Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce:

National Survey Report

the Lowitja Institute
Australia's National Institute for Aboriginal and Torres Strait Islander Health Research

BILA MUUJI
ABORIGINAL CORPORATION HEALTH SERVICE

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY
AMSANT

WESTERN SYDNEY UNIVERSITY

UNSW SYDNEY

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This National Survey report was written in 2019 and published by the Lowitja Institute in 2020.

A series of component reports, including this survey report, were written at different points in time by different teams as part of a national two year-long Career Pathways Project (CPP), 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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Contents

Cultural Preamble **5**

Executive Summary **7**

Survey design and implementation **10**

Description of who responded to the survey **12**

Sample currently employed in health **14**

Participant characteristics *14*

Employment type *17*

Experiences of currently employed **19**

Employer provided opportunities *19*

Rating of career development opportunities *24*

Barriers to career development *26*

Employment movements **34**

Professional memberships and registration **36**

Career development across working life **38**

Experiences of those previously employed in health **42**

Ideas to improve career development in health **43**

Discussion **45**

Conclusion **49**

References **50**

Appendix 1: The Career Pathways Project **51**

Appendix 2: Survey Tool **56**

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Lastly, we would like thank the Aboriginal and Torres Strait Islander people working in health who took the time to do the survey and share their experiences, and Nancy Briggs, Senior Statistical Consultant, Stats Central, Mark Wainwright Analytical Centre, UNSW Sydney for statistical support.

Abbreviations

ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Health Organisation
AH&MRC	Aboriginal Health and Medical Research Council of NSW
AHPRA	Australian Health Practitioner Regulation Agency
AIDA	Australian Indigenous Doctors' Association
AMS	Aboriginal Medical Service
AMSANT	Aboriginal Medical Services Alliance, Northern Territory
ARG	Aboriginal Reference Group
CATSINaM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
CPP	Career Pathways Project
HR	Human Resources
HREC	Human Research Ethics Committee
IAHA	Indigenous Allied Health Association
LHD	Local Health District
NACCHO	National Aboriginal Community Controlled Health Organisation
NATSIHWA	National Aboriginal and Torres Strait Islander Health Workers Association
NT	Northern Territory

PHN	Primary Health Network
PSC	Project Steering Committee
NSW	New South Wales
RTO	Registered Training Organisation
SA	South Australia
TAFE	Technical and Further Education
UNSW	University of NSW
WA	Western Australia

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 acknowledge the Traditional Owners of the lands we walked on and worked on in conducting the national survey. We pay our respects 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 titles.

About the artwork

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.

Executive Summary

This is the first national survey of Aboriginal and Torres Strait Islander health staff across all professions, roles and locations. The survey was designed to better understand the development needs and career pathways within the Aboriginal and Torres Strait Islander health workforce to inform strategies to improve employment, retention and career opportunities and add further data to that which is captured by routine workforce surveys.

The survey was promoted nationally through key health professional forums and networks via email and Twitter, and promoted and distributed at conferences and other events likely to attract the target group from September to December 2018 and in three months the survey was accessed by 539 people, with 378 consenting and completing the survey. The resulting sample is diverse being drawn from different states and territories, urban, regional and remote locations, and ACCHO and government services and was completed by people in a range of roles and who were in these roles for varying lengths of time. This survey report provides insights from the different states and territories to complement the qualitative data collected in other components of the study.

Sample characteristics

Most of those who responded were currently employed in a health service organisation and within government services, with primary health and acute hospital the main sectors of employment reported. Participants were employed in urban (50%), regional (36%) and remote (14%) settings. The survey therefore adds important data about the experiences of those employed in government services to complement the qualitative case studies.

Many of the currently employed group were permanently employed and had a health-related qualification with most reporting TAFE as their highest qualification and about one fifth currently studying (most at TAFE). Whilst it is encouraging that many respondents had a health-related qualification or were currently studying, encouragement to further develop career pathways by seeking higher education qualifications may be needed. Respondents most commonly went into study following recognition of prior work experience and also via direct entry after school. This finding reinforces the notion that the workplace is a critical setting for career development for Aboriginal and Torres Strait Islander people working in health. Recognition of prior learning, including work related learning, by universities may be an area for future attention in the education sector.

Unique knowledge and skills

Survey respondents were asked about their unique knowledge and skills, reinforcing the findings of the qualitative component of the Career Pathways Study. ‘Cultural knowledge to inform health care’, ‘Community connections and relationships’ and ‘Knowledge about how to make services more culturally safe’ were key unique knowledge and skills endorsed by survey respondents.

Employer support for career development

The survey findings provide important insights about the ways in which employers can support and facilitate the career development of Aboriginal and Torres Strait Islander people working in health. There were a range of employer provided opportunities or enablers for career development provided. However, some key activities that should be provided to all staff, such as regular career development planning and reviews and being made aware of

training opportunities were only identified as being provided by a third and just under a half of the sample respectively. The centrality of supportive management to career development and transitions to new roles is highlighted by the survey findings. Opportunities were also found to vary by employee characteristics and employer type and location.

Younger respondents were significantly more likely to report key opportunities, such as traineeships and education, and being provided with role models or mentors than those over 40 years of age. Younger respondents were also significantly more likely to rate their career development as good of very good, and less likely to rate as poor or very poor compared to those aged over 40 years. The only significant difference between males and females was that males were significantly more likely to report support for accommodation and travel than females. Those holding a Bachelor's degree or Postgraduate qualification as highest level were more likely to say they were made aware of training opportunities and given information about other roles in the sector. Those with Bachelor's degrees were also more likely to have been provided with role models or mentors compared to all other groups. These findings warrant further examination in future research. Career development ratings are in line with these findings - those with Bachelor's qualifications as highest level attained are much more likely to rate their career development as 'good' or 'very good', and less likely to rate as 'poor' or 'very poor'.

There was little difference between ACCHO and Government employers in what they were reported to provide for career development. However, a key difference was found in support for accommodation and travel for training and education which was significantly more likely to be provided by ACCHO employers compared to Government. Support for traineeships and education and support for accommodation and travel for training and education was significantly higher among employers in regional and remote areas compared to urban. This finding could be because of the need for travel to access the majority of training or education opportunities not provided locally in rural and remote areas.

Barriers to career development

The main things that were reported to hold people back overall were 'limited opportunities being offered' and 'not feeling supported by their manager'. This was not just limited to current employers, with these two issues (together with a 'lack of cultural sensitivity among colleagues') also highlighted most often as barriers across the working life of respondents. Those over 40 years of age were more likely to report 'limited opportunities being offered' whereas those aged 15-39 years more likely to report 'not feeling capable'. Both of these differences again underscore the importance of supportive management for career development coupled with the provision of a range of opportunities to address the needs of the workforce at all ages and career stages. Bachelor's degree graduates were the group that were more likely to report that family and community demands held them back.

The findings about barriers to career development were particularly stark when comparing employment within ACCHO and Government contexts. 'Racism or opposition from colleagues', a 'lack of cultural awareness among colleagues', 'inflexible human resource policies', and 'not feeling supported by management' were all reported at a higher level as barriers among those employed in Government compared to those employed in ACCHOs. This finding suggests much could be learned by Government services from ACCHOs in how they can provide a more culturally safe and supportive workforce.

Career development ratings

Career development opportunities in their current workplace were rated by 40% of currently employed respondents as 'good' or 'very good'; however, a third rated it as 'poor' or 'very poor'. Ratings of career development opportunities in the health sector as a whole over the course of their career also found the same trends. The data point to a clear need for more attention to career development for many Aboriginal and Torres Strait Islander people working in health.

Overall strategies to improve career development

The most endorsed strategy to improve career development by survey participants was to 'increase the role of Aboriginal and Torres Strait Islander staff in leading career development', with more opportunities and funding for training and education also high on the list. Most also supported an 'increase in pay to match increased role requirements', a 'culturally safe work environment', 'recognition of their unique knowledge and skills' and 'opportunities to trial new roles' as key things that would make the most difference. Respondents also identified what they thought could be done better in recruitment and most agreed that employers needed to value the 'unique existing skills and knowledge' that they bring to the health sector and for employers to be 'willing to provide training that meets the position requirements'. At the broader government level, an 'increase in the number of identified positions', 'performance indicators for organisations' and the 'creation of pathways for both clinical and non-clinical staff' were strongly supported.

Survey design and implementation

The survey design and implementation were led by UNSW Sydney and included a Survey Working Group, with input and contributions from the Career Pathways Project (CPP)'s Project Steering Committee and Aboriginal Reference Group. Further information on the CPP, research questions and the CPP component elements is provided at **Appendix 1**. The national survey was focussed on answering research questions 1-6 and research question 8.

Survey development and piloting

The anonymous survey was designed to provide a national picture of the experiences of Aboriginal and Torres Strait Islander health workforce, with particular attention to career pathways. The survey aimed to build on existing data collections, adding to the knowledge collected in routine surveys.

The nationwide cross-sectional survey was informed by the existing literature, including relevant existing survey tools and refined in consultation with key stakeholders and the ARG in order to ensure appropriate content and distribution. The questionnaire was designed to cover five domains:

a) Worker characteristics; e.g. Aboriginal and Torres Strait Islander identifier, gender, age group, highest level of qualification, professional memberships

b) Workplace and job characteristics; e.g. geographic location, employer type, current position and length of time in that position, total time employed in the health sector and number of positions held

c) Current education/training

d) Facilitators and barriers to career progression

e) Strategies to enhance career pathways.

Most questions were pre-coded, with space provided for additional comments where relevant (see Appendix 2). Early qualitative data from NSW case study sites was used to inform response options, particularly for Domains d) and e). Both online (computer, mobile and iPad/tablet) and paper versions were pilot tested. Piloting occurred with all members of the ARG and a group of health staff and managers in Western NSW. Where possible, data items in existing workforce surveys and ABS categorisations were used.

The survey was developed using Qualtrics software to be delivered online via a link sent by email, promoted on Twitter and other social media, and by hard copy on request. The first screen/page provided information about the research (Participant Information Sheet).

Recruitment

The survey was conducted in conjunction with the engagement of Aboriginal and Torres Strait Islander health professional associations, NACCHO and its other state and territory affiliates, and ACCHOs and mainstream health services involved in this research project. The survey was designed to recruit all 14 health professions recognised by the Australian Health Practitioner Regulation Agency (AHPRA), as well as members of the Aboriginal and Torres Strait Islander workforce who are not registered health professionals.

The survey (available online for multiple devices and in hard copy) was promoted nationally through key health professional forums and networks via email and Twitter and promoted and

distributed at conferences and other events likely to attract the target group. This multi-pronged approach combined with snowballing, where informants are asked to invite peers to participate. While open to bias, this method was employed to achieve the highest possible response rate across disciplines and jurisdictions.

Data management

All data collected online was available immediately for export and no data was collected via paper questionnaire though people were assisted to complete the survey online at conferences during the data collection period. All data were then downloaded into Excel and transferred into SAS for analysis. The non-identifiable data were stored at UNSW accessible only to the UNSW team.

Data analysis

Descriptive statistics were used to summarise participant responses. Data were then analysed to look for significant differences by employer type and jurisdiction and, as appropriate, by other sociodemographic, workplace and job characteristics (e.g. gender, geographic location). Fisher's Exact Test, with significance set at the 0.05 level, was used to examine differences between groups.

Description of who responded to the survey

There were 539 people who started the survey, with 378 completing the survey from September-December 2018. A number of people did not consent to do the survey and dropped out after reading the information statement online. We do not know why these participants did not consent. Some may have not been interested or willing to share their experiences. Others may not have been eligible to do the survey, for example, they may not have identified as Aboriginal and/or Torres Strait Islander. The following description of the sample that completed the survey refers to the 378 people only. Maximum flexibility was given to participants to respond in the survey, so some questions were able to be skipped, for example providing their age. The total sample who responded to each question therefore varies and also when categories have been created to compare data, for example by employer type.

Of the 378 people, 340 (90%) identified as Aboriginal, 16 (4%) as Torres Strait Islander and 22 (6%) identified as both Aboriginal and Torres Strait Islander. The age of the respondents was collected using ABS categories (Table 1). To enable clear comparisons by age in the remainder of this report and given small numbers in some categories, the data were grouped into aged 15-39 and 40 and over (Table 2). From Table 2, it can be seen that most (61%) of the sample were 40 years and above, with 39% aged 15-39 years.

Table 1: *Age of respondents (N=372)*

Age groupings	N (%)
15-19	2 (1)
20-24	27 (7)
25-29	34 (9)
30-34	35 (9)
35-39	46 (12)
40-44	44 (12)
45-49	61 (16)
50-54	73 (20)
60-64	33 (9)
65 and over	17 (5)

Table 2: *Age of respondents (recoded) (N=372)*

Age category	N (%)
15-39	144 (39)
40+	228 (61)

The survey sample appears to reflect broader workforce health trends, with a high degree of feminisation of the health workforce as shown in Table 3 where 78% of the sample reported their sex as female.

Table 3: *Sex (N=377)*

	N (%)
Male	79 (21)
Female	293 (78)
Other	1 (0)
Do not wish to answer	4 (1)

From Table 4 it can be seen that the largest number of respondents were from NSW, followed by Queensland, South Australia and Western Australia, with the other States and Territories having quite small numbers sampled. The Secondary data report (pg. 22) found that just over two thirds (67.1%) of Aboriginal and Torres Strait Islanders employed in the health industry are employed in NSW and Queensland. The survey data had 57% of respondents from these two states. However, it appears that South Australia and Western Australia may be over-represented as a proportion of the survey sample collected for the Career Pathways Project (CPP) and this may reflect promotion by peaks and affiliates in these jurisdictions.

Table 4: *State or territory you currently live? (N=378)*

	N (%)
Australian Capital Territory	5 (1)
Northern Territory	23 (6)
New South Wales	137 (36)
Queensland	81 (22)
South Australia	58 (15)
Tasmania	7 (2)
Victoria	27 (7)
Western Australia	40 (11)

The survey was aimed at recruiting Aboriginal and Torres Strait Islander people who had ever worked in the health system. From Table 5 it can be seen that most who responded were currently employed in a health service organisation. This group of currently employed will be a focus of the next section of the report.

Table 5: *Currently employed in a health service organisation? (N=372)*

	N (%)
Currently Employed	332 (89)
Not Currently Employed	40 (11)

Sample currently employed in health

The following analyses are only for those who reported currently being employed in a health service which was N=332 or 89% of those who responded and completed the survey.

Participant characteristics

From Table 6 it can be seen that most (89%) identified as Aboriginal, with 15 (5%) as Torres Strait Islander and 20 (6%) who identified as both Aboriginal and Torres Strait Islander.

Table 6: *Do you identify as? (N=332)*

	N (%)
Aboriginal	297 (89)
Torres Strait Islander	15 (5)
Aboriginal and Torres Strait Islander	20 (6)

From Tables 7 & 8 it can be seen that most (60%) of the currently employed sample were 40 years and above, with 40% aged 15-39 years. Similar to the overall sample, most (78%) were female as shown in Table 9.

Table 7: *Age of respondents (N=326)*

Age groupings	N (%)
15-19	2 (0)
20-24	23 (7)
25-29	30 (9)
30-34	33 (10)
35-39	42 (13)
40-44	38 (12)
45-49	56 (17)
50-54	61 (19)
60-64	29 (9)
65 and over	12 (4)

Table 8: *Age of respondents (recoded) (N=326)*

	N (%)
15-39	130 (40)
40+	196 (60)

Table 9: *Sex (N=331)*

	N (%)
Male	70 (21)
Female	256 (78)
Other	1 (0)
Do not wish to answer	4 (1)

The State and Territory distribution of the currently employed sample (Table 10) reflects the overall sample distribution, with most respondents from NSW and QLD, and SA and WA with the next two highest samples.

Table 10: *State or territory you currently live? (N=332)*

	N (%)
Australian Capital Territory	5 (1)
Northern Territory	19 (6)
New South Wales	120 (36)
Queensland	73 (22)
South Australia	52 (16)
Tasmania	7 (2)
Victoria	20 (6)
Western Australia	36 (11)

Of the 332 people who were currently employed, 75% reported having completed a health-related qualification (Table 11) with the highest level of qualification at TAFE for almost half the sample (44%) as show in Table 12. There were also 31% who had completed a University Bachelor's degree. Participants reported entering the health workforce via three major pathways: following recognition of their prior work experience (29%); direct entry after year 12 or high school (25%) and via recognition of prior certificates or Vocational Education (21%) as show in Table 13.

Table 11: *Completed a health-related qualification(s)? (N=332)*

	N (%)
Yes	248 (75)
No	84 (25)

Table 12: *Highest health-related qualification? (N=248)*

	N (%)
No health qualification	4 (2)
TAFE qualification	108 (44)
University Bachelor's Degree	78 (31)
University Post Graduate Degree	20 (8)
Other	38 (15)

Table 13: *Pathway into health studies*? (N= 248)*

	N (%)
Direct entry after year 12 or high school	62 (25)
Recognition of prior certificates or Vocational Education	51 (21)
Recognition of prior tertiary education	37 (15)
Recognition of prior work experience	72 (29)
Other	65 (26)

**Respondents could choose more than one option*

There were 21% of the sample respondents currently studying for a health-related qualification (Table 14), with 39% a TAFE qualification and 50% a university degree at the Bachelor's or Post Graduate level (Table 15).

Table 14: *Currently studying for a health-related qualification? (N=332)*

	N (%)
Yes	71 (21)
No	261 (79)

Table 15: *Health-related qualification(s) studying*? (N= 71)*

	N (%)
TAFE qualification	28 (39)
University Bachelor's degree	19 (27)
University Post Graduate Degree	16 (23)
Other	12 (17)

**Respondents could choose more than 1 option.*

Employment type

This section provides details about the employer and type of employment. From Table 16 it can be seen that most (76%) of the respondents were currently employed in a government health service.

Table 16: *Employer type (N=294)*

	N (%)
An Aboriginal Community Controlled Health Service	44 (15)
A Government Health Service	223 (76)
A Private Organisation	4 (1)
A Non-Government Organisation	18 (6)
Other	5 (2)

The most common sector respondents reported working in was primary health care (30%) followed by hospital acute care (14%) and mental health (13%) – see Table 17.

Table 17: *What is the main sector you would say you work in now? (N=294)*

	N (%)[1]
Primary health care services	89 (30)
Mental health care services	39 (13)
Drug and alcohol services	7 (2)
Other community health care service	10 (3)
Hospital acute care services	40 (14)
Residential aged care services	1 (0)
Health education	13 (4)
Juvenile justice	3 (1)
Chronic disease management	10 (3)
Sexual and reproductive health	2 (1)
Maternal child health	23 (8)
Other	57 (19)

In terms of location, Table 18 shows that half of the respondents were employed in an urban location (50%), with 36% in a regional and 14% remote location.

Table 18: *Main location of employment (N=294)*

	N (%)
Urban	148 (50)
Regional	106 (36)
Remote	40 (14)

[1] Percentages may not add to 100% due to rounding

In terms of the main role of those currently employed, most specified that they were either employed in clinical (35%) or administrative roles (22%), which include managers not providing clinical services (Table 19).

Table 19: *Main role with employer (N=294)*

	N (%)
Clinical (including managers and supervisors also providing clinical services)	103 (35)
Administrator (including managers not providing clinical services)	67 (22)
Teacher or educator (including health promotion)	31 (11)
Researcher	1 (0)
Policy and advocacy	17 (6)
Other	75 (26)

Employment contract type was also asked and is detailed in Table 20. In Table 21, comparing just the two main categories of contract type, the proportion that said they were employed in an ongoing permanent position was 77% and 23% on a fixed contract.

Table 20: *Employment contract (N=294)*

	N (%)
Ongoing permanent	212 (72)
Fixed contract	63 (22)
Casual	10 (3)
Not sure	9 (3)

Table 21: *Ongoing vs Fixed Contract only (N=275)*

	N (%)
Ongoing permanent	212 (77)
Fixed contract	63 (23)

Questions were also focused on time in roles and we found that about half the sample had been in their current role 2 years or less and the remainder more than 2 years (Table 22).

Table 22: *How long have you been in this role? (recoded) (N=294)*

	N (%)
2 years or less	141 (48)
More than 2 years	153 (52)

Experiences of currently employed

Employer provided opportunities

Respondents were asked to identify the kinds of opportunities employers provided to support their career development. Participants were able to select more than one opportunity. From Table 23, you can see that almost half of the respondents (45%) reported being made aware of existing training opportunities and almost a third (32%) responded that regular career development planning and reviews where provided. Other career development options were only reported as being provided by less than a third of participants and 17% of people said nothing had been provided.

Table 23: *What things have been provided to help you develop your career at this organisation? (N= 332)*

	N (%)
Traineeships and education	86 (26)
Paid study leave	98 (30)
Support for accommodation and travel for training/education	68 (20)
Made aware of training opportunities	148 (45)
Regular career development planning and reviews	107 (32)
Provided role models or mentors	75 (23)
Opportunities to trial new duties or roles	86 (26)
Information about other roles in the health sector	75 (23)
Nothing has been provided	55 (17)
Other / No Responses Selected	62 (19)

**Respondents could choose more than one option.*

The age of respondents appears to be having an effect, with those aged 15-39 years significantly more likely to be made aware of training opportunities, offered traineeship and education and be provided with role models or mentors than those 40 years and over. There were no significant differences between the two age groups in the other response options chosen (Table 24).

Table 24: *Provided to help develop career at organisation by Age* (N=326)*

	15-39 Yrs N (%)	**40+ N (%)**	**p-value**	
	N=130	N=196	.	
Traineeships and education	50 (38)	35 (18)	<.0001	*
Paid study leave	43 (33)	54 (28)	0.3227	
Support for accommodation and travel for training/education	33 (25)	34 (17)	0.0931	
Made aware of training opportunities	68 (52)	76 (39)	0.0171	*
Regular career development planning and reviews	47 (36)	58 (30)	0.2277	
Provided role models or mentors	42 (32)	33 (17)	0.0019	*
Opportunities to trial new duties or roles	41 (32)	42 (21)	0.0512	
Information about other roles in the health sector	34 (26)	39 (20)	0.2220	
Nothing has been provided	17 (13)	38 (19)	0.1738	
Other	20 (15)	40 (20)	0.3072	

**Respondents could choose more than one option and * indicates significance using Fisher's Exact Test.*

By grouping the employer types of the respondents into ACCHO, Government or Other (Table 25), there are many things both Government and ACCHO's provided equally to help develop careers. For example, traineeships and education, and opportunities to trial new duties or roles were reported by just under a third of ACCHO (32%) and Government (30%) employed respondents, while a third of the respondents from each employer group reported being offered regular career development planning and reviews. Also, half of the respondents have been made aware of training opportunities from ACCHO's (50%) and from Government (52%). However, there was a significant difference between organisations when offering support for accommodation and travel when attending training or education, with ACCHOs (45%) significantly more likely to offer this support than Government (18%) or Other organisation types (30%).

Table 25: *Provided to help develop career by Employer Type* (N= 294)*

	ACCHO N (%)	Govt N (%)	Other N (%)	p-value	
	N=44	N=223	N=27	.	
Traineeships and education	14 (32)	67 (30)	5 (19)	0.4664	
Paid study leave	16 (36)	75 (34)	7 (26)	0.6716	
Support for accommodation and travel for training/ education	20 (45)	40 (18)	8 (30)	0.0005	*
Made aware of training opportunities	22 (50)	115 (52)	11 (41)	0.5692	
Regular career development planning and reviews	15 (34)	82 (37)	10 (37)	0.9561	
Provided role models or mentors	10 (23)	60 (27)	5 (19)	0.6435	
Opportunities to trial new duties or roles	13 (30)	66 (30)	7 (26)	0.9508	
Information about other roles in the health sector	9 (20)	61 (27)	5 (19)	0.5011	
Nothing has been provided	5 (11)	45 (20)	5 (19)	0.4194	
Other / No Responses Selected	3 (7)	18 (8)	3 (11)	0.7625	

**Respondents could choose more than one option and * indicates significance using Fisher's Exact Test.*

By grouping respondents by location of employer into urban, regional and remote (Table 26), greater distance seems to have an effect on some career development opportunities provided by employers. Support for traineeships and education and support for accommodation and travel for training and education was significantly higher among employers in regional and remote areas compared to urban.

Table 26: *Provided to help develop career by location* (N=294)*

	Urban N (%)	Regional N (%)	Remote N (%)	p-value	
	N=148	N=106	N=40	.	
Traineeships and education	34 (23)	32 (30)	20 (50)	0.0047	*
Paid study leave	46 (31)	37 (35)	15 (38)	0.671	
Support for accommodation and travel for training/ education	17 (11)	31 (29)	20 (50)	<.0001	*
Made aware of training opportunities	77 (52)	47 (44)	24 (60)	0.2099	
Regular career development planning and reviews	54 (36)	36 (34)	17 (43)	0.6152	
Provided role models or mentors	36 (24)	26 (25)	13 (33)	0.5529	
Opportunities to trial new duties or roles	41 (28)	28 (26)	17 (43)	0.1411	
Information about other roles in the health sector	40 (27)	22 (21)	13 (33)	0.2933	
Nothing has been provided	27 (18)	23 (22)	5 (13)	0.4562	
Other / No Responses Selected	16 (11)	4 (4)	4 (10)	0.111	

**Respondents could choose more than one option and * indicates significance using Fisher's Exact Test.*

Respondents were grouped by the two main role types – clinical versus administration, including both management and administration roles, to investigate relationships by role (Table 27). There were no significant differences between what was offered by role type.

Table 27: *Provided to help you develop career by role* (N=169)*

	Clinical N (%)	Admin N (%)	p-value
	N=103	N=67	.
Traineeships and education	35 (34)	17 (25)	0.4271
Paid study leave	41 (40)	18 (27)	0.1936
Support for accommodation and travel for training/education	27 (26)	9 (13)	0.0934
Made aware of training opportunities	61 (59)	31 (46)	0.0816
Regular career development planning and reviews	39 (38)	29 (43)	0.2451
Provided role models or mentors	28 (27)	18 (27)	0.7702
Opportunities to trial new duties or roles	29 (28)	23 (34)	0.5923
Information about other roles in the health sector	29 (28)	16 (24)	0.7467
Nothing has been provided	16 (16)	14 (21)	0.5728
Other/No Responses Selected	4 (4)	6 (9)	0.1087

**Respondents could choose more than one option and * indicates significance using Fisher's Exact Test.*

Respondents were grouped into the highest level qualification that they had completed (Table 28). A higher proportion of respondents with a Bachelor's or Postgraduate qualification had been made aware of training opportunities and provided information about other roles in the health sector, compared to respondents with TAFE or Other. A higher proportion of Bachelor's graduates had been provided with role models or mentors compared to respondents with TAFE, Postgraduate or Other.

Table 28: *Provided to help career by highest level of qualification* (N= 244)*

	TAFE N (%)	Bachelor's N (%)	Post-Grad N (%)	Other N (%)	p-value	
	N=108	N=78	N=20	N=38	.	
Traineeships and education	26 (24)	26 (33)	3 (15)	6 (16)	0.1455	
Paid study leave	36 (33)	27 (35)	8 (40)	11 (29)	0.8482	
Support for accommodation and travel for training/education	19 (18)	24 (31)	5 (25)	7 (18)	0.1773	
Made aware of training opportunities	37 (34)	50 (64)	12 (60)	17 (45)	0.0005	*
Regular career development planning and reviews	30 (28)	34 (44)	8 (40)	9 (24)	0.0673	
Provided role models or mentors	22 (20)	32 (41)	2 (10)	3 (8)	0.0001	*
Opportunities to trial new duties or roles	21 (19)	25 (32)	8 (40)	9 (24)	0.1042	
Information about other roles in the health sector	17 (16)	23 (29)	8 (40)	5 (13)	0.015	*
Nothing has been provided	23 (21)	8 (10)	2 (10)	8 (21)	0.1697	
Other / No Responses Selected	6 (6)	4 (5)	2 (10)	5 (13)	0.3031	

**Respondents could choose more than one option and * indicates significance using Fisher's Exact Test.*

When respondents were grouped into permanent or fixed contracts there was little difference between the career development opportunities that were reported (Table 29). The only significant difference was that respondents on Sa permanent contract identified paid study leave more often than respondents on a fixed contract.

Table 29: *Provided to help career by contract type* (N=271)*

	Permanent N (%)	**Fixed Contract N (%)**	**p-value**	
	N=209	N=62	.	
Traineeships and education	62 (30)	15 (24)	0.5832	
Paid study leave	81 (39)	16 (26)	0.0068	*
Support for accommodation and travel for training/educ	52 (25)	14 (23)	0.2885	
Made aware of training opportunities	109 (52)	29 (47)	0.0503	
Regular career development planning and reviews	80 (38)	22 (35)	0.4296	
Provided role models or mentors	49 (23)	21 (34)	0.3607	
Opportunities to trial new duties or roles	63 (30)	18 (29)	0.946	
Information about other roles in the health sector	57 (27)	12 (19)	0.4231	
Nothing has been provided	37 (18)	11 (18)	0.1504	
Other / No Responses Selected	15 (7)	5 (8)	0.6715	

**Respondents could choose more than one option and * indicates significance using Fisher's Exact Test*

When respondents were grouped by gender there was little difference between career development opportunities provided for males or females (Table 30). The exception to this was the provision of support for accommodation and travel for training or education which was nearly double in males (32%) compared to females (18%) and this difference was significant.

Table 30: *Provided to help career by gender* (N= 322)*

	Male N (%)	**Female N (%)**	**p-value**	
	N=68	N=254	.	
Traineeships and education	21 (31)	63 (25)	0.5295	
Paid study leave	22 (32)	74 (29)	0.6750	
Support for accommodation and travel for training/ education	22 (32)	45 (18)	0.0378	*
Made aware of training opportunities	30 (44)	113 (44)	0.5749	
Regular career development planning and reviews	25 (37)	80 (31)	0.8325	
Provided role models or mentors	20 (29)	55 (22)	0.4071	
Opportunities to trial new duties or roles	18 (26)	66 (26)	1.0000	
Information about other roles in the health sector	16 (24)	58 (23)	0.9585	
Nothing has been provided	13 (19)	42 (17)	0.8381	
Other	4 (6)	18 (7)	1.0000	

**Respondents could choose more than one option and * indicates significance using Fisher's Exact Test*

Rating of career development opportunities

Participants were asked to rate their career development opportunities in their current workplace on a five-point Likert scale (Table 31) which had been previously used in an IAHA survey of their membership. This rating was collapsed into a three-category rating as shown in Table 32 to enable comparisons by different employment type and employee characteristics below. From Table 32, it can be seen that while 42% rated their career development opportunities in their current workplace as good or very good, a third (33%) rated as poor or very poor and 25% rated it as average.

Table 31: *Rating of career development opportunities in current workplace? (N=286)*

	N (%)
Very Poor	50 (17)
Poor	43 (15)
Average	72 (25)
Good	79 (28)
Very good	42 (15)

Table 32: *Rating of career development in current workplace (re-coded) (N=286)*

	N (%)
Very Poor/Poor	93 (33)
Average	72 (25)
Good/Very Good	121 (42)

We investigated whether ratings of career development opportunities by the three re-coded categories that were related to characteristics of employment type and location or employee characteristics. We examined this overall rating by ACCHO versus Government, by location (urban/regional/remote) by role (clinical versus administration), by highest qualification, by gender and by age. The only two significant relationships were between ratings and highest qualification and ratings and age as shown in Tables 33 and 34 respectively. Table 33 shows that those with Bachelor's qualifications were more likely to rate their career development opportunities as good or very good and less likely to report them as poor or very poor compared to those with TAFE and also to those with Postgraduate qualifications.

Table 33: *Rating by highest qualification (N=214)*

	TAFE N (%)	**Bachelors N (%)**	**Post-Grad N (%)**	**Other N (%)**	**p-value**
	N=89	N=72	N=18	N=35	.
Very Poor/Poor	37 (42)	17 (24)	5 (28)	14 (40)	0.0039*
Average	25 (28)	12 (17)	6 (33)	12 (34)	.
Good/Very Good	27 (30)	43 (60)	7 (39)	9 (26)	.

** indicates significance using Fisher's Exact Test*

Table 34 shows that people aged 15-39 years were more likely to report their career development opportunities as good or very good and less likely to report them as poor or very poor compared to those aged 40 years and over. Given differences in opportunities provided and barriers reported in ACCHO versus Government in other areas of the survey, we expected there to be differences in overall rating between the two types or organisations, however any observed differences were not statistically significant (see Table 35).

Table 34: *Rating by age (N=286)*

	15-39 Years N (%)	**40+ Years N (%)**	**p-value**
	N=117	N=169	.
Very Poor/Poor	25 (21)	68 (40)	0.0003*
Average	27 (23)	45 (27)	.
Good/Very Good	65 (56)	56 (33)	.

** indicates significance using Fisher's Exact Test*

Table 35: *How would you rate the career development opportunities by organisation? (N= 259)*

	ACCHO N (%)	**Government N (%)**	**p-value**
	N=39	N=220	.
Very Poor/Poor	8 (21)	80 (36)	0.0954
Average	9 (23)	53 (24)	.
Good/Very Good	22 (56)	87 (40)	.

Barriers to career development

Respondents were asked to identify the main things that held them back from developing their career in the organisation where currently employed, with limited opportunities the main reason chosen (Table 36). We looked at these reasons by employee characteristics and employer type and location.

Table 36: *Main things that hold you back*? (N= 332)*

	N (%)
Limited opportunities offered	118 (36)
Not feeling capable	34 (10)
Not knowing what different roles exist	43 (13)
Not feeling supported by manager	70 (21)
No role models or mentors	52 (16)
Family and community demands	60 (18)
Racism and/or opposition from community	12 (4)
Racism and/or opposition from colleagues	54 (16)
Lack of cultural awareness among colleagues	65 (20)
Inflexible HR policies	45 (14)
Gender	2 (1)
Age	30 (9)
Nothing, I am happy with where I am at in my career	75 (23)
Other / No Responses Selected	90 (27)

**Respondents could choose more than one option*

When respondents were grouped by age there was little difference between what they said held them back (Table 37). The two exceptions were a higher proportion of 40+ reporting limited opportunities offered, and those aged 15-39 years, who were more likely to report not feeling capable.

Table 37: *Main things that hold you back with this employer by age*? (N= 326)*

	15-39 Yrs N (%)	**40+ N (%)**	**p-value**	
	N=130	N=196	.	
Limited opportunities offered	38 (29)	80 (41)	0.0348	*
Not feeling capable	19 (15)	14 (7)	0.0382	*
Not knowing what different roles exist	18 (14)	23 (12)	0.6108	
Not feeling supported by manager	27 (21)	42 (21)	1	
No role models or mentors	18 (14)	32 (16)	0.6383	
Family and community demands	29 (22)	30 (15)	0.1413	
Racism and/or opposition from community	3 (2)	9 (5)	0.3749	
Racism and/or opposition from colleagues	21 (16)	33 (17)	1	
Lack of cultural awareness among colleagues	24 (18)	40 (20)	0.776	
Inflexible HR policies	17 (13)	27 (14)	1	
Gender	2 (2)	0 (0)	0.1583	
Personal health issues	8 (6)	12 (6)	1	
Nothing, I am happy with where I am at in my career	32 (25)	43 (22)	0.5928	
Other / No Responses Selected	33 (25)	54 (28)	0.7026	

**Respondents could choose more than one option and * indicates significance using Fisher's Exact Test.*

From Table 38, it can be seen that respondents employed by Government reported that racism or opposition from colleagues much more frequently than those employed in ACCHO and Other employer types and this difference was significant. A higher proportion of respondents employed by Government also identified inflexible human resource policies as barriers compared to ACCHO and Other employer types. Nearly a third of respondents from 'Other' employer types identified age as something that held them back which was three times higher than those employed in ACCHO or Government. A higher proportion of respondents from Government and Other employer types identified not feeling supported by management, and a lack of cultural awareness among colleagues as barriers compared to those in ACCHOs. Having no role models of mentors was more of an issue in ACCHOs and Government compared to 'Other' employer types.

Table 38: *Main things that hold you back by employer type*? (N=294)*

	ACCHO N (%)	**Govt. N (%)**	**Other N (%)**	**p-value**	
	N=44	N=223	N=27	.	
Limited opportunities offered	12 (27)	98 (44)	8 (30)	0.0641	
Not feeling capable	2 (5)	27 (12)	5 (19)	0.1659	
Not knowing what different roles exist	4 (9)	38 (17)	1 (4)	0.11	
Not feeling supported by manager	4 (9)	62 (28)	4 (15)	0.0115	*
No role models or mentors	3 (7)	41 (18)	8 (30)	0.0384	*
Family and community demands	7 (16)	49 (22)	4 (15)	0.5581	
Racism and/or opposition from community	1 (2)	11 (5)	0 (0)	0.6723	
Racism and/or opposition from colleagues	3 (7)	49 (22)	2 (7)	0.0175	*
Lack of cultural awareness among colleagues	3 (7)	55 (25)	7 (26)	0.0185	*
Inflexible HR policies	1 (2)	43 (19)	1 (4)	0.0017	*
Gender	0 (0)	2 (1)	0 (0)	1	
Age	3 (7)	19 (9)	8 (30)	0.0067	*
Personal health issues	3 (7)	16 (7)	2 (7)	1	
Nothing, I am happy with where I am at in my career	16 (36)	51 (23)	8 (30)	0.1422	
Other / No Responses Selected	11 (25)	36 (16)	5 (19)	0.3505	

**Respondents could choose more than one option and * indicates significance in Fisher's Exact Test.*

When respondents were grouped by where they were employed, there was little difference between what held them back between Urban, Regional or Remote locations (Table 39).

Table 39: *Main things that hold you back by location*? (N=294)*

	Urban N (%)	**Regional N (%)**	**Remote N (%)**	**p-value**
	N=148	N=106	N=40	.
Limited opportunities offered	61 (41)	41 (39)	16 (40)	0.9318
Not feeling capable	19 (13)	11 (10)	4 (10)	0.8469
Not knowing what different roles exist	25 (17)	14 (13)	4 (10)	0.5332
Not feeling supported by manager	37 (25)	22 (21)	11 (28)	0.6145
No role models or mentors	29 (20)	20 (19)	3 (8)	0.1961
Family and community demands	25 (17)	27 (25)	8 (20)	0.2431
Racism and/or opposition from community	9 (6)	3 (3)	0	0.1989
Racism and/or opposition from colleagues	25 (17)	20 (19)	9 (23)	0.6642
Lack of cultural awareness among colleagues	33 (22)	23 (22)	9 (23)	1.0000
Inflexible HR policies	25 (17)	15 (14)	5 (13)	0.7686
Gender	1 (1)	1 (1)	0	1.0000
Age	11 (7)	12 (11)	7 (18)	0.1509
Personal health issues	6 (4)	11 (10)	4 (10)	0.0927
Nothing, I am happy with where I am at in my career	40 (27)	22 (21)	13 (33)	0.2933
Other	20 (14)	19 (18)	5 (13)	0.5717

**Respondents could choose more than one option and * indicates significance in Fisher's Exact Test.*

Respondents were grouped by role type – clinical versus administration, the latter of which included both management and administration roles (Table 40). There were no significant differences between what respondents reported as holding them back by role type.

Table 40: *Main things that hold you back by role*? (N=170)*

	Clinical N (%)	**Admin N (%)**	**p-value**
	N=103	N=67	.
Limited opportunities offered	42 (41)	24 (36)	0.71942
Not feeling capable	11 (11)	8 (12)	0.94504
Not knowing what different roles exist	19 (18)	9 (13)	0.41042
Not feeling supported by manager	27 (26)	15 (22)	0.79874
No role models or mentors	18 (17)	14 (21)	0.71089
Family and community demands	27 (26)	11 (16)	0.21066
Racism and/or opposition from community	4 (4)	1 (1)	0.48134
Racism and/or opposition from colleagues	26 (25)	12 (18)	0.0595
Lack of cultural awareness among colleagues	22 (21)	14 (21)	0.91899
Inflexible HR policies	19 (18)	9 (13)	0.55763
Gender	0 (0)	1 (1)	0.70347
Age	6 (6)	5 (7)	0.05189
Personal health issues	4 (4)	4 (6)	0.15267
Nothing, I am happy with where I am at in my career	23 (22)	22 (33)	0.28675
Other / No Responses Selected	14 (14)	12 (18)	0.35132

**Respondents could choose more than one option and * indicates significance in Fisher's Exact Test.*

When respondents were grouped by highest-level qualification that they had completed (Table 41), there was little difference between what they reported held them back. An exception to this was that a higher proportion of Bachelor's degree graduates and Other qualification types reporting that family and community demands held them back compared to those respondents with TAFE qualifications.

***Table 41:** Main things that hold you back by qualification type*? (N=244)*

	TAFE N (%)	Bachelors N (%)	Post-Grad N (%)	Other N (%)	p-value	
	N=108	N=78	N=20	N=38		
Limited opportunities offered	44 (41)	22 (28)	8 (40)	20 (53)	0.0705	
Not feeling capable	9 (8)	9 (12)	2 (10)	2 (5)	0.7159	
Not knowing what different roles exist	18 (17)	6 (8)	3 (15)	7 (18)	0.2364	
Not feeling supported by manager	21 (19)	18 (23)	4 (20)	11 (29)	0.6621	
No role models or mentors	18 (17)	9 (12)	4 (20)	5 (13)	0.6782	
Family and community demands	15 (14)	22 (28)	0 (0)	8 (21)	0.0073	*
Racism and/or opposition from community	3 (3)	3 (4)	1 (5)	2 (5)	0.7050	
Racism and/or opposition from colleagues	14 (13)	17 (22)	3 (15)	8 (21)	0.3809	
Lack of cultural awareness among colleagues	16 (15)	16 (21)	2 (10)	12 (32)	0.1155	
Inflexible HR policies	15 (14)	12 (15)	3 (15)	6 (16)	0.9762	
Gender	1 (1)	0 (0)	0 (0)	0 (0)	1.0000	
Age	11 (10)	6 (8)	1 (5)	5 (13)	0.7370	
Personal health issues	6 (6)	4 (5)	2 (10)	3 (8)	0.7424	
Nothing, I am happy with where I am at in my career	20 (19)	22 (28)	4 (20)	6 (16)	0.3569	
Other	15 (14)	8 (10)	3 (15)	4 (11)	0.8489	

**Respondents could choose more than one option and * indicates significance in Fisher's Exact Test.*

When respondents were grouped into permanent or fixed contracts (Table 42), there was a higher proportion in a permanent role that identified limited opportunities offered, not feeling supported by their manager, racism and/or opposition from colleagues and/or inflexible HR policies as holding them back compared to those on a fixed contract. Respondents on a fixed contract were significantly more likely to report that nothing held them back and they were happy with where they were in their career compared to those on a permanent contract.

Table 42: *Main things that hold you back by contract type*? (N=271)*

	Permanent N (%)	**Fixed Contract N (%)**	**p-value**	
	N=209	N=62	.	
Limited opportunities offered	94 (45)	17 (27)	0.0435	*
Not feeling capable	25 (12)	5 (8)	0.1860	
Not knowing what different roles exist	31 (15)	8 (13)	0.0642	
Not feeling supported by manager	51 (24)	10 (16)	0.0348	*
No role models or mentors	39 (19)	7 (11)	0.2539	
Family and community demands	44 (21)	8 (13)	0.1306	
Racism and/or opposition from community	10 (5)	0 (0)	0.0731	
Racism and/or opposition from colleagues	47 (22)	5 (8)	0.0473	*
Lack of cultural awareness among colleagues	47 (22)	11 (18)	0.3497	
Inflexible HR policies	39 (19)	3 (5)	0.0271	*
Gender	2 (1)	0 (0)	1.0000	
Age	21 (10)	7 (11)	0.8133	
Personal health issues	16 (8)	3 (5)	0.5107	
Nothing, I am happy with where I am at in my career	44 (21)	25 (40)	0.0012	*
Other	30 (14)	9 (15)	0.7696	

**Respondents could choose more than one option and * indicates significance in Fisher's Exact Test.*

When respondents were grouped by gender there was little difference between what they reported held them back (Table 43).

Table 43: *Main things that hold you back by gender*? (N= 322)*

	Male N (%)	**Female N (%)**	**p-value**
	N=68	N=254	.
Limited opportunities offered	24 (35)	91 (36)	0.8950
Not feeling capable	3 (4)	30 (12)	0.2587
Not knowing what different roles exist	6 (9)	36 (14)	0.3781
Not feeling supported by manager	11 (16)	58 (23)	0.5735
No role models or mentors	8 (12)	43 (17)	0.5492
Family and community demands	10 (15)	48 (19)	0.6723
Racism and/or opposition from community	1 (1)	11 (4)	0.5625
Racism and/or opposition from colleagues	10 (15)	43 (17)	0.6933
Lack of cultural awareness among colleagues	13 (19)	50 (20)	1.0000
Inflexible HR policies	7 (10)	36 (14)	0.1775
Age	6 (9)	23 (9)	1.0000
Personal health issues	3 (4)	17 (7)	0.3051
Nothing, I am happy with where I am at in my career	17 (25)	57 (22)	0.7080
Other	8 (12)	35 (14)	0.9218

**Respondents could choose more than one option and * indicates significance in Fisher's Exact Test.*

Employment movements

This set of questions were asked to assess respondents' thoughts about whether they wanted to stay in their current role, whether they would want to move to another role and about any previous roles with the employer.

Table 44: *How likely to stay in your current role for the next 1-2 years? (N=294)*

	N (%)
Highly likely	164 (56)
Somewhat likely	64 (22)
Somewhat unlikely	31 (10)
Highly unlikely	35 (12)

The data were then re-coded into highly/somewhat likely and highly/somewhat unlikely and comparisons made by employer type and location and employee characteristics. There were no difference in the proportion who said they were likely to stay (somewhat or highly likely) in their current role for the next 1-2 years by ACCHO versus Government; by qualification; by role type (clinical versus administrative/ manager); by contract type; or by gender or age. The only significant difference was by location (see Table 45). It appears that those in remote areas may be more likely to stay in their role than those in urban or regional areas.

Table 45: *How likely to stay in your current role next 1-2 years by location? (N= 294)*

	Urban	Regional	Remote	p-value
Highly/Somewhat likely	119 (80)	74 (70)	35 (88)	0.0396*
Highly/Somewhat unlikely	29 (20)	32 (30)	5 (13)	.

** indicates significance in Fisher's Exact Test.*

The next set of questions for those currently employed explored whether they had held any previous positions with the employer. This movement between positions was included to try to assess opportunities to progress within an organisation. There were 48% of those currently employed saying they had held a previous position with the current employer (Table 46), with previous role types shown in Table 47.

Table 46: *Held any previous position(s) with this employer? (N=294)*

	N (%)
Yes	141 (48)
No	153 (52)

Table 47: *Main role in previous position with this employer? (N=140)*[2]

	N (%)
Clinical (including managers and supervisors also providing clinical services	55 (39)
Administrator (including managers not providing clinical services)	30 (22)
Teacher or educator (including health promotion)	7 (5)
Policy and advocacy	3 (2)
Other	45 (32)

The next set of questions were about whether the respondent wanted to move to another role with 35% saying they would (Table 48) and what would help them do so (Table 49). Being offered further training and education, opportunities to trial new duties or roles and management support and encouragement were the most commonly chosen things that respondents thought would help them move to another role (Table 49).

Table 48: *Would you want to move to another role in this or another organisation? (N=290)*

	N (%)
Yes	102 (35)
Maybe	133 (46)
No	55 (19)

Table 49: *Main things that would help you to move to another role*? (N= 255)*

	N (%)
Being offered further training and education	159 (62)
Having paid study leave	112 (44)
Support for accommodation and travel for training/	81 (32)
Regular career planning and reviews	107 (42)
Having role models or mentors	105 (41)
Opportunities to trial new duties or roles	157 (62)
Management support and encouragement	153 (60)
Information about other roles in the health sector	89 (35)
Other	25 (10)

**Respondents could choose more than one option.*

[2] Percentages may not add to 100% due to rounding

Professional memberships and registration

This analysis is limited to those reporting memberships and registrations among those currently employed. Table 50 shows the Professional Associations that people nominated as being members of, with the most common one in the sample being NATSIHWA. In Table 51, respondents were categorised as choosing one or more associations or no/not sure meaning they had not chosen or nominated any professional association. There was 45% of the sample who were a member of at least one professional association.

Table 50: *Member of professional associations*? Yes/No (N= 321)*

	N (%)
AIDA	11 (3)
IAHA	29 (9)
CATSINaM	32 (10)
NATSIHWA	82 (26)
Other	33 (10)
Not sure	28 (9)
No	142 (44)

**Respondents could choose more than 1 option*

Table 51: *Currently a member of any professional associations*? (recoded) (N=305)*

	N (%)
Yes*	137 (45)
No/Not Sure	168 (55)

** Member of at least one or more professional associations*

Table 52 shows that 29% of respondents were registered in their role, with Table 53 further identifying that most were registered as either Aboriginal and Torres Strait Islander health practitioners or nurses.

Table 52: *Registered in your current role? (N=305)*

	N (%)
Yes	89 (29)
No	113 (37)
Other	103 (34)

Table 53: *Registered profession(s)* (N= 89)*

	N (%)
Aboriginal and Torres Strait Islander health practitioner	39 (44)
Medical	5 (6)
Nursing and Midwifery	28 (31)
Occupational Therapy	1 (1)
Physiotherapy	7 (8)
Podiatry	1 (1)
Not sure	5 (6)
Other	9 (10)
Psychology	1 (1)
None	1 (1)

**Respondents could choose more than one option.*

We were interested in whether being a member of a professional association or registered had any association with what respondents said they had been provided with to help develop their career during their time working in the health sector. There were no differences by registration status, but we did find that those who reported being a member of one or more professional associations were more likely to report paid study leave, support for accommodation and travel and regular career development reviews than those who were not a member or were not sure if they were (Table 54). Those respondents who were not a member of an association were also more likely to report nothing being provided.

Table 54: *What things have been provided to help develop your career by membership status*? (N=332)*

	Member N (%)	No/Not Sure N (%)	p-value	
	N=137	N=195	.	
Traineeships and education	59 (43)	67 (34)	0.1099	
Paid study leave	73 (53)	52 (27)	<.0001	*
Support for accommodation and travel	62 (45)	48 (25)	0.0001	*
Made aware of training opportunities value	69 (50)	79 (41)	0.0924	
Regular career development planning and reviews	52 (38)	49 (25)	0.0153	*
Provided role models or mentors	43 (31)	49 (25)	0.2157	
Opportunities to trial new duties or roles	45 (33)	55 (28)	0.3959	
Information about other roles in the health sector	34 (25)	47 (24)	0.8973	
Nothing has been provided	11 (8)	27 (14)	0.1165	
Other / No response provided	7 (5)	11 (6)	1.0000	

**Respondents could choose more than 1 option and* indicates significance in Fisher's Exact Test.*

Career development across working life

A set of questions were also asked about what the experiences had been of all the respondents across their whole career in the health sector or profession. There were 342 participants who answered these questions. Table 55 shows the number of positions reported in the health sector in their working life, with Table 56 collapsed to two categories - 58% having 1-3 positions and 42% four or more positions during their working life in the health sector.

Table 55: *Positions in health sector in working life? (N=342)*

	N (%)
1 position	73 (21)
2-3 positions	127 (37)
4-5 positions	78 (23)
6 or more	50 (15)
None	14 (4)

Table 56: *Health positions in your working life? (N=342)*

	N (%)
1-3 positions	200 (58)
4 or more positions	142 (42)

In contrast to being asked about what things had been provided to help their career by their employer, the following were asked in relation to their experience in the health sector as a whole. Respondents were asked to tick the types of things that have been offered to help them develop their career in health and could tick more than one option (Table 57). The most commonly chosen option was 'made aware of training opportunities' (46%) and then traineeships/education and also paid study leave (39%).

Table 57: *What things have been provided to help you in the health sector*? (N= 321)*

	N (%)
Traineeships and education	126 (39)
Paid study leave	125 (39)
Support for accommodation and travel for training/	110 (34)
Made aware of training opportunities value	148 (46)
Regular career development planning and reviews	101 (31)
Provided role models or mentors	92 (29)
Opportunities to trial new duties or roles	100 (31)
Information about other roles in the health sector	81 (25)
Nothing has been provided	38 (12)
Other	18 (6)

**Respondents could choose more than one option.*

Respondents were asked to rate their career development opportunities in the health sector as a whole over their career (Table 58) and 44% rated it as good or very good. However, 25% rated those opportunities as poor or very poor and 31% rated them as average.

Table 58: *How would you rate the career development opportunities in health sector? (N=282)*

	N (%)
Very poor	39 (14)
Poor	30 (11)
Average	89 (31)
Good	81 (29)
Very good	43 (15)

Respondents were asked what they had done to develop their own career and they could tick more than one option (Table 59). It was evident that many different strategies had been used by respondents to develop their careers themselves, including networking with people they know (79%), and attending conferences and events (77%). Over half (55%) said they had undertaken self-funded training and education.

Table 59: *Done on own to develop career*? (N= 279)*

	N (%)
Volunteered in the community	110 (39)
Joined a committee	127 (46)
Undertaken self-funded training and education	154 (55)
Found and worked with a mentor	93 (33)
Networked with people I know	221 (79)
Used social media to connect and network	113 (41)
Attended conferences and forums	215 (77)
Presented at conferences and forums	114 (41)
Been a mentor or support to others	145 (52)
Other	10 (4)

**Respondents could choose more than one option.*

There were 279 respondents who answered the question about unique knowledge and skills. Many of the available response options were chosen by those who answered this question, with 81% to 97% response rates for each of the options confirming that they saw these as unique knowledge and skills that Aboriginal and Torres Strait Islander staff bring to the health sector (Table 60).

Table 60: *Unique knowledge and skills*? (N= 279)*

	N (%)
Cultural knowledge to inform health care	271 (97)
Community connections and relationships	256 (92)
Knowledge about how to make services more culturally safe	257 (92)
Knowing how to assist other staff to provide more appropriate care	239 (86)
Being able to work across generations with whole families, not just individuals	245 (88)
Being able to work across disciplines and professions	225 (81)
Being able to be an advocate for patients and community	248 (89)
Understanding and applying approaches for community development and engagemer	239 (86)
Other	26 (9)

**Respondents could choose more than one option.*

Table 61 shows that the most common barriers to a career in health in their working life selected by participants were: limited opportunities were offered (43%); not feeling supported by their manager (37%) and lack of cultural sensitivity among colleagues (37%).

Table 61: *Main barriers to your career in health*? (N= 321)*

	N (%)
Limited opportunities offered	137 (43)
Opportunities offered not appropriate	56 (17)
Not feeling supported by manager	118 (37)
Not feeling capable	72 (22)
Not knowing what different roles exist	53 (17)
No role models or mentors	67 (21)
Family and community demands	72 (22)
Racism and/or opposition from community	24 (7)
Racism and/or opposition from colleagues	85 (26)
Lack of cultural sensitivity among colleagues	118 (37)
Lack of role clarity	87 (27)
High staff turnover and taking on additional work	99 (31)
Too much pressure from work and limited time	73 (23)
Inflexible Human Resource policies	59 (18)
Lack of financial incentive to change roles	79 (25)
Gender	6 (2)
Age	25 (8)
Personal health issues	17 (5)
Not listened to when I have new ideas or solutions	84 (26)
Funding runs out for the position	76 (24)
Other	35 (11)

**Respondents could choose more than one option.*

Experiences of those previously employed in health

There were 40 respondents who were not currently employed but chose to select that they were previously employed in the health sector. Only 21 continued to fill out the survey after this question and so only some basic descriptive data is provided in the tables below.

Table 62: *Was your employer a? (N= 21)*

	N (%)
An Aboriginal Community Controlled Health Service	7 (33)
A Government Health Service	11 (52)
A Non-Government Organisation	2 (10)
Other, please specify	1 (5)

Table 63: *Location of employer? (N= 21)*

	N (%)
Urban	9 (43)
Regional	10 (48)
Remote	2 (10)

Table 64: *What was your main role with this employer? (N= 21)*

	N (%)
Clinical (including managers and supervisors also providing clinical services)	5 (24)
Administrator (including managers not providing clinical services)	4 (19)
Teacher or educator (including health promotion)	1 (5)
Researcher	3 (14)
Policy and advocacy	3 (14)
Other	5 (24)

Ideas to improve career development in health

Many of the ideas listed to make a difference in helping develop careers were chosen by most of the participants, with 'Increase role of Aboriginal and Torres Strait Islander staff in leading career development' the most chosen option - 81% of respondents saw this as a key thing that could make a difference to career development for Aboriginal and Torres Strait Islander staff in health (Table 65). In terms of recruitment (Table 66), valuing unique existing skills/knowledge and being willing to provide training to meet the position requirements were the most chosen options to improve career opportunities and pathways for Aboriginal and Torres Strait Islander staff in health.

Table 65: *Key things OVERALL you think would make the most difference*? (N= 305)*

	N (%)
More traineeships and educational opportunities	228 (75)
More funding to support training/education	241 (79)
Provide back-fill or other support for staff doing training	193 (63)
Make sure everyone has an individual development plan that is reviewed	207 (68)
Provide mentoring and role models	214 (70)
Give opportunities to trial new duties or roles	228 (75)
Acknowledge and celebrate achievements	213 (70)
Recognise their unique knowledge and skills	223 (73)
Increase pay to match increased role requirements	219 (72)
Provide more flexibility to accommodate family/community commitments	167 (55)
Ensure a culturally safe work environment	225 (74)
Provide regular cultural training for all staff	210 (69)
Increase role of Aboriginal and Torres Strait Islander staff in leading career development	248 (81)
Other	44 (14)

**Respondents could choose more than one option.*

Table 66: *What can be done better in recruitment*? (N= 305)*

	N (%)
Valuing unique existing skills/knowledge	266 (87)
Being willing to provide training to meet the position requirements	249 (82)
Promoting positions more actively to all staff within the organisation	205 (67)
Providing more information about the organisation and role in advertising	165 (54)
Taking more time to recruit Aboriginal and Torres Strait Islander staff	235 (77)
Dedicated and funded positions for Aboriginal and Torres Strait islander staff	237 (78)
Other	44 (14)

**Respondents could choose more than one option.*

At the broader government level (Table 67), the most chosen options were: 'create both clinical and non-clinical pathways for staff'; 'increase the number of identified positions in health'; and 'performance indicators for all health organisations'.

Table 67: *What are the major things that should be done at the broader government level*? (N= 305)*

	N (%)
Increase the number of identified positions in health	235 (77)
Performance indicators for all health organisations	231 (76)
Improved links between service delivery organisations and training providers	188 (62)
Improved training for AHWs to provide opportunities beyond 12 months	215 (70)
Creating both clinical and non-clinical pathways for staff	250 (82)
Having consistency and clarity in award rates	186 (61)
Giving credit for on-the-job experience	201 (66)
Improving the information available about career development	183 (60)
Simplifying and improving the process of recognising prior learning	180 (59)
Having dedicated staff to assist in career development	209 (69)
Improving the environment (cultural safety) in training organisations/universities	196 (64)
Other	33 (11)

**Respondents could choose more than one option.*

Discussion

This is the first national survey of Aboriginal and Torres Strait Islander health staff across all professions, roles and locations. This survey was designed to better understand the development needs and career pathways within the Aboriginal and Torres Strait Islander health workforce to inform strategies to improve employment, retention and career opportunities and add further data to that which is captured by routine workforce surveys.

The Career Pathways Project National Survey was conducted from September to December 2018 and in three months the survey was accessed by 539 people, with 378 consenting and completing the survey. The resulting sample is diverse being drawn from different states and territories, urban, regional and remote locations, and ACCHO and government services. The survey was completed by people in a range of roles and who were in these roles for varying lengths of time. However, the sample is not argued to be representative of the Aboriginal and Torres Strait Islander health workforce across Australia. For example, in comparing the sample to national workforce data, the survey sample had a similar proportion of males and females but an under-representation of younger people (Ridoutt et al., 2019). Nonetheless, it provides insights from the different states and territories to complement the qualitative data collected in other components of the study.

Most of those who responded were currently employed in a health service organisation and this group was the focus of reporting. Many of this group were permanently employed and had a health-related qualification, with most reporting TAFE as their highest qualification and about one fifth currently studying, and TAFE again being reported as the most common qualification level being studied. Whilst it is encouraging that many respondents had a health-related qualification or were currently studying, in terms of career pathways, respondents could be encouraged to further develop their career pathways by seeking higher education qualifications. Interestingly, a similar proportion of respondents went into study following recognition of prior work experience as well as direct entry after school. This finding reinforces the notion that the workplace is a critical setting for career development for Aboriginal and Torres Strait Islander people working in health. Recognition of prior learning (including work-related learning) by universities may be an area for future attention in the education sector.

It has been argued that an Aboriginal and Torres Strait Islander health workforce facilitates improved access and service provision for the wider Aboriginal and Torres Strait Islander community (Ella, Lee, Childs, & Conigrave, 2015; Gwynne & Lincoln, 2017). Ella et al. (2015) and Gwynne and Lincoln (2017) have found a shared history and cultural understanding of ‘family’ and ‘community’ and other intrinsic skills, individually or combined, facilitate access, cultural safety and improved service provision in health. In the current study, survey respondents were questioned about their unique knowledge and skills, reinforcing these previously recognised skill sets. A range of unique knowledge and skills were endorsed by at least 80% of the sample. Almost all respondents to this question selected ‘Cultural knowledge to inform health care’, ‘Community connections and relationships’ and ‘Knowledge about how to make services more culturally safe’ as unique knowledge and skills.

The survey findings provide important insights about the ways in which employers can support and facilitate the career development of Aboriginal and Torres Strait Islander people working in health. Most of the respondents were employed in government services, with

primary health and acute hospital the main sectors of employment reported. Respondents were employed in urban (50%), regional (36%) and remote (14%) settings. The responses show that a range of employer provided opportunities or enablers for career development are reported to be provided. However, some key activities that should be provided to all staff, such as regular career development planning and reviews and being made aware of training opportunities, were only identified as being provided by a third and just under a half of the sample respectively.

The provision of opportunities by the employer was examined to see if the opportunities varied by key variables, such as age and employer characteristics such as location. Age, gender and highest level of qualification achieved all showed a relationship to opportunities provided. Younger respondents were significantly more likely to report key opportunities, such as traineeships and education, and being provided with role models or mentors that those 40 years or older. The only significant difference between males and females was that males were significantly more likely to report support for accommodation and travel than females. This could be because males were more likely to ask for support, or possibly because females were unable to travel due to family and community commitments. This finding warrants further examination in future research. In terms of highest level of qualification, there were significant differences by this variable. Those holding a Bachelor's or Postgraduate degree as highest qualification more likely to say they were made aware of training opportunities and were given information about other roles in the sector. Those with Bachelor's degrees were also more likely to have been provided with role models or mentors compared to all other groups. The reasons for these differences could be because employers may identify those with Bachelor-level qualifications as being ambitious and ready to seek further career development.

There was little difference between ACCHO and Government employers in what they were reported to provide. However, a key difference was found in support for accommodation and travel for training and education which was significantly more likely to be provided by ACCHO employers compared to Government. By grouping respondents by location, greater distance seems to have an effect on some career development opportunities provided by employers. Support for traineeships and education and support for accommodation and travel for training and education was higher among employers in regional and remote areas compared to urban. This finding could be because of the need for travel to access the majority of training or education opportunities – opportunities that are not provided locally in rural and remote areas.

We compared the responses of those who reported they were members of professional associations with those that were not. There was no difference in the number of opportunities each group had been offered for career development, but members of a professional association were more likely to receive paid study leave and support for accommodation and travel. Those who were not an association member were also more likely to report nothing being provided. These findings may be related to yearly or periodical professional requirements that are aligned with professions, such as nursing or Indigenous Health Practitioners. The findings could also be a consequence of the direct role of professional associations themselves in supporting training and education via conference and training scholarships and in promoting such opportunities through member email lists, websites and newsletters.

Participants were asked to rate their career development opportunities in their current workplace. While just over 40% rated their career development opportunities as good or very good, a third rated it as poor or very poor. Ratings of career development opportunities in the health sector as a whole compared to 'their career' also found the same trends. The data point to a clear need for more attention to career development for many Aboriginal and Torres Strait Islander people working in health.

Career development ratings were also examined to see if they varied by key variables, such as age and employer characteristics such as location. They were found to vary by highest level of qualification. Those with Bachelor's qualifications as highest level attained are much more likely to rate their career development as 'good' or 'very good', and less likely to rate as 'poor' or 'very poor'. Younger respondents were significantly more likely to rate their career development as 'good' or 'very good' and less likely to rate it as 'poor' or 'very poor' compared to those aged over 40 years. These findings on career development ratings align with the findings about opportunities provided, which also varied by these employee characteristics.

The main things that were reported to hold people back overall were 'limited opportunities being offered' and 'not feeling supported by their manager'. This was not just limited to current employers, with these two issues (together with a 'lack of cultural sensitivity among colleagues') also highlighted most often as barriers across the working life of respondents. Those over 40 years of age were more likely to report 'limited opportunities being offered', whereas those aged 15-39 years more likely to report 'not feeling capable'. Both of these differences underscore the importance of supportive management for career development, coupled with the provision of a range of opportunities to address the needs of the workforce. When respondents were grouped by the highest level qualification that they had completed, there was little difference between what they reported as holding them back, except that a significantly higher proportion of Bachelor's degree graduates reported that family and community demands held them back. This may be because further training and education requires leaving home to study, or that they are at a life stage where they have their own family, thus increasing the demands placed upon them. Lastly, it is possible that they are 'seen' to be qualified in a more 'recognised' health professional role, such as nursing; thereby, the expectations for support and advice from family and community increase.

The findings about barriers to career development were particularly stark when comparing employment within ACCHO and Government contexts. 'Racism or opposition from colleagues', a 'lack of cultural awareness among colleagues', 'inflexible human resource policies', and 'not feeling supported by management' were all reported at a higher level as barriers among those employed in Government compared to those employed in ACCHOs. This finding suggests much could be learned by Government services from ACCHOs in how they can provide a more culturally safe and supportive workforce.

The findings by contract type also were interesting, with a number of significant differences being identified between permanent and contract staff in terms of what held them back. Permanent staff members were overall more likely to identify a range of barriers, with fixed contract staff significantly more likely to say they were happy with where they were at in their career. The kinds of things that were more often reported as a barrier by permanent staff were 'lack of opportunities', 'not feeling supported by manager', 'racism and opposition from colleagues', and 'inflexible HR policies'. It could be the case that, as permanent employees, their expectations for career development are higher overall than contract staff and this is

then evidence in their dissatisfaction with what is provided. It could also be the case that they feel less able to move on to another role in a different organisation than contract staff, therefore being more highly attuned to barriers within the current workplace. They may also have had a longer time period to identify these barriers. This difference between the experiences of permanent and contract staff requires further examination in future research.

In looking at employment movements and whether people were likely to stay in their current role, the main finding of interest was that those in remote areas reported they were more likely to stay in their role than those in urban or regional areas. This may simply reflect the lack of other opportunities or roles with their employer or in the location and few other options to move locations due to other local commitments. Alternatively, this finding could reflect that they are quite settled and happy to remain in their role, with strong ties to family, community and country. For those who did want to move roles, 'being offered further education and training', 'opportunities to trial new duties or roles', and 'management support and encouragement' were the most commonly chosen things that respondents thought would help them move to another role. Again, the centrality of supportive management to career development and transitions to new roles is highlighted by the survey findings.

Where employers are not providing opportunities, it is evident that some respondents are taking their own steps to develop their career. Many different strategies were reported by participants to develop their own career, including 'networking with people they know', and 'attending conferences and events'. Over half said they had undertaken self-funded training and education.

When respondents were asked to identify key things they saw as important from a list of ideas to improve career development in health, the most popular response in terms of key things overall that would make a difference was to 'increase the role of Aboriginal and Torres Strait Islander staff in leading career development', with 'more opportunities' and 'funding for training and education' also high on the list of ideas endorsed by most respondents. More than 70% of respondents also reported that an 'increase in pay to match increased role requirements', a 'culturally safe work environment', 'recognition of their unique knowledge and skills' and 'opportunities to trial new roles' were all key things that would make the most difference.

Respondents also identified what they thought could be done better at the recruitment stage to help develop careers for Aboriginal and Torres Strait Islander health staff. Most agreed that employers needed to value 'the unique existing skills and knowledge' that they bring to the health sector and for employers to be 'willing to provide training that meets the position requirements'. At the broader government level, over 70% said that there needed to be an 'increase in the number of identified positions', 'performance indicators for organisations', and the 'creation of pathways for both clinical and non-clinical staff'.

Conclusion

This is the first national survey of Aboriginal and Torres Strait Islander health staff across all professions, roles and locations. The survey data has provided insight into the views of Aboriginal and Torres Strait Islander health workers across Australia to inform strategies to improve employment, retention and career opportunities and adds further data to what is captured by routine workforce surveys. While the sample is not argued to be representative of the Aboriginal and Torres Strait Islander health workforce across Australia, it provides important insights from the different states and territories to complement the qualitative data collected in other components of the study.

The data shows that while some health service employees report being provided with good opportunities to develop their careers, others do not. There are also a number of barriers to career development identified and some differences by employee and employer characteristics.

Career development and pathways for advancement for Aboriginal and Torres Strait Islander health staff across all professions, roles and locations should be a priority for government, the community-controlled sector, professional associations, other peak bodies and policy makers. A strong and well supported Aboriginal and Torres Strait Islander health workforce and associated leadership is very important for the individuals who are part of the health workforce, but it is also critical in order to facilitate improved access and service provision for the wider Aboriginal and Torres Strait Islander community.

References

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Ridoutt, L., Stanford, D., De Masi, K. & Blignault, I. (2018). *Career Pathways for Aboriginal and Torres Strait Islander Health Professionals: Secondary Workforce Data Analysis*, Career Pathways Project, AMSANT, Darwin.

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.

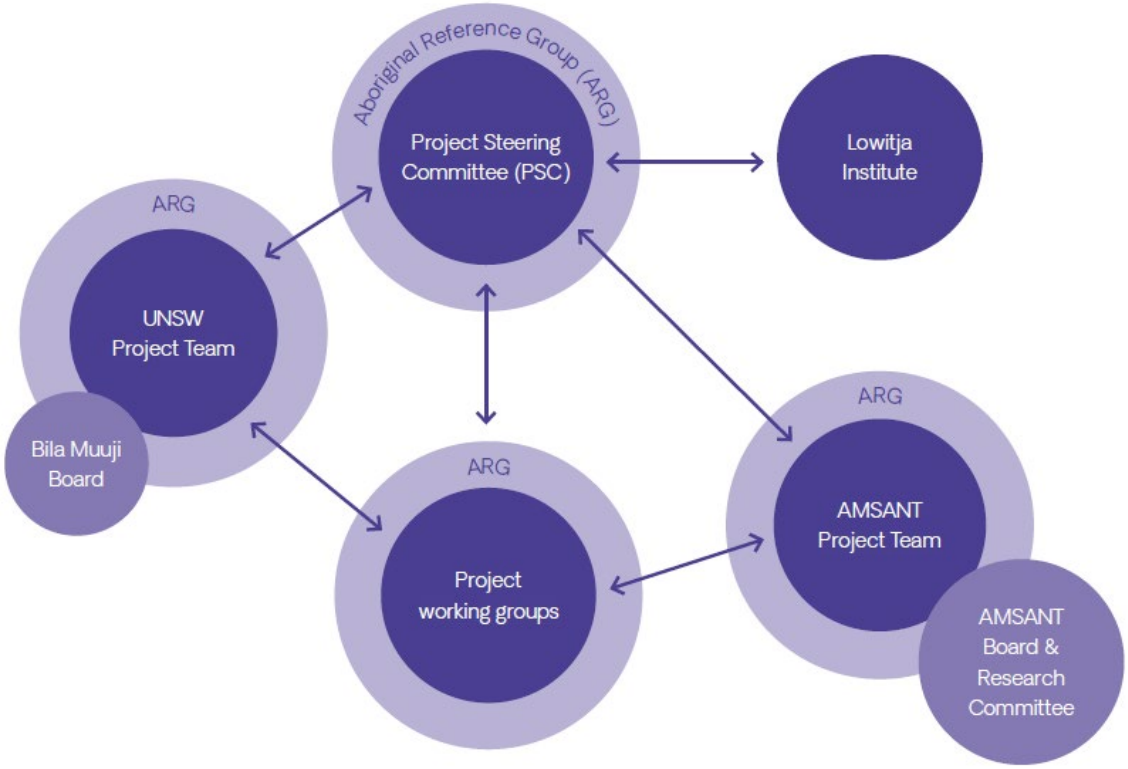

Figure 1: *CPP governance and project management arrangements*

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, and approvals were also provided by the Research Subcommittees of AMSANT, the Kimberley Aboriginal Health Service and Nunkuwarrin Yunti of South Australia.

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: Survey Tool

First screen:

Welcome to the first national survey of Aboriginal and Torres Strait Islander health staff across all professions, roles and locations. This survey is designed to better understand the development needs and career pathways within the Aboriginal and Torres Strait Islander health workforce to inform strategies to improve employment, retention and career opportunities.

All Aboriginal and Torres Strait Islander staff, present and past, are invited to take part!

Who is running the survey?

This survey is part of the Career Pathways Project, funded by the Lowitja Institute. The Project was initiated by Aboriginal Community Controlled Organisations (ACCHOs) and is led by Aboriginal and Torres Strait Islander investigators, partners and field researchers. Partners and collaborators include Bila Muuji, AMSANT, UNSW Sydney, Western Sydney University, ACCHOs and government health services, as well as professional associations (including CATSINaM, IAHA, AIDA and NATSIHWA) and NACCHO affiliates.

Your privacy

Please be assured that your privacy is our highest priority and your anonymous responses cannot be linked back to you. In the survey you will be asked about any qualifications you may have, your past and current employment in the health sector, the barriers you may have faced in your work-life, opportunities you have had, and your ideas to improve career pathways for Aboriginal and Torres Strait Islander health services staff in the future.

If you have done the survey before - thank you! Please do not complete it again. If you don't wish to do the survey now, that is fine too.

If you are ready to begin go to the next page to find out more.

You can print it in hard copy and return via the post – see details on the last page. If you would prefer to do the survey on your laptop, phone or other device please click the hyper link below if this survey is opened in word Career Pathways Survey link

Alternatively, you can paste or enter this URL into your web browser search bar

https://unsw.au1.qualtrics.com/jfe/form/SV_9HxVE0VHWSuIYgl

ONLINE PARTICIPANT INFORMATION STATEMENT

1. What is the research study about? You are invited to take part in the "Career Pathways Project". This research study seeks to learn from Aboriginal and Torres Strait Islander people who are employed in the health sector about their career development and progression and their ideas for improving career pathways. We will also seek to hear the views of other key people in the health system.

2. Who is conducting this research? The project has many research partners: Bila Muuji Aboriginal Health Services Inc., Aboriginal Medical Services Alliance Northern Territory, Western Sydney University, UNSW Sydney, Awabakal Medical Service, Western NSW Primary Health Network, Western NSW Local Health District and South Western Sydney Local Health District. The research is being funded by the Lowitja Institute.

3. Do I have to take part in this research study? Participation in the project is voluntary. If you do not want to take part, you do not have to. Your decision whether or not to participate will not affect your future relationship with your employing organisation or with any of the other research partners.

4. What does participation involve and are there any risks involved? If you decide to participate you will complete this online survey which should take about 10-15 minutes of your time. The survey will cover your work history in the health sector, your experiences working in health, your views about the opportunities for career development in health, and what may help or not in progressing the careers and opportunities for Aboriginal and Torres Strait Islander health staff. We don't expect the questions to cause any discomfort, however if you would like to talk to someone you can let the research team know - see details at the end of this page.

5. What are the possible benefits to participation? We hope that you enjoy sharing your experiences and ideas about how Aboriginal and Torres Strait Islander health staff can be supported and developed in their careers. All of the information put together will provide information and guidance for health service managers and other stakeholders who want to grow and develop the Aboriginal and Torres Strait Islander health workforce.

6. How and when will I find out what the results of the research study are? A plain-language summary report of the survey findings which will be placed on the Lowitja Institute website and circulated to peaks and affiliates, professional associations and other key stakeholders to distribute to their members. We will also write articles and present the results at conferences. All the information published and presented will be done in a way that will not identify you - the survey is anonymous.

7. What if I want to withdraw from the research study? If you do consent to participate, you are free to stop participating at any time by ending the survey and exiting the site - your data will not be used if you do not complete and submit the survey. If you complete and submit the survey we cannot remove your responses as we will not know which responses our yours - the survey is anonymous.

8. What should I do if I have further questions about my involvement in the research study? If you want any more information about this project you can contact a member of the research team.

Research Team Contacts for the survey: Telphia-Leanne Joseph - t.joseph@unsw.edu.au and Sally Nathan - s.nathan@unsw.edu.au

9. What if I have a complaint or any concerns about the research study? The project has been approved by the Aboriginal Health & Medical Research Council Human Research Ethics Committee NSW (Ref 1306 17), CAHREC in Central Australia (CA-17-2948), Menzies HREC in NT (2017-2943), South Australia AHREC (04-17-732), WAAHEC in WA (822), and is being supported by QAIHC in Queensland The St Vincents Hospital Melbourne HREC has given conditional approval with full approval pending.

Complaints may be directed to The Chairperson, AH&MRC Ethics Committee, P.O. Box 1565, Strawberry Hills NSW 2012; Telephone: 02-9212 4777 or email to ethics@ahmrc.org.au or to your relevant State and Territory Aboriginal and Torres Strait Islander health ethics committees or peak/affiliate https://www.lowitja.org.au/ethics/contacts

Start of Block: Agreement to do survey

Q3.1 I agree to start the survey now

Yes (1) Please proceed to page 5

No (2)

If you have said 'No' at this time, we would like to thank you for considering doing this survey. If you would like more information before you decide if you want to do the survey then please contact…

If you are interested in being part of a telephone interview instead of this survey then please make contact using the details below….

Start of Block: About you?

The first set of questions are to find out a little bit about you including whether you have done any formal study.

Q5.1 Before we ask some questions about your background would you mind telling us how you found out about the survey?

- ○ Email from my professional association (1)
- ○ Email from peak or affiliate organisation (2)
- ○ Workplace colleagues (3)
- ○ Other colleagues (9)
- ○ At a conference (4)
- ○ Not sure (5)
- ○ Other (please specify) (6) _____

Q5.3 Do you identify as?

- ○ Aboriginal (1)
- ○ Torres Strait Islander (2)
- ○ Aboriginal and Torres Strait Islander (3)

Q5.4 How old are you?

- ○ 15-19 (1)
- ○ 20-24 (2)
- ○ 25-29 (3)
- ○ 30-34 (4)
- ○ 35-39 (5)
- ○ 40-44 (6)
- ○ 45-49 (9)
- ○ 50-54 (10)
- ○ 60-64 (11)
- ○ 65 and over (12)

Q5.5 What is your gender?

- ○ Male (1)
- ○ Female (2)
- ○ Other (3)
- ○ Do not wish to answer (4)

Q5.6 In what state or territory do you currently live?

- ○ Australian Capital Territory (1)
- ○ New South Wales (3)
- ○ Northern Territory (2)
- ○ Queensland (4)
- ○ South Australia (5)
- ○ Tasmania (6)
- ○ Victoria (7)
- ○ Western Australia (8)

Q5.7 Have you completed a health-related qualification (s)?

- ○ Yes (1)
- ○ No (2) If No, please go to Q5.10 on page 7

Q5.8 Which health related qualification(s) have you COMPLETED? (Choose all that apply)

- ☐ TAFE qualification (1)
- ☐ University Bachelors Degree (2)
- ☐ University Post Graduate Degree (3)
- ☐ No health qualification (4)
- ☐ Other (5) _____

Q5.9 What pathway did you take to get into your health studies?

- ☐ Direct entry after year 12 or high school (1)
- ☐ Recognition of prior certificates or Vocational Education Training (2)
- ☐ Recognition of prior tertiary education (3)
- ☐ Recognition of prior work experience (4)
- ☐ Other (please specify) (5) _____

Q5.10 Are you CURRENTLY studying for a health related qualification?

- ○ Yes (1)
- ○ No (2) If No, please go to 6.2 on page 8

Q5.11 Which health related qualification(s) are you studying?

- ☐ TAFE qualification (1)
- ☐ University Bachelors degree (2)
- ☐ University Post Graduate Degree (3)
- ☐ Other (4) _____

Q5.12 What pathway did you take to get into your current health studies?

- ☐ Direct entry after year 12 or high school (1)
- ☐ Recognition of prior certificates or Vocational Education and Training (2)
- ☐ Recognition of previous or prior tertiary education (3)
- ☐ Recognition of prior work experience (4)
- ☐ Other (please specify) (5) _____

Start of Block: Current employment

The next set of questions are about where you currently and have previously worked and your experiences in these workplaces

Q6.2 Are you currently employed in a health service organisation?

- ○ Yes (1) If yes, please go to Q.11.1 on page 12
- ○ No (2) If No, please proceed to the next set of questions

Q7.1 What industry are you working in the most at this time?

- ○ Agriculture, Forestry and Fishing (1)
- ○ Mining (2)
- ○ Manufacturing (3)
- ○ Electricity, Gas, Water and Waste Services (4)
- ○ Construction (5)
- ○ Wholesale Trade (6)
- ○ Retail Trade (7)
- ○ Accommodation and Food Services (8)
- ○ Transport, Postal and Warehousing (9)
- ○ Information Media and Telecommunications (10)
- ○ Financial and Insurance Services (11)
- ○ Rental, Hiring and Real Estate (12)
- ○ Professional, Scientific and Technical Services (13)
- ○ Administrative and Support Services (14)
- ○ Public Administration and Safety (15)
- ○ Education and Training (16)
- ○ Health Care and Social Assistance (17)
- ○ Arts and Recreation Services (18)
- ○ Other Services (19)
- ○ Not currently working (20)

Previous employment in a health service organisation

Q8.1 Were you PREVIOUSLY employed in a health service organisation?

- ○ Yes (1)
- ○ No (2) If No, Please go to Q 9.2 on page 18

Q8.2 Was your employer?

- ○ An Aboriginal Community Controlled Health Service (1)
- ○ A Government Health Service (2)
- ○ A Private Organisation (3)
- ○ A Non-Government Organisation (4)
- ○ Other, please specify (5) _____

Q8.3 What was the main sector in health that you worked in?

- ○ Primary health care services (1)
- ○ Mental health care services (2)
- ○ Drug and alcohol services (3)
- ○ Other community health care service (4)
- ○ Hospital acute care services (5)
- ○ Residential aged care services (6)
- ○ Health education (7)
- ○ Chronic disease management (10)
- ○ Sexual and reproductive health (11)
- ○ Maternal child health (12)
- ○ Juvenile justice (8)
- ○ Other, please specify (9) _____

Q8.4 What was the main location of your employment?

- ○ Urban (1)
- ○ Regional (2)
- ○ Remote (3)

Q8.5 What was your main role with this employer?

- ○ Clinical (including managers and supervisors also providing clinical services) (1)
- ○ Administrator (including managers not providing clinical services) (2)
- ○ Teacher or educator (including health promotion) (3)
- ○ Researcher (4)
- ○ Policy and advocacy (5)
- ○ Other (please specify) (6) _____

Q8.6 What kind of employment contract did you have in this role?

- ○ Ongoing permanent (1)
- ○ Fixed contract (2)
- ○ Casual (3)
- ○ Not sure (4)

Q8.7 How long were you working for this employer?

- ○ Less than one year (1)
- ○ One to two years (2)
- ○ Three to four years (3)
- ○ Five or more years (4)

Q8.8 How many positions did you have with this employer over that time?

- ○ 1 position (1)
- ○ 2-3 positions (2)
- ○ 4-5 positions (3)
- ○ 6 or more (4)

Q8.9 Is there anything that would have kept you in this organisation?

_____

_____

_____

_____

_____

Q8.10 What were your main reasons for moving on from this organisation?

_____

_____

_____

_____

_____

Please now turn to page 18 To answer the final relevant questions for you in the survey

Currently employed in health service organisation

Q11.1 Is your employer?

- ○ An Aboriginal Community Controlled Health Service (1)
- ○ A Government Health Service (2)
- ○ A Private Organisation (3)
- ○ A Non-Government Organisation (4)
- ○ Other, please specify (5) _____

Q11.2 What is the main sector you would say you work in now?

- ○ Primary health care services (1)
- ○ Mental health care services (2)
- ○ Drug and alcohol services (3)
- ○ Other community health care service (4)
- ○ Hospital acute care services (5)
- ○ Residential aged care services (6)
- ○ Health education (7)
- ○ Chronic disease management (10)
- ○ Sexual and reproductive health (11)
- ○ Maternal child health (12)
- ○ Juvenile justice (8)
- ○ Other, please specify (9) _____

Q11.3 What is the main location of your employment?

- ○ Urban (1)
- ○ Regional (2)
- ○ Remote (3)

Q11.4 What is your main role with this employer?

- ○ Clinical (including managers and supervisors also providing clinical services) (1)
- ○ Administrator (including managers not providing clinical services) (2)
- ○ Teacher or educator (including health promotion) (3)
- ○ Researcher (4)
- ○ Policy and advocacy (5)
- ○ Other (please specify) (6) _____

Q11.5 What kind of employment contract do you have in this role?

- ○ Ongoing permanent (1)
- ○ Fixed contract (2)
- ○ Casual (3)
- ○ Not sure (4)

Q11.6 How long have you been in this role?

- ○ Less than one year (1)
- ○ One to two years (2)
- ○ Three to four years (3)
- ○ Five or more years (4)

Q11.7 What things have been provided to help you develop your career in your time working at this organisation? (Tick as many as apply)

- ☐ Traineeships and education (1)
- ☐ Paid study leave (2)
- ☐ Support for accommodation and travel for training/education (3)
- ☐ Made aware of training opportunities (4)
- ☐ Regular career development planning and reviews (6)
- ☐ Provided role models or mentors (8)
- ☐ Opportunities to trial new duties or roles (9)
- ☐ Information about other roles in the health sector (12)
- ☐ Nothing has been provided (13)
- ☐ Other (14) _____

Q11.8 How likely are you to stay in your current role for the next 1-2 years?

- ○ Highly likely (1)
- ○ Somewhat likely (2)
- ○ Somewhat unlikely (3)
- ○ Highly unlikely (4)

Q11.9 What is your main reason for this rating?

_____

Q11.10 Have you held any previous position(s) with this employer?

- ○ Yes (1)
- ○ No (2) If No, please go to Q 11.13 at the bottom of this page

---

Q11.11 What was your main role in the previous position with this employer?

- ○ Clinical (including managers and supervisors also providing clinical services) (1)
- ○ Administrator (including managers not providing clinical services) (2)
- ○ Teacher or educator (including health promotion) (3)
- ○ Researcher (4)
- ○ Policy and advocacy (5)
- ○ Other (please specify) (6) _____

Q11.12 How long were you in this position?

- ○ Less than one year (1)
- ○ One to two years (2)
- ○ Three to four years (3)
- ○ Five or more years (4)

Q11.13 How long have you worked for this employer in total years?

- ○ Less than one year (1)
- ○ One to two years (2)
- ○ Three to four years (3)
- ○ Five or more years (4)

Q11.14 How many positions have you had with this employer over that time?

- ○ 1 position (1)
- ○ 2-3 positions (2)
- ○ 4-5 positions (3)
- ○ 6 or more (4)

Q12.1 Would you want to move to another role in this or another organisation?

- ○ Yes (1)
- ○ Maybe (2)
- ○ No (3) If No, please go to Q12.3 on page 17

Q12.2 What are the main things that would help you to move to another role? (Tick as many as apply)

- ☐ Being offered further training and education (1)
- ☐ Having paid study leave (2)
- ☐ Support for accommodation and travel for training/education (3)
- ☐ Regular career planning and reviews (5)
- ☐ Having role models or mentors (7)
- ☐ Opportunities to trial new duties or roles (8)
- ☐ Management support and encouragement (9)
- ☐ Information about other roles in the health sector (11)
- ☐ Other (please specify) (12) _____

Q12.3 What are the main things that hold you back from developing your career with this employer? (Tick as many as apply)

- ☐ Limited opportunities offered (1)
- ☐ Not feeling capable (2)
- ☐ Not knowing what different roles exist (3)
- ☐ Not feeling supported by manager (4)
- ☐ No role models or mentors (5)
- ☐ Family and community demands (6)
- ☐ Racism and/or opposition from community (7)
- ☐ Racism and/or opposition from colleagues (8)
- ☐ Lack of cultural awareness among colleagues (9)
- ☐ Inflexible HR policies (12)
- ☐ Gender (15)
- ☐ Age (16)
- ☐ Personal health issues (17)
- ☐ Nothing, I am happy with where I am at in my career (18)
- ☐ Other (please specify) (19) _____

Q12.4 How would you rate the career development opportunities for you in your current workplace?

- ○ Very poor (1)
- ○ Poor (2)
- ○ Average (3)
- ○ Good (4)
- ○ Very good (5)

Q12.5 What is your main reason for the rating above?

_____

Overall career questions

The next set of questions are about the kinds of organisations you are connected to outside of your employer and your experience of career development in your time working in health

Q9.2 Are you currently a member of any of the following professional associations?

- ☐ AIDA (1)
- ☐ IAHA (2)
- ☐ CATSINaM (3)
- ☐ NATSIHWA (4)
- ☐ Other, please specify (5) _____
- ☐ Not sure (6)
- ☐ No (7)

Q9.3 Are you a friend or supporter of any other Aboriginal or Torres Strait Islander peak bodies or networks?

- ○ Yes, please provide details (1) _____
- ○ No (2)

Q9.4 Are you registered in your current role?

- ○ Yes (1)
- ○ No (2) -> Go to Q9.6 on page 20
- ○ Not applicable (3) -> Go to Q9.6 on page 20

Q9.5 Please identify below which profession(s) you are registered under?

- ☐ Aboriginal and Torres Strait Islander health practitioner/worker (1)
- ☐ Chinese Medicine (2)
- ☐ Chiropractic (3)
- ☐ Dental (4)
- ☐ Medical (5)
- ☐ Medical Radiation (6)
- ☐ Nursing and Midwifery (7)
- ☐ Occupational Therapy (8)
- ☐ Optometry (9)
- ☐ Osteopathy (10)
- ☐ Pharmacy (11)
- ☐ Physiotherapy (12)
- ☐ Podiatry (13)
- ☐ Psychology (16)
- ☐ Not sure (14)
- ☐ None (18)
- ☐ Other (15) _____

Q9.6 How many positions in the health sector or profession have you had in your working life?

- ○ 1 position (1)
- ○ 2-3 positions (2)
- ○ 4-5 positions (3)
- ○ 6 or more (4)
- ○ None (5) -> Go to Q9.17 on page 26

Q9.7 What things have been provided to help you develop your career in your time working in the health sector? (Tick as many as apply)

- ☐ Traineeships and education (1)
- ☐ Paid study leave (2)
- ☐ Support for accommodation and travel for training/education (3)
- ☐ Made aware of training opportunities (4)
- ☐ Regular career development planning and reviews (6)
- ☐ Provided role models or mentors (7)
- ☐ Opportunities to trial new duties or roles (9)
- ☐ Information about other roles in the health sector (12)
- ☐ Nothing has been provided (13)
- ☐ Other (14) _____

Q9.8 How would you rate the career development opportunities you have been provided with in the health sector?

- ○ Very poor (1)
- ○ Poor (2)
- ○ Average (3)
- ○ Good (4)
- ○ Very good (5)

Q9.9 What is your main reason for the rating above?

_____

_____

_____

_____

_____

Q9.10 What things have you done on your own to develop your career in health? (Tick as many as apply)

- ☐ Volunteered in the community (1)
- ☐ Joined a committee (2)
- ☐ Undertaken self-funded training and education (3)
- ☐ Found and worked with a mentor (4)
- ☐ Networked with people I know (5)
- ☐ Used social media to connect and network (6)
- ☐ Attended conferences and forums (7)
- ☐ Presented at conferences and forums (8)
- ☐ Been a mentor or support to others (9)
- ☐ Other (10) _____

Q9.11 What unique knowledge and skills do you think Aboriginal and Torres Strait Islander staff bring to the health sector? (Tick as many as apply)

- ☐ Cultural knowledge to inform health care (1)
- ☐ Community connections and relationships (2)
- ☐ Knowledge about how to make services more culturally safe (3)
- ☐ Knowing how to assist other staff to provide more appropriate care (4)
- ☐ Being able to work across generations with whole families, not just individuals (6)
- ☐ Being able to work across disciplines and professions (7)
- ☐ Understanding/applying approaches for community development/engagement (9)
- ☐ Being able to be an advocate for patients and communities (8)
- ☐ Other (10) _____

Q9.12 Overall in your time working in the health sector what have been the main barriers to your career? (Tick as many as apply)

- ☐ Limited opportunities offered (1)
- ☐ Opportunities offered not appropriate and/or culturally safe (3)
- ☐ Not feeling supported by manager (4)
- ☐ Not feeling capable (5)
- ☐ Not knowing what different roles exist (6)
- ☐ No role models or mentors (7)
- ☐ Family and community demands (8)
- ☐ Racism and/or opposition from community (9)
- ☐ Racism and/or opposition from colleagues (10)
- ☐ Lack of cultural sensitivity among colleagues (11)
- ☐ Not listened to when I have new ideas or solutions (22)
- ☐ Lack of role clarity (12)
- ☐ High staff turnover and taking on additional work (13)
- ☐ Funding runs out for the position (23)
- ☐ Too much pressure from work and limited time (14)
- ☐ Inflexible Human Resource policies (15)
- ☐ Lack of financial incentive to change roles (16)
- ☐ Financial issues, such as cost of training (17)
- ☐ Gender (18)

☐ Age (19)

☐ Personal health issues (20)

☐ Other (21) _____

The next set of questions ask you about your ideas to improve career pathways and opportunities for Aboriginal and Torres Strait Islander health staff in general.

Q9.14 What are the key things OVERALL you think would make the most difference in helping Aboriginal and Torres Strait Islander staff develop their careers in health? (Tick as many as you think apply)

- ☐ More traineeships and educational opportunities (1)
- ☐ More funding to support training/education, e.g. paid study leave, travel costs (2)
- ☐ Provide back-fill or other support for staff doing training (3)
- ☐ Make sure everyone has an individual development plan regularly reviewed (4)
- ☐ Provide mentoring and role models (6)
- ☐ Give opportunities to trial new duties or roles (7)
- ☐ Acknowledge and celebrate achievements (8)
- ☐ Recognise their unique knowledge and skills (9)
- ☐ Increase pay to match increased role requirements (10)
- ☐ Provide more flexibility to accommodate family/community commitments (11)
- ☐ Ensure a culturally safe work environment (12)
- ☐ Provide regular cultural training for all staff (13)
- ☐ Increase role of Aboriginal and Torres Strait Islander staff in leading career development activities (14)
- ☐ Other (15) _____

Q9.15 What can be done better in RECRUITMENT to improve career opportunities and pathways for Aboriginal and Torres Strait Islander staff? (Tick as many as apply)

- ☐ Valuing unique existing skills/knowledge of Aboriginal & Torres Strait Islander staff(1)
- ☐ Being willing to provide training to meet the position requirements (2)
- ☐ Promoting positions more actively to all staff within the organisation (3)
- ☐ Providing more information about the organisation and the role when advertising (4)
- ☐ Commitment to taking more time to recruit Aboriginal and Torres Strait Islander staff (5)
- ☐ Having dedicated and funded positions for Aboriginal and Torres Strait Islander staff (6)
- ☐ Other (7) _____

Q9.16 What are the major things that should be done at the BROADER GOVERNMENT LEVEL to improve career opportunities and pathways for Aboriginal and Torres Strait Islander health staff? (Tick as many as apply)

☐ Increase the number of identified positions in health (13)

☐ Performance indicators for all health organisations to develop their Aboriginal and Torres Strait Islander workforce (2)

☐ Adequate funding for the Community Controlled sector to attract, train and keep staff (1)

☐ Improved links between service delivery organisations and training providers (3)

☐ Improved training for AHWs to provide opportunities beyond 12 months (4)

☐ Creating both clinical and non-clinical pathways for staff (5)

☐ Having consistency and clarity in award rates (6)

☐ Giving credit for on the job experience (7)

☐ Improving the information available about career development opportunities (8)

☐ Simplifying and improving the process of recognising prior learning (9)

☐ Having dedicated staff to assist in career development (10)

☐ Improving the environment (cultural safety) in training organisations/universities (11)

☐ Other (12) _____

Q9.17 Do you have any other ideas to improve the workplace and career options for Aboriginal and Torres Strait Islander health staff?

_____

_____

_____

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Thank you for taking the time to do this survey.

If you would like more information about the survey please contact…

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