Aboriginal health workforce retention

Professor Sandra Thompson
Outline

• Background

• An example to focus our minds

• A systematic review of the literature on Aboriginal and Torres Strait Islander workforce retention

• Resources and recommendations
Health Workforce Shortage

• 2011:
  – 1.6% of the entire health workforce were Indigenous
  – 1,256 Indigenous Health Workers (IHWs)
    • Third largest occupation for Indigenous health professionals

• 2015:
  – 1% of registered health workforce Indigenous
  – Indigenous nurses and midwives: 1.1% (3,752 of 360,008)
  – Indigenous medical practitioners: 0.5% (433 of 97,466)
  – 322 Indigenous Health Practitioners

• Not much data on turnover rates
  – Evidence of high turnover rates for IHWs
A Case Study

• Pilot intervention conducted during first half of 2007 - using an AHW Worker at the Cardiac Rehab Program at large tertiary hospital

• 10 of 3,000 staff are Aboriginal (0.3%)

• Paid as an AHW

• Unanimous acclaim of all staff interviewed

• Enormous support from Aboriginal patients and the community for such positions

• This hospital was trying – there were high levels of staff commitment to improving care for Aboriginal people
Limited time of Nursing Staff

...in terms of resources, and what we can offer..., we are incredibly limited, and ...its not a good thing to say but we don’t have the time to...its not just for them, its for anyone.

(Participant 39)

...you just end up too busy and, you know, there’s always something more important, but really rehab is really important...Because rehab is what stops people coming back. ... I mean, sometimes we would literally give them [Aboriginal patients] the book and say, ‘Here’s the book; have a look through and if you’ve got any questions, ask us’

(Participant 49)
The Communication Divide

• I think on the whole white people misread Aboriginals in terms of how they respond, and I’ll give you an example. The medical team on the ward will do a ward round and the Aboriginal patient is probably a little bit shy, a bit overwhelmed, spends a lot of time looking at the floor and looking away, not making eye contact, and the staff take that the wrong way...either they don’t understand or they don’t care or they’re not interested. They don’t appreciate that there is a cultural aspect to that as well. So, then they’re probably a bit dismissive of that patient and perhaps don’t explain things as well to that patient as perhaps they might to someone else who they felt was engaging...

(Participant 42)
We just lump them, ‘Oh, they’re Aboriginal; they’ll want to be in the same room.’ So we put them purposely in the same room... We nearly started a war one time. We had two people who, were both the same sex, but the family groups were not friends and therefore should not have been together...and she (AHW) came to us and told us you know, ‘You know, you shouldn’t have these two together. You need to move them.’ She sorted that out....and we did it and everybody was happy, and the patients. We would’ve had a DAMA situation there....

(Participant 48)
Roles of an AHW dedicated to Cardiology / CR in a tertiary hospital

• Identify Aboriginal patients not picked up through administrative systems
• Informed consent
• Meet patients’ needs through a culturally congruent model of care and practice
  – ‘yarning’ and educating
  – Crossing the communication divide
• AHW presence soothes and calms the patient - critical in preventing Discharge Against Medical Advice
• Providing critical cultural education and resource support to other staff
• Improving time for patient contact and follow-up
Aboriginal Health Worker

Cardiology / Cardiothoracic

- Explain Pre/Post Cardiology / Cardiothoracic Procedures
- Patient/family support with attending education sessions
- Liaise with Renal Aboriginal Health Worker
- Cultural Awareness Medical Staff / Students
- Support Patients Cardiac Gym / Cath lab / appt
- Emotional Support

Education
- Medications /
- Lifestyle Factors / Angina Management

Link patient with Social Worker, GP Links, Hacc, Pats,

Cardiac Rehab Referrals / Discharge follow ups

Source culturally appropriate education materials

Liaise with Community Health Workers / Chronic Disease Team / Nursing Post for appropriate discharge
How well is the AHW role valued?

• I guess I have this perception that so many Aboriginal workers are sort of token positions... and I see a lot of community positions where I don’t perceive them doing a lot. So...I guess if I’m being completely honest, my gut initially was, ‘Oh, what’s she going to do?’ (to the news of an AHW starting in cardiology) (Participant 48)

• ...she (renal AHW) had a little box and that was her office. So when the desk in the staff room was clear, she brought out her box and was doing her work. When everybody came in, she’d pack up her work, stuff it into the box and off she’d go. (Participant 48)

• I don’t reckon Royal Perth values either her or the lady ...who is the dialysis educator. And the reason I don’t think they are is the poor money and the resources. The resources I mean is that they didn’t have an office; they didn’t have a desk; they didn’t have their own computer.... I think that we ripped her off. We made a big mistake...we didn’t give her enough money. (Participant 48)
Exploring the role of the AHW in the hospital

What notions of social status and hierarchy are perpetuated?

- Poor support for entering tertiary hospital
- Poor pay
- Poor job role definition
- The role of AHW being treated as ‘lesser’ than mainstream training counterparts
Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A Systematic Review

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Received: 15 March 2018; Accepted: 28 April 2018; Published: 4 May 2018

Abstract: Indigenous Australians are under-represented in the health workforce. The shortfall in the Indigenous health workforce compounds the health disparities experienced by Indigenous Australians and places pressure on Indigenous health professionals. This systematic review aims to identify enablers and barriers to the retention of Indigenous Australians within the health workforce and to describe strategies to assist with development and retention of Indigenous health professionals after qualification. Four electronic databases were systematically searched in August 2017. Supplementary searches of relevant websites were also undertaken. Articles were screened for inclusion using pre-defined criteria and assessed for quality using the Mixed Methods Assessment Tool. Fifteen articles met the criteria for inclusion. Important factors affecting the retention of Indigenous health professionals included work environment, heavy workloads, poorly documented/understood roles and responsibilities, low salary and a perception of salary disparity, and the influence of community as both a strong personal motivator and source of stress when work/life boundaries could not be maintained. Evidence suggests that retention of Indigenous health professionals will be improved through building supportive and culturally safe workplaces; clearly documenting and communicating roles, scope of practice and responsibilities; and ensuring that employees are appropriately supported and remunerated. The absence of intervention studies highlights the need for deliberative interventions that rigorously evaluate all aspects of implementation of relevant workforce, health service policy, and practice change.
Literature Review Aim

- Identify literature which provides insight into the enablers and barriers to the retention of Indigenous people within the health workforce

- Highlight documented or proposed strategies that strengthen and help develop and retain the Indigenous health workforce
Workforce Terminology

Indigenous Health Workforce /
Indigenous Health Professionals

Indigenous Health Workers

Indigenous Health Practitioners

All Indigenous Australians employed in health careers
Cert III in Aboriginal or Torres Strait Islander Primary Health Care
Registered Cert IV
Methods

- Databases:

- Grey Literature:
  - Indigenous HealthInfoNet, HW, websites of Indigenous health peak bodies

- Inclusion criteria:
  - Published since 2007
  - Relevant to retention or turnover of Indigenous Australians in the health workforce
  - All health professions and health workplaces included

- Quality scores calculated using the Mixed Methods Appraisal Tool (MMAT) – Version 2011
Analysis: Determinants of Indigenous health workforce participation

- **Upstream**
  - **Structural**
    - Social factors
    - Economic factors
    - Institutional racism
  - **Systems**
    - Recognition of Indigenous health professionals
    - Increased remuneration and salary parity
    - Educational systems curriculum

- **Downstream**
  - **Organisational**
    - Mentoring, supervision and support
    - Culturally safe working environments
    - Professional development
  - **Individual**
    - Making a difference in their communities
    - Cultural obligations
    - Proximity to communities

Source: Adapted with permission from Ratima, M.; Brown, R.; Garrett, N.; Wikaire, E.; Ngawati, R.; Aspin, C.; Potaka, U. *Rauringa raupa: Recruitment and retention of Maori in the health and disability workforce*. 
Search results and screening process

### Results

#### Description of articles

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number of articles (n=15)</th>
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<tbody>
<tr>
<td>Indigenous Health Workers</td>
<td>6</td>
</tr>
<tr>
<td>Indigenous alcohol and other drug workers</td>
<td>3</td>
</tr>
<tr>
<td>Indigenous mental health workers</td>
<td>2</td>
</tr>
<tr>
<td>Indigenous child health workers</td>
<td>1</td>
</tr>
<tr>
<td>Nurses and midwives</td>
<td>1</td>
</tr>
<tr>
<td>Indigenous health leaders</td>
<td>1</td>
</tr>
<tr>
<td>No study population</td>
<td>1</td>
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</table>
## Results: Summary of factors related to retention of Indigenous Australians in the health workforce

<table>
<thead>
<tr>
<th>Enablers</th>
<th>Structural</th>
<th>System</th>
<th>Organisational</th>
<th>Individual</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>None</td>
<td>Co-worker support and peer mentorship (8)</td>
<td>Making a difference for Indigenous health (5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Culturally safe workplace (4)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Access to clinical and cultural supervision (4)</td>
<td></td>
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<td></td>
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<td></td>
<td>Professional development opportunities (4)</td>
<td></td>
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<td></td>
<td>Job security and adequate remuneration (2)</td>
<td></td>
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<td>Job security and adequate remuneration (2)</td>
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</table>

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<thead>
<tr>
<th>Barriers</th>
<th>Racism (5)</th>
<th>Limited organisational funding and inadequate remuneration (8)</th>
<th>Heavy workloads and demands (10)</th>
<th>Proximity to community (8)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Limited career pathways (2)</td>
<td>Lack of support from management and lack of mentoring (8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lack of professional development opportunities (5)</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
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<th>Recognition of the Indigenous health professional role (8)</th>
<th>Implement mentoring, clinical supervision and support systems (10)</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Increased remuneration and salary parity (7)</td>
<td>Embed cultural respect in the workplace (7)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Work with educational systems to improve curriculum structure and facilitate career progression (4)</td>
<td>Professional development opportunities (7)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Flexible working arrangements (3)</td>
<td></td>
</tr>
</tbody>
</table>

Note: Numbers in round brackets refer to number of relevant articles identifying this factor
Health Workforce: Barriers

• Structural Level
  – Racism (5)

• System Level
  – Short-term funding and inadequate pay (8)
  – Limited career pathways (2)

• Organisational Level
  – Heavy workloads and demands (10)
  – Lack of support from management, lack of mentoring (8)
  – Lack of professional development opportunities (5)

• Individual Level
  – Proximity to community (8)
Health Workforce: Barriers

“...we just don’t knock off at... the end of the day. If we see a community member, we can’t say, ‘No sorry, it’s five o’clock’. That stuff doesn’t fly in Aboriginal communities... you’ve got to... help in some way.”

(Cosgrave et al. 2017)
Health Workforce: Enablers

• Organisational Level
  – Co-worker support and peer mentorship (8)
  – Culturally safe workplace (4)
  – Access to clinical and cultural supervision (4)
  – Professional development opportunities (4)
  – Job security and adequate remuneration (2)

• Individual Level
  – Making a difference for Indigenous health (5)
Health Workforce: Enablers

“You’re there because you want to be there for your people. You want to try and make a change...”

(Roche et al. 2013)
Health Workforce: Recommendations

• System Level Factors
  – Recognition of the Indigenous health professional role (8)
  – Increased pay and salary parity (7)
  – Improve the tertiary curriculum structure (4)

• Organisational Level Factors
  – Mentoring, clinical supervision and support systems (10)
  – Embed cultural respect in the workplace (7)
  – Professional development opportunities (7)
  – Flexible working arrangements (3)
Figure 1: Factors affecting retention

Factors affecting retention for Indigenous and non-Indigenous health professionals

Source: Based on Humphreys, J.; Wakeman, J.; Pashen, D.; Buykx, P. Retention strategies & incentives for health workers in rural & remote areas: What works? and adapted (with permission) to highlight similarities and differences for the Indigenous and non-Indigenous health workforce based upon the literature.
Discussion

• No published interventions to improve retention

• Lack of Indigenous health workforce data

• Lack of studies on Indigenous doctors, nurses and allied health professionals
Discussion

- Work environment was a fundamental predictor of retention

– HWA Health Service Toolkit

Recognising and empowering the Health Worker workforce – a virtuous cycle

Source: Health Workforce Australia. Growing our future: The Aboriginal and Torres Strait Islander health worker project final report.
Discussion

- Health Workers need clearly documented roles, scopes of practice and responsibilities

  - National Framework for Determining Scope of Practice for the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce (2016)
Conclusion

- No evidence of formal strategies to improve retention
- Limited evidence about which retention strategies are most effective
- Evidence suggests retention improved through:
  - Supportive and culturally safe workplaces
  - Clearly documented and communicated roles, scopes of practice and responsibilities
  - Ensuring that employees are appropriately supported and remunerated
- There is a need for:
  - Deliberative interventions
  - National, up-to-date Indigenous health workforce data
  - Research into factors affecting the pathways for Indigenous people into health careers
  - Research into factors influencing retention of Indigenous clinicians
Everything has been said before, but since nobody listens we have to keep going back and beginning all over again.

André Gide

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HWA Health Services Toolkit Recommendations

1. Provide a culturally safe work environment for AHWs
   Implement a culturally safety framework; Develop and implement a RAP; Mandatory cultural competency training for staff; Be respectful of Aboriginal cultural obligations and practices

2. Cultivate good interprofessional relationships and productive team dynamics
   Collaboratively assess role/scope of practice, delineate responsibilities; Strengthen opportunities for Aboriginal and other health professionals to work together in a collaborative, mutually beneficial way; Provide two-way supervision /learning opportunities

3. Commit to ongoing professional development of AHWs and provide career development opportunities
   Career support plans, mentoring, investment in leaders, enable opportunities for networking and exchange of knowledge

4. Consider local strategies to address recruitment and retention challenges
   Partnerships, local job registers

5. Implement strategies that show your services recognises, respects and trusts AHWs
   Promote Aboriginal leadership, share information on the impact of AHWs, review employment conditions

6. Coordinate local implementation and sharing progress
   Appoint champions, governance and accountability, report on progress
Key Strategies
National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023

Strategy 1: Improve recruitment and retention of Aboriginal and Torres Strait Islander health professionals in clinical and non-clinical roles across all health disciplines

Strategy 2: Improve the skills and capacity of the Aboriginal and Torres Strait Islander health workforce in clinical and non-clinical roles across all health disciplines

Strategy 3: Health and related sectors be supported to provide culturally-safe and responsive workplace environments for the Aboriginal and Torres Strait Islander workforce

Strategy 4: Increase the number of Aboriginal and Torres Strait Islander students studying for qualifications in health

Strategy 5: Improve completion/graduation and employment rates for Aboriginal and Torres Strait Islander health students

Strategy 6: Improve information for health workforce planning and policy development
Included studies


Additional quotes sourced from:
Appendix A: Search strategy example*

Search strategy for PubMed

1. oceanic ancestry group[mh] OR american native continental ancestry group[mh] OR indigenous OR indigene* OR aborigin* OR “torres strait islander” OR “torres strait islanders” OR maori* OR polynesian* OR “pacific peoples” OR “native american” OR “native americans” OR “american indian” OR “american indians” OR amerind* OR alaskan* OR eskimo* OR “native hawaiian” OR “native hawaiians” OR “first nation” OR “first nations” OR inuit* OR metis OR “native canadian” OR “native canadians” OR “canadian indian” OR “canadian Indians”

2. employment[mh] OR health personnel[mh] OR workplace[mh] OR worker* OR workforce OR staff OR personnel OR “healthcare providers” OR “Health Care Providers” OR “healthcare workers” OR “health care workers” OR “health workers”

3. personnel turnover[mh] OR remain OR retain OR retention OR turnover OR barrier* OR enabler* OR facilitator*

4. 1 AND 2 AND 3

- Originally planned to look at retention across Australia, New Zealand, Canada and USA.
- Following screening, only 3 articles each identified from New Zealand and USA, 0 from Canada.
- Concluded that a comparative review unlikely to be comprehensive.
- Given underlying aim of the review was to inform workplace practices in Australia, the scope was limited to focus on Australia.

* Note: Search terms varied slightly for each database
How well do we do “Healthy” after a Heart Attack for Aboriginal people?

- Biomedical management - yes √
- Welcoming and comforting - no
- Educating – no
- Providing culturally secure care – no
- Caring – no
- Linking to community-based care - no
The Rural Health Workforce Pipeline

- Primary School: Mentoring Kids early
- High School: Exposure to health careers
- Undergraduate: Positive placements
- Continuing education: Rural workforce
- Strong partnerships

Work-Ready Rural Workforce