

**'Knowledge is power':
Aboriginal Healthworkers' perspectives
on their practice, education and communities.**

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CERTIFICATE OF ORIGINAL AUTHORSHIP

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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List of Acronyms

| | |
|---------------|--|
| ABS | Australian Bureau of Statistics |
| ACCHS | Aboriginal Community Controlled Health Service |
| AH&MRC of NSW | Aboriginal Health & Medical Research Council of NSW |
| AHCSA | Aboriginal Health Council of South Australia |
| AHEO | Aboriginal Health Education Officer |
| AHLO | Aboriginal hospital Liaison Officer |
| AHMAC | Aboriginal Health Ministers' Advisory Council |
| AHPRA | Australian Health Practitioner Regulation Agency |
| AIATSIS | Australian Institute of Aboriginal and Torres Strait Islander Studies |
| AIH&W | Australian Institute of Health & Welfare |
| AIHWJ | Aboriginal and Islander Health Worker Journal |
| AIN | Assistant in Nursing |
| AMA | Australian Medical Association |
| AMS | Aboriginal Medical Service |
| AQF | Australian Qualifications Framework |
| ATSIHRTONN | Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network |
| ATSIHWA | <i>Aboriginal and Torres Strait Islander Health Worker Association</i> |
| ATSIPB | <i>Aboriginal and Torres Strait Islander Health Practice Board</i> |
| ATSIPHC | Aboriginal and Torres Strait Islander Primary Health Care |
| CS&HISC | Community Services and Health Industry Council |
| CSU | Charles Sturt University |
| DEEWR | Department of Education, Employment & Workplace Relations |
| DoHA | Department of Health and Ageing |
| ECG | Electrocardiography |
| EN | Enrolled Nurses |
| ENTS | Ear Nose and Throat Specialists |
| FaHCSIA | Department of Families, Housing, Community Services and Indigenous Affairs |
| GDIHP | Graduate Diploma in Indigenous Health Promotion |
| GDIHSU | Graduate Diploma in Indigenous Health-Substance Use |

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|----------|--|
| GP | General Practitioner |
| HREO | Human Rights and Equal Opportunity |
| HWA | Health Workforce Australia |
| MIHSU | Master in Indigenous Health-Substance Use |
| NACCHO | National Aboriginal Community Controlled Health Organisation |
| NATSIHC | National Aboriginal Torres Strait Islander Health Council |
| NATSIHWA | National Aboriginal and Torres Strait Islander Health Worker Association |
| NH&MRC | National Health and Medical Research Council |
| NHMRC | National Health and Medical Research Council |
| NRHA | National Rural Health Alliance |
| OH&S | Occupational Health and Safety |
| OTEN | Open Training Education Network |
| RFDS | Royal Flying Doctor Service |
| RPL | Recognition of Prior Learning |
| RTO | Registered Training Organisations |
| SCRGSP | Steering Committee for the Review of Government Service Provision |
| StEPS | Statewide Eyesight Preschool Screening |
| TAFE | Technical and Further Education |
| UOW | University of Wollongong |
| UTS | University of Technology, Sydney |
| VET | Vocational Education and Training |
| WHO | World Health Organisation |

Abstract

This study explores Aboriginal Healthworkers' workplace roles and practice, their education and training, community experience and their discourse about these topics. Aboriginal Healthworkers fulfil a wide variety of roles in Aboriginal community and mainstream health services. Their scope of practice has expanded and diversified in recent years, and the education programs they undertake have evolved in tandem. Moreover, their community experience is crucial in terms of their contributions to the treatment of health issues in Aboriginal communities.

The study is based on in-depth interviews with nine Healthworkers in NSW, with varied workplace roles, education, and community backgrounds. Analysis, and interpretation follow three steps. Firstly, transcripts from Healthworkers' spoken interviews are recontextualised as biographies, to display the complexity and diversity of their personal and professional lives, and to provide a context for the more analytical aspects of the study. Selected extracts from the original transcripts are then analysed in detail, drawing on discourse analytic methods to identify ways in which each Healthworker presents and evaluates their roles, education, and connections with their families and communities. Thirdly, patterns emerging in analyses of each Healthworker's presentation and evaluation are compared, discussed and interpreted.

The analyses reveal three general types of Healthworker roles that overlap with three general types of education. Roles are described most generally as clinical, community care, and program management. The study found that Healthworkers who studied at vocational Certificate III or sometimes at the Certificate IV level, tend to list and recount their workplace practice and education; those with multiple qualifications tend to generalise and argue for the contributions of their roles and education; and those with a university degree or a mainstream Certificate IV tend to generalise, reflect, and systematically link their education and work roles. Common amongst all the Healthworkers is an educational pathway that began with vocational study and workplace practice, and a recognition of the value of university qualifications for their profession, which is the ideal goal for all. With regard to family and community, all

Healthworkers were also motivated by their families, and shared experiences with their communities that gave them a unique set of skills and knowledge in their practice, and underpinned their dedication to improving Aboriginal health.

The study contributes useful new knowledge to the field, in the analyses that are applied to the data, and in the findings that emerge from these analyses. In regard to the first stage of the analyses, the recontextualisation of interviews as biographies gives each Healthworker an explicit life story, including their family/community experiences, the phases in their working careers, and the educational pathways they have taken. In the second stage, the detailed analysis of interviews using discourse analytic techniques forms a coherent, objective basis for identifying common patterns between them, and interpreting these patterns. Critically, these analyses draw on the voices of Healthworkers themselves to provide information about the parameters of what it is to be a Healthworker, and the experiences and education that shape it.

Findings reveal the diversity and complexity of Healthworker' practice, that is not recognised in current role definitions or Healthworkers' vocational training; the knowledge, skills and values that Healthworkers bring to their practice from their families and community that requires systematic description; the educational pathways that Healthworkers have forged for themselves; the power that a university education gives Healthworkers, to reflect on and explain their practice; and that Healthworkers' identities as Aboriginal community members remain strong, no matter what their educational achievements.