

# Sexual Health, HIV/AIDS and Hepatitis C Workforce Development Review Report

## Sexual Health and Blood - Borne Virus Program

### ABOUT THE REVIEW

In June 2006, the Sexual Health and Blood-borne Virus Program (SHBBVP) undertook a review of the training needs of professionals working across the continuum of care in the HIV/AIDS, hepatitis C and sexual health field.

### Background

The impetus for conducting the review was the ongoing concern of the WA Committee for HIV/AIDS and Sexually Transmitted Infections (STI) in relation to the provision of workforce development and training for sexual health and blood-borne virus (BBV) staff.

The need to invest time and resources into conducting this state-wide review was validated by:

- Workforce development and training identified as an important and ongoing area for action in the state HIV/AIDS, STI and Hepatitis C action plans.
- The Sexual Health and Blood-borne Virus Program (SHBBVP) goal to build the capacity of health and non-health workforce to address STI/HIV/BBV prevention and control
- The large investments made annually into the ongoing training and education of those working in the sector.

### Objectives

The aim of this review was to obtain information that would provide a sound evidence base to:

- Better inform future planning and policy development of workforce development initiatives
- Strengthen the sexual health and BBV workforce across the continuum of care.

### METHODS

This review was modelled on Queensland Health's review of HIV/AIDS, hepatitis C and sexual health workforce training needs (Ray 2001). Data were collected through an online survey and face to face interviews.

### Study Sample

Information was sourced from members of the sexual health and BBV workforce, including both specialist and generalist workers. Given the difficulty in quantifying the number of people working in the field across the continuum of care, it was decided that this review would not focus on providing statistically significant information (recording a response rate) but would endeavour to collect and exhaust all the possible themes and issues provided by respondents.



## Data Collection

Data were collected from people working in sexual health, HIV/AIDS and hepatitis C across the following areas of practice:

- Prevention/education
- Contact tracing
- Case management
- Organisational policy and planning
- Treatment and care

## THE RESULTS

### Demographics

In total, 135 people participated in the review. Of these, 99 (73%) completed an online survey and 36 (27%) completed a face-to-face interview. Of the 135 participants:

- 58% worked in the metropolitan area, 36% in regional areas and 6% statewide
- Females and those aged 36 – 55 years comprised the majority of participants (58% and 79% respectively)
- 10% of the sample identified themselves as Aboriginal and Torres Strait Islander
- The two most highly represented professional groups in the review were managers/team leaders/coordinators (15%) and nurses (general and clinical) (9%)
- The majority of participants (63%) had a university or tertiary level qualification
- Respondents included government (59%), non-government (35%) and private sector employees (6%)
- Less than half (47%) of respondents indicated that their course of study or training program included any sexual health or BBV content.

### Responding to sexual health and BBV in the workplace

Participants were asked about addressing sexual health and BBV related issues in their workplace. Overwhelmingly, the majority of participants agreed that they have the necessary knowledge and skills to effectively and confidently respond to a wide range of sexual health and/or BBV related issues and are able to respond to people experiencing these issues as competently as they respond to people with other health issues.

Interviewed respondents were also specifically asked if they felt they had adequate knowledge and skills to do the work they are required to do in the sexual health and BBV area, and a third (33.3%) said no.

In relation to workers' motivation to pursue careers in sexual health and BBV related work, two thirds (67.6%) of respondents agreed that the ability or expertise in responding to sexual health and/or BBV issues has professional advantages, is highly regarded by colleagues and can provide career benefits.

Less than half (48.5%) of the respondents agreed that they received formal supervision (e.g. guidance or preceptorship) on sexual health and/or BBV related issues. However, just under a third felt that it was more appropriate for other colleagues to respond to sexual health and/or BBV related issues than themselves.

## Participation in sexual health and BBV training

Of the online survey respondents, 1 in 8 reported that they had not completed any sexual health and BBV related training but were working in the field. Interview respondents were not asked this question. A total of 122 different training courses/programs were listed as having been completed by participants.

The majority of training completed by respondents was based in WA. However, inter-state and overseas training was recorded by some participants. Accredited programs and non-award courses, updates at work and in-services were very popular among respondents. Overall responses indicated that while current training is provided from a variety of different sources, it does not seem to be coordinated in a strategic or organised way.

## Maintaining skills and knowledge

Over half (59%) of participants reported that they had accessed training less than one year ago. Those in the metropolitan area and those working in a non-government organisation accessed more training in the past year than those in regional WA and those working in either the government or private sector. In total 61 (45%) respondents indicated that they spent no or less than 10 hours per year participating in professional development and training in the sexual health and BBV area. There was no difference between those working in the metropolitan area and regional WA.

From a list of activities, respondents were asked to select up to five methods that they regularly use to improve their knowledge and skills to ensure that they can appropriately respond to sexual health and/or BBV related issues. The top five responses in order of most frequently nominated were:

1. Access current and relevant information via internet, list servers, newsletters, journals
2. Participate in relevant seminars, forums, short courses, workshops, conferences
3. Seek advice and support from specialists in the field
4. Access a network on a regular basis
5. Observe other specialised personnel to learn new skills/behaviours

## Barriers

The majority of respondents (75%) believe the sector they work in encounters barriers to accessing training. The top five barriers to accessing training were identified as:

1. Competing organisational priorities
2. Distance and cost of travelling to attend courses
3. Competing individual priorities (i.e. lack of time/other work to complete)
4. Cost associated with backfilling positions
5. Lack of support or encouragement from management to attend training



There was minimal difference in response between participants from metropolitan and regional areas. However, as a group, those from metropolitan areas rated 'lack of support or encouragement from management' as a barrier more frequently than those in regional areas.

### Target Audience for Future Training

Participants were asked to identify professional groups or organisations they believe would benefit from attending training or for whom training provision may be lacking. These included:

- Education system
- Tertiary sector
- Administration
- Department for Community Development
- Prisons and Corrections
- Local government
- Professional groups
- Community groups
- Crisis accommodation
- Parents
- Youth workers/service providers
- Aboriginal service providers
- Health system
- Human service organisations

### Gaps in Training / Education

Participants were asked to identify gaps they perceive in sexual health and/or BBV training and education content material and topics. The responses to this question were very diverse and the main themes identified were:

- Regional
- Indigenous
- Same-sex attracted youth
- Up-to-date information and statistics
- Systematic approach to training

- Clinical
- Psychological/emotional aspects

### Additional Training

Respondents were asked if they agreed that there are sufficient training and education opportunities available to enable them to develop their ability to respond appropriately to sexual health and/or BBV related issues. A third of respondents (33.3%) did not agree.

Respondents who thought there were not sufficient training and education opportunities were then asked to indicate what additional training/activities, if any, they would find beneficial. The top five responses were:

- Workshops, seminars and/or lectures
- Written material such as posters, pamphlets and manuals
- Interactive websites
- Comprehensive and active email list servers
- Easier access to specialist advice and support.

### THE KEY IMPLICATIONS

The survey results highlight a number of strengths and gaps in the provision of training and education to the sexual health and BBV workforce in WA. These have implications for the future development and delivery of such training.

Possible strategies to encourage staff to participate in training, include:

- Establishment of formal support mechanisms
- Increased efforts to create sound career pathways and positions

- Up-skilling of specialists and more experienced staff to supervise and support other staff.

To ensure staff working in the field have a minimum sexual health and BBV knowledge and skill base, training could be built into university and TAFE courses and an introductory course for all new employees could be developed.

Training must be coordinated in a strategic and systematic fashion, which includes ensuring that training is:

- Promoted more widely and held more frequently
- Easily accessible and in a format conducive to staff who are time-poor
- Delivered through flexible learning mediums (e.g. online, self-directed, videoconferencing, short courses, in-services)

Resources should continue to be dedicated to networking opportunities and to support already-existing networks, which will promote information sharing and peer support for staff within the field.

Access to training by those in regional areas was identified as a significant barrier. Training must be designed and delivered in an appropriate and accessible format. Funding and managerial support needs to be channelled into the regional sexual health and BBV workforce to improve their training opportunities.

Training should be developed to up-skill the wide range of audience groups external to the sexual health and BBV field who would benefit from improved workforce training and education.

Targeted training is required to enable staff to respond to the sexual health and BBV issues of marginalised populations including Aboriginal and Torres Strait Islanders, same-sex attracted persons and youth.

More initiatives are required to increase awareness of available training in WA, e.g. an online calendar of events.

## THE RECOMMENDATIONS

The key recommendations derived from this review are that SHBBVP:

1. Take a coordinated approach to the promotion and provision of sexual health and BBV training and education
2. Continue to provide funding for a range of workforce training and development opportunities
3. Expand the training opportunities available to staff, with focus on regional and practice nurses, teachers, those in regional areas and those working with marginalised groups (particularly Aboriginal and Torres Strait Islander people)
4. Explore and expand on the use of flexible training and education modalities (such as video conferencing, online materials, self-directed learning packages, workshops, forums and mentoring).

## REFERENCES

Ray, P (2001). Report on the Review of HIV/AIDS, Hepatitis C and Sexual Health Training Needs in Queensland; Communicable Disease Unit, Queensland Health.

A copy of the full report of the Review of Sexual Health, HIV/AIDS and Hepatitis C Training Needs will be available soon on the HPG Website.

