



Summary report of key findings:

Market research for Mid-Careers Project

June 2008

By Tracy Whitehouse, Motion Pacific Ltd

tracy@motionpacific.co.nz

INDEX

1.0 RESEARCH BACKGROUND

2.0 EXECUTIVE SUMMARY

3.0 KEY FINDINGS

- 3.1 Maaori and Pacific peoples often lack positive role models**
- 3.2 As school leavers, working in health is typically not a consideration**
- 3.3 For most at the mid-career stage, working in health is still 'out of reach' and/or unappealing**
- 3.4 Those who are more open to a mid-career change to health**
- 3.5 The barriers and facilitators to changing mid-career to health**
- 3.6 Once studying, many Maaori and Pacific students feel like fish out of water**
- 3.7 Perceptions of Counties Manukau District Health Board**

4.0 RECOMMENDATIONS

1.0 RESEARCH BACKGROUND

CMDHB required research to inform the Mid-Careers Project. The Mid-Careers Project is a workforce development initiative that aims to influence the mid-career cohort, in particular Maaori and Pacific Island and males, to enroll in tertiary training for an eventual health career employed by CMDHB. This goal is driven by a pronounced imbalance in the number of health professionals at CMDHB that are male and/or Maaori and Pacific Island

The key research objective was to help provide practical guidance as well as strategic input into the Mid-Careers Project. In particular;

- To explore current perceptions, attitudes and potential enablers to changing to a career in health and specifically to a career with CMDHB amongst the target audience.
- To help guide decisions regarding how best to reach and communicate and resonate with the target audience to motivate the desired career change

In terms of research methodology, six focus group discussions were undertaken predominantly with Maaori and Pacific males and females. Participants fell into the following four categories:

- Those who were not considering a career change (but open to the idea)
- Those who were currently considering a career change to health
- Those at a tertiary institution undertaking a career change to health
- Those who had recently undertaken a career change to health

The team involved in this research project included:

- Lead researcher - Tracy Whitehouse: Qualitative Research Consultant
- Maaori researcher - Shaun Akroyd: Research and Evaluation Consultant
- CMDHB Project Team - Tuhakia Keepa, Anne Fitisemanu, Laine Marsh, Jenny Bratty, Elizabeth Ryan

2.0 EXECUTIVE SUMMARY

The current situation

Maaori and Pacific peoples often leave school with few or no qualifications, don't consider tertiary education an option and have narrow job aspirations. Many accept and are limited by an attitude of 'this is my lot' and 'what brown people like me do'. They often lack confidence in their academic abilities and have few aspirational role models within their families/ communities to inspire and encourage them to aim higher and break the mould.

As school leavers, working in health is typically not a consideration across all ethnicities unless a health role model exists within the family who encourages a career in health.

Strong unappealing and/or unattainable stereotypes of working in health exist and act as a barrier. An additional barrier for Maaori and Pacific peoples is their perception that they don't 'belong' working in health. Hospitals in their minds are 'white', culturally insensitive and intimidating institutions.

Very few aspirational Maaori and Pacific health role models exist in their communities to challenge these stereotypes and to promote working in health.

At the mid-career stage, working in health is still considered out of reach or unappealing by most. This research identified that there is a small group of people who are more open to working in health and may be contemplating or even preparing for a change in career to health. This more open audience is a prime target for the CMDHB Mid-Career Project.

Main barriers

Many logistical and emotional barriers exist making it difficult for individuals to turn their idea of working in health into a reality at the mid-career stage, especially for Maaori and Pacific peoples and males who have a family to support. The main barriers are:

- Financial- giving up an income for two or more years;
- A lack of confidence in their academic ability to achieve their goal (especially for Maaori and Pacific people); and
- For Maaori and Pacific people, the intimidation they feel regarding the 'white' hospital system.

Three key facilitators

There are three key facilitators helping propel people along the pathway from contemplating a mid-career change to making it happen.

1. Emotional maturity, greater self awareness, confidence and determination to set themselves a goal and work towards it is present in many people in this

cohort. Whilst tertiary study is typically still incredibly intimidating for many (especially Maaori and Pacific peoples) it can **be more** attainable than as a school leaver.

2. Health professionals (either within their family or whom they have somehow rubbed shoulders with) who have recognised the individual's potential and provide encouragement.

3. Achieving small academic successes prior to taking the 'plunge' to re-train in health seems to be very beneficial to build the individual's confidence.

Tertiary Training

Once studying, many Maaori and Pacific students struggle academically, in particular learning within an academic system that doesn't incorporate their natural learning style. Whilst some support is available some Maaori and Pacific students feel 'on their own' and desire greater ongoing hand-holding (i.e. mentoring and support by past Maaori and Pacific students whom they can relate to).

A Personal Approach vs Mass Marketing

The research findings suggest that adopting a more direct and 'personal' communications approach that utilises the range of existing community networking channels and that empowers current health professionals to be the 'messengers' is likely to be more successful (in terms of identifying and nurturing those individuals who are already 'warm' to the idea of changing mid-career to health) than relying on a mass marketing approach. It is important to provide more aspirational Maaori and Pacific health role models (and in particular more 'masculine' health role models) that potential recruits can relate to.

Key Focus areas for the CMDHB's Mid-Career Project

- Help this audience to clarify exactly what health occupation they wish to train for. There is the opportunity for CMDHB to provide a 'one stop shop' for information via their website.
- Helping to build this audience's (especially the Maaori and Pacific audience's) confidence so they believe changing to health is possible
- Helping to break down the financial and logistical barriers to changing to health mid-career
- Personal career guidance -Encouragement, guidance, mentoring and ongoing support for those interested in making a change to health.
- Close collaboration with tertiary institutions

3.0 KEY FINDINGS

3.1 Maaori and Pacific peoples often lack positive role models

The majority of the Maaori and Pacific males and females included within this study left school with few or no formal qualifications and no firm job idea or 'career plan'. Their job aspirations tended to be more limited and narrow compared to their Pakeha and 'other' ethnicity counterparts. Attending tertiary education, unless they had a close tertiary educated family member to aspire to, was generally not considered an option. For those Maaori and Pacific females who did have specific jobs in mind (often nursing and caring professions) their aspirations were often superseded by their greater family responsibilities.

Many Maaori and Pacific peoples articulated feeling a strong sense and acceptance of 'this is my lot in life' as school leavers. They had a definite idea of what 'people like me' do and tended not to think to raise their vision. This mindset seems to be driven by the lack of aspirational Maaori and Pacific role models within their families/communities in terms of attending tertiary institutions, pursuing higher skilled and professional careers. However, the Mormon Church in particular appears to challenge this mindset by actively encouraging ongoing study and self-improvement amongst its followers.

3.2 As school leavers, working in health is typically not a consideration

For most participants (of all ethnicities) and males in particular, working in health didn't enter their minds as school leavers. For Maaori and Pacific people in particular, there are many barriers to considering a career in health as school leavers:

- Working in health just isn't on the radar/ something that is even thought or talked about by most school leavers
- There are strong and unappealing and/or unattainable stereotypes of working in health namely: doctors and nurses (i.e. what else is there – not 'brainy enough' to be a doctor and nursing is for women); working in a hospital (i.e. formal, sterile, stressful, depressing); working with sick people (i.e 'blood and guts', giving injections, old and dying people); poor working conditions (i.e. long hours/ shiftwork and low pay/underpaid)
- A further significant barrier to working in health that Maaori and Pacific people face that their Pakeha counterparts don't is a lack of cultural affinity. Hospitals are perceived/ experienced as 'white' institutions that lack 'brown' health professionals and whose processes lack cultural sensitivity. Many Maaori and Pacific people feel alienated and intimidated

by the health environment and perceive health careers as out of their reach (i.e. not something 'brown' people do, something 'white', clever, wealthy people do')

These barriers stem from the fact that there are very few aspirational Maaori and Pacific health role models in their communities and visibly working within health.

3.3 For most at the mid-career stage, working in health is still 'out of reach' and/or unappealing

Most people who didn't consider a career in health as school leavers remain 'closed' to working in health in that it still represents something they would not like to do and/or feel is not an option.

It is likely to prove extremely difficult to motivate this 'closed' audience to undertake a mid-career change to health,. They are unlikely to be particularly interested or open to communications. As such, CMDHB's marketing resources and efforts would be better focused on the people described in the next section who are 'warmer' and more 'open' to working in health.

3.4 Those who are more open to a mid-career change to health

Whilst this audience is likely to be relatively small, especially in terms of Maaori and Pacific males there appears to some people who are 'warmer' and more open to changing to health at the mid-career stage.

They fall into the following two groups:

1. Those (typically Maaori and Pacific females) who have always had a 'dormant' desire to help people or work in health (and in particular be a nurse) but whom haven't done anything about it as a school leaver
2. Those (both males and females of all ethnicities) who have experienced a (often dramatic) mindset shift about working in health as they have matured

1. Those with a 'dormant' desire to be a nurse

Some Maaori and Pacific women in particular expressed having a personal consciousness about their desire and aptitude for caring for others from an early age. Their compassionate nature has often been recognised and for some, nurtured and encouraged by family, teachers, peers etc. Some had a 'tradition' of nursing and/or caring professions within their extended family (especially Pacific peoples).

Whilst they express the same 'doctor, nurse, hospitals' stereotypes they tend to view working in health through a more positive lens, focussing on the potential rewards (i.e. making a patient smile, making someone's life better or more comfortable, adding compassion and a human touch).

As school leavers, whilst they would have liked to pursue a career in health, they typically felt unable to because they lacked the confidence. They may have left school without any qualifications, felt unsupported by their families and had no idea of where to start or what to do. They may also have felt disempowered to pursue their own aspirations due to their family obligations.

2. Those who experienced a mindset shift towards health

In contrast to those with a 'dormant' desire to work in health, other participants, as they matured experienced a definite shift in their mindset regarding health from something that wasn't an option/ appealing or even a consideration to something that had definite appeal and potential.

This shift in mindset was driven by two factors:

(i) Maturity – both in terms of age and outlook

As they matured, they became less self-focussed in their perspective and more motivated to help others and make a difference in their working lives. They typically considered it time to get more serious and considered about their career and more in tune with what they enjoyed and confident about what they could achieve if they set their sights on it.

(ii) Personal exposure to a health environment and the potential rewards of caring for someone

For all participants who were considering or were in the process of changing mid-career to health, circumstances had placed them in a situation where they were exposed to the health environment and for some exposed to a specific health occupation that struck a chord. Circumstances varied from falling into a job, to caring for a sick or dying relative, to receiving treatment for a personal injury or illness (i.e. receiving physiotherapy for a head injury incurred playing sport).

Through their experience and exposure to health, they learnt something new about themselves and their qualities, namely that they have greater strength and compassion than they are conscious of, and that they possess a natural empathy and 'way'/ability to help people and to make them feel better.

Through this personal 'awakening' to themselves, their job/career priorities became centred on making **more of a difference in their lives**. Their exposure to 'health' also challenged their view of working in health. Whilst the doctor, nurse and hospital stereotypes often still exist they tend to focus less on the negative aspects of health (i.e. the depressing, the 'yucky', the

stressful) and more on the positive and rewarding aspects of health (i.e. helping people get better, improving their situation/comfort/mood, being appreciated etc).

3.5 The barriers and facilitators to changing mid-career to health

Core motivations to change to health mid-career

The core motivations to change to health mid-career include:

- The desire to help and care for people
- To make a positive difference and contribution to others
- To have a profession that is both rewarding and interesting and that they can feel passionate about for the long term

The following also motivated Maaori and Pacific participants;

- To help and make a difference for their own people and their own community.

A strong sense existed amongst all Maaori and Pacific participants considering or pursuing a mid-career change to health that 'my people/ my community needs me' in terms of providing more 'brown faces' at the coalface. Some, 'bigger picture' Maaori and Pacific participants also felt driven to advocate for their people and help drive social change as well as provide aspirational role models for their community in order to change the pathways of the next generation of Maaori and Pacific peoples.

- To seek job security and stability (because of a shortage of 'brown' health professionals)

Barriers to changing mid-career to health

Moving through the pathway from first thinking about a potential career change to actually turning the idea into a reality typically takes huge personal courage, determination and personal sacrifice. It is particularly difficult for males once they have a family to support, and for Maaori and Pacific people to achieve.

For males with a family to support and who are the main or sole income provider, giving up their income and finding a way to make ends meet in order to study for two or more years represents a huge barrier even before the emotional barriers of stepping outside of their comfort zone and throwing themselves into the unknown are considered. In contrast, is it often easier financially for females to achieve (especially if they are a stay at home

mother), if they have the support of their partner – although emotionally it is just as hard.

For Maaori and Pacific people, as discussed previously, their lack of academic confidence and aspirational Maaori and Pacific role models both in terms of attending tertiary education and within health represents a huge barrier. It takes a unique individual who has the strength to 'break the mould'.

The key barriers to moving along the pathway to a mid-career change to health are as follows:

- Lack of direction – lack awareness of range of occupational and work environment options
- Lack of confidence – I can't do it, it's not an option for me, fear of failure (especially for Maaori and Pacific peoples)
- Lack of financial ability to go back and study
- Unsupported by partner/family emotionally and/or financially
- Never been the right time – put it off, aspirations superseded by partner's career goals/ family obligations (for women)
- Overwhelmed and intimidated by the prospect of studying/ the tertiary 'system' – don't know where to start (especially Maaori and Pacific peoples)
- Concerned about feeling alone/ the odd one out i.e. only mature student/ Maaori/ Pacific student
- Lack of local availability of desired course especially for women struggling to balance family with personal needs
- Committing to two or more years full time study is too intimidating

Facilitators to changing mid-career to health

Three key factors appear to contribute to progression along the pathway to a mid-career change to health:

1. The timing is right emotionally

Those participants who were serious about pursuing a career in health had reached a stage in their lives where they were **emotionally looking to make a change**. Some felt dissatisfied and restless in their current jobs and in particular wanted to pursue a more rewarding career. For others, in particular women, at the mid-career stage they felt greater emotional freedom and confidence to pursue their own aspirations. They may have supported their partner's career aspirations in the past and now it was 'their turn'. Similarly, their children may now have reached a more independent stage (i.e. last child started school or high school or even left home). Many had reached a 'now or

never' stage in their working lives whereby they felt if they didn't make a change or action their dreams it would be too late.

Also, at the mid-career stage, these people were more **open and emotionally ready** for a career in health than as school leavers due to their **emotional maturity, greater self-awareness, confidence and determination** to set themselves a goal and work towards it. Emotionally, successfully studying at a tertiary institutions whilst still incredibly intimidating for many (especially Maaori and Pacific peoples) typically seemed much more attainable at the mid-career stage than as a school leaver.

2. The people behind the scenes help to make it happen

Another key facilitator to moving participants along the pathway to a mid-career change to health is the **real and encouraging people** surrounding the individual.

In particular, having and being encouraged by a health professional role model within their close family/extended family seems to result in pre-disposition to considering 'health' once the person matures (i.e. at the mid-career stage). For those without close health role models to aspire to, their progress along the pathway appears to have been significantly facilitated by someone within health recognising their potential and actively taking them under their wing and providing encouragement, nurturing, hand-holding, fuelling their passion and opening up options and pathways.

There are typically many other people who play important roles along this pathway such as influencing, inspiring, supporting, encouraging, providing insight into the realities of working in health/ specific occupations, helping to build the individual's confidence, helping make re-training seem possible, reassuring and alleviating fears, providing guidance, mentoring and support. These typically include partners, close and extended family, peers, friends, friends of friends, health professionals they are exposed to in their everyday life, their church and its members, tertiary institution's open day, current and past students (particularly if they relate to them as being 'similar to themselves' in terms of their backgrounds), heads of department etc.

Hearing about other people's pathways to health (and particularly people 'like me' for Maaori and Pacific peoples) really seems to inspire, motivate and empower those who are at earlier stages along the pathway.

3. Achieving small academic successes gradually builds confidence

Developing academic confidence through successfully undertaking a number of short courses prior to re-training in health (often unrelated to health and free i.e. TOPS or employer paid training) seems to be a further and significant facilitator especially for Maaori and Pacific peoples.

The more successes they experience the more their low self esteem (in terms of their academic abilities and their life/ work options) is challenged - "if I can do this, then maybe I can do that".

3.6 Once studying, many Maaori and Pacific students feel like fish out of water

Whilst all mid-career students appear to struggle initially being a mature student, finding their feet and getting into the swing of studying again, Maaori and Pacific students (especially those who left school with no/ few qualifications and who have no previous experience of tertiary education) seem to struggle more and for longer than their Pakeha counterparts.

One major contributor to their academic struggle is having to conform and learn within a 'white' learning system that doesn't incorporate the natural learning style of Maaori and Pacific peoples (i.e. too individually focused with the teaching style centred around 'listening' rather than watching or 'doing'). In addition, whilst some Maaori and Pacific students felt they were provided with reasonable emotional support from their tertiary institutions (especially MIT) most still had an over-riding sense of 'being on their own'. As such, there is a strong desire for more ongoing hand-holding (i.e. mentoring, encouragement and support) during their studies by someone they can relate to.

3.7 Perceptions of Counties Manukau District Health Board

For Maaori and Pacific participants considering or training for a career in health, working at CMDHB is generally seen as the only option once qualified. It is close and convenient to where they live and they'd be working with and helping their own people, their own community. This is where they feel they are most needed and would make the greatest personal difference as a health professional.

CMDHB is associated with dealing with greater health issues than other Auckland DHBs due to Manukau's socio-economic and ethnic diversity. The greater job variety is perceived as 'good training' for newly qualified health professionals and helps keep the job interesting and stimulating. On the downside it is associated with bigger workloads, under-resourcing and CMDHB and its staff generally being more 'stretched' than other Auckland DHBs.

Whilst still associated with being a 'white' institution, as their local DHB/hospital, CMDHB is viewed as more familiar, friendlier, down to earth, community focussed and less intimidating than other Auckland DHBs.

4.0 KEY RECOMMENDATIONS

Mid-Careers Project shouldn't strive to convert the 'unconverted'

- Motivating mid-career people (in particular Maaori and Pacific males) for whom working in health is not on their radar or considered an option will be extremely difficult
- Greater opportunities exist to educate this audience about the variety of occupational and work environment options at the school leaving stage
- An important part of this communication is the provision of more aspirational Maaori/Pacific and 'masculine' health professional role models
- Continue the good work being achieved by the CMDHB Schools' Programme!

Instead it should focus on identifying and propelling those who are already open and 'warm' towards working in health

- CMDHB should target people who have a definite desire to make a change in their lives and pursue a career in health
- Communications needs to connect with their motivation to make a change in their lives and help others, make a difference
- Need to talk up the 'fit' with many Maaori and Pacific peoples to work in health and the needs and opportunities for them in the health sector, and in particular at CMDHB

Adopt a direct and 'personal' communications approach that utilises the range of existing community networking channels

- Communication needs to have a 'grassroots' focus i.e. comes from the community and feel accessible.
- It needs to provide inspiration as well as encouragement, guidance and ongoing support. It needs to show potential recruits the way forward and ideally 'hold their hand' along the way in order to help them overcome the challenges they'll face
- It needs to be delivered by aspirational and inspirational role models whom they can relate to and trust i.e. people like me who have successfully 'broken the mould'. This is especially important for the Maaori and Pacific audience.
- Strengthen existing networks from which the audience (and Maaori and Pacific peoples in particular) might draw support and encouragement
- Establish and utilise existing Maaori and Pacific health sector groups as a reference point and support for new and emerging recruits
 - Empower them to be the 'messengers'

- CMDHB could work more collaboratively with the tertiary institutions in order to facilitate a strong follow-up process with anyone making an enquiry about training in health

Help this audience to clarify exactly what health occupation they wish to train for

- Opportunity for CMDHB to provide a 'one stop shop' for information via their website that provides real insight into the occupational and work environment options, the people, the training and the realities of the job
- Provide more personal one-on-one career guidance to help this audience work out their pathway to a new career
- Provide more opportunities to talk to and possibly be mentored by other qualified (or even further along in their training) health professionals 'like me' (especially for Maaori and Pacific peoples)

Help build this audience's (especially the Maaori and Pacific audience's) confidence so they believe changing to health mid-career is possible

- Provide achievable stepping-stones to final qualification
- Provide access to people who are currently training or have completed their training that can provide mentoring and support
- Provide reassurance that they aren't going to be alone and that there are other mature/ Maaori and Pacific students on the same course
- Gear the learning environment towards Maaori and Pacific students to reflect their more practical and hands on learning style

Help break down the financial and logistical barriers to changing to health mid-career

- Provide greater financial support especially if wish to encourage more males to re-train in health
- Offer more options and flexibility in terms of working part-time-'Earn as you Learn'
- Provide greater variety of courses/ health occupation training within the Manukau area