Factors affecting the retention of Indigenous Australians in the health workforce

a systematic review

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Health Workforce Shortage

• 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

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

• Not much data on turnover rates
  – Evidence of high turnover rates for IHWs
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
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
Methods

- **Databases:**

- **Grey Literature:**
  - Indigenous HealthInfoNet, websites of health organisations

- **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

## Results

Factors relating 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>
</tr>
</thead>
<tbody>
<tr>
<td>None</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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<tr>
<td></td>
<td></td>
<td></td>
<td>• Access to clinical and cultural supervision (4)</td>
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<td></td>
<td></td>
<td></td>
<td>• Professional development opportunities (4)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Job security and adequate remuneration (2)</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Note: Numbers in round brackets refer to number of relevant articles identifying this factor
## Results

### Description of articles

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number of articles (n=15)</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>
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 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)
Factors affecting retention for Indigenous and non-Indigenous health professionals

**KEY**

Bold – Reported in the literature for both the Indigenous and non-Indigenous health workforce

Bold and underlined – Specifically reported in the Indigenous health workforce literature

Unformatted - Not specifically reported in the Indigenous health workforce literature

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
For more information please contact:

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Research Officer
emma.taylor@uwa.edu.au
Included studies

8. Health Workforce Australia. (2011, 2011/06/28/). Aboriginal & Torres Strait Islander Health Worker project interim report. Aboriginal and Torres Strait Islander Health Worker Project.

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

<table>
<thead>
<tr>
<th>Search strategy for PubMed</th>
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<tbody>
<tr>
<td>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”</td>
</tr>
<tr>
<td>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”</td>
</tr>
<tr>
<td>3. personnel turnover[mh] OR remain OR retain OR retention OR turnover OR barrier* OR enabler* OR facilitator*</td>
</tr>
<tr>
<td>4. 1 AND 2 AND 3</td>
</tr>
</tbody>
</table>

- 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
Appendix B: Search results and screening process