited in IAHA, 2018, p. 16).

A range of studies highlight the unique contributions of Aboriginal and Torres Strait Islander health workers in specific settings (Conway et al., 2017, p. 3; Ella et al., 2015; Gwynne & Lincoln, 2017; Kirkham, Hoon, et al., 2018; Kirkham, Rumbold, et al., 2018; Roche et al., 2013; Taylor et al., 2009; Roianne West et al., 2011). For example, Kirkham and colleagues (Kirkham, Hoon, et al., 2018; Kirkham, Rumbold, et al., 2018) offer detailed insights into the valuable role Aboriginal maternal infant care (AMIC) workers perform in supporting Aboriginal mothers in South Australia to access maternal and infant care noting a number of these unique contributions including having deep ties to the community in providing extensive commitment and care to families beyond the workplace. Roche et al (2013) in a study of Aboriginal alcohol and other drug workers highlight the invaluable contribution of “Indigenous ways of working…where there is an acceptance that important things will be attended to” (p. 530) and the focus on the needs of individuals as people not just ‘a job to be done’. In a recent study by de Witt et al (2018) it was found that Aboriginal and Torres Strait Islander health professionals in cancer care made a significant difference “in supporting the needs of Indigenous cancer patients” through providing culturally competent care (deWitt et al., 2018).

Four common themes emerged from the literature of the unique and significant role that Aboriginal and Torres Strait Islander health workers contribute that are not specific to any specific section of the workforce, population health issues or geographical location. Despite the relatively small numbers of studies in this literature review it was clearly found that the workforce holds unique attributes in relation to cultural and spiritual healing, being cultural brokers, fostering access to care and thereby improving health outcomes.

Culture and spiritual healing

Kirkham et al. (2018) state Aboriginal and Torres Strait Islander healthcare workers draw on their cultural identity to deliver holistic care that extends beyond the mainstream medical paradigm; it is one guided by a broader philosophy of care reflecting a spiritual view of health. Similarly, Stuart and Nielsen (2011) in their study on Aboriginal Registered Nurses found staff acknowledge the spiritual beliefs of patients and provide cultural healing that nurtures emotional wellbeing (Stuart & Nielsen, 2011, p. 99). They assert "although non-Aboriginal health professionals are well intentioned, their birth excludes them from cultural healing knowledge and is a far cry from the good medicine that can emanate from the hands of Aboriginal nurses toward their people" (2011, p. 98). De Witt et al (2018) found that "Indigenous health professionals showed recognition that spirituality, well-being and culture are intrinsically interwoven and central to the Indigenous perception of health and wellbeing ... and thus able to deliver culturally responsive care".

Cultural brokers

Aboriginal and Torres Strait Islander health staff perform the vital role of cultural broker (Abbott, Gordon, & Davison, 2007; Conway et al., 2017; Hudson, 2012; Kirkham, Rumbold, et al., 2018; Lai, Taylor, Haigh, & Thompson, 2018; J. Lloyd, Wise, & Weeramanthri, 2008; Roche et al., 2013). As cultural brokers, they assist Aboriginal and Torres Strait Islander people and non-Indigenous health care providers to better communicate for overcoming cultural barriers for caring for Aboriginal patients (Abbott et al., 2007).

Taylor et al (2009) documented how an Aboriginal Health Worker (AHW) helped overcome common communication issues between Aboriginal patients and non- Indigenous staff in a cardiac ward. Non-Indigenous staff often misinterpreted Aboriginal patients not making eye contact or looking at the floor as the patient not caring or engaging, while in fact non-direct patients were often overwhelmed in the unfamiliar cultural context of a hospital. In a longitudinal study by Freeman et al (2014) on comprehensive primary health care for Aboriginal and Torres Strait Islander Australians it was found that Aboriginal staff enhanced communication with patients, families and the local community. Services valued recruiting health workers from local communities for their local knowledge and ability to speak local languages and understanding of cultural norms and as a way of empowering the local community and improving access to care:

> "*There's always someone there that you know, another family member…. you've got that companionship there. If you were going to the doctor's surgery uptown and then just sitting there, oh god, I'm wishing to get out of there super quick*." (Freeman et al., 2014, p. 359)

In mainstream health, as part of ethical practice health providers are trained to create a professional boundary between themselves and the client. In contrast, Aboriginal staff who are often part of the local community use their connectedness and shared experiences as a starting point and see the care they provide as part of their broader relationship (Kirkham, Rumbold et al., 2018).

Cultural brokerage also supports Aboriginal and Torres Strait Islander patients to understand and navigate mainstream health systems (Panaretto ad Wenitong, 2006 cited in Ella et al., 2015; Roche et al., 2013, p. 18; Taylor et al., 2009). As cultural brokers they also diminish

existing cultural isolation and provide protection against institutionalised racism (Conway et al., 2017).

Improving access to care

The unique values and skills of Aboriginal and Torres Strait Islander health staff enable them to help patients overcome cultural and communication barriers to accessing care. Many Aboriginal and Torres Strait Islander patients have significant anxieties about accessing mainstream healthcare. "Hospitals are colonialism... that's where the people go and we don't see them again… it's the place you go to die..." (Aboriginal patient cited in Taylor et al., 2009, p. 551). The role of Aboriginal and Torres Strait Islander staff is well illustrated in the AOD sector where they are often the first point of contact for people seeking support for AOD-related issues (Ella et al., 2015). Their presence signals a culturally appropriate entry point to care. The worker's relationship with the local community can also have a significant influence on whether individuals seek help from that service (Ella et al., 2015).

Aboriginal nurses have also been found to be effective communicators as they operate within cultural understandings shared with patients, "with an Aboriginal patient, we [Aboriginal nurses] just have it in us to sit down and yarn with them, you already have their trust and they start telling you stuff" (Aboriginal nurse cited in Stuart 2010 Stuart & Nielsen, 2011, p. 99). Access to care is the first step in improving patient health outcomes.

Improving health outcomes

The literature sourced provides further evidence that the provision of culturally safe and appropriate care drawing on the unique contributions of Aboriginal and Torres Strait Islander health staff can improve treatment outcomes. Two key sources are highlighted as demonstrating this link.

Firstly, a study examining the impact of employing an Aboriginal Health Worker on a cardiac ward in Western Australia (Taylor et al., 2009) found an associated reduction in the number of discharges against medical advice. Secondly, a randomised controlled trial in 12 remote Queensland communities examined the impact of local Aboriginal and/or Torres Strait Islander community members trained as Community Health Workers in delivering primary health care to Aboriginal and Torres Strait Islander adults with poorly controlled type 2 diabetes compared to mainstream care (McDermott et al., 2015). The Community Health Workers received three weeks of training in basic diabetes care and were supported by a clinical outreach team. After 18 months, the intervention group showed improvement in some diabetes care processes and lower glycemia compared to the control group.

Lastly, it is important to note the connection between the Aboriginal and Torres Strait Islander health worker roles and contributions as an extension of their existing roles and engagement in their community.

Health worker role an extension of community member role

Aboriginal and Torres Strait Islander staff are often members of the communities they serve and have obligations to both community and culture that extend beyond their formal roles as healthcare workers. In their examination of the training of local community members as nursing students West el al (2011) explain that community members bring valuable assets to their role in the health system. They are already driven by a deep commitment to help their own community and being born and raised in the community they are more likely to remain in

or return there after completing their studies, a particularly significant issue in rural and remote Australia.

Similarly, a study of Aboriginal and Torres Strait Islander health managers found that they were strongly motivated to assist their own communities and that the community's support and expectations were also cited as central to their leadership aspirations and achievements:

> *"My strength comes from the community and also from me, because I know who I am and where I come from, and what my responsibilities are"* (Manager cited in Hill, Wakerman, Matthews, & Gibson, 2001, p. 470).

These managers viewed their responsibilities as leaders within their own communities as contiguous with their health management responsibilities and this was seen to translate to a strong sense of responsibility in their roles and legitimacy attributed to their actions among the community (Hill et al., 2001).

However, cultural identity and the importance of cultural connections is complex. Aboriginal and Torres Strait Islander health staff may be limited in their influence when working with communities they do not have strong cultural connections to, even if they hold managerial responsibilities within a health organisation.

> *"At different times government officials come here to speak to the Elders, because I am not authorised to speak to [the officials], even though I am the director of this organisation. I still have to defer because it is in areas I have no jurisdiction over, culturally, or as an Aboriginal person"* (Senior manager cited in Hill et al., 2001, p. 472).

Even as cultural 'insiders', family connections and local politics can also impede the fulfilment of health worker roles (Watson, Young, & Barnes, 2013). Abbott et al describe how even within an Aboriginal Medical Service, there are occasions where Aboriginal patients feel more comfortable discussing their health or other confidential matters with non-Indigenous General Practitioners than an AHW due to the AHW's family ties within the community (Abbott et al., 2007). Aboriginal Mental Health Workers (AMHW) also describe how the family grouping of Aboriginal staff can be a barrier to access if there are tensions between families within the Aboriginal community. To address this AMHWs are upfront in client allocation meetings about community politics or conflict and where possible Aboriginal clients are offered a choice of case worker, though this latter option is more difficult in smaller services with fewer staff (Cosgrave, Maple, & Hussain, 2017).

Experiences of careers in the health workforce

There is limited peer-reviewed or grey literature that captures the personal experiences of Aboriginal and Torres Strait Islander health staff commencing and progressing their careers. Qualitative studies have the best insights, presenting workers' experiences in their own words. Other parts of this project will document the lived experience of providing care; however, the following outlines some broad themes from the limited literature on the experiences of the Aboriginal and Torres Strait Islander health workforce. It was found that, while staff members have positive intentions to make a difference for their communities, many contend with endemic racism and struggle to meet the complex needs of patients within settings that will require systemic change and resources to fulfil potential career trajectories within the health system. The particular career experiences of Aboriginal Health Workers (AHW) as well as that of

health leaders/managers have each received some limited focus within the literature and are briefly also outlined below.

Desire to care for communities

Aboriginal people seek out careers in health strongly motivated by a desire to care for their communities (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, 2018; Hill et al., 2001; Mercer, 2013; A. Nielsen, Stuart, & Gorman, 2014; O'Mara, 2011). Stuart and Nielsen's study captures the motivation and experiences of Aboriginal Registered Nurses in seeking to make a difference:

> *"Something that I am going to do is make our families and communities better by becoming a registered nurse to help 'Close the Gap', I really want to close the gap with our people"* (2011, p. 100).

Despite this desire, there can be a range of complex challenges and contradictory forces impacting on the desire to make a difference in career experiences across the health workforce (Aboriginal and Torres Strait Islander Health Workforce Working Group, 2015; Australian Indigenous Doctors' Association, 2017; A. Nielsen et al., 2014).

Racism

A clear theme in the available literature on the experiences impacting on health careers is that of endemic racism within the health system (Felton-Busch, Solomon, McBain, & De La Rue, 2009a; Gwynne & Lincoln, 2017; M. King, L. King, E. Willis, R. Munt, & F. Semmens, 2012; King, et al., 2012; Lai et al., 2018; A. Nielsen et al., 2014; West, et al., 2013).

Nielsen et al.'s qualitative study of Aboriginal nurses' experiences of 'the whiteness of nursing' provides a rich portrayal of institutional racism that is often "invisible to white people but is always visible or 'marked' to Aboriginal peoples" Martin -McDonald & McCarthy 2007 cited in Nielsen, Stuart & Gorman 2014, p. 193). 'Whiteness' is the structural and systematic white dominance that shapes interactions within the work environment. The unacknowledged whiteness of health care results in a one size fits all model of care for all Australians that fails to recognise the needs of Aboriginal people and presents a challenge to non-white healthcare workers. Succeeding as healthcare workers requires fluency with the white healthcare constructs, the same white constructs forced onto Aboriginal and Torres Strait Islanders through assimilationist policies. Aboriginal nurses often operate in and across two cultures where they often experience internal conflict needing to live a 'double life'. Nielsen, Stuart & Gorman (2014) strongly argue that nurses' professional survival and potential advancement as registered nurses is threatened by having to seek to negotiate and remain within the confines of the narrow Westernised mainstream of 'white nursing'.

The national survey on bullying, racism and lateral violence conducted by the Australian Indigenous Doctors' Association (AIDA) in 2016 found that its members experienced high levels of racism within the health system (Australian Indigenous Doctors' Association, 2017). Approximately half of respondents had experienced either daily or monthly incidences of bullying, racism and/or lateral violence in their workplaces. Respondents were humiliated in front of colleagues or patients because of their cultural identity and some incidents resulted in resignation and even threats of physical violence. Respondents described how systemic racism remained un-addressed and had become condoned workplace behaviour with less than 10% of respondents believing that existing workplace policies and procedures offered accessible and

adequate support. Only half of respondents felt their workplace was mostly culturally safe, with the other half feeling safe only sometimes, rarely, or not at all. This national report presents further evidence of how endemic racism is impacting on the working life of Aboriginal and Torres Strait Islander health professionals and indicates direct and indirect negative impacts shaping those within the medical workforce.

A small body of peer reviewed studies on AHWs further demonstrates the role of racism impacting on work experiences and career expectations. The study by Felton-Busch et al (2009b) investigating the career aspirations of AHWs found the systemic racism experienced in hospital settings was a disincentive to taking up clinical professional education and roles. Studies reporting on the experiences of AWHs in different settings being employed to take up particular roles in partnership with non-Indigenous health staff indicate varying levels of discomfort through to highly negative workplace cultures of exclusion and disempowerment underpinned by a dominant Westernised white health system (D'Aprano et al., 2015; M. King et al., 2012; Mercer et al., 2014).

Multiple demands and obligations

Due to the entrenched disadvantage experienced by many Aboriginal and Torres Strait Islander patients, they often present with complex health and other needs. Aboriginal and Torres Strait Islander health staff frequently take on roles outside of the qualifications such as social worker, carer, community advocate and counsellor to support patients to manage their housing, finance and mental health needs (Cosgrave et al., 2017; Lai et al., 2018). An Aboriginal mental health worker described her job as "requiring her to be a 'cultural consultant' and having to be 'everything for everybody'" (Cosgrave et al., 2017, p. 709).

The literature documents the commitment of Aboriginal and Torres Strait Islander health workers who attempt to respond to these diverse needs and the tension this creates in directing efforts away from explicitly 'health-related' tasks. Staff are sometimes chastised for acting outside their job description such as Aboriginal Maternal Infant Care Workers (AMIC Workers) censured for writing letters of support for expectant mothers to housing authorities (Kirkham, Hoon, et al., 2018). Furthermore, as many Aboriginal staff are concentrated in AHW roles positioned on the lowest rungs of the health workforce hierarchy, they have very limited influence on the approach to health policy development or service delivery that would better enable them to respond to these broader social determinants of health (Lloyd et al., 2008).

The pressure to support large numbers of complicated client presentations combined with a structural inability to do so has a negative impact on the wellbeing of Aboriginal and Torres Strait Islander workers. Heavy workloads and high stress contribute to high levels of burnout (Ella et al., 2015; Gwynne & Lincoln, 2017; Hill et al., 2001; Lai et al., 2018; Roche et al., 2013). The high stress combined low pay is a major challenge to retention in heath careers:

> *I'm working here and it's such a stressful environment and you can get paid the same amount of money to mow lawns… Working for [a] council, a person gets paid the same amount of money as I do for trying to prevent someone from committing suicide or trauma or abuse, and all this complex stuff that's going on… I think I could just have a simple mediocre kind of job and go there, do the job and get paid the same amount of money… and my job stays at work.* (Cosgrave et al., 2017, p. 710).

Health leadership between two worlds

Studies investigating the experience of Aboriginal and Torres Strait Islander workers taking up health leadership positions have identified the distinctive features of managing within the complexities of health service settings (Hill et al., 2001; Panaretto et al., 2014; Stewart & Warn, 2016). As Stewart and Warn explain (2016) in learning to become an Aboriginal and Torres Strait Island leader there is a need to straddle 'two worlds' those of the Western organisational reality demands and on the other those of the Indigenous community (p.3). Hill et al (2001) found health managers in their careers can experience considerable tension in seeking to negotiate at the interface between community expectations and the broader health system demands. Their study highlights the challenging identity dynamics experienced by health managers where managers can be perceived as having culturally defected to the white Westernised bureaucratic system while trying at the same time deal with the government performance demands and short funding cycles (pp. 472-473). The more recent study by Stewart and Warn (2016) suggest that a new form of Aboriginal and Torres Strait Islander leadership may be emerging within health as well as other sectors. They found that leadership was being exercised in a way that was distinctive founded in the collective strength of Aboriginal cultures and identities providing the foundation for exercising leadership across the two worlds.

Ambiguity in the Aboriginal & Torres Strait Islander Health Worker (AHW)[1] role

It was found that there was a small but increasing body of literature on the role and careers of the AHW in peer reviewed and grey literature (Health Workforce Australia, 2011b; Mason, 2013; Mercer, et al., 2014). To date the individual experiences of AHWs are scant with research mainly focusing on their role in health service delivery interventions/training as part of interprofessional approaches to strengthen health outcomes in Aboriginal and Torres Strait Islander populations (Mercer et al., 2014). Within the peer reviewed literature the ambiguity of the AHW is a strong theme and this is associated with challenges to retention and career development (Felton-Busch et al., 2009b; Freckelton, 2014; Kirkham, et al., 2018; Lloyd et al., 2008; Roche et al., 2013; Watson et al., 2013). For example, Conway, Tsourtos & Lawn (2017) found in a study conducted in South Australia involving AHWs working with the wider health workforce on a chronic disease intervention that the role of AHWs was often left unclear, that they were often excluded from decision-making and that AHWs received limited workplace support leading to issues of burnout and staff attrition.

A government report produced by Health Workforce Australia in 2011 identified that there was no consistent definition of an Aboriginal and Torres Strait Islander Health Worker and little recognition and support for their role within the health sector (Health Workforce Australia, 2011a). National consultation with AHWs found that their experiences in the workforce were constrained by being focused on clinical and administrative duties limiting their potential to work in health promotion and prevention, while they had limited access to training and career progression (Health Workforce Australia, 2011a, p. xvi).

[1] Although in national documentation on the Aboriginal and Torres Strait Islander Health Worker the abbreviation used is (Health Worker) this can be confusing when discussing the broader health workforce. As is used in some articles/contexts and for ease of communication the abbreviation (AHW) is used in this literature review.

Since that time a central feature of national policy and advocacy from this part of the workforce has been to seek to address these issues with a focus on removing the ambiguity around definitions and roles and establishing a clear structure for careers and professional development as reflected in the recent *National framework for determining scope of practice for the Aboriginal and/or Torres Strait Islander health worker/ health practitioner workforce* (National Aboriginal and Torres Strait Islander Health Worker Association, 2016).

What are the enabling and constraining factors for careers in health?

The following presents an outline of the factors that support or constrain career development and advancement of the Aboriginal and Torres Strait Islander workforce identified through the reviewed literature. It is important to reiterate that the peer reviewed literature is limited, often indicates/suggests rather than explicitly focuses on issues of career development and advancement and that the articles are by no means comprehensive across the breadth of the health Aboriginal and Torres Strait Islander health disciplines and workforce.

Further, although strengthening the enabling factors to support and retain the Aboriginal and Torres Strait Islander health workforce is a common theme within the literature, to date few studies have focused on interventions that been implemented and evaluated. This finding is similarly reflected in the recent systematic review undertaken by Lai, Taylor, Haigh and Thompson (2018) on the retention factors affecting the Aboriginal and Torres Strait Islander health workforce. They note the absence of formal interventions studies on workforce retention and the need for evidence-based research into the factors impacting on those in the Aboriginal and Torres Strait Islander health workforce in terms of their careers and retention (Lai et al., 2018). It is within this set of important caveats/limitations that the section on the factors that are enablers and constraints to career trajectories within and across the Aboriginal and Torres Strait Islander health workforce are presented.

It is also important to note that the factors which may enable and constrain careers may vary depending on the health context (for example maternal health or AOD care), the particular health profession as well as the specific jurisdiction. As noted in the introduction to this literature review careers and how they are enabled or constrained are always contextual shaped by multidimensional factors that can range from the biographical through to the institutional and systemic shaped by history, culture and political environments (Bretherton, 2014; Mayrhofer et al., 2007; Tomlinson et al., 2018).

The forces that function to enable and constrain careers are often closely connected (Sheldon & Wallace, 2014) and for this reason are here discussed together. In keeping to the multi-level framing and contextualist approach of the literature review the factors are first discussed at the individual level, then at the organisation level and next at the broader institutional level be it at state or territory or national level in terms of policy and practice.

Individual

The ability to make a positive contribution to Aboriginal and Torres Strait Islander health is a central enabling factor strongly connected to job satisfaction and longevity in the health workforce (Conway et al., 2017; Felton-Busch et al., 2009b; Hill et al., 2001; Lai et al., 2018; Nielsen et al., 2014; Roche et al., 2013; Stuart & Nielsen, 2011). Satisfaction and retention in the workforce is associated with health professionals feeling empowered so that they have opportunities to say what is needed in their community, can effectively care for their clients and advocate for what their clients need (Lai et al., 2018, p. 11).

At the same time, being enmeshed in community can make it difficult for Aboriginal and Torres Strait Islander workers to set boundaries between work and family or community life. Obligations to meet cultural, community and family expectations mean staff perform dual

cultural and clinical roles that require staff to being continuously available and often leads to high levels of emotional labour, stress and work or family pressure, limiting capacity for initiating or pursuing career activities, burnout and can lead staff to leaving the workforce (Conway et al., 2017; Ella et al., 2015; Hill et al., 2001; Kirkham et al., 2018; Kirkham et al., 2018; Lai et al., 2018).

Treating relatives or friends as clients can create conflict between professional and community responsibilities as well as confidentiality challenges (Lai et al., 2018; Roche et al., 2013). Intra-community conflict or negative patient health outcomes such as a death can place workers' well-being at risk (Kirkham et al., 2018; Kirkham et al., 2018). These challenges were noted as more severe in rural and remote areas and felt strongly by Aboriginal and Torres Strait Islander health staff from the community working in the local health service (Cosgrave, Maple, & Hussain, 2018). The support structures to help staff manage these challenges, no matter their geographical location and service, are often lacking presenting additional constraints within which to pursue a health career (Conway et al., 2017; J. E. Lloyd et al., 2008; Roche et al., 2013).

The expectations outlined above on Aboriginal and Torres Strait Island staff are often greater than those placed on non-Indigenous staff members who work in the communities (Ella et al., 2015; Gwynne & Lincoln, 2017; Roche et al., 2013). Responsibilities can expand beyond the community boundaries and senior health workers often need to contribute to policy on local, state or national committees (Ella et al., 2015). These expectations can be compounded by more limited educational backgrounds (Ella et al., 2015; Gwynne & Lincoln, 2017) leaving health leaders feeling constrained to address the significant planning and policy health needs of their communities, governance requirements as well as their own career development needs (Australian Health Ministers' Advisory Council, 2017; Hill et al., 2001).

At the individual level the literature on career enablers and constraints within the Aboriginal and Torres Strait Islander health workforce resonates strongly with the broader literature on factors impacting on individuals' careers on health staff in Australia and internationally (Henderson & Tulloch, 2008; Lai et al., 2018; Swensen etal., 2016). However, there are distinctive factors that relate to the particular contexts in which Aboriginal and Torres Strait Islander health workers are seeking to navigate their careers shaped by individual and collective experiences shaped by the history of colonialism and dispossession, endemic racism, competing demands and workforce shortages and the specific features of health services and professional roles.

Organisational

The role of health leadership and supervision is fundamental to establishing inclusive workplace cultures and supportive processes, policies and practices for fostering staff engagement, career development and workforce retention and capacity (Alimo-Metcalfe et al., 2008; Bakker & Demerouti, 2008; West & Dawson, 2012; Wiskow, Albreht, & de Pietro, 2010). The evidence base for this claim has become increasingly cited within the broader health services peer reviewed literature (see for example Keyko, Cummings, Yonge, & Wong, 2016). However, in the articles identified in this literature review there were few studies providing a strong and comprehensive evidence base of the important role of health leadership and supervision for strengthening capacities and careers for Aboriginal and Torres Strait Islander health workers. Although limited, it was found that the factors that constrain and enable careers within organisational contexts can be understood around five main themes: the role and capacity of

supervisors; the cultural safety of the workplace; mentoring; professional development; and job security and remuneration.

The role and capacity of supervisors

The attitude and competence of Aboriginal and Torres Strait Islander health supervisors is important for determining human resources policies and practices within organisations and providing a strong culture and leadership of inclusion and respect for staff (Gwynne & Lincoln, 2017; Lai et al., 2018). A study on the most effective forms of supervision to provide support to Aboriginal staff (Scerra, 2012) found a number of models that can inform practice. In particular the study identified the importance of approaches that moved from traditional hierarchical notions of supervision and rather used peer reciprocal supervision, reflective strategies and inclusion of cultural supervision as part of clinical supervision (Scerra, 2012, p. 83). In a study undertaken by Dwyer & O'Donnell (2013) with SA Health a well-received capacity development approach was used with Aboriginal health managers using learning sets to engage in collaborative peer learning. Both these studies suggest the importance of providing positive relational approaches to strengthening Aboriginal and Torres Strait Islander health supervision capacities for their own careers and to be better equipped to support those of their staff.

Despite these models, other studies identified the very real challenges of Aboriginal and Torres Strait Islander health staff having access to appropriate supervision. Ella et al (2015) in outlining the NSW Aboriginal alcohol and other drug (AOD) workforce identified that more than a quarter of the Aboriginal AOD workforce did not have access to a workplace supervisor (or manager) with AOD work experience and nearly a third had received no formal supervision. Further a workforce analysis of the AOD sector by Roche et al (2013) found that the majority of Aboriginal staff were younger than their non-Indigenous colleagues (65% of Aboriginal staff were 30–49 years old; 68% of non-Indigenous respondents were 40–59 years) (Roche et al., 2013, p. 20). The authors posit that this presents challenges as these staff may lack the necessary support and guidance from older experienced Aboriginal and Torres Strait Islander staff as mentors, role models and advocates.

Culturally safe workplaces

Racism at the organisational and institutional level was a common barrier to workforce retention and career advancement. While it is arguably a system-wide problem (Lai et al., 2018; Nielsen et al., 2014; Roche et al., 2013), it is discussed in the contexts of organisations as racism must be acknowledged and addressed at this scale.

Culturally safe workplaces that are centred on respect and inclusion of Aboriginal culture with flexible working arrangements, such as family and cultural leave, are vital for Aboriginal and Torres Strait Islander staff and a significant strategy to tackle racism in the workplace (Gwynne & Lincoln, 2017; King et al., 2012; Lai et al., 2018). A culturally safe health organisation is: "spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need" (Williams, 1999 cited in Australian Indigenous Doctors' Association, 2017, p. 1).

The evidence for how to create culturally safe workplaces is less clear. Downing, Kowal & Paradies (2011) reviewed the literature on cultural training for the health workforce. They found that very little evidence regarding the effectiveness of Aboriginal and Torres Strait Islander cultural training and assert training focused on cultural awareness is inferior to a focus on cultural safety. Located in post-colonial theory, "a cultural safety framework works to

explicitly and critically explore issues of power imbalance and social inequality… exposing the way in which power relations play a part in shaping health care relationships" (Downing et al., 2011, p. 254). Culturally safe workplaces have flexible policies that allow staff to meet cultural obligations such as 'sorry business', the bereavement process that occurs after a death in the community. It can be hard for Aboriginal staff to predict when they will be able to return to work after sorry business or other cultural obligations which conflicts with expectations of defined leave within mainstream workplaces (Kirkham, Hoon, et al., 2018, pp. 400-401).

Mentoring

Mentoring can be formal or informal and is another strategy that can build skills, confidence and inter-professionalism. Despite being an area acknowledged in the grey policy literature at national and jurisdictional level to strengthen the workforce (see for example Aboriginal and Torres Strait Islander Health Workforce Working Group, 2017; Aboriginal Health and Medical Research Council, 2015; Department of Health, 2012) the review identified only two peer reviewed studies directly addressing mentoring in the context of the Aboriginal and Torres Strait Islander health workforce.

A study undertaken by King et al., (2012) reported on a mentoring program for strengthening the specialised area of diabetes knowledge and skills of AHWs and Registered Nurses in an educational intervention in rural and remote NSW. The mentoring was provided through formal education and mentoring by a Diabetes Expert and it was found that although well intentioned the program did not adequately consider the needs of the AHWs and there had been insufficient managerial support on the relevance and likely outcomes from engaging in the program. The second study evaluated the pairing of AHWs with allied health professionals providing the opportunity for skill development and interdisciplinary collaboration in a formal paired mentoring relationship (Browne, Thorpe, Tunny, Adams, & Palermo, 2013). The study found the mentoring program facilitated two-way learning for the AHWs and the non-Aboriginal health professionals and that capacity to learn was facilitated by readiness to participate, being focused on a common project around which to focus the learning and the importance of management support. Importantly it is of note that in both these studies the focus of the mentoring intervention was on strengthening the effectiveness of health service delivery rather than seeking to retain, develop and advance the careers of the AHWs.

Professional development opportunities

Professional development opportunities including on-the-job training, internal in-service courses, external courses, and opportunities to develop skills outside of their formal qualifications and tertiary pathways are key enablers of career progression (Ella et al., 2015; Gwynne & Lincoln, 2017; King et al., 2012; Lai et al., 2018; Lee et al., 2017; Roche et al., 2013; Watson et al., 2013). Making professional development opportunities accessible requires organisations to provide financial assistance (covering tuition fees, travel and accommodation costs), providing paid study leave and backfilling positions to enable staff to engage in study. This is often challenging in remote locations (Ella et al., 2015; Felton-Busch et al., 2009b; Watson et al., 2013). Studies proposed that organisations should consider providing support and resources if staff are to undertake professional development. Suggestions in the papers included providing resources such as laptops for loan and ensuring access to internet and library resources (Felton-Busch et al., 2009b; King et al., 2012); considering staff needs for childcare or other family responsibilities (Felton-Busch et al., 2009b) and further that advanced training be recognised and appropriately remunerated (King et al., 2012). The importance of

training as being culturally safe was also noted, for example the importance of incorporating within their curriculum "principles of Indigenous learning, cultural safety and a holistic approach to the care of Aboriginal people with diabetes" (King et al., 2012).

The peer reviewed studies on professional development and training focused on small scale interventions to build local capacity to address specific community health needs and were not focused on career development and national qualification and pathways. For example, Aoun & Johnson (2002) reported on the use of a multidisciplinary approach in Western Australia to support developing general practice capacity in mental health without requiring commitment to a formal qualification in the area involving nurses, allied health and an AHWs (Aoun & Johnson, 2002).

A study by D'Aprano et al., (2015) reported that, in two very remote Northern Territories, communities implemented the Talking about Raising Aboriginal Kids (TRAK) training program for Aboriginal and Torres Strait Islanders and non-Indigenous staff involved in the early childhood education and care of children without embedding this within a formal qualification context. Its purpose was "to ensure all health centre staff had a shared understanding" and could support each other in gaining the capabilities related to early childhood caring (D'Aprano et al., p. 507).

These studies highlight that cross-professional exposure can potentially provide professional development and also the important role of the health manager/supervisor as central to professional development strategies in ensuring culturally appropriate and safe context for AHWs in supporting their career development.

Job security and adequate remuneration

Organisations can enable retention and career progression by providing job security and adequate remuneration (Ella et al., 2015; Lai et al., 2018; Roche et al., 2013; Watson et al., 2013). This is challenging as the Aboriginal health sector, particularly non-government organisations, function in an environment of intermittent and uncertain funding and where staff have short-term contracts and comparatively low salaries. For example, in the New South Wales AOD sector the salaries of Aboriginal staff were on average lower than for the Australian average yearly wage. Furthermore, the study observed significant disparities among salary and award conditions between services (Ella et al., 2015, p. 318). In another study of the AOD sector (Roche et al., 2013), Aboriginal and Torres Strait Islander staff had lower wages than their non-Indigenous colleagues. Significantly, they were "less than half as likely to earn more than $60,000 compared with non-Indigenous workers, even after controlling for age, drug- and alcohol-specific qualifications, hours worked, and type of shifts worked" (Roche et al., 2013, p. 23). The study also found that proportionally more Aboriginal and Torres Strait Islander workers also indicated that their salaries and benefits were the least satisfactory aspect of their work and the majority of Aboriginal and Torres Strait Islander workers listed salary increases as the most important retention strategy (Roche et al., 2013, p. 23).

The insufficient resourcing of the sector affects the retention and career progression of Aboriginal and Torres Strait Islander staff in several ways. It results in job insecurity and contributes to high staff turnover (Lai et al., 2018; Roche et al., 2013) which for the organisation leads to a loss of accumulated skill (Ella et al., 2015). It contributes to understaffing and while Aboriginal and Torres Strait Islander staff demonstrate commitment to their communities through the high levels of unpaid overtime, this also contributes to work/life imbalance and is a predictor of burnout (Roche et al., 2013). The often-cited heavy workloads and excessive

demands on staff were attributed to shortages in resources and staff (Lai et al., 2018; Lloyd et al., 2008; Roche et al., 2013). Poor conditions and low wages also make it difficult to attract experienced supervisors with appropriate supervisory skills (Ella et al., 2015).

Institutions, Jurisdictions and Policy

The structures that both enable and constrain Aboriginal and Torres Strait Islander health careers are framed by the broad systems within which government policy, institutions, key actors and historical, economic and cultural forces intersect. As Bretherton notes (2014) it is important to keep in mind that career development and advancement for Aboriginal and Torres Strait Islander health workers occur within a nested system while recognising the profound implications the regulatory environment and policy settings can have on framing career pathways and opportunity structures within and across the health professions.

To date government policy has predominantly focused on the initial stage of a career: i.e. the stage prior to entering the workforce. Given the importance but relatively low numbers of Aboriginal and Torres Strait Health professionals across the sector, government reports have mainly featured statistical trend data on those undertaking health qualifications and some discussion of initiatives to increase health workforce entry numbers in particular populations and/or disciplines (Aboriginal and Torres Strait Islander Health Workforce Working Group, 2017; Deravin-Malone, 2016; Health Workforce Australia, 2011b; Mason, 2013). The recent development of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2016-2023) by the Australian Health Ministers' Advisory Council outlines a strategic goal for "improving the recruitment and retention of Aboriginal and Torres Strait Islander health professionals in clinical and non-clinical roles across all health disciplines" (Australian Health Ministers' Advisory Council 2017, p. 8). However proposed mechanisms in this key document such as "Develop and implement succession plans and clear career pathways, along with associated resources in both targeted and mainstream positions" and "Create supportive and culturally safe workplaces" (2017, p.8) are as yet only proposed mechanisms. How these and other proposed policy concepts are to be implemented are as yet not stated or clearly funded.

At the jurisdictional level it was found that there most states and territories have developed strategic documents in relation to Aboriginal health with similar priorities and themes for achieving better health outcomes for Australia's First peoples across all life stages. The emphasis and detail that is given to the health workforce and how best its capacity can be strengthened vary, but essentially there are similar strategies put forward in alignment with national approaches for creating supportive and culturally safe workplaces. For example, the Victorian government's 'Koolin Balit' document (Department of Health, 2012) proposes strengthening the capacity of the Aboriginal workforce by building management and leadership skills and having ACCHOs conduct training needs analysis, coaching/mentoring and workplace redesign to increase and retain staff (pp.57- 58). The Queensland government in its strategic document takes a similar approach while placing a particularly strong emphasis on a health system with cultural capability that overcomes institutional racism and promotes cultural safety for the Aboriginal and Torres Strait Islander health workforce and males clear the importance of building leadership capacity for this to occur (Queensland Health, 2016). As with the national policy documents these proposed strategies are still to be fully implemented across jurisdictions and distilled into a coherent evidence base to inform practice.

Conclusions

This literature review has found that there is a paucity of literature directly focused on the issues of career development and advancement on the Aboriginal and Torres Strait Islander health workforce. Rather, the identified peer reviewed literature largely focused on interventions to support health outcomes in Aboriginal and Torres Strait Islander communities and from these a range of issues relevant to the inquiry could be gleaned. The literature review reflects that to date there has been insufficient focus and research on this important area for strengthening the Aboriginal and Torres Strait Islander health workforce.

Despite the wide of range of health professions, the limited peer-reviewed literature relevant to career development and advancement is mainly on the experiences of the Aboriginal and/or Torres Strait Islander Health Workers (AHW), and to a lesser extent nurses and also health managers. No peer-reviewed articles were found that specifically focused on the career development and advancement of Aboriginal and Torres Strait Islander doctors or allied health professionals although there was grey literature identified in relation to these two professional groups. The lack of a coherent body of research literature across the Aboriginal and Torres Strait Islander health professions and broader workforce is currently not available making comparisons between the professional groups' career development and advancement experiences not able to be undertaken through this literature review.

It was found that, despite the literature being somewhat fragmented around the four key research questions, a number of central conclusions can be made against each of them.

3.1 What are the unique skill sets and values that Aboriginal and Torres Strait Islander health staff and health professionals can, and do, contribute to health services?

The literature strongly attests to the valuable role Aboriginal and Torres Strait Islander health workers play in provision of appropriate healthcare to their community and their unique capacities in combining technical health professional skills with those of cultural awareness and safety in working with families and communities.

It can be concluded that given the significant role of Aboriginal and Torres Strait Islander staff in promoting cultural and spiritual healing, being cultural brokers and improving access of communities to health services and improving health outcomes attests to their vital importance in being retained and supported in their careers in the health sector.

3.2 What are the experiences of Aboriginal and Torres Strait Islander health staff and health professionals in entering, and progressing, their careers within health services?

There was very limited literature directly on the experiences of Aboriginal and Torres Strait Islander health staff and health professionals in entering, and progressing, their careers within health services. Within the identified literature a few common themes did emerge with the issue of endemic racism as the most significant in impacting on work and career experiences leading to attrition and burnout. A further common theme impacting on work and career development and advancement affordances was the challenge of commitment to and the multiple demands and obligations to family and community that extended beyond the normal workday.

In addressing career development and advancement strategies for the Aboriginal and Torres Strait Islander health workforce it can be concluded that there needs to be

culturally aware understandings of the specific issues, challenges and contexts within which health workers are seeking to develop and advance their careers.

3.3 What factors facilitate and impede Aboriginal and Torres Strait Islander health workforce career development and career advancement?

The findings from the literature suggested that the presence or absence of a number of factors could facilitate or impede career outcomes for Aboriginal and Torres Strait Islander health workers. Importantly the literature indicated rather than explicitly focused on factors that facilitated or impeded career development and advancement. At the individual level it was found that careers were influenced by how a health worker was located within a particular community and issues of community ties and deep connections could both foster a commitment to a career in health while also creating tensions in formally seeking out new opportunities. At the organisational level issues of cultural safety, supervision support, remuneration and job security as well as mentoring and professional development were key to either facilitating or impeding careers. At the broader system level, it was found that to date although there are policy documents, the evidence base of how these have and will be implemented to date are still not well articulated.

In addressing the factors that facilitate and impede career development and advancement of the Aboriginal and Torres Strait Islander health workforce it can be concluded that there is a need for further research in this area and a stronger integration of the potential interactions that may occur between individual, organisational and systemic policy approaches.

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Appendix 1: The Career Pathways Project

Who we are

The Career Pathways Project is an Aboriginal-led national research project funded by the Lowitja Institute Aboriginal and Torres Strait Islander CRC. This project came about through the merging of two separate but highly complementary proposals (from New South Wales and the Northern Territory) that the Lowitja Institute had received as a result of a call for research into career pathways for Aboriginal and Torres Strait Islander health staff.

At the request of the Institute, these two competitive submissions were combined into a single national project. Across New South Wales and the Northern Territory, the project partners are Bila Muuji Aboriginal Corporation Health Service (Bila Muuji), Maari Ma Health, Western NSW Local Health District (Western NSW LHD), South Western Sydney Local Health District (SWS LHD), Western NSW Primary Health Network, Western Sydney University (WSU), UNSW Sydney, the Aboriginal Medical Services Alliance Northern Territory (AMSANT) and Human Capital Alliance (HCA).

Many individuals contributed to the project by playing key roles in data collection, analysis and writing and are listed below in alphabetical order. The diverse perspectives and expertise of the people who worked together in the project was a major strength. The complexity of working across multiple organisations and jurisdictions also required clear governance structures, which are detailed in the introduction to this report.

Ms Erin Lew Fatt, AMSANT, and Dr Sally Nathan, UNSW Sydney, were the **co-leads** of the project.

The names of Aboriginal members of the Career Pathways Project Team are shown in **bold type** and in ***bold italics*** if they were part of the Aboriginal Reference Group.

Dr Jannine Bailey, WSU
A/Professor Ilse Blignault, WSU
Ms Tania Bonham, SWS LHD
Ms Zoe Byrne, Bila Muuji
Ms Christine Carriage, WSU
Ms Karrina Demasi, AMSANT
Ms Erin Lew Fatt, AMSANT
Mr Justin Files, Maari Ma Health
Ms Sally Fitzpatrick, WSU
Ms Sharon Johnson, AMSANT
Ms Telphia-Leanne Joseph, UNSW Sydney
Ms Kate Kelleher, Kate Kelleher Consulting with HCA
Dr Lois Meyer, UNSW Sydney
Mr Phil Naden, Bila Muuji
Dr Sally Nathan, UNSW Sydney
Mr Jamie Newman, Bila Muuji
Ms Pamela Renata, Bila Muuji
Mr Lee Ridoutt, HCA
Ms Debbie Stanford, HCA
Ms Lesa Towers, Western NSW LHD
Ms Carol Vale, Murawin Consulting with HCA
Dr Megan Williams, UTS and UNSW Sydney

The project used a mixed-methods design and brought together qualitative and quantitative data from primary and secondary sources. The main research activities were: **A literature review | A secondary data analysis | A national survey | Career trajectory interviews | Workplace case studies (NSW and NT) | Stakeholder interviews.** The research approach was iterative, with the different components informing each other as knowledge and evidence built.

A report has been prepared for each of these components of the research activity and relevant members of the team are credited accordingly on those reports (see list of citations below). The overarching report for these combined research efforts is titled *'We are working for our people': Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, Career Pathways Project Report*.

Why this project was needed

Expanding and strengthening the Aboriginal and Torres Strait Islander health professional workforce is recognised as crucial for improving the health and wellbeing of Aboriginal and Torres Strait Islander communities. A key challenge for Aboriginal and Torres Strait Islander managers in both community-controlled and government health services is the recruitment, support, development and retention of a suitably skilled Aboriginal and Torres Strait Islander health professional workforce to meet the health and wellbeing needs of their local community. It is now well recognised that there continues to be a significant shortfall in the Aboriginal and Torres Strait Islander health workforce.

A secondary data analysis (Ridoutt, Stanford & Blignault et al., 2018) shows that over the past twenty years there had been growth in the absolute number of Aboriginal and Torres Strait Islander people in the health workforce, with a significant growth in enrolments and graduations from higher education. However, there has been no real improvement in the proportion of the total health workforce primarily due to an equally rapid growth in the non-Indigenous health workforce. This analysis also shows that growth has been in low status and low paying jobs with shorter salary scale structures with poor articulation into other roles, including professional careers.

Despite the critical need for strengthening the Aboriginal and Torres Strait Islander health workforce, increasing retention and supporting career progression and development, the research to date on how to achieve this has been limited (Meyer, Joseph, Anderson-Smith et al. 2018), with studies largely focused on how best to increase the volume of workers entering health careers by examining issues related to secondary and tertiary education.

The focus of the Career Pathways Project has been on how best to recruit, retain and develop the Aboriginal and Torres Strait Islander workforce. This project has sought and brought together the views and perspectives of Aboriginal and Torres Strait Islander people who work in health in a variety of roles, as well as the views of peaks and affiliates, professional associations, and other key stakeholders in the training and education sector and the health sector that can support them on their journey.

Project aim: To provide insight and guidance to enhance the capacity of the workplaces, and the health system more broadly to retain and support the development and careers of Aboriginal and Torres Strait Islander people in the workforce.

The experiences, stories and journeys shared in this report address the following key research questions:

1. What are the experiences of Aboriginal health staff and health professionals in entering, and progressing, their careers within health services?
2. What factors facilitate Aboriginal health workforce career development and career advancement?
3. What factors impede Aboriginal health workforce career development and career advancement?
4. What are the unique skill sets and values that Aboriginal and Torres Strait Islander health staff and health professionals can, and do, contribute to health services?
5. What can employers do to make a difference to Aboriginal health workforce career development and advancement?
6. What is the influence of jurisdiction, sector, and discipline/profession on career progression, and what aspects of these influences are specific to the Aboriginal health workforce or the health workforce as a whole?
7. How do other stakeholders, including policy makers and educational institutions for example, influence Aboriginal health workforce career progression outcomes?
8. What are the possible solutions and strategies to address the barriers, and better enable Aboriginal health workforce career development and career advancement across sectors and professions/disciplines?
9. What possible monitoring mechanisms could be established to track progress in policy and practice to address the barriers and enablers of career pathways of Aboriginal and Torres Strait Islander health staff and health professionals?

Our Approach in this Project

This section describes the governance structure, ethical approvals, overall approach, methods and data sources used in the Career Pathways Project. The main activities, governance and management structures for the project are shown visually in Figure 1 and the two main coordinating Aboriginal-led coordinating groups were:

The Career Pathways **Project Steering Committee (PSC)** coordinated the jointly led activities and ensured regular communication and information sharing across the NSW and NT teams. It also had decision-making capacity for procedural issues to facilitate the process of multi-site collaboration and provided input to and received direct feedback from the working groups. The PSC was comprised of representatives from both teams and was co-chaired by the AMSANT lead or delegate and Bila Muuji Chair/CEO or delegate and included two additional members from each team. Each PSC member had a role in one or more of the working groups and the Aboriginal PSC members were also part of the Aboriginal Reference Group (see below) to ensure the PSC had an overview of all aspects of the joint project to ensure efficient coordination.

The Career Pathways Project **Aboriginal Reference Group (ARG)** was responsible for the promotion and maintenance of a high level of cultural safety and Indigenous knowledge management across the project and key activities. The ARG was comprised of all Aboriginal research team members involved across the two project teams in NSW and the NT. It was co-chaired by the AMSANT lead or delegate and Bila Muuji Chair/CEO or delegate as required. Each ARG member had a role in one or more of the working groups, which ensured the ARG

had an insight and influence across all aspects of the project. This influence and input at all levels is shown by the ARG circle around the dark purple circles in Figure 1. The ARG also supported the PSC by providing advice and input to its deliberations and could directly refer issues to the working groups or PSC as required.

Additional governance processes were in place for the Northern Territory component, including AMSANT's Indigenous Ethics Committee and approvals by the AMSANT Board for project activities.

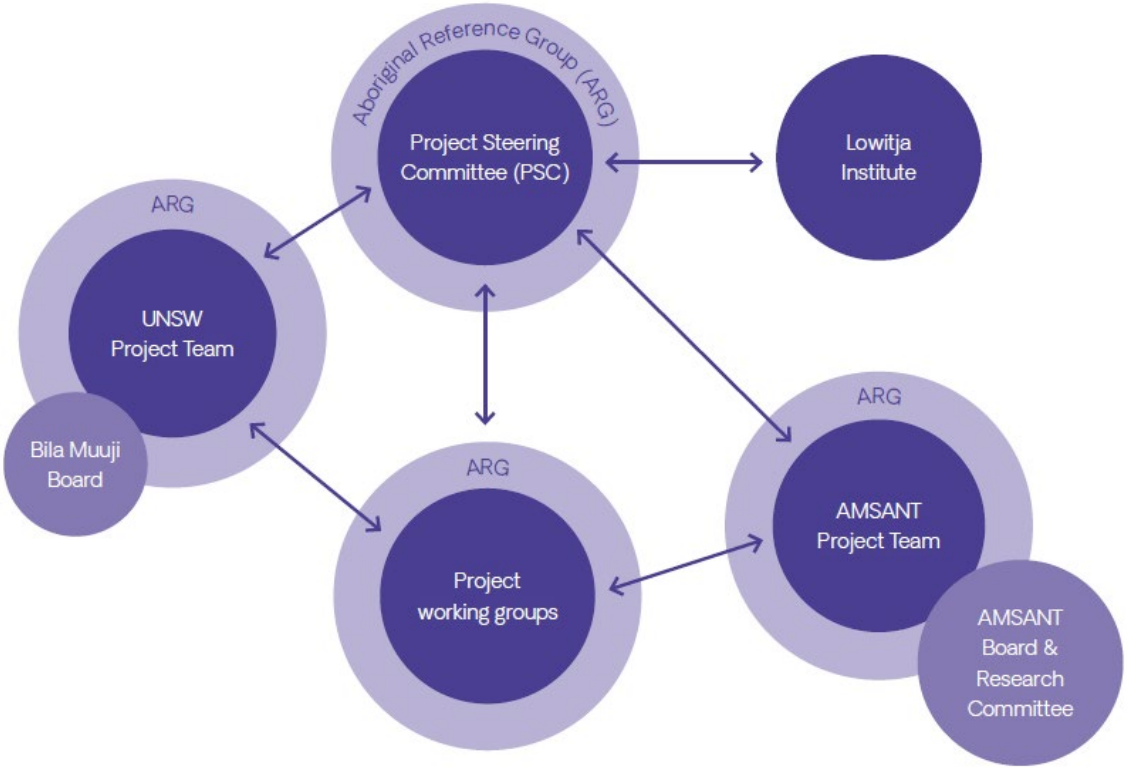

Figure 2: *CPP governance and project management arrangements*

Ethics Approvals

The project received ethics approval from:

- Aboriginal Health & Medical Research Council of NSW Human Research Ethics Committee (Ref. 1306 17)
- Greater Western Human Research Ethics Committee (Approval GWAHS 2017-060)
- Central Australian Human Research Ethics Committee (CA-17-2948)
- Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research (2017-2943)
- South Australian Aboriginal Human Research Ethics Committee (04-17-732)
- Western Australian Aboriginal Health Ethics Committee (822)
- St Vincent's Hospital Melbourne Human Research Ethics Committee (Human Research Ethics Committee 186/18).

The project was also supported by the Queensland Aboriginal and Islander Health Council in Queensland. The Human Research Ethics Committees at UNSW and Western Sydney University recognised and noted the ethical approvals in place for the project.

List of reports from the CPP project

Overarching report:

Bailey, J., Blignault, I., Carriage, C., Demasi, K., Joseph, T., Kelleher, K., Lew Fatt, E., Meyer, L., Naden, P., Nathan, S., Newman, J., Renata, P., Ridoutt, L., Stanford, D. & Williams, M, 2020. *'We are working for our people': Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, Career Pathways Project Report,* The Lowitja Institute, Melbourne.

Individual research component reports:

Bailey, J., Blignault, I., Carriage, C., Joseph, T., Naden, P., Nathan, S. & Renata, P. 2020, *Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce: NSW Workplace Case Studies Report,* Career Pathways Project, The Lowitja Institute, Melbourne.

Demasi, K. & Lew Fatt, E. 2020, *Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce: NT Workplace Case Studies Report*, Career Pathways Project, The Lowitja Institute, Melbourne.

Kelleher, K., Vale, C., Stanford, D., Ridoutt, L., Demasi, K. & Lew Fatt, E. 2020. *Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce: National Career Trajectory Interview Report*, Career Pathways Project, The Lowitja Institute, Melbourne.

Meyer, L., Joseph, T., Anderson-Smith, B., Blignault, I., Demasi, K., Lew Fatt, E. & Nathan S. 2020, *Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce: Literature Review Report*, Career Pathways Project, The Lowitja Institute, Melbourne.

Nathan, S., Joseph, T., Blignault, I., Bailey, J., Demasi, K., Newman, J. & Lew Fatt, E. 2020, *Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce: National Survey Report*, Career Pathways Project, The Lowitja Institute, Melbourne.

Ridoutt, L., Demasi, K., Stanford, D., & Lew Fatt, E. 2020, *Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce: National Stakeholder Interview Report*, Career Pathways Project, The Lowitja Institute, Melbourne.

Ridoutt, L., Stanford, D., Blignault, I., Demasi, K. & Lew Fatt E,. 2020, *Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce: Secondary Data Workforce Report,* Career Pathways Project, The Lowitja Institute, Melbourne.

Appendix 2: Detailed search strategy and inclusions after two stage review process

Database	Search strategy
Medline	CANADA, New Zealand, AUSTRALIA, HAWAII, Australia$.ti,ab. AND Indians, North American, Oceanic Ancestry Group, indigenous.mp., torres strait$ islander$.ti,ab., aborigin$.ti,ab. AND workforce.mp., MENTORING, Aboriginal Health Worker.mp., Community Health Workers, Health Personnel AND CAREER CHOICE, Career Mobility
CINAHL	(Indigenous OR aborigin* OR koori OR torres strait OR maori OR first nation OR native american OR inuit OR alaskan) N3 (nurs* OR doctor OR physician OR medical officer* OR surgeon OR health personnel OR health worker* OR hospital staff) AND(MH "Health personnel Minority+") OR (Indigenous OR aborigin* OR torres strait OR koori OR maori OR first nation OR native american OR Inuit OR Alaskan) AND (MH "Attitude of Health Personnel") AND (MH "Personal Satisfaction+") OR (MH "Job Performance") AND (MH "Personnel Turnover") OR (MH "Personnel Selection+") (MH "Personnel Retention") OR turnover OR retention AND (MH "mentorship") OR mentor* OR (support* N2 (environment or work*)) OR (MH "Training Support") AND (MH "Careers in Nursing") OR (MH "Careers in Allied Health") OR (MH "Career in Mobility") OR (MH "Career Planning and Development") OR career* AND (MH "Education, Medical+") OR (MH "Education, Nursing+") OR (MH "Education, Pharmacy") OR (MH "Education, Podiatry") OR (MH "Education, Dental") OR (MH "Education, Allied Health+") OR (MH "Health Sciences+") OR (MH "Internship and Residency")
Embase	Oceanic ancestry group, American Indian, "Maori (people)", Native Hawaiian, indigenous people, Torres Strait Islander, First Nation AND Community Health Worker.mp., health care personnel, health service AND Career, career mobility, career pathways.mp., mentoring