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# *Who is suited to work in remote First Nations health?* Perspectives of staff in remote Aboriginal Community-Controlled Health Services in northern Australia

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## Abstract

**Objective:** There is a shortage of nurses, Aboriginal Health Practitioners, GPs and other staff in remote Australian health clinics. There is also high turnover of staff, leading to questions of 'who' is appropriate for remote First Nations practice? The aim of this paper was to identify the characteristics of staff who are likely to work well in remote First Nations settings, from the perspectives of remote health practitioners.

**Design:** This is a qualitative study involving content analysis of interviews.

**Setting:** The study is conducted in and with 11 Aboriginal Community Controlled Health Services across northern and central Australia.

**Participants:** Eighty-four staff working in these clinics who spoke about staff qualities suited to remote practice.

**Results:** Participants identified a range of qualities desirable in remote practitioners, which were grouped into three topics: (1) professional qualifications and experience, including cultural skills; (2) ways of working, including holisitic approach, resilience, competence, and being a team player, approachable, flexible and hard-working; and (3) specific community needs, namely the need for local First Nations staff, male practitioners and returning short-term staff. The combination of experiences, ways of working, and fit to both the team and community were emphasised.

**Conclusion:** Identifying the characteristics of staff who are likely to work well in these settings can inform recruitment strategies. This study found that a combination of professional qualifications, skills and experience as well as ways of working, individual characteristics and needs of communities are desirable for working in remote, First Nations settings.

**KEYWORDS**

cultural competency, remote practice, resilience, teamwork, workforce

## 1 | INTRODUCTION

Across central and northern Australia, there are hundreds of remote First Nations communities with small populations who live on their lands. While significant distances from larger centres, these communities usually have small health clinics, mostly staffed by nurses and Aboriginal Health Practitioners with local or visiting general practitioners (GPs), mental health and allied health practitioners. These clinics provide primary health care and, when needed, emergency care or referral for local residents.[1–4] However, there are staff shortages, high turnover and unfilled vacancies in all types of staff at these clinics, resulting in heavy workloads for remaining staff.[1–3,5] Across the Northern Territory, in government-run remote clinics, studies have found mean annual turnover rates of 148% and 79% for Remote Area Nurses (RANs) and Aboriginal Health Practitioners (AHPs), respectively.[2] In addition to staff shortages and turnover, recruitment of staff to these clinics is challenging and retention of staff in these locations is low.[1–3,6–10] To maintain access to health care, many remote clinics rely on locum GPs and 'agency' RANs, who come for a short time to staff clinics.[2,3,11,12] While some literature has questioned the appropriateness of these short-term staff in remote First Nations settings,[3,4] many remote clinics submit they are vital for service delivery.

There is a growing body of literature on staffing remote health clinics, which highlight a need for more clinicians with appropriate clinical and cultural skills relevant for remote practice.[3,13,14] Increasingly, there is discussion of how to recruit the 'right' staff or 'appropriately skilled' and 'adequately trained' staff for remote First Nations practice.[3,15,16] However, what is meant by these terms is simultaneously vague and complex. This paper addresses this topic of 'who are the appropriate staff for remote practice?' by talking with 84 staff from remote Aboriginal Community Controlled Health Services (ACCHSs) across central and northern Australia. The aim is to identify the qualities of staff who are likely to work well in remote First Nations settings, from the perspectives of those working in remote health care. Identifying the characteristics of staff who are likely to work well in these settings will inform recruitment strategies of an appropriate workforce for remote Australian practice.

### What is already known on this topic

- Staff shortages are severe in remote clinics in northern and central Australia.
- Workforce turnover in remote clinics is extremely high compared with urban settings.
- Remote practitioners need to have appropriate clinical and cultural skills.

### What this paper adds

- Identification of individual ways of working that are desirable in remote practice.
- Individual and community considerations are very important in recruitment of remote practitioners along with qualifications and experience.
- Recruiting staff with appropriate characteristics and ways of working and then providing training in remote practice could increase the workforce.

## 2 | METHODS

The study is part of a broader, mixed methods project that aimed to explore the impacts of short-term staffing on primary health service delivery and remote clinic users.[14] The broader study used an evidence-based program logic model along with evidence from communities and clinics. A total of 11 regional, remote and very remote ACCHSs chose to participate to enhance their effective recruitment and retention strategies in order to better serve their communities. These 11 ACCHSs are located in the Northern Territory and Western Australia and were invited due to their remoteness and interest in the study. Senior managers and researchers from these ACCHSs were involved in developing the study design, research questions and facilitating data collection with university researchers. Quantitative indicators of health outcomes and staff turnover and stability were collected along with interviews and focus groups with service users and staff working in these clinics. Ethics approval was received from the Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research (project number DR03171), Central Australian Human Research Ethics Committee (CA-19-3493) and Western Australian Aboriginal Health Ethics Committee (WAAHEC-938). The analysis here focuses on the perspectives of staff working in the 11 ACCHs to inform recruitment strategies.

Researchers organised data collection with each clinic and visited the traditional lands of the 11 participating ACCHSs between February 2020 and October 2021. Researchers travelled to both the central and some outreach clinics, totalling 20 remote communities. During these visits, researchers promoted the study and asked all staff currently working in the clinic to participate in an interview

about workforce, staffing levels and the service. Interviews were conducted in private spaces at the clinic and were between 20 and 90 min in length. The interviews were semi-structured where question order and wording altered and follow-on questions were asked based on the discussion. Following discussion of a plain language statement and written consent, staff were asked about their role, experience, employment, the clinic, staffing levels, their job satisfaction and staff recruitment and retention. Specifically, staff were asked: 'In your view, who are the right sort of staff to work here?' with probes for professional and personal attributes. Data were collected at a time when ACCHSs and remote communities were impacted by COVID-19-related restrictions (travel and vaccine restrictions plus quarantine requirements), which further altered health service staffing levels and recruitment strategies.[17,18] In total, 248 staff consented and participated in interviews. Interviews were recorded and the audio-recordings were transcribed verbatim.

All 248 interview transcripts were entered into NVivo V12 and initially coded to identify the broad topics related to the project, including responses to the question about 'the right sort of staff'. In these codes, 84 respondents discussed the personal and professional characteristics of people they thought were suited to remote practice. These 84 transcripts were analysed in more detail using content analysis.[19,20] Following initial coding of the many qualifications, levels of experience and characteristics identified as desirable for remote practitioners, a second researcher then read and coded the 84 transcripts to the same codes to ensure consistency and also added additional responses to the same codes as well as identified a few new codes (that separated out some original codes). The responses to each code were then reviewed by and discussed with a third researcher. The three researchers then discussed their coding and agreed on the major codes by condensing some codes; these are presented in this paper.

Among the 84 participants, 29 were Registered Nurses and/or Midwives, 17 held a clinic management or team leader role (usually nurse trained), 9 were AHPs, 10 were care coordinators, 4 worked administration roles, 4 worked in HR or finance, 3 were CEOs, 3 were GPs, 2 worked in Allied Health, 2 were drivers and 1 worked in one in community development. Additionally, 24 identified as First Nations, 37 as non-First Nations and 23 did not identify. Further, 44 identified as female, 10 as male and 30 did not identify. At the time of their interview, 29 had held their current role for 1–3 years, 19 had worked in their role for less than a year (including 11 on short-term contracts) and 29 had work more than 3 years and up to 34 years in their role (while for seven this was not ascertained). All but 12 had previously worked in other remote health services (some for up to 40 years); therefore, most had a remote health background prior to their current role. At least six staff had worked as a student or in a short-term visiting role and were either returning regularly or had taken a permanent position in the organisation.

## 3 | FINDINGS

Recruiting appropriate health professionals for remote practice was expressed as important for the 84 participants whose responses were analysed. These participants, particularly clinic managers and CEOs, spoke to their hiring processes for their clinics, mostly through agencies or their own recruitment strategies. Most clinic managers mentioned that from half to a majority of their staff were on a permanent contract while the remaining were mostly locums or agency staff. In addition, most participants indicated they had work experiences in both metropolitan and remote healthcare services and were aware of the differences between the two working environments. Following, participants emphasised that remote regions are often more challenging to work in and are frequently under-resourced.

When discussing workforce, one interviewee commented: 'It's not always easy to get people and the right people, but you just keep going until you do, and when you do, it's just wonderful' (Clinic Manager/Team Leader; Site 1). Interviews with staff at remote ACCHSs identified some key qualities about those who were suited to, remained working in, and were believed to provide quality care. These qualities are grouped into three topics: (1) professional qualifications and experience, (2) ways of working and (3) characteristics to address community need. These are discussed in detail here.

### 3.1 | Professional qualifications and experience

#### 3.1.1 | Formal qualifications

First, participants spoke to the importance of candidates having the necessary professional requirements for the role, including the appropriate qualifications and work experience for each role. When asked about suitable staff, one clinic manager responded: 'I suppose their professional qualifications obviously... You want them to have a Bachelor of Nursing if they're [applying] to be a nurse' (Site 6). Several participants noted that candidates with postgraduate degrees or further training were preferred. For example, a nurse noted: 'I find that any nurse that's done any postgraduate [degree] does a lot better, they're much better in reflective thinking' (Site 4). Others identified training in First Nations and/or remote health: '...if

they've had a background in Indigenous health, if they've done some postgrad [education] in Indigenous health, that always helps as well' (Finance/HR; Site 4). Participants, particularly clinic managers and team leaders, reasoned that a background in First Nations and/or remote health has generally yielded better staff performance.

### 3.1.2 | Professional experience

Participants also spoke about the importance of experience. Five interviewees spoke about experience in remote practice, including one nurse who spoke of the lack of experience of newly graduated or new to remote staff: 'I would never, ever let a first-year graduate come to a remote centre; it's just not right. It's not fair to the people. Clinically, you don't know what's going on. You have to have a really good experience base to come out here...' (Site 2). The need for qualified and experienced staff was highlighted due to staff teams being much smaller than those in metropolitan health services.

Ten talked about having staff with a 'foundation in remote Indigenous health' (Nurse; Site 5) or experience working with First Nations people. Reflecting on their own experience, one nurse suggested: '...and the fact that I'd worked in other remote clinics, that also sort of prepared me a little bit as well' (Site 3). Similarly, a GP (Site 3) noted: 'When you go through medicine, you're learning this and that, but then you have to unlearn a lot when you go into Aboriginal health...' Another stated: '... so, they'll [the patients] come in and say "weak blood" and then you work out later, that that means anaemia. Uhm, so that's a little bit hard to start with' (Nurse; Site 4). One nurse manager spoke about the value of having staff experienced in the specific community:

> We're very fortunate, so we have permanent staff and I also have a bank of nurses who want to work here all the time as locums. So, we basically have the same staff working all the time. They come in, they're already orientated to the clinic and the community. Community people know them. So, they basically just slot straight in and [we're] building that team of not only permanent staff but also locums.
>
> (Clinic Manager/Team Leader; Site 1)

Six participants talked about the need for experience in primary health care, with one mentioning that the majority of their case load consists of chronic disease management and thus requires staff experienced in primary care: '... what we seem to get a lot of is emergency staff and not enough chronic disease staff. You need staff with an interest in chronic conditions' (Nurse; Site 5). Another mentioned: 'Some degree of primary healthcare [skills] is good. About 2% of what we do is ED; the rest of it is primary healthcare' (Nurse; Site 5). Another stated: 'I think the biggest skill is being able to do full assessments on a patient and being able to then interpret that assessment. So often nurses who've worked in primary health care are very good at that' (Care Coordinator; Site 5).

### 3.1.3 | Cultural competence

Most participants also highlighted the need for staff to be culturally competent. As a practitioner, being culturally respectful and aware of the consequences of their own behaviour on patients' cultural safety and continuity of care was highly regarded by most participants: 'You know, values that we want practitioners to hold true before they even walk in our door so that they're able to work safely and respectfully, not just with the staff but also with our clients' (Clinic Manager/Team Leader; Site 1; different interviewee to above). Another emphasised:

> You definitely have to have the cultural sensibility or awareness to know how to properly deal with someone who's stressed. So, being out in the community, you might not have people to depend on. So, a lot of your problem solving or your troubleshooting is either by yourself or with someone else. You have to be able to identify an issue, resolve it, come up with best practice, all that's best to fit the client.
>
> (Finance/HR; Site 5)

Several participants added that apart from having the ability to provide care to patients from different cultures, another beneficial quality in staff is ongoing reflective practice to reconsider any internal bias or exclusionary perceptions as part of continuing to remain culturally competent. 'Anyone can learn about the history of Australia, but learning to challenge your own values and your own attitudes about culture is a very different matter' (GP; Site 6). Similarly, another suggested: 'You can't just look at someone and do some training and then say you're culturally competent. It is an investment and it is ongoing' (AHP; Site 2). A few participants highlighted a lack of reflection as concerning, suggesting that while practitioners may not be 'intentionally racist', their words and/or actions may come across as insensitive and inappropriate.

One interviewee added that this could then lead to distrust from patients and other staff.

Similarly, almost all participants stressed the importance of having health professionals who are willing to engage and build rapport and trust with patients and the community. This was one of the most important skills identified for practice in remote ACCHSs: 'If you're ready to go out and engage with these people, that's a good person [for the job]. If you're kind of sitting in your office and waiting for them to come to you, they won't come to you if you're new. You've got to go to them' (Care Coordinator; Site 1). Most participants stressed that staff turnover often discourages community members from seeking care.

## 3.2 | Ways of working

While qualifications, training and experience were considered important, participants highlighted a range of ways of working that they considered important to remote practice. These ways of working are presented in Table 1. The most common was practising holistically, which is connected to cultural competency discussed above. Other commonly mentioned characteristics included being resilient, competent, a team player, approachable/friendly/kind/supportive, flexible and hard-working.

As highlighted in Table 1, respondents identified many, usually a list of, ways of working. While these lists varied, there was an overlap and similarity among responses. For example, a Care Coordinator (Site 1) suggested: 'Just an approachable person. Um, someone who's good with communication, willing to listen and yeah, learn and, you know, they'll develop their own cultural awareness for themselves'. Another staff member working in administration suggested the health service seeks:

> Someone that's resilient, someone that can take direction, but also be comfortable in leading a situation. Someone that can just read the room in terms of emotion, or empathy, or just like know, obviously no-one can know what a situation requires... but just having that understanding of like, okay, here's a good time for me to talk, and like, oh okay, I should probably understand that this person knows a bit more than I do, so I'll take a step back. Um, just care... but you definitely tend to know the types that are here for the money. And ... having a degree of respect and knowledge of customs, or at least learning how to be living in the culture is essential.
>
> (Site 3)

A nurse focused on the need for competence, compassion and flexibility in their role:

> ...It can be stressful. You might have a motor vehicle accident and a local person dies and you're a part of moving that body, caring for that body and putting it in the clinic; we don't even have a morgue here. And then you've got all the family that might be wailing in the clinic and so you're not just the nurse that day. So just all these little things that you wouldn't do if you worked in a hospital. It's an interesting job...
>
> (Site 5)

Some of these ways of working stem from individual traits that staff bring to their practice. An AHP gave the example:

> We've had a nurse come out here before and he was so good. He was a lovely person to work with; picked up everything so fast and [got] good feedback from the community – 'cause he was like,' 'Oh, hey sister,' or 'brother,' and, 'come in,' you know. Like his personality just captured everybody.
>
> (Site 1)

Clinic managers said that it is these ways of working and personal traits that they try to 'tease out' in interviews. 'It's not really hard to choose candidates on skill level; the hardest part is trying to choose someone who you think really wants to be in the role and who will stay' (Clinic Manager/Team Leader; Site 2). Some noted that they could identify these qualities at interviews but they did not often have applicants with the combination of these desirable ways of working and characteristics. Several participants added that while patients benefit from their health professional having these characteristics (e.g. kindness, team player, approachable), other staff at the clinic also benefited from working with staff who displayed these traits.

## 3.3 | Characteristics relevant to community need

There were also some other responses pertaining to the specific characteristics required in a remote ACCHS team to address specific community needs. These include having local First Nations staff, having male practitioners, particularly nurses, and having the same short-term staff return.

**TABLE 1** Ways of working identified as important for remote staff.

| Characteristic | Example | Number of respondents |
|---|---|---|
| Practises holistically with a focus on wellbeing | '... it's not just providing care for somebody while you're on shift, there's a lot more, you're thinking more holistically. Not saying that people don't think holistically when they're providing care in hospital settings, but you're thinking about their social, emotional, physical health. Yeah, all sorts of needs when that person presents themselves to you for care'. (Clinic Manager/Team Leader; Site 1) | 44 |
| Resilience | 'It's quite intense. It's quite fast. It's very demanding. You'll probably get yelled at least once or twice in a day... it's extremely confronting at times'. (Clinic Manager/Team Leader; Site 6) | 25 |
| Competent | 'you've got to have knowledge as well. We get people coming in and they don't always see a doctor, they just see us, so you need to know what you're doing'. (Nurse; Site 3) | 23 |
| Team player | 'When I am interviewing, I really try and unpack who this person is. I think getting a nice balance between, obviously, skills that people need, but also having a benchmark or minimum level of looking at how will people work together, really exploring that side of team building. Because skills can be learned and they can be supported, but personality traits, they're not going anywhere, and in very small teams, having the wrong mix of people together is just a recipe for disaster and you can't manage that. Um, so creating teams that actually want to work together and appreciate each other is where it starts and in remote, there is a real pressure around for that'. (Clinic Manager/Team Leader; Site 1) | 20 |
| Approachable/friendly/kind/supportive | '...warm, welcoming, not so pushy as well' (AHP; Site 1) or 'Just an approachable person. Doesn't matter what colour you are. You just have to develop that good relationship and try and get that trust and then you can do your work. If you don't want to do that, then that's going to be hard'. (Care Coordinator; Site 4) | 15 |
| Flexible | 'Because it is a really small team, I think being prepared to be flexible is really important in having, you know, kind of that team mentality and we all work outside probably our defined roles depending on what needs to happen within the clinic'. (GP; Site 1) | 14 |
| Hard-working | '... It's a hard-working job' and 'being willing to take that extra step' (Clinic Manager/Team Leader; Site 6) | 10 |
| Aware of remote practice/living | 'You have to be aware of what you're getting into, when you come to work here. To come work here, it's a mindset'. (Finance/HR; Site 2) | 8 |
| Learning from community | 'I basically think the right sort of staff to attract are those who are willing to learn from the community and, and let them teach us about what they want'. (Clinic Manager/Team Leader; Site 5) | 8 |
| Autonomous | 'So, being out in community you might not have as many resources or people to depend on, so a lot of your problem-solving or your troubleshooting is either by yourself or with someone else. You have to be able to identify an issue, resolve it, come up with best practice, all that's best to fit the client'. (Finance/HR; Site 5) | 7 |
| Open-minded/non-judgemental | '... and not being judgemental – like some person might come to you and like they haven't taken their medications for like 6 weeks. You want to take the time to find out what's happened and how they can minimise that from happening again'. (Clinic Manager/Team Leader, Site 6) | 6 |
| Respectful | 'Someone caring and some respectful, you know, to the staff and to the community'. (Care Coordinator, Site 2) | 6 |
| Inclusive | 'Um, inclusiveness, feeling valued, so really acknowledging everyone in the team as equals. It doesn't matter what position you hold and really reinforcing that we are a team on a daily basis'. (Nurse, Site 1) | 6 |

(Continues)

TABLE 1 (Continued)

| Characteristic | Example | Number of respondents |
|---|---|---|
| Self reliant | 'There isn't much to do after work but I don't mind my own company so that isn't a problem for me, but I know a lot of people who complain about that and say that they can't stay here for too long because of that reason'. (Nurse; Site 5) | 6 |
| Compassionate and empathetic | 'So, someone flexible, compassionate, passionate'. (Clinic Manager/Team Leader; Site 6) | 5 |
| Adaptable | 'I'd personally put that down to, erm, personality and be, you know, adaptable and malleable and all those nice words'. (Nurse; Site 6) | 5 |
| Patient/calm under pressure | 'So, they need to be calm. If you're a really fiery person and you get wound up really easily, you're not going to be successful out there. You're going to get annoyed with the people you're working with and you're certainly going to get annoyed with our mob. Because you want them to have the best health outcomes and you're doing everything that you can'. (Finance/HR, Site 4) | 5 |
| Dedicated | 'You have to be dedicated and you've got to be really committed'. (AHP, Site 2) | 4 |
| Passionate | 'You really, you really want people that are committed and want to be here and passionate about what they're doing'. (Allied Health; Site 3) | 4 |

### 3.3.1 | Local First Nations staff

Several participants mentioned the need and benefit of having staff members who are First Nations and from the community that the clinic serves: '... like it's an Indigenous clinic. They like to see Indigenous people [staff]' (Driver; Site 6). Most participants of a non-First Nations background spoke to the guidance and support First Nations staff bring, which helps them gain trust with the community: 'That's what we need to get the best benefit for the community, otherwise we're doing it our way and that's the wrong way. We need to be doing it their way' (Nurse; Site 3). There were a few comments about there being fewer First Nations staff now that qualification requirements have increased for Aboriginal Health Practitioners.

### 3.3.2 | Male practitioners

A few participants mentioned the need to have more male health practitioners, particularly nurses, employed to improve access to health care for male community members. In consideration of cultural protocols, where patients see practitioners of their own gender, participants mentioned that a lack of male practitioners meant that male community members are not meaningfully engaged by the health service and unlikely to have all their health needs addressed. One commented that a lack of male practitioners contributes to male community members only accessing health care in extreme emergencies, which can negatively impact their health outcomes: 'A lot of the men only come here [to the clinics] when they're half dead' (AHP; Site 2).

### 3.3.3 | Returning short-term staff

Several participants, both managers and on-the-ground staff, mentioned the usefulness of having a bank of regular locums or casual staff. For clinic managers, having a pool of 'regulars' to recruit at times meant that these staff were already orientated to the health service and could add to the capacity of the health service. Returning locums also helped clinic managers support leave for the permanent staff, which prevented staff burnout. They also said there were further benefits for community through improved engagement and consistency of care: 'People that are going to be here for a while or plan to keep coming back to the same clinic are developing relationships with other staff members, developing relationships and trust with the community' (Nurse; Site 5).

## 4 | DISCUSSION

This study concurs with Onnis[15] (p. 1) that 'a sustainable remote health workforce is about an appropriate mix of health professionals with suitable personal characteristics and professional attributes to meet the remote populations' needs'. Attributes found important for remote practice included being adequately trained, culturally competent and having experience in remote, First Nations and primary care while also having ways of working, including practising holistically, being resilient, competent, a team player, approachable and friendly, flexible and hard-working. In addition, having particular characteristics needed in remote health were also strengths, including being a local First Nations or male practitioner and

short-term staff returning regularly. It is hoped that identifying characteristics and attributes desirable for remote practice is useful for future recruitment.

Professional qualifications and experience are key to recruitment in any setting and this study reaffirmed the need for qualifications.[15,21] Cultural competency skills were deemed crucial, as highlighted in other research.[6,13,22–25] The desirable ways of working were many and support previous findings that there is not a one-size-fits-all.[26] Furthermore, the desired blend of ways of working, such as holistic practice and being resilient, a team player, approachable and flexible, seemed to generally underpin cultural competency, teamwork and skills for living in remote settings. Some of the characteristics identified are personality traits, some are approaches to work and most are 'ways of being' that create a culturally competent clinician who is client-focused and works with the team and local community. While desirable in many work settings, these were considered essential for remote ACCHSs.[15] Openly including these characteristics into recruitment strategies is essential.

Previous research has also identified individual attributes as a range of personal traits, approach to remote work and resilience as key to remote practice.[15,27] Eley et al.[16] concurred that resilience and autonomy were important for rural medical registrars while Onnis[15] found resilience, fit to community and fit to the organisation were important for remote workforce sustainability. Like other studies, strategies to manage personal and professional isolation in remote work were raised here.[28] While cost of living, financial motivation and connection to place have been identified as key to recruitment and retention,[15,28–31] they were less frequently discussed among staff working in ACCHSs.

Training for roles in remote clinics can assist in developing a workforce.[22] While experience of remote and First Nations practice were desired, the reality is that the RAN workforce is ageing[1,32] and as these RANs retire, younger nurses will need opportunities to learn about and gain experience in remote practice. Thus, opportunities for learning and gaining experience in remote practice are necessary to expand the workforce.[33,34] However, many RANs have reported feeling 'thrown in,' not being adequately orientated and lacking in cultural orientation.[22,35,36] Nurse transition programs and training roles could assist in expanding the pool of health professionals prepared for remote practice. Further, inspiring younger health professionals to work in remote settings, through training and placement opportunities, could assist to build the future workforce. Similarly, local, First Nations staff were highly desirable in all roles and, as found in previous research, this suggests a need to train, support and employ local First Nations staff in remote clinics.[3] Providing training for First Nations people in their remote community could encourage community members to train and work in their communities.[3,13] As qualifications for AHPs increase, there is a necessity to continue staff training and provide pathways into nursing and other health disciplines.

This study had a large sample and included many remote clinics and their staff. While the majority of the 248 participants did not discuss suitable attributes of remote staff for a range of reasons (newly appointed, did not feel qualified to say, or focused on other workforce topics), 84 participants enabled a detailed discussion. The study also combined interviews from diverse cultures and remote settings, including staff working in small-to-large clinics that served populations between 100 and over 10 000 people, where roles and recruitment varied. A significant limitation is the non-inclusion of the perspectives of patients and community residents who utilise the ACCHSs, although some staff may also be service users. The perspectives of service users about the appropriate attributes and characteristics for remote staff would be valuable. It must also be acknowledged that given the workforce challenges, recruiters often have little choice in who they can appoint to roles in remote health clinics.

The implications of this study are that when recruiting staff to work in ACCHSs, attention to ways of working and community needs are as important as qualifications and experience. The type of person and how they will work with a team impacts the relationships they build, the patient experience, teamwork and retention of both the new staff member and others in the team. Some managers suggested they could identify desirable employees when they applied for positions, but they did not often have applicants with the combination of desirable characteristics. It is recommended, therefore, that more consideration is given to training those who have the appropriate ways of working for remote, First Nations practice. Therefore, long-term investment, rather than only focusing on immediate recruitment, may develop a workforce for the future.

Furthermore, there is much discussion in the rural and remote health literature about the 'appropriate' or 'fit-for-purpose' workforce.[22,37] This analysis contributes to previous research about the appropriate characteristics for a remote health workforce, regardless of disciplines. Given the many qualifications and qualities identified for remote practice along with the systemically high rates of workforce shortage and turnover,[1–4] perhaps the roles (and their scope of practice) within remote practice need to be reviewed?[22,33,37,38] As highlighted in other studies,[1,4,5,7,9,15] these findings call for a long-term strategy to remote health clinic recruitment that includes: health professions training for First Nations residents of remote communities; opportunities for supported remote training for younger and early career practitioners; an increase in

remote health clinical placements for students training in health professions; and significant resourcing of remote clinics for training, teamwork and resilience. It is not until significant investment in remote workforce solutions is achieved that access to health care will improve for these communities.[3,38]

## AUTHOR CONTRIBUTIONS

**Lisa Bourke:** Conceptualization; writing – original draft; writing – review and editing; funding acquisition; methodology; formal analysis; data curation. **Noha Merchant:** Conceptualization; writing – review and editing; formal analysis; data curation. **Supriya Mathew:** Conceptualization; project administration; writing – review and editing; data curation. **Michelle Fitts:** Writing – review and editing; formal analysis; methodology. **Zania Liddle:** Writing – review and editing; formal analysis; methodology. **Deb Russell:** Methodology; writing – review and editing. **Lorna Murakami-Gold:** Writing – review and editing; methodology. **Narelle Campbell:** Writing – review and editing; methodology. **Bronwyn Rossingh:** Writing – review and editing. **John Wakerman:** Funding acquisition; writing – review and editing; project administration; supervision; methodology; conceptualization.

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## CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

## DATA AVAILABILITY STATEMENT

Research data are not shared.

## ETHICS STATEMENT

Ethics approval was received from the Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research (project number DR03171), Central Australian Human Research Ethics Committee (CA-19-3493) and Western Australian Aboriginal Health Ethics Committee (WAAHEC-938).

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