

CHAPTER THREE: METHODOLOGY



Introduction

This is primarily a qualitative research project drawing on the use of in-depth interviews – both face-to-face and telephone - and narratives as its principle method of data collection. Demographic and selected quantitative data were also collected. Our methodology was concerned with the collection of primary data from a number of sources. These included:

- I. Careers advisors, Aboriginal Education Assistants and Teachers from schools that sent students to the Koori Health Careers Residential Workshops in Wagga Wagga in 2002, 2003 and 2004;
- II. Indigenous health professionals, Indigenous academics and Elders who participated in the Wagga Wagga Workshops in 2002, 2003 and 2004 were also interviewed to gain their perspectives of the impact of the residential workshops on the students;
- III. Graduates of the UNSW Winter School and the UNSW Pre-Medicine Program (PMP) were interviewed to elicit their experiences of the programs and their perceptions of the programs' impact on their subsequent career progression; a small number of applicants to the UNSW Pre-Medicine Program who did not undertake the program were also interviewed to elicit their subsequent career progression; and,
- IV. Medical students at UNSW and other health professional post-graduates were interviewed face to face and their stories recorded and transcribed.

The interviews concerning the Wagga Wagga Koori Health Careers Residential Programs were recorded, transcribed, coded manually and analysed thematically. The conversational style of the interviews, using a standard interview schedule with key open-ended questions, allowed for a strong narrative voice to emerge in the presentation of the findings.

The telephone interviews with graduates of the UNSW Winter School and Pre-Medicine Program used both open-ended and some closed-ended

questions. These were entered into the qualitative software package NVIVO (NVIVO, 2000) where they were coded and the findings presented in both a thematic and descriptive format. In-depth, face-to-face interviews were held with three UNSW medical students in Sydney, two post-graduate health professionals in Canberra, and a health professional in Sydney. These interviews were recorded, transcribed and presented in a narrative or story format.

Teleconferences were held every two to four weeks for the duration of the project. This allowed members of the research team who were based in different geographic locations – Sydney, Canberra and Wagga Wagga - to coordinate their research and data collection efforts. In addition, there were four face-to-face meetings of the research team, which allowed for a collaboration of data collection, data analysis and write up of the Report.

Ethics Approval

Ethics approval was sought and received from the Human Research Ethics Committee (HREC) at UNSW. Subsequent to this approval, and following further discussions regarding alternative methodologies in order to address the project's aims, it was decided that we would invite medical and other health professional students to provide their stories, as set out in the methodology section. We then sought supplementary advice from the HREC in March 2006 regarding our invitation to medical and other health students to provide their stories, which now comprise the narratives. The issue was how to deal with the inclusion of identifying data instead of de-identified data as outlined in the original ethics application. The HREC advised that it was not necessary to obtain specific ethics approval in order to undertake such an approach, as we had already received approval to interview students for information that would be de-identified, but that we would need to revise our protocol for participant information and consent to include specific consent for the presentation of their stories, that is, for identifying data to be included as part of the study.

A participant information and consent form was developed for participants involved in the narrative

interviews (Appendix D). In addition, a second participant information and consent form was developed for those taking part in the narrative interviews, and thus providing us with 'identifying' data. These participants were required to read their transcripts prior to signing the consent for publication of their stories in the Project Report (Appendix E). **In the end however, a decision was made to de-identify the UNSW medical student narratives.** We followed the above protocol however, for the health professional narratives.

1. School staff and professional and community stakeholders involved with the Wagga Workshops (2002, 2003, 2004);
2. Applicants to the UNSW Pre-Medicine Program (1999-2005) and applicants to the UNSW Winter School (2004-2005);
3. Currently enrolled Indigenous medical students at UNSW and other post-graduate health professionals.

The following table outlines the respondent categories, data analysis used and how participants were recruited.

Recruitment of participants

We identified three categories of respondents, as below -

Table 2 : Respondent categories for field work

Respondent category	Data analysis	Recruitment
Schools staff involved in the Wagga Workshops	Profile of all schools that sent students to Workshops	Personal contact ¹
Aboriginal Education Assistants, Career Advisors, Teachers	Manual thematic analysis of qualitative data	Koori Health Careers Workshop database
UNSW PMP students	Profile of all PMP applicants 1999-2005	Rural Clinical School (Sydney Branch) Medical Faculty student database; Nura Gili Indigenous Programs database
Graduates and Applicants UNSW Winter School Graduates	Analysis using SPSS software (SPSS, 2000); thematic analysis of qualitative data using NVIVO software (NVIVO, 2000)	Winter School database
Currently enrolled UNSW Medical School students	Qualitative data Narrative presentation: collection of stories and personal reflections	Contact through Medical Faculty student database and follow-up meeting at Nura Gili
Health Professionals	as above	Personal contacts

1. One of the members of our team, Sue Sutherland, was Project Coordinator, Koori Health Career Residential Workshops for 2002, 2003, 2004



Applicants to UNSW Winter School and Pre-Medicine Program

The UNSW Winter School for Medicine (and other faculties) commenced in 2004. This one-week residential program provides high school students in the final years of high school (NSW Years 10-12) with the opportunity to learn about the options for university study in a range of medical and other health professions in a culturally safe and engaging program of educational and social activities. The target group for interviewees for this project were graduates of the Winter School Program for 2004 and 2005.

All students who attended the UNSW Winter School in 2004-2005 and the UNSW Pre-Medicine Program during 1999-2005 were contacted. Contact details were obtained from the Rural Clinical School data-base for the applicants to the Pre-Medicine Program and the Nura Gili database for applicants to the Winter School Program. The process involved an initial contact to determine how many of those students on the original database were still contactable, a follow up contact to set up an appointment for interview and, finally, contact to conduct the interview. Those able to be contacted were telephoned and invited to participate in the project. If they agreed, a date was set up for an interview. Only those students who had indicated their interest were subsequently phoned to arrange an interview time.

In total, nineteen students were accepted into the Winter School Program in 2004 and 2005. Thirteen of these were contactable, and 12 interviews were completed with this cohort – a 63% response rate for graduates of this program, and a 92% response rate for those who were contactable.

The UNSW Pre-Medicine Program (PMP) commenced in 1998 and has continued until the present time. PMP is designed for intending medical students to familiarise themselves with both the university environment and the specific content of the first year of study in medicine. For some students this experience further refines their intended career into something other than medicine. For others, it leads to attendance at other universities' medical schools.

Although the PMP commenced in 1998, the study sample selected for this project were applicants to the PMP for the years 1999 until 2005. Since our only means of contact was to utilise the information from the PMP database, it was anticipated that contact would only be feasible for those who had applied in the more recent years. In total, 35 out of 100 students were accepted into the program between the years 1999-2005. Fifteen of these were contactable, and ten interviews were completed, representing a response rate of 66% for graduates of the PMP. However, a further eight interviews were conducted with applicants to the PMP who had either withdrawn from the offer of a place in the Program or who had not been accepted into the program. We felt that this group would provide some important insights into how this experience may have impacted on the progression of their interest in a health career.

The interview schedule consisted of both closed and open-ended questions. Questions explored three main areas; students' interest in a health career and where it all began, students' experiences of residential and other career related programs, and, finally, what had been happening for the student since completing the residential program/s and/or schooling.

Prior to the telephone interview commencing, a participant information and consent form was read out to all participants and their verbal consent was obtained prior to interview (Appendix B).

Currently enrolled Indigenous medical students at UNSW

Currently enrolled medical students in the faculty of Medicine at UNSW were contacted by telephone and email and informed about the study. An informal social get together, hosted by Nura Gili was also used to discuss the project and its aims further. Students were invited to participate in the project through face-to-face, in-depth interviews. An interview schedule was developed for this purpose (Appendix C). A participant information and consent form was given to all medical students prior to interview (Appendix D). Once the narrative interviews were transcribed a 'consent for publication' form was distributed to all students to sign to ensure their approval of the transcript and its publication in the Project Report (Appendix E).

School staff (teachers, career advisors and Aboriginal Education Assistants) from schools with students attending residential programs

Information about the impact of university-based residential programs for health careers was also collected in interviews with staff at schools where students attended health careers residential workshops. Schools that sent students to the Koori Health Careers Residential Workshops (Wagga Wagga) were contacted and interviews set up with relevant staff who either accompanied students to residential or who were involved in their application. These schools sent large numbers of students in the middle to later years of high school to residential and were thus well placed to comment on the impact of such programs on participating students as well as reflect on the impact on the wider student body more generally. An interview schedule comprising key open-ended questions and prompts was used for these interviews (Appendix F).

These participants were contacted in person by a member of the research and writing team, Ms Sue Sutherland, who was the Joint Coordinator of the Koori Health Careers Residential Workshops from 2002 to 2004.

Stakeholders participating in Koori Health Careers Residential Workshops

Face to face interviews were conducted with a range of local stakeholders involved with the Koori Health Careers Residential Workshops in Wagga Wagga in 2002, 2003 and 2004. Stakeholders included a group of Wagga Wagga Elders, Indigenous educators and Indigenous health practitioners who all played a pivotal role in the Workshops. Local stakeholders were contacted personally by Ms Sue Sutherland and all indicated their willingness to participate. Prior to interview, a participant information and verbal consent form was read to all interviewees.

Study Limitations

There are several limitations to our findings. Firstly, respondents in the respondent categories are not necessarily representative of the total populations from which they are drawn, or indeed, of other Indigenous people in similar circumstances. All were students whom we were able to contact and who participated in a voluntary capacity. Those we were unable to contact or who were unable or unwilling to be interviewed, would no doubt, have experiences that would illuminate more comprehensively the extent of Indigenous experiences in relation to progressing of career pathways. It should also be noted that the cohort of students interviewed, despite their diversity, constitute what Partington has described as a cohort, '*on the brink of success*' (Partington G, 1997). However, as the findings show, recurring themes across all categories of respondents indicate much commonality of experience, despite the diversity in respondents' particular home, school and community circumstances.

A second limitation relates to recall. Asking people to remember events over time, particularly to a time when they were perhaps teenagers and therefore had many other factors affecting their lives, may lead to under- or over-reporting. On the other hand, it could be argued that life-long decisions, such as choosing a career, may constitute a very important, and therefore memorable, milestone in a person's life.

Despite these limitations, the research provides valuable information about many of the complex issues impacting on career choices and career opportunities, and the factors impinging on individuals as they confront these issues. One of the most valuable aspects of this project has been hearing from the 'Indigenous voice' as a powerful vehicle for engaging a wider audience into the often difficult journeys involved in identifying and progressing desired career pathways.

