Shifting Gears in Career

Identifying Drivers of Career Development for Aboriginal and Torres Strait Islander Workers in the Health Sector

Dr Tanya Bretherton

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

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Executive Summary

This paper explores how the Australian health sector might improve opportunities for career development for Aboriginal and Torres Strait Islander workers. It considers the current evidence surrounding career development in the health sector, along with Aboriginal and Torres Strait Islander worker experiences, to develop a usable conceptual framework for change.

The following framework is explicitly designed to provide a practical diagnostic tool for stakeholders (policy makers, health organisations and workers) to consider, analyse and identify challenges to career formation across a wide range of diverse health care service settings.

The conceptual framework presented herein nominates five key drivers or agents of change in the production of career opportunities for Aboriginal and Torres Strait Islander workers in the health sector:

- policy frameworks
- workplace process
- individual characteristics
- intermediary behaviour
- professional association interventions.

The analogy of 'shifting gears' is used to identify and explain the key factors (agents) involved in driving career formation, and describe the level of interconnectedness between these drivers. In this context, the analogy is instructive because it demonstrates that gears must work together simultaneously in order to create motion. As one gear turns, the others within the system move as well in response to the pressure being applied.

In the health sector, and particularly the Aboriginal and Torres Strait Islander health sector/s, policy is identified in this analysis as the largest and most influential of all the drivers or gears. Policy frameworks are pivotal to almost every aspect of health care delivery including the funding, direction and focus of delivery efforts, and the structures that govern practice guidelines for key disciplines. Policy frameworks also shape employer decision-making processes surrounding patient and practitioner engagement, the legal parameters for patient care and how funding is disbursed.

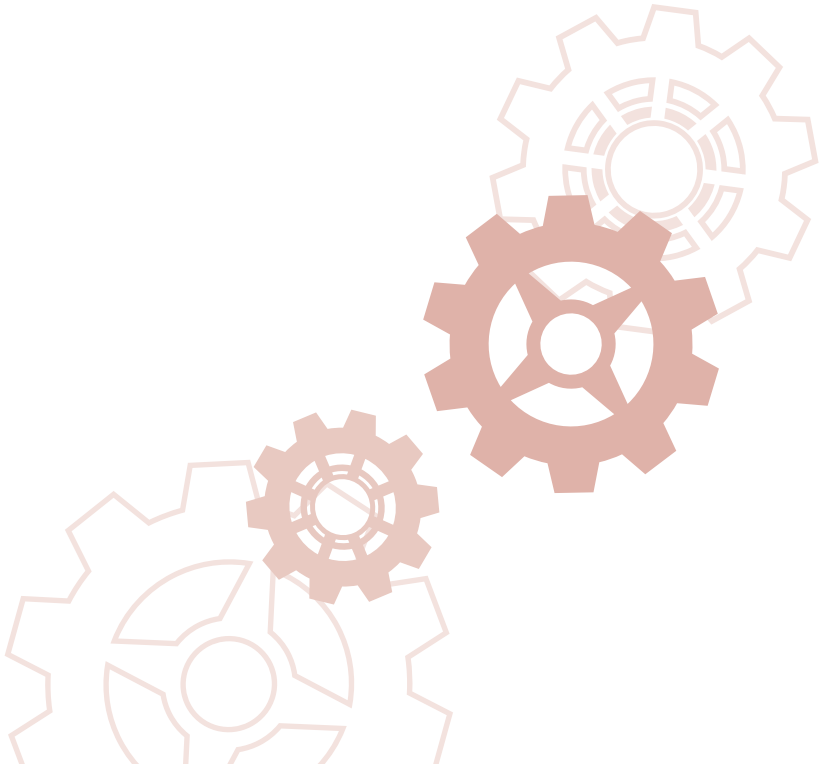
The ability of the health system to maintain high-quality standards of patient care emerges directly from the sector's ability to source, recognise, retain and reward appropriately skilled labour—in this instance, Aboriginal and Torres Strait Islander workers in health. A range of skill development policies and program initiatives have emerged at federal, state and local levels of government, each designed to maintain a supply of appropriately skilled Aboriginal and Torres Strait Islander workers for the health sector. Specifically, a number of sector-wide initiatives have previously been identified by policy makers as essential:

- increasing the foundation levels of education for Australia's First People
- lifting the job-specific education and training of Aboriginal and Torres Strait Islander workers within the health sector
- enticing new workers into the sector
- increasing the resilience of workers through the provision of additional supports (e.g., mentoring).

This paper argues that while these kinds of initiatives are important, it must also be recognised that they all present a somewhat skewed response to career development. While this paper does not discount the

importance of skill development policy, and other supply-side focused efforts, this paper also asserts that skill development is not synonymous with career development. In other words, systemic-level challenges to career development require systemic-level responses. Innovative and effective responses to the challenges faced by Aboriginal and Torres Strait Islander workers in health can, therefore, only emerge from a more detailed examination of the demand-side factors underpinning career formation and development.

A key finding to emerge from this paper highlights that the working conditions and service delivery practices associated with contemporary health settings present diverse challenges for the formation and development of career. The multiple disadvantages faced by many Aboriginal and Torres Strait Islander people in the labour market means that these workers in the health sector are particularly vulnerable to the threats to career development that have emerged in the health sector over the past 20 years.



Introduction

This paper explores how the health sector might improve opportunities for career development among its Aboriginal and Torres Strait Islander workforce. A conceptual framework is presented that highlights five preconditions for career development including:

- policy frameworks
- workplace process
- individual characteristics
- intermediary behaviour, and
- professional association interventions.

These preconditions are used to identify how key stakeholders in the health sector might collaborate to provide better immediate job outcomes and improved career opportunities for Australia's First People in the long term.

The paper also strengthens and broadens an understanding of the career development concept by factoring both supply-side and demand-side issues into the analysis. A review of the existing literature highlights that the former have implicitly shaped the notion of the career concept in health, with individual skill development promoted as the key to unlocking career barriers for Aboriginal and Torres Strait Islander workers. The paper then appraises the workplace environment in the health sector and finds that demand-side concerns are critical to, and form an essential element of, responses and schemes designed to bolster career opportunities.

While the paper acknowledges that human capital concerns are clearly important in any discussion of career, Aboriginal and Torres Strait Islander workers in the health sector are also affected by a wide range of demand-side concerns. Prevailing policy principles are identified as a key driver in the formation of career, because overarching funding and program structures shape the parameters for service delivery and decision making for all other agents or stakeholders in the sector. In addition, how local workplaces (health employers) make provision for career development also deeply shapes the longer term career opportunities that might emerge for Aboriginal and Torres Strait Islander workers across the health sector.

Understanding the Machinery of Career Formation

Aboriginal and Torres Strait Islander workers make a vital contribution to health care in Australia, in both specialised service delivery contexts and in a wide range of mainstream health care roles. However, the need to grow the Aboriginal and Torres Strait Islander workforce has been identified as one of the most pressing social and economic priorities for Australian public policy makers to confront in the coming decades (HWA 2011). In order to meet the diverse labour market needs of the health sector, the growth of the Aboriginal and Torres Strait Islander workforce must occur in diverse ways. Not only must new Aboriginal and Torres Strait Islander health professionals be recruited into the sector through expanded entry level opportunities, existing workers must also be able to develop their careers within the industry through an expanded range of opportunities in both mainstream areas of service delivery, and in specialised (Aboriginal and Torres Strait Islander-specific) areas of practice as well.

This paper argues that the current level of career opportunity afforded to Australia's First People in the health sector must also be an important feature to bring to bear in the analysis. A number of recent studies call for a more balanced approach to the analysis of labour market entry, labour market disadvantage and career development. A collaborative study between Generation One, Aboriginal Employment Services and Mission Australia, *Working Indigenous Australians* (Bretherton, Evesson & Yu 2013), calls for an analytical approach that captures both supply and demand factors and perspectives in the examination of career development concerns. Ackerly, Parekh & Stein (2013) also identify that any analytical framework seeking to explore career development must seek to capture all the factors driving its formation, and the transactional elements between the factors and 'key players and agents of social change' (Tseng et al. 2002).

Using a systems-approach to identify the obstacles to career development delivers a number of important and profound insights. Firstly, such an approach is flexible to change and acknowledges that individuals, policy environments and actors (as agents of change) interact with each other and that these relationships may alter over time (Altman & Rogoff 1987). Secondly, multiple agencies are involved in, and will contribute to, the creation of environments that are likely to create the preconditions for sustainable career development to emerge (Maaka & Fleras 2009). Thirdly, a transactional systems approach, if supported by qualitative data from key informants, can offer powerful evaluative insights on career.

In recent years, researchers have highlighted the need for a more enlightened approach to policy evaluation, one which might capture deeper levels of 'meaning and interpretation' (McConnell 2010) that step beyond broader attempts to quantitatively map patterns of Aboriginal and Torres Strait Islander participation (Bretherton, Evesson & Yu 2013). In response to this, it is argued, the search for interventions that could address issues of career challenge for Aboriginal and Torres Strait Islander workers in health must adopt an analytical process capable of understanding these dynamic forces.

The following model is presented as a practical tool that stakeholders might use to consider, analyse and identify challenges to career formation across a wide range of diverse health care service settings. For the purposes of this discussion, five key drivers

have been identified as being universal to career formation in the health sector:

- policy frameworks
- workplace process
- individual characteristics
- intermediary behaviour
- professional association interventions.

Where literature is available, specific references to Aboriginal and Torres Strait Islander experience are also discussed and applied to the development of the model. The discussion commences with a review of literature pertaining to the experiences of Aboriginal and Torres Strait Islander workers seeking to establish a career foothold in the health sector.

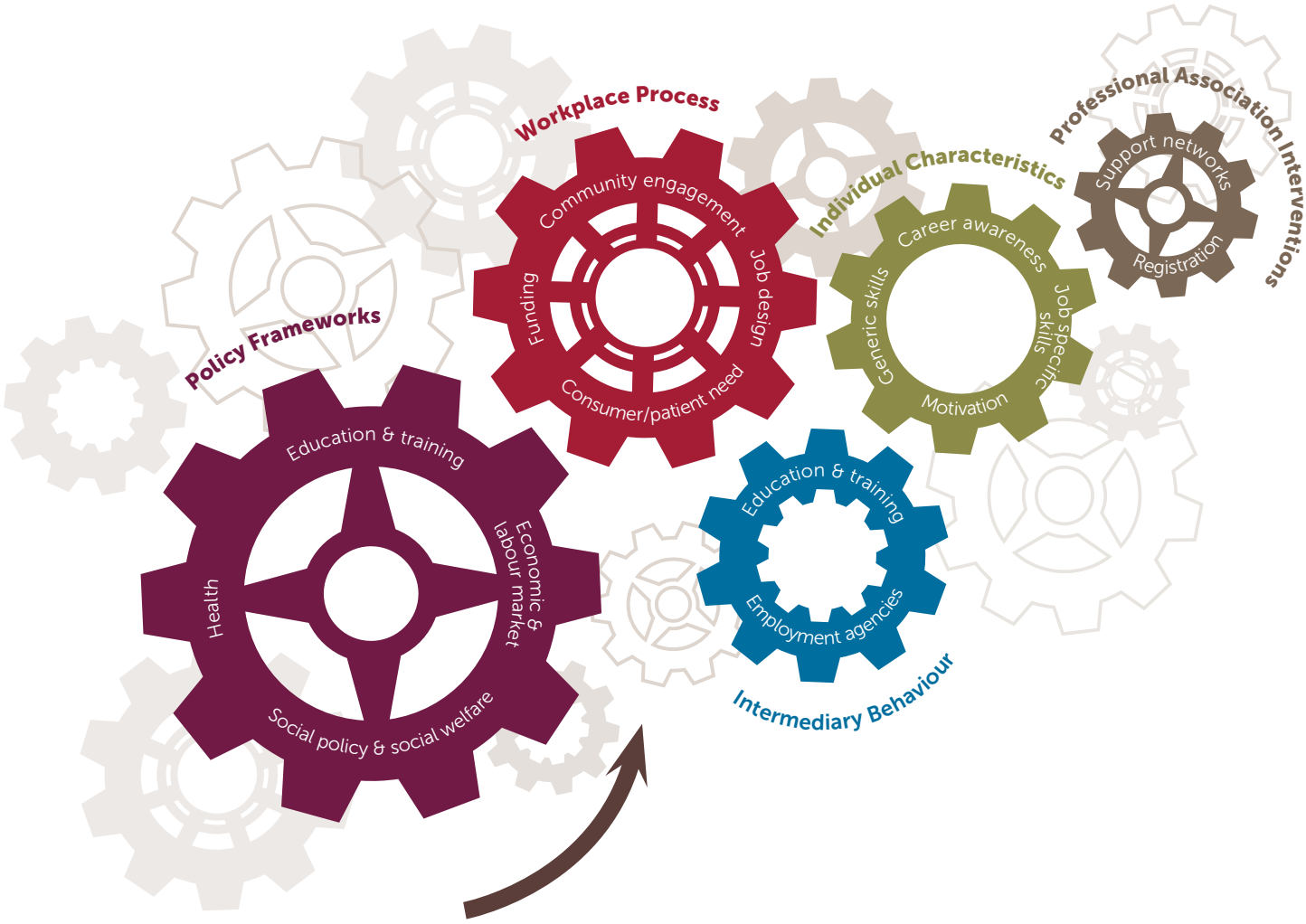


Figure 1: Proposed framework for analysis of career development of Aboriginal and Torres Strait Islander workers in health

The role of the individual worker

Supply-side perspectives have dominated much discussion of career development for Aboriginal and Torres Strait Islander workers in the health sector. However, a review of available literature cites a wide range of factors (or drivers) to be influential in shaping an Aboriginal or Torres Strait Islander worker's ability to identify and capitalise on positive job transitions and opportunities within a sector and, hence, develop and build a career. In this paper the individual factors shaping career development include four key preconditions:

- generic skills are necessary
- job-specific skills are necessary in order to develop a sense of vocation and career
- motivation and commitment to a role or sector, and
- career 'mindfulness'.

Generic skills are necessary

There is an extensive body of work, spanning more than 30 years (Mayer 1992), which identifies generic skills as an essential acquisition of all workers (Young & Chapman 2011; Callan 2003). While it is important to note that the competency structures and frameworks for defining and implementing generic skill acquisition will continue to be revised, for the purposes of this paper two commonly accepted beliefs about generic skill development appear pivotal to understanding career development.

Firstly, irrespective of the sectoral or occupational position of the worker, some basic level of generic skill development is essential to attain and retain work (achieve labour market entry and initial launch), and then capitalise on emerging labour market opportunities (develop or progress within a career) (Bowman 2010). Secondly, generic skills include some combination of 'hard' skills (e.g., literacy, numeracy, problem solving) and 'soft' skills (interpersonal communication, ability to work in teams, and a capacity to reflect). Indeed, it might be said that generic skill acquisition forms the foundation stone on which all career development is built because it not only creates the opportunity for initial employment, but also verifies continued employability in the labour market.

Job-specific skills are necessary to develop a sense of vocation and career

This precondition for career development is particularly important in the health sector because occupational guidelines (regulations for professional practice) shape the scope of duties and provide the boundaries for practice for almost all workers. Indeed, the health sector is identified as one requiring a high proportion of skilled workers, across a wide range of occupational classifications (AWPA 2012).

Motivation and commitment to a role or sector

The formation and development of health careers relies on staff who will maintain a level of commitment to their vocation and to the health sector (Yu, Bretherton & Schutz 2012). A number of studies over the past two decades have identified that workplace-level conditions may be having a most dramatic and destructive impact on career. There is a significant body of work that profiles health as an inherently stressful sector in which to work. The most recently available statistics (2013) identify that the health and community services sector is the single biggest generator of formal compensation claims for mental stress at work (Safe Work Australia 2013). Approximately two-thirds of all mental stress claims made in the 2008–10 period emerged from just five industry groups: health and community services (20.5%); education (16.0%); personal and other services (13.6%); government administration and defence (9.6%); and retail trade (7.2%) (Safe Work Australia 2013).

Within the health and community services industry, roles associated with welfare and community support, personal care and nursing assistance, and enrolled nursing

featured some of the highest frequency rates (by occupational group) for mental stress claims. The work of Dollard et al. (2007) also helps to contextualise these statistics by highlighting that elevated levels of stress in health and community services can be attributed to high demands (workload and emotional stress) combined with lower financial resources and supports provided by the employer. These underlying conditions, it is argued, create the ideal conditions for increased levels of psychological and physical stress (Dollard et al. 2007).

Stress and burnout have been identified as significant and ongoing challenges for the health sector because they can culminate in career abandonment, which means workers are driven out of the sector entirely. While the reasons for burnout obviously vary, researchers explicitly point to work intensification as a growing cause of staff flight. A range of workplace-level conditions (across both Indigenous and mainstream health care settings) have been identified to be problematic including: extended hours regimes; longer roster lengths; low staff:patient ratios; and poor management cultures within health to deal with the sensitivities associated with resolving these challenges (Lenthall et al. 2011; NTDHF 2009; Scott & Cheng 2010; NCETA 2009; McVicker 2003).

Career 'mindfulness'

A number of recently published, national studies identify that individual workers require some degree of career knowledge and awareness in order to be able to advance within their profession. This literature spans both Aboriginal and Torres Strait Islander and non-Indigenous worker experiences, and is considered concurrently because of its pertinence to the experience of both groups. While a large number of skills or characteristics could fall within the catchment of what might be called 'career mindfulness', research points to some specific elements of importance:

- an ability to envision career aspirations (Bretherton, Evesson & Yu 2013)
- the capacity and confidence to identify career goals (Gray Hunter & Lohoar 2012)
- an ability to identify and access appropriate education and training to facilitate desired transitions (HCSWC 2009)
- the necessary knowledge and understanding of the labour market to identify new job opportunities that will be advantageous to a career path (DEEWR 2012), and
- a reflective capacity to assess current job experience and job configuration to identify how a current job role might be transformed for the medium- to long-term benefit of a career (Sweet et al. 2010).

The diagram presented above identifies the key drivers that appear to influence career outcomes for Aboriginal and Torres Strait Islander workers in health. The paper next highlight how these factors work in deeply connected ways to create the machinery for career development in the health sector. Each set of factors is pictured as a gear. In this context, the analogy is instructive because gears work together, in unison, in order to create motion. As one gear turns, the other gears within the system move as well.

Within this diagram, policy is purposefully illustrated as the largest gear because decisions made at the policy level, particularly in health, deeply influence how other processes of delivery work across the entire system. In mechanical terms, policy might be characterised in this instance as the gear driver, as it shapes both the context for delivery, and the opportunities and limitations placed on other gears (stakeholders) in responding to perceived obstacles to career development. The largest gear is also the one that initially requires more force to begin turning, but ultimately creates the torque, speed and direction of all other activity – in this case, health service activity.

The primacy of policy

Overarching policy frameworks are important in the processes of career formation and development in the health sector, particularly for Aboriginal and Torres Strait Islander workers. The observation that such frameworks shape skill development, and hence career development, is by no means new (Skills Australia 2009). Indeed, international research confirms the important influence of multiple policy frameworks on Aboriginal and Torres Strait Islander career development in the health sector. As Maxwell-Crawford notes of the Te Rau Matatini health workforce development approach in New Zealand:

> *Māori health workforce development operates at the intersection between health policy, Māori health care trends, and wider government social and economic policies affecting, for example, the labour market, education, housing and welfare* (Maxwell-Crawford 2011: 59).

The discussion below highlights how the direct impacts of multiple policy frameworks are influential in the formation of career for Aboriginal and Torres Strait Islander workers in health. It also examines how these frameworks interact to shape the demand-side factors associated with labour, including how labour is recruited and managed.

The impact of health policy on labour management

The health sector's overarching policy frameworks shape and influence the behaviour and modes of activities associated with service delivery in ways unparalleled by almost any other sector (with the exception of social welfare). At its most basic level, health policy shapes the pool of funding available for the vast majority of health care delivery in Australia, including public hospitals and primary health care (AIHW 2014; Watts, Richardson & Segal 2000).

Health policy is fundamental to the creation of career opportunity across the sector because it creates:

- the broad operational protocols with which organisations are required to conform
- the financial accountability requirements for service providers
- the amount of funding apportioned to specific regions, programs and models
- the legal parameters for professional practice and patient care for key occupational groups in the sector
- ultimately, the proportion of the budget designated for labour costs.

The national registration and accreditation system (AHWMC 2009), and health policies at the state and federal level, are all important because they shape both the regulations governing practice for key occupational groups in the sector, and the conditions under which this practice occurs. Policy creates the opportunity for particular types of job formation to occur, with legislative processes at both the state and federal level interacting to influence these outcomes. Legislation at the state level, for example, establishes the professional boundaries for registration (e.g., defining the circumstances when and how a registered nurse practices as a nurse practitioner) and outlines the authority held by the Director General of Health with regard to job functions (Overland & Brooks 2005).

It is well documented that large-scale demographic shifts will create increased demand for skilled labour in health, and health policies are formulated with this concern in mind. Population growth, an ageing population, an increase in high-care needs (e.g., dementia, diabetes), and more people with co-morbidities means that a larger workforce will be required both for primary health care and the specialised care required to address increasingly complex patient needs. Profound skill shortages in the next 20 to 30 years have been identified in both urban and rural service delivery environments, and

across a wide range of patient care settings (Van Gool 2010; Kilpatrick et al. 2007 et al). Brookes et al. (2008) argue that the nature of the health workforce challenge virtually exceeds that faced by any other area of economic or social policy.

As prior research in the health and community services sectors notes, this gross demand for skilled workers may narrow rather than expand the scope for career development in the health sector. The increasing need for diverse expertise may ultimately fragment the skill base of workers in the long term, unless there are concerted efforts to maintain existing forms of skill development in key occupational groups (e.g., doctors, nurses, AHWs) across the sector (Yu, Bretherton & Schutz 2013). There is a long-established body of research highlighting that job descriptions (tasks and activities) at the workplace level must embody the core or defining elements of a profession's identity, in order for the profession to remain viable (CSHISC 2014; Brookes et al. 2008).

Aboriginal and Torres Strait Islander health policy specifically can also shape career formation and development opportunities for workers in quite explicit ways, such as in the governance structures associated with service delivery, and the imperatives underpinning recruitment of Aboriginal and Torres Strait Islander staff versus non-Indigenous staff to undertake professional roles (HWA 2011). This can all serve to shape the momentum, direction and form of Aboriginal and Torres Strait Islander health job formation within a region, a particular health service or across a specific program (AHRC 2005).

The impact of education and training policy on labour supply

This realm of policy is perhaps one of the most well-referenced and well-documented with regard to career formation for Aboriginal and Torres Strait Islander workers (COAG 2009). Historically, great emphasis has been placed on altering education and training delivery as the most effective way to remedy the lower representation of Aboriginal and Torres Strait Islander workers in health roles, particularly those at the higher end of the occupational hierarchy (HCSWC 2009; Beutow 2004; Ponga et al. 2004). This is encapsulated in what has been labelled in the US as the 'pipeline strategy', in which a series of agencies and stakeholders work together to offer additional supports and mentoring throughout the entire education process to ensure health workers from disadvantaged groups not just complete qualifications, but also successfully launch into the sector (Augustin 2010; Sullivan Commission 2004).

The impact on economic and labour market policy on labour flow and supply

Lifting the rate of labour utilisation has featured strongly in economic and labour market policies over the past 20 years (Abhayaratna & Lattimore 2006). Aboriginal and Torres Strait Islander people have been identified as a target group in terms of a range of labour market support programs and education and training initiatives designed to lift labour market participation (Karmel et al. 2014; Bretherton 2012; Skills Australia 2009).

Overarching skills policies place specific emphasis on supply-side concerns (primarily skill development) in shaping and expanding opportunities for career progression and advancement. While the rhetoric of workforce development strategy at the industry level typically argues that 'the responsibility for realising this vision will be shared between industry, government and individuals', when it comes to program design 'individual workers form the basis or focus activity' (AWPA 2013). As the key policy directive Future Focus: National Workforce Development Strategy states that the vision of the strategy:

> *is to realise Australia's growth potential through a highly skilled and adaptable workforce, where skills are being used effectively to meet the needs of industry, and individuals are able to fulfil their potential.* (AWPA 2013: 3)

In the health sector specifically, initiatives to foster greater levels of skill development among Aboriginal and Torres Strait Islander workers are extensive and include:

- increasing the proportion of tertiary qualified in an accelerated timeframe (Australian Rotary Health Research 2012)
- lifting the education and training participation rate of Aboriginal and Torres Strait Islander workers at the entry level of skill for the sector (HWA 2011)
- recruiting new Aboriginal and Torres Strait Islander workers into the health sector (Minnecon & Kong 2005)
- lifting the quality of VET provision and higher education to better meet Aboriginal and Torres Strait Islander student needs and, therefore, lift completion rates (AWPA 2013).

The continual creation of new Aboriginal and Torres Strait Islander roles in the health sector also remains a controversial initiative that rests at the intersection point of health and labour market policies. For example, the introduction of what have colloquially been labelled 'COAG (Council of Australian Governments) jobs' represents a particularly provocative and contentious issue in discussions about the Aboriginal and Torres Strait Islander health workforce (NT 2010). COAG jobs have been identified as having more limited educational prerequisites, yet in some cases comprise much higher salary arrangements than long-standing keystone occupations such as Aboriginal Health Workers/Practitioners. In addition, COAG jobs are short term (non-permanent and contract based) because they are tied directly to COAG funding, and typically have high levels of responsibility (data collection and reporting requirements) associated with job function.

The impact of social and social welfare policies on Australia's First People

Broader social policies, social welfare and social assistance programs can impact on the career development of Aboriginal and Torres Strait Islander workers in health in two major ways. Firstly, a high proportion of Australia's First People, particularly in disadvantaged communities, initially enter the labour market (including the health sector) through support or services provided through the social welfare network. The success of these labour market entry programs can have long-term consequences for career development because the 'launch' of a worker into the labour market can yield benefits for the worker not just in the short term, but in future job searches and in establishing goals for a career path (Bretherton, Evesson & Yu 2013). Secondly, the health sector is responsible for providing a wide range of programs that contain social welfare and social support functions. This means that the career paths of Aboriginal and Torres Strait Islander workers in health may lead to career paths in other sectors (e.g., education, community services) and to clusters of skills that may be encouraged and fostered in these sectors (e.g., liaison, advocacy, support and pastoral care).

Workplace-level structures

As noted previously in this paper, career advancement among Aboriginal and Torres Strait Islander workers in health is too often constrained by limited education or skills development (e.g., an array of supply-side barriers). However, demand-side structures and processes at the workplace level can also constrain, or alternatively broaden, their career opportunities. Employers make key decisions about sourcing, recruiting and managing labour and define the prevalence of jobs in an area, mandate the degree of employment stability associated with these jobs, and shape the composite of skills required within a region. The behaviour of employers, and the workplace culture they create and foster within their organisations, also deeply influences the desirability of the health sector as a site of employment for potential workers.

A review of published literature on the health sector and career development identifies that while demand-side issues are implicitly acknowledged to be important, they have not featured prominently in the analysis of career experiences to date. As Sanders (2009) notes, there is a dearth of information available on local management systems and how they directly shape career development, including Aboriginal and Torres Strait Islander management, and Aboriginal and Torres Strait Islander human resource management in the health sector and generally (Dwyer & O'Donnell 2013). Standing (2004) notes in an international comparative study that demand-side factors have been overlooked in policy approaches to, and research surrounding, health service delivery, and that increased accountability and behavioural change among employers on many fronts of practice, including human resource management, is required.

It must be noted that there is certainly a good deal of workplace-level best practice material available about optimal models of both clinical and workplace practice which are beneficial to the patient, and to Aboriginal and Torres Strait Islander communities, due to the adoption of a high level of cultural awareness and appropriateness. These studies might best be described as impacts 'of' the worker. In contrast, impacts 'on' the worker (e.g., in terms of career improvements or the quality of working life) exist as more subtle observations in the analysis of Indigenous health workforce issues to date. This paper seeks to bring these elements to the forefront because of the deep level of insight they might contribute to career examination.

A review of the literature highlights four main areas in which workplace level decision-making processes and structures can shape the nature of career progression experienced by Aboriginal and Torres Strait Islander workers in health. These are in:

- funding
- conceptions of consumer/patient need
- provision for community engagement at the workplace level
- job design and the implementation of cultural competence measures.

Funding

Anticipated labour shortages in the health sector, predicted to intensify over the next 30 years, represent one of the most high-profile areas of health research and policy activity (DoH 2014; HWA 2012; NHWT 2009). Interpreting the impacts on career development as they emerge or result from a labour shortage is by no means straightforward. On the one hand, a labour shortage may appear to offer an expanded opportunity for employees to gain employment and develop skills (colloquially described as a 'buyers' market'). On the other, it presents employers with a conflicted set of challenges associated with the need to source and deploy appropriately skilled labour quickly, and this, in turn, can have significant career implications for the workers involved.

The manner in which health employers approach financial and workload challenges will shape the limits of career development achievable for the workers engaged in service delivery. A series of studies in the nursing sector, for example, identify that the ability to develop a career for many nursing staff has been repressed across the health sector. This is because increased workload demands, intense rostering schedules and a greater administrative burden has led to staff burn out and, therefore, staff flight from the sector (Gordon, Buchanan & Bretherton 2008; Buchanan et al. 2004).

Resourcing issues can impact upon the ability of the workplace to make provision for career development. There is extensive literature examining the broad impacts of 'cost containment' on the health service generally, but also on specific occupational and professional groups (Yu, Bretherton & Schutz 2012; Germov 2005; Buchanan et al. 2004). Workload and workload management

(e.g., staff:patient ratios, rostering and work allocation) have all been identified as features of workplace practice that have been altered by resourcing issues. Heavier individual workloads and the presence of unpaid overtime (i.e., overworking) have both been identified as specific problems in the health sector (Gordon, Buchanan & Bretherton 2008), and directly impact upon a worker's ability to undertake further training and education that may be necessary for promotion (Yu, Bretherton & Schutz 2012).

These impacts appear to be felt across the health sector and, although particularly well documented in public hospital environments, have been observed in both Aboriginal and Torres Strait Islander health and mainstream settings alike (DoHA 2009). It is particularly concerning that researchers identify Aboriginal and Torres Strait Islander workers as possibly facing additional disadvantages when voicing dissent about negative career impacts associated with cost control measures in health care settings. As Hill et al. (2001) note, Aboriginal and Torres Strait Islander workers and managers 'operate in a context defined by power differentials'.

A number of health workforce studies undertaken over the past 10 years highlight how resource constraints shape workplace practice and, in turn, how workplace practice constrains opportunity for career development. Billett & Smith (2003) document the historically low levels of employer-supported and funded training in Australia more broadly, while others identify that this has also occurred in health settings (Yu, Bretherton & Schutz 2012; Buchanan et al. 2004). Financial pressure can directly impact upon the willingness of employers to provide financial support for training (WHO 2006) and even to allow on-the-job training to occur (BVET 2001). In addition, clinicians and those 'at the coalface' may be required to change practice in a way that ensures costs are contained, patient stays are shortened, and face-to-face consultation and overall patient care time is reduced (Gordon, Buchanan & Bretherton 2008)

Working time and the level of work intensity can also be impacted upon by resource constraints because workers are expected to work longer hours and experience increases in workload. In the case of nurses for example, professional development has historically formed part of day-to-day practice, with time for reflection on practice and professional/collegial networking and consultation occurring within and between rosters (at shift handover). However, cost-constrained health care environments and higher patient care loads for practitioners have led to many professionals identifying a limited ability to develop and deepen skills in this way (Yu, Bretherton & Schutz 2012; Gordon, Buchanan & Bretherton 2008).

Furthermore, practitioners and primary care staff who might previously have been able to devote a good portion of their daily work to patient care are now required to undertake more administrative, accounting and scheduling responsibilities. This is because cost containment has prompted the dissolution of some lower level support roles (Armstrong 2009). In qualitative studies on occupational identity, nurses emphasise that this shift in the focus of work, and the overall increase in workload, diverts them from activities that represent important core areas of practice and, therefore, make the experience of work both less personally rewarding and less intrinsically meaningful. For staff committed to the philosophy of patient care, workload pressures can represent an ethical crisis that ultimately drives them out of the sector for good, because patient outcomes have become a secondary concern (Armstrong 2009).

Conceptions of consumer/patient need

Work undertaken by the Community Services and Health Industry Skills Council (2008) identifies that the increasing diversity in health programs (e.g., specialised patient focus, specialised clinical focus) can actually undermine the ability of workers to build a career within a sector because skill development becomes fragmented rather

than consolidated. Indeed, the Aboriginal and Torres Strait Islander health sector appears to be characterised by precisely these types of challenges because it exhibits a high level of variation in delivery context, patient demographic/s, and disease/pathology focus (DoHA 2013). It might be argued that an expansive service delivery environment can provide a diverse set of workplace experiences through which an Aboriginal or Torres Strait Islander worker might acquire knowledge, skills and experience. However, this diversity in service delivery context can create fragmentation in skill development, because workers acquire skills that are so specific to the context of their current role that their ability to apply these skills to roles elsewhere in the sector is constrained (CSHISC 2008).

Previous research notes that skill fragmentation can occur when training and development opportunities are provided informally on-the-job, and the recognition of this skill development may be difficult for workers to prove with future employers (Buchanan et al. 2004). In addition, highly specialised skill development may not necessarily equip the worker to identify, pursue, apply and interview for new opportunities, nor refine their ability to seek out positions of choice that align with both their career and personal aspirations, and offer them scope to achieve a preferred work/life balance (Bretherton 2011).

Provision for community engagement at the workplace level

The way in which a workplace structures and positions a health care organisation to engage with a community can also shape the scope for career development of those the workers undertaking service delivery. As Taylor, Turnbull & Sparrow (2010) note, career is often characterised in its most abstract form, as a formalised set of qualifications (i.e., a 'medical specialty'). However, the workplace context represents the site in which a career truly forms because this is where a sense of professional identity emerges (Leeming 2001), the abilities to practice are refined, and a comprehension of the needs of the patient and community are realised.

It is well documented that there is a critical need for health care organisations to connect and engage with Aboriginal and Torres Strait Islander communities if they are to deliver culturally appropriate health care (Hunt 2013). It is also well documented that the responsibility to develop skills and awareness in cultural understanding should be shared by Aboriginal and Torres Strait Islander and non-Indigenous workers. The way in which health organisations, as employers, make decisions about who receives this training and how these skills are imparted and shared can have important implications for the careers of workers in the long term (Abbott, Gordon & Davison 2008). The construction of jobs (content of job role) with regard to cultural awareness and understanding can also have longer term implications for career development. Although detailed data are limited, there is evidence to suggest that many Aboriginal and Torres Strait Islander workers in health are hired with basic levels of health qualifications, but are then required by employers to assume significant cultural brokerage responsibilities. This role, however, offers limited internal or external support or promotional opportunities for the worker (Dwyer & O'Donnell 2013).

Job design and the implementation of cultural competence measures

Jobs can be designed in ways that either assist or impede career development for Aboriginal and Torres Strait Islander workers, and research findings highlight that this can occur directly or indirectly. A range of job characteristics have been identified as favourable to career development including:

- the prevalence of employer-subsidised education and training provisions (e.g., provided through a formal enterprise or workplace agreement)
- the nature of supervisory structures (e.g., lines of responsibility)

- the existence of formalised processes for 'acting up' in roles (e.g., in management or supervisory roles)
- some presence of a stratified job role hierarchy (with well-defined job descriptions for junior versus senior roles).

If these formal characteristics of jobs are well designed they can provide opportunities for workers to expand their skills, knowledge and experience, and to progress in traditional 'career' terms.

A further distinction might also be drawn between internal and external opportunities for career progression, which are facilitated by formal and informal structures present at the workplace level. The presence of an articulated job hierarchy, for example, may present workers with internal career opportunities if the organisation is sufficiently large enough to offer workers either a 'gradient' of job opportunities (e.g., seniority) or to work in different clinical or operational settings that might expand their experience and skills (e.g., transfer within a state department, area health service or community network). Local workplace level structures and management practices can also deeply affect the ability of workers to acquire new skills and experience with confidence, which can in turn influence opportunities for external promotion.

The ability of workers to develop and sustain a career within a sector is also impacted upon by the job experiences they have in that sector. For example, labour standards (such as pay and leave) profoundly shape the willingness of workers to initially apply for, but also stay in, job roles in the medium to long term. Yet these issues have been generally overlooked by much research into the Aboriginal and Torres Strait Islander workforce in the health sector. As an unpublished literature review into Aboriginal and Torres Strait Islander health workforce issues notes:

> *despite the obvious importance of wages as a retention issue, we could only find two studies that directly measured the effect of wage rises on the retention rates of Indigenous health workers. (Porter 2013)*

By contrast, informal elements or structures of workplace process would include more discretionary factors, for example, management attitudes and relationships between peers, custom and practice around rostering and scheduling of staff, and supports available to staff. While these informal elements are implicitly acknowledged in many policies and programs designed to increase the levels of support available to Aboriginal and Torres Strait Islander workers in health (e.g., cultural mentoring, or matching an Aboriginal or Torres Strait Islander learner with a suitable mentor), a systematic comparative examination of these systems in health contexts, and among Aboriginal and Torres Strait Islander workers in these contexts, has not been undertaken. In the field of Aboriginal and Torres Strait Islander health care delivery, cultural competence in job design is also an important consideration. The incorporation of cultural sensitivity selection criteria into job recruitment processes ensures that local workplaces can source and appoint staff with appropriate skills sets (e.g., liaison skills, health promotion skills, cultural and community knowledge, cultural awareness and communication skills).

There is also a body of research identifying that the content of a job role, or the 'internal integrity' of a job, can shape career development opportunities. Brookes et al (2004) research on community health workers' roles, for example, notes that career development has been constrained by the absence of clear role definition and variability in the educational requirements for roles. Poor role definition can impede the career of a worker in many ways:

- by preventing the development of a consolidated professional or vocational identity

- by inhibiting a worker's ability to lobby or advocate for necessary changes to their role
- by impeding the ability of individual workers to discern and identify a transparent career path.

Indeed, one Canadian researcher notes the intense impact of job role and task configuration on the career experiences of workers by labelling these processes as 'the power and politics of role development' (Burgess 2010). For Aboriginal and Torres Strait Islander workers in health, the issue of job role clarity has already been noted as directly relevant to discussions of career development (HWA 2011). However, the extent and depth of this challenge remains largely unmapped.

Labour market third parties or intermediaries

Labour market third parties are important agents in career formation and development for Aboriginal and Torres Strait Islander workers in health. Current literature identifies two core types of 'third party' stakeholders—training and education agencies, and labour market intermediaries—as exerting influence on job and career outcomes in this area. Both of these agents are influential in shaping the skill profile of workers who enter the health sector, in mediating the job placement outcomes achieved by Aboriginal and Torres Strait Islander workers and modulating the flows of labour entering and exiting the sector.

In the health sector, training and education organisations develop the skills of workers in ways that not only 'launch' careers (entry level requirement jobs) but also sustain career development. For example, the provision of extension training in health (e.g., endorsements for nurses, specialist training for doctors) has been noted to be an important precondition for career development in many occupations (Yu, Bretherton & Schutz 2012).

Labour market third parties, such as employment support organisations and recruitment brokers, are playing an increasingly active role in shaping the expectations associated with employment relationships, and the terms and conditions under which employers, managers and employees negotiate. In the health sector, the growing influence of these organisations is felt in a number of ways. Firstly, an increasing number of recruitment organisations specialising in the provision of employment assistance services to Aboriginal and Torres Strait Islander clients, either exclusively or as a specific client target group, have emerged as influential employment brokers (Purdie et al. 2006).

Secondly, labour market third parties are increasingly being used as an instrument of government policy both in Australia and overseas (e.g., in the United Kingdom, United States, New Zealand, France and Sweden) to lift labour market participation among disadvantaged job seekers by helping to 'reposition' and 'lift the readiness' of labour (Salognon 2007; Gore 2005). These agencies source education and training for job seekers, with the aim of 'lifting' the knowledge and skills of workers, while also (in some cases) offering additional support services to employers. In so doing, they attempt to redress asymmetry of information by achieving better alignment between seeker and vacancy. However, their efforts can still be characterised as having a predominantly supply-side focus, since efforts typically rally around 'lifting or shifting' the individual job seeker, rather than the employer. In terms of career development, labour market third parties assume a complicated and conflicted role. As Ziguras et al. (2003) note, agents may appear to act in the interests of those marginalised from the labour force, but often fail to deliver because they do not understand the depth of the disadvantage faced by the constituent groups they serve (Mabbett 2009; Ronsen & Skarohamar 2009).

However, more recent research highlights that third parties can have valuable insights on the career concept and the 'lived'

workplace realities associated with the recruitment and retention of staff. According to Bretherton (2012) this is particularly the case at the local labour market level, because these organisations are uniquely positioned to observe both supply and demand forces at work. Bretherton's study cites a number of career development innovations targeting both employer behaviour and individual skill profiles in redressing career disadvantage.

While the level of service provided by labour market third parties to Aboriginal and Torres Strait Islander clients can obviously vary, these agents typically share a common focus on 'supply-side' interventions designed to improve the individual characteristics of a worker or job seeker in order to improve their long-term career prospects. These strategies typically include:

- sourcing training and education to lift the skill level of an individual (and hence their desirability as an employee)
- developing a sense of job 'readiness' within an individual (e.g., assisting a job seeker or worker to improve their interpersonal, presentation and job application skills)
- advertising, canvassing and fielding possible employment opportunities (thereby acting as a mediator between the employer and potential employee).

An international comparative study of career development service identifies that the practices of third parties typically steer individuals towards both life-long learning (skill acquisition) and flexibility (skill adaptation) (Watts & Fretwell 2004). In other words, the career development concept in this context might colloquially be described as a series of efforts to 'lift or shift' the employee.

Thirdly, the increased use of third parties such as labour hire agencies is having an influence on the development of career paths for many workers across the health sector. At the state government level, the high and spiralling costs associated with health care service delivery means that cost-containment strategies often rally around the need to reduce the number of permanent staff and specialised health care delivery programs. However, the high level of demand for health care services means that these job cuts are found to be unsustainable. As a result, large numbers of labour hire or agency-based health workers must be sourced quickly and safely to meet practitioner:patient ratio requirements. This has had a profound impact because the use of these workers has become widespread across a range of frontline care settings and roles (e.g., nurses, allied health professionals in primary health care, public hospitals, aged care), and in rural and remote locations in the grip of severe labour shortages.

Undertaking agency-based or dependent contractor work within the health sector may pose a career risk for those workers choosing this employment model. It is well documented that having large numbers of agency or labour hire staff can negatively affect the ability of a sector to define and articulate career paths. In a report undertaken for the Victorian Nurses Union (Buchanan et al. 2004), the increased use of nursing agency staff devastated the morale of permanently employed nursing staff. This was because agency staff did not typically undertake any administrative work and showed lower levels of commitment due to their employment on a shift-by-shift basis, and yet, ironically, were paid at a higher rate than their colleagues with ongoing employment.

Professional organisations

Professional organisations are important drivers in career formation for Aboriginal and Torres Strait Islander workers in the health sector for three main reasons. Firstly, they are influential stakeholders in the formation of practice guidelines associated with job roles in health. Secondly, they provide a clearing-house function by coordinating and consolidating knowledge and intelligence about the health sector, and disseminating this information to their members. And, thirdly, professional associations advocate,

and provide a 'voice', for the practitioners they represent within the health sector. Affiliation with a professional association gives Aboriginal and Torres Strait Islander workers opportunities to gather with other professionals and share information and experiences about preferred practice techniques, strategies to preserve high standards of patient care and culturally appropriate care, and the day-to-day challenges associated with frontline health sector work.

Across the health and community services industry, professional organisations have played an important role historically in the formation of skill categories for keystone occupational groups. The need for Aboriginal and Torres Strait Islander workers to identify with a professional group is particularly important in health care settings, because the sector is defined by high levels of professional density. An analysis of Census statistics conducted by the AIHW (2012) highlights that of all job roles in health, more than 65 per cent are defined by strict professional practice guidelines (e.g., enrolled nurses, registered nurses, medical practitioners, pharmacists, allied health professionals). For each of these professional groups, a corresponding set of regulatory agencies, associations and licensing boards work to define the broad scope of job role boundaries (through patient safety and legal indemnity principles). As Lizarondo et al. (2010) note, professional boundaries may or may not be governed by a legally mandated set of formal regulations,[1] but they still define the day-to-day working life of all health workers because they shape where job responsibility begins and ends.

Participation in forums, seminars and meetings led by professional organisations offers an opportunity for Aboriginal and Torres Strait Islander workers to gather information and share possible strategies in better managing the technical, functional and emotional responsibilities associated with their current health care jobs. Professional associations and the support networks they provide have been shown to have a positive impact on retaining workers within the health sector. In addition, the information they give to constituent members can be used to shape workers' decisions as to the timing and necessity for job change. As a result, individual workers can maintain a high level of insight about prevailing and future industry conditions (and key changes in the direction of health policy), and thus plan their career mindful of changes in the health policy, social and economic environments.

The ability to assemble as professionals is also an important and meaningful step in the formation of professional identity. Participation in professional networking, particularly when it occurs beyond the immediate workplace, can help workers to deepen their connection to the health sector as a 'vocation'. When practitioners within a common discipline collaborate and work together, this enhances a worker's capacity for 'reflective practice' techniques (Bretherton 2011), which in turn can deliver a number of longer term career benefits.

In a report for the Community Services and Health Industry Skills Council, the existence of professional associations is identified as a fundamental precondition for skill growth in the sector, as it is through these organisations that individuals help to define and develop the collegial supports necessary to develop careers in the health sector.

> *Professional groups organise members of an occupation around a common set of skills and job roles as well as shared ethics... This precondition is strongly linked to a sense of pride in work, skills and the sector. The presence of a professional group is a persuasive signifier to workers in that occupation that they have skills worth preserving and upgrading.* (CSHISC 2008)

1 Health professions are generally 'self-regulating', which means the practice standards for a role are defined and controlled by the profession itself (e.g,, Australian Medical Association). In addition, even in situations where a professional is formally 'unregulated' (e.g., social workers), the profession will still typically align its interests to voice concerns, or seek to exercise influence over the work undertaken in the industry.

Conclusion

The processes of career formation are dynamic and complex. In response to this, stakeholders must adopt an analytical process capable of understanding these dynamic forces. A review of the literature identifies that some elements of these processes (supply-side forces) have received comparatively more attention than others (demand-side factors). In addition, there needs to be a special emphasis placed on the collection of data about workplace-level processes in career formation (direct and indirect) as there is currently a dearth of information on this topic.

This paper has identified some core preconditions for the career formation of Aboriginal and Torres Strait Islander workers in health, and incorporated these elements into an analytical framework. This framework aims to provide a practical and diagnostic tool both for stakeholders responsible for giving job and career opportunities to Aboriginal and Torres Strait Islander workers in health, and for Aboriginal and Torres Strait Islander workers seeking to understand and navigate the health labour market.

The use of this analytical framework helps to highlight those areas that have remained unexamined within previous analyses on both workforce and career development. As a supply-side emphasis has traditionally dominated these discussions, efforts to shape or improve career opportunity have rallied around individual skill improvements and supports for Aboriginal and Torres Strait Islander workers.

This paper asserts that balance needs to be brought to this analysis by positioning demand-side concerns at the centre of the discussion. Workplace-level factors, in particular, need to be privileged within any future analysis in order to understand how employer decision-making frameworks shape career opportunities either directly through promotional opportunities, or indirectly through elements such as well-designed and fulfilling jobs, employer-supported training and/or flexible work opportunities.

The framework articulated in this paper could serve as an analytical tool for organisations, professional bodies, policy-makers and individual workers to understand and identify the existing career development capability within workplaces. In addition, the diagnostic tool could be used to identify innovative strategies for the attraction, retention and support of Aboriginal and Torres Strait Islander workers seeking to develop and maintain long-term and sustainable career paths in the health sector.

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