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"IT'S NOT ABOUT ME, IT'S ABOUT THE COMMUNITY": CULTURALLY RELEVANT HEALTH CAREER PROMOTION *for* INDIGENOUS STUDENTS *in* AUSTRALIA

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Abstract

The numbers of Indigenous students studying in health career courses at the tertiary level is low. This paper describes a forum conducted as part of a project of national significance which examines the solutions and barriers for Indigenous student entry to medical and other health science education. Small group discussions and observations were used to determine how a group of Indigenous students, school age and mature, became interested in a health career, what influenced them, their expectations and where they sourced information. The initial design of the forum, based on other successful non-Indigenous health career events, was deemed inappropriate. When an Indigenous educator intervened, and used a more culturally appropriate approach, the engagement of the Indigenous students increased. The importance of culturally relevant health career promotion is a vital part of a complex series of actions needed to increase the recruitment and retention of Indigenous students into health science careers.

Introduction

Indigenous Australians prefer to seek health care in Aboriginal Community Controlled Health Services and from Indigenous health professionals and workers (Paul, 1998 cited in Goold et al., 2002; Genat, 2006). Therefore increasing the participation of Indigenous people in the Australian health workforce is seen as a key factor in improving the health and well being of Indigenous people (Mellor & Corrigan, 2004). However, lack of access by Indigenous people in Australia to health careers has been identified as part of the wider picture of Indigenous disadvantage in education and health (Access Economics, 2004). Encouraging participation and equal access to health courses and careers are part of a raft of measures needed to close the life expectancy gap for Indigenous Australians (NACCHO & Oxfam Australia, 2007).

There is an upward trend in the number of course completions for Indigenous students in the area of health according to figures published by the government. However, the percentage of Indigenous students completing their courses is still below that of their representation in the population according to census figures (DEEWR, 2007). One key factor in improving these statistics will be the provision of more effective career advice. Craven et al. (2005) found that the quality of advice given to Indigenous students, as perceived by the students themselves, was not particularly useful. Following the Organisation for Economic Development (OECD) report "Career Guidance and Public Policy" (OECD, 2004) a revision of career practitioner guidelines has been undertaken nationally (Leeson, 2007). The report states that "Career information is widely recognised as a public good which should be freely available to all, for reasons of both efficiency and equity" (OECD, 2004, p. 84). Career information should be equally available to Indigenous people and be inclusive of their cultural needs. Formulating better career development practices will require multi-level interventions as career development is a complex process starting from early childhood and progressing well into adulthood (Herr & Shahnasarian, 2001; OECD, 2004). Better career advice for Indigenous

people will involve cultural understanding training for all career development practitioners (Curriculum Corporation, 2003).

"Footprints Forwards: Better Strategies for the Recruitment, Retention and Support of Indigenous Medical Students" set out to research, understand and recommend solutions to the barriers for Indigenous student entry to medical and other health science education (Drysdale et al., 2006). The project was undertaken in two phases from 2005 to 2007 by a consortium of the Indigenous Health Units of Monash University School of Rural Health, the lead agency, James Cook University and The University of New South Wales, and was funded by the Australian Government Department of Health and Ageing. While the core focus of the study was on recruiting, retaining and supporting Indigenous students throughout their medical education, a key component of the Monash School of Rural Health project work explored Indigenous secondary school students' perspectives on health careers and career promotion.

We found (Drysdale et al., 2006) that the provision of career advice to Indigenous students is inconsistent in quality and often culturally biased. Evidence from the Footprints research indicates that many career development practitioners are assuming Indigenous students will not be capable of progressing to tertiary level health courses. As a result of this review we designed an Indigenous health career forum based on earlier successful health career events with non-Indigenous audiences. In this paper we report on this forum and analyse the learnings that emerged. We identified key themes from the small focus group discussions and used observational data and photographs to help us analyse the remaining forum elements. We describe what happened at the forum in some detail to provide practical advice to other practitioners intending to work with Indigenous groups as we were unable to find this kind of material. We also include recommendations for future action to help overcome the low numbers of Indigenous health care professionals in Australia.

Method

An extensive literature review was conducted as part of the larger Footprints project. A database search of MEDLINE, CINAHL, ERIC, AMI, Google and APAIS was conducted using multiple search terms: aborigin* or Indigenous*; high school* or secondary school*; career*; career promotion* or career support*. In addition government departments, agencies and professional organisations' websites and the career promotion grey literature were searched for policy documents and other relevant information. This extensive review underpinned research in all of the Footprints project elements.

One of the key research tasks of the Footprints project was to conduct career forums to collect data that would help in devising an effective model for interactive career promotion with Indigenous high school students. This paper reports on the Mildura forum.

The Footprints team organised a half day health careers forum at the Mildura Aboriginal Cooperative in Mildura, Victoria, in May 2006. Mildura was selected because it has a large Indigenous population in surrounding areas accessible for secondary schools and Technical and Further Education (TAFE) providers in the region, and it is close to a Monash University Rural Clinical School. Broken Hill, the site of The University of Sydney's University Department of Rural Health, was also within travelling distance. Careers teachers from the region's schools were invited to bring a group of selected Aboriginal secondary school students to the Mildura Aboriginal Cooperative. The students were expected to have an expressed interest in becoming a health professional. Staff and students from three schools and one TAFE participated. Students also came from the Western New South Wales Region which has a large, diverse and widely spread Aboriginal population. The Broken Hill students attended mainly because of the Aboriginal careers teacher at the high school. He was a positive role model for the students and promotes career development and outside opportunities for Indigenous students. He was the contact person for all the surrounding Western New South Wales schools with large numbers of Aboriginal students.

The forum began with a Welcome to Country given by the Chief Executive Officer (CEO) of the Mildura Aboriginal Cooperative. The CEO spoke about the work of the Cooperative, work experience opportunities that were available to students and highlighted the need for more Indigenous people to work in health care. Following the Welcome, the students were divided into four small focus groups of six to eight students accompanied by one or two mature age community members who asked if they could participate in the groups because of their personal interest in health careers (Hildebrandt, 1999; Howze, 2000; Krueger & Casey 2000). The adults were encouraged to join the students in contributing to the small group discussions.

Mildura region students (both secondary and TAFE students) were in one group. Year 10, 11 and 12 Broken Hill students from two schools were divided into a nursing interest group (second group) and an "other health careers" interest group (third group). The final group consisted of Broken Hill Year 8 and 9 students who were ambivalent about undertaking a health career. In their focus groups the students were asked five questions by group facilitators, three of whom were members of the Footprints project research team Drysdale (MD), Ellender (IE), Kelly (HK)

and the fourth a nurse educator. The questions were: what interested them about a career in health, what influenced them in this interest, what the students expected from a course and a career in health, their source of career information and what further information and/or support they felt they would need. This data was collected and analysed. Time was then allocated for student questions about health careers. Student responses were documented by each of the group facilitators in the order they occurred.

Two half-hour health career information sessions followed. These were designed to provide information to the students rather than obtain information or answers from them. The first session featured a non-Indigenous nurse educator who had been the facilitator of the nursing small focus group and the second session was led by two non-Indigenous medical students who were studying in the Mildura area. However, in response to a lack of student engagement the format of these information sessions was altered. Our Indigenous educator (MD) intervened to support the invited speakers and helped initiate a more interactive discussion. MD posed a question "What makes *us* sick?" Further questions used as prompts for discussion were "What *sicknesses* can you name?" "Who helps Aunty or Uncle when they are sick?"

Observations from the forum were noted individually during each session and collected by IE and shared and recorded as field notes which were discussed with the group and the wider research team. The focus group data and observations were structured by the five questions. Other observations were free-ranging. MD discussed her observations with the group and with the wider research team to verify her feelings and opinions. Photographs were taken by HK and the nurse educator and discussed by the facilitators and the wider research team.

In the final part of the day all students were given information leaflets on different health careers, scholarships, student equity issues, studying at university for a rural student and University contact details. At the conclusion the students assembled again in their groups. The students were again asked if they required further sources of information and advice and those that did listed their contact details. In subsequent weeks information packages, their content based on requests, were sent to their careers teachers or their nominated contact for distribution.

The Monash University Standing Committee on Ethics and The Department of Education provided ethics approval for this research. Endorsement and support was also received from the National Aboriginal Community Controlled Health Organisation, the Victorian Aboriginal Community Controlled Health Organisation and the Victorian Education Association Incorporated.

Data analysis

This paper reports on and discusses data from three sources:

- A thematic analysis (Colaizzi, 1978) of the facilitators' small focus group discussion field notes was undertaken by HK. The results were verified by the facilitators and reviewed by the wider research team.
- Observational data obtained during the career information sessions and other informal discussion sessions was recorded individually as field notes, collected by HK and analysed by all facilitators during a series of de-briefing sessions. The wider research group reviewed the field notes and the themes derived from them.
- A series of photographs taken (with signed permission) throughout the day by HK and the nurse facilitator provided verification of the field notes and facilitators' individual impressions of interactions, the reception of presentations and student engagement in sessions. They were initially analysed by the facilitators and the findings were then verified by the wider research team.

Findings

Small focus group sessions

There were 25 participants at the forum and multiple responses for all questions were possible. The student responses to "What interested them in pursuing a health career" centred around four themes: their interest in the health area (n = 13), the concept of helping others (n = 10), lifestyle factors (n = 7) and personal reasons (n = 5). The students mentioned helping people, "helping out Aboriginal and/or non-Aboriginal people in my community", "helping people, especially little babies and kids. I'll specialise later in midwifery" and stated that this interest in helping people was not just personal but based on being part of their community. It was about "knowing you're going to help people" and for "work and travel, not just the money".

Students' influences to consider health as a career included: people connected to the student (n = 20), their own experiences or things that had occurred for others who were close to them (n = 5), presentations that the students had seen (n = 3) or personal reasons (n = 2). Three students said they had no idea where their thoughts of a health career had come from and one student commented that he or she "hadn't thought of anything – coming today has brought up stuff I've never thought of before".

Students expected tertiary health care courses to personally impact on them. For instance that "I'll have to move", be "meeting new people", be doing something they are "interested in", and as one student

said they would be "learning more about health and things – helping you to live better". Their expectations of a health care career following the tertiary course centred on lifestyle factors (n = 14) and their own personal development (n = 12). Students said that their tertiary health course meant that they would "have qualifications and job choices", and that a health career was about "being hands on" and "making a difference and being confident to do it".

Career information for these students came mostly from career events (n = 22) like in-school visits, work experience, expos, career classes and this forum. Teachers, careers teachers, and family and friends were listed as the next most popular source of career information (n = 15). Institutions (TAFE and universities) (n = 4), internet (n = 2) and books (n = 1) were listed less as sources of information. The majority of the students requested further information or support. Twelve asked for more information and seven wanted follow up career events. Six responses mentioned further assistance from other people in order to study, either from family and friends, or personal contact at university/TAFE. Four comments underscored the need for students to maintain their motivation to study once they began studying. Only one student thought he/she would not require anything. The students asked us to "send us information", "give us forums", for "someone to continue to point us in the right direction" and give "advice on alternative pathways to get 'us' where we want to be".

Professions that interested the students included: social work (n = 6), sports medicine (n = 4), doctor (n = 3), midwifery (n = 3), dentistry (n = 2), nursing (n = 2) and physiotherapy (n = 2). The remaining professions were listed once: Aboriginal Health Worker, ambulance paramedic, dietitian, massage therapist, paediatrician, pharmacist, and psychologist.

Field notes and photographs show that in the small focus group discussions where the students' verbal responses to questions were written down by each group facilitator there was very little animation or engagement by the students.

Information sessions

The information sessions provided by the medical students and the nurse educator gave the students information about health careers, and the care provided by different types of health workers. From our experience with non-Indigenous career forums we anticipated students would eagerly use the time to ask questions about health careers, studying at university, and the prerequisites required to gain entry to university. However, there was little engagement or enthusiasm amongst the students until MD, who is an experienced Indigenous educator, intervened.

Information sessions to informal discussion

Following the intervention by MD the atmosphere in the room and the focus for the students completely changed. They could focus on the health of their community and the importance of Indigenous health professionals for these communities. This allowed students to make a connection with their individual experiences of the health sector and to begin to understand how they could help people who were "sick" if they became a health professional. Through a process of questions and answers students were able to draw out and explain the difference between various health professional roles and more importantly discuss their potential role in their community.

The Indigenous educator's question about what illness/sickness "we" have in "our" communities prompted responses of diabetes, injury and heart attacks. Through their engagement with the community issues students were able to identify who could help "Aunty with her diabetes". Students were able to identify "the doctor", "nurse", "Aboriginal Health Worker" and "Health and Community Care Worker". In many instances the students identified the health care workers through their understandings of the type of care provided, and the researchers engaged with the students, assuming an "interpretive" role. For instance, the "foot doctor" was translated as the podiatrist, and the source of "pills" identified as the pharmacist. Many students were unaware of the professional titles of "physiotherapist" and "massage therapist"; they used the term "sports doctor". They had not thought of and had little experience of the proactive role these professionals play in both health and sport.

Field notes and photographs show that when MD led the proceedings and recorded the students' answers on a white board for the whole group to see the students were engaged and participated in lively and interactive discussion.

Seeking more information

An unexpected positive outcome was that three of the catering staff at the Cooperative and one parent asked for information about mature age entry to nursing. The Cooperative encouraged the researchers to organise a similar event each year as it was thought this exercise helped build community relationships and was a good opportunity for students to visit and interact with the people at the Cooperative.

Discussion

The key themes mentioned by these students regarding their health career interest, influences and expectations, and sources of career information were in some ways similar to the themes expressed by secondary school

students participating in health career forums and research elsewhere in Australia. Buikstra et al. (2007) found "self-interest" to be the major determinant of career decision making for students attending career workshops in Queensland whereas Alloway et al. (2004) reported Australian metropolitan students favouring "personal satisfaction in the job" over other reasons for choosing a career. Another key theme, that Alloway et al. (2004) and Buikstra et al. (2007, p. 289) both referred to, was the influence of people known to the student, particularly family, in the career decision making process, especially for those who are undecided. Our recordings of influence on career support these findings.

Most evident of all, however, was that our finding reflected the finding of Craven et al. (2004) that Indigenous students were more likely to aspire to work based on altruistic reasons that would benefit their own or other Indigenous communities. Health for Australian Indigenous people encompasses a whole range of issues that are connected to their culture. It includes the "spiritual, physical, social, and cultural wellness, linked to the land or country of the extensive social 'family'" (van Holst Pellekaan & Clague, 2005, p. 618). In our forum many students revealed community centred health career ideas.

Learning styles

The researchers witnessed two levels of engagement during the forum. In the small group discussions verbal responses to questions were written by each group facilitator with little engagement, using former experiences with non-Indigenous students as a guide. The medical student and nurse educator information sessions did not seem to be engaging the students' interest either. In contrast, when the Indigenous educator led the proceedings, we observed different behaviours, attitudes and body language during a lively, interactive question and answer discussion, as a result of the use of familiar and inclusive language (using words like "us" and "we") and recording answers for the whole group to see on a whiteboard. This indicates the importance of the students needing to identify with the discussion content to gain the most from any interactive health career promotion session.

Cooper et al. (2004) in a study of young "white" teachers in remote communities have described different ways of learning between Indigenous and non-Indigenous students. They identified that the Indigenous students found a structured learning environment more conducive to learning and that in mathematics classes they tended to be more visual, would rather discuss things, and used a student orientation learning style, not an information-oriented focus. Harris (1990, p. 6) noted the focus must be on "people rather than knowledge". This becomes particularly important when recruiting secondary school students for health careers as Indigenous people do not link education and employment as strongly as non-Indigenous people because of the marginalisation and poverty in Indigenous communities (Eckermann et al., 2006). We recognised in retrospect that the nature and language of parts of the small group discussions and the information sessions we used may have been culturally inappropriate and not conducive to Indigenous styles of learning.

For Indigenous people education is not necessarily linked to success and their motivation for taking up a career in health may be based on other factors. Our finding is that it becomes important to inform Indigenous secondary students about career options using information that links their culture, their place and their knowledge of health. As Mellor and Corrigan state, "education provides the key to self-determination and active and equal participation in society" (Mellor & Corrigan, 2004, p. 1).

Lack of information as a barrier

Lack of information and resources about the wide variety of health professions available have been reported as a barrier, particularly for Indigenous and non-Indigenous rural students, in career planning (Durey et al., 2003). Career advisors in the Craven et al. study (2004) found that Indigenous students often had received advice that was not correct if they had information at all. The Indigenous students participating in our interactive discussion led by MD were certainly limited in their knowledge of the range of health professions and further evidence of this was indicated by the older student group requesting specific information about course pre-requisites.

Role models

The lack of consideration of a health career option in the first instance is a major issue in recruiting Indigenous health workers. Our forum demonstrated that when working with rural Indigenous students it is vital to recognise their limited life experiences with health professionals. In rural and remote areas there are very few materials or access to on-line resources, for the students to look at and access. Face to face events and human resources as supports are very important. Human resources contact and support means students can actually see and talk with potential role-models and mentors and provides networking opportunities (Curriculum Corporation Victoria, 2003).

Allowing free-flowing dialogue at the forum helped the students to broaden their information on health careers and re-think their future possibilities and to begin to focus on what they could do to help their family/community. As the students began to "speak out" and identify illnesses with which they have experience they began to connect with the idea of health care

professions in the community and their relevance to their own lives. There is a need for information about the different health care professions to be provided in everyday simple language by skilled Indigenous presenters. They act as role models and can give the students a more relevant understanding of the health care carried out by different health professionals in their community.

For Indigenous people the sense of identity of both the individual and collective are part of the need to be understood and acknowledged during the education process (Sarra, 1997). If this is not considered in Indigenous students' education programs then the educational outcomes are unlikely to improve (Sarra, 1997). Australian Indigenous students have had until very recently few role models that can show the personal or community gains resulting from undertaking a tertiary course (Mellor & Corrigan, 2004), and the geographical rural and remote locations of many Indigenous students further decreases the availability of role models (Access Economics, 2004) and knowledge of career options. Figures published by the Department of Education Employment and Workplace Relations (DEEWR) indicate that the ratio of domestic non-Indigenous teachers to non-Indigenous students was 17.7 times higher than that for Indigenous teachers to Indigenous students in Australian government schools in 2006 (DEEWR, 2006). Therefore, the chance of an Indigenous student being instructed, let alone involved in their career development, by someone who is familiar with their culture is low. The careers teacher in Broken Hill is Indigenous. However he believes he is the only one in New South Wales.

For all students, life experiences, community background and prior knowledge influence the meaning they make of the world around them (Mills, 2006, p. 15). The finding that the students need to be able to think of a health career within the context of kinship, family and community belief systems was important (Durey et al., 2003). Omeri and Ahern (1999) found that the holistic family, kinship and community belief system plays an important role in the decision making processes of Indigenous students, and there is a need to incorporate strategies that accommodate the belief systems of Indigenous people. For Indigenous students assistance with career planning that is relevant and new strategies to encourage Indigenous secondary school students to undertake study in a health career are needed.

Recommendations

The project report (Drysdale et al., 2006) made eight recommendations. Those relevant to this paper include:

- That a nationally co-ordinated and collaborative approach to the provision of career advice to Indigenous students be taken by key stakeholders such as government, Indigenous organisations and career development practitioners.
- That all universities have Indigenous Support Units with adequate facilities and resources.
- That there is support for further research in areas that include how Indigenous students access career information and advice.

Epilogue

Following the forum in Mildura one student is currently studying in her second year of Nursing and contact with one of the Broken Hill schools has been maintained. The researchers have visited the school on three occasions. The researchers noted that the increased motivation that the students had expressed at the end of the forum had been maintained. Students were excited to see the researchers again and expressed appreciation for the materials that were sent and had lots of career related questions. The students had clearly discussed the forum with their friends as they brought them along to be introduced to the researchers. In the space of 12 months the overall number of students interested in a health career had doubled as evidenced by the numbers attending another career information session offered to the students. The Indigenous careers teacher, on the strength of the impetus provided by the forum, has organised other career events for Indigenous students in the area. This has won the school the Inaugural New South Wales Schools Nanga Mai Award for Outstanding Regional Innovation.

Conclusion

There were several key learnings from this career forum for Indigenous students. It was very evident that Indigenous students know very little about health careers and are unfamiliar with the language and terminology taken for granted by health care educators and professionals in Australia. The students don't consider health careers until they understand their relevance to their community. Our forum showed that Indigenous educators can engage and inspire Indigenous students by using a familiar and informal two-way learning style, identifying as a member of the Indigenous community, and sharing experiences and understanding of health issues in a community setting. Indigenous role models that these students can engage with are needed to inform and open up to them health careers as an option they may wish to pursue. There needs to be innovative and culturally appropriate ways to engage Indigenous students in discussions about health careers. Career educators need to partner

with Indigenous educators and role models in career development programs so that career education for Indigenous students can be effective in increasing the numbers of Indigenous health professionals in the Australian workforce.

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