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Higher Education Scholarships: A review of their impact on workplace retention and career progression

EMMA FOREMAN, CAROLYN PERRY & AMANDA WHEELER

Griffith University

Abstract

The community-managed mental health sector is facing a crisis. Funding is less certain, demand for services is increasing, and retaining a skilled and competent workforce is proving a challenge. In order to respond to this workforce crisis a literature review was conducted on the effectiveness of higher education scholarship programmes, as a workforce strategy to encourage mental health workers to remain in the community sector and to determine the key elements in the design of a successful scholarship programme.

The review focused on whether undertaking tertiary studies influenced workers' intentions to remain in their chosen area of work and their future career plans; however evaluations on the successful provision of higher education scholarships and their influence on workforce retention proved limited.

The review resulted in the development of a list of key elements that may contribute to the successful design and delivery of an industry focused, higher education scholarship programme.

Keywords: Australia, community mental health, higher education, scholarships, workforce retention

Background

Australia is facing a health crisis due to an impending mental health workforce shortage. There are currently 1.35 million paid health and community service workers in Australia (Community Services and Health Industry Skills Council [CS&HISC], 2012). It is predicted that this workforce will increase at twice the rate of all other industry workforces with the expectation that 1.67 million health and community service workers will be needed in 2015, due to a rapidly ageing population and the retirement of 60% of the Australian workforce within the next ten years (Health Workforce Australia [HWA], 2011). These retirees are likely to access health and community services themselves in the next 20 years, thereby continuing to increase the demand for health services. This demand is

further increased by heightened consumer expectations regarding the availability and standards of services, the rising prevalence of chronic diseases and complex morbidities, and high staff turnover in the health workforce (Carbone, Rickwood, & Tanti, 2011; Ono, Lafortune, & Schoenstein, 2013).

Mental illness, alongside cancer and cardiovascular disease, currently places the greatest demand on Australia's health and community services (Australian Institute of Health and Welfare, 2008). Just less than half (45%) of Australians will experience a mental health problem at some time in their life, with one in five people experiencing a mental health disorder, such as anxiety or depression, in any 12 month period (Mental Health Workforce Advisory Committee, 2011). This is consistent with the World Health Organization's (WHO) report that by 2030, depression is likely to be the second highest global cause of disease burden with HIV/AIDS being the first (WHO, 2008).

Community-managed mental health (non-government) organizations are 'the primary providers of non-clinical services that support people with mental illness to live well and participate in their community' (Queensland Government, 2011). There are believed to be over 800 such services in Australia (Bateman & Smith, 2011) and these organizations work within a dynamic, changing environment (Community Mental Health Australia, 2012) as they strive to meet Australia's increasing mental health needs (Australian Bureau of Statistics, 2009; Australian Institute of Health and Welfare, 2008; Carbone *et al.*, 2011; Mental Health Workforce Advisory Committee, 2011; National Health Workforce Planning and Research Collaboration, 2011). Service users experiencing mental illness are supported by these providers to develop their independence, social wellbeing and physical and mental health in the community of their choice (Andrews, 2005; Department of Health, 2009; James, Chadwick, & Rushforth 2006). However, in response to Australia's mental health needs, service providers advise that they are struggling to meet the current demand for support and are forced to limit their service availability or work longer hours to avoid turning people away (Australian Council of Social Services [ACOSS], 2013).

This sector is also feeling the pressure of Australia's restricted economic climate which is leading to reduced government investment in non-government service provision and consequently, increased financial instability for many needed health services (Productivity Commission, 2010). Organizations are operating in an increasingly competitive market as governments examine their budgets and seek greater efficiencies in cost and service delivery from funded providers (ACOSS, 2013; Department of State Development, 2011; Queensland Government, 2013; Sturgess, 2012). This trend has also been seen internationally, including Canada (Canadian Mental Health Association, 2012), the United Kingdom (Boardman & Parsonage, 2008), New Zealand (Te Kaitataki Mental Health Commission, 2010) and India (Thara & Patel, 2010).

Australia's community-managed mental health workforce is diverse and employs people from a variety of professional and personal backgrounds (Community Mental Health Australia, 2012). The majority of workers are female and over the age of 45 years (Department of Health, 2009; Mendoza & Wands, 2009b; National Health Workforce Planning and Research Collaboration, 2011). Unfortunately the sector is challenged by high staff turnover; low rates of pay; non-professionalized roles; poorly defined career pathways, funding insecurities and inadequate access to continuing education and training (Aarons & Sawitzky, 2006; Akingbola, 2004; Andrews, 2005; ACOSS, 2013; Carbone *et al.*, 2011;

Cuthbert & Basset, 2007; Doessel, Tonmukayakul, & Williams, 2011; Harkness, Bower, Gask, & Sibbald, 2007; James *et al.*, 2006; Maxwell-Crawford, 2011; Mendoza & Wands, 2009b). Mendoza and Wands identified in 2009, that 40% of the mental health workforce had less than two years' experience in the field, and 30% were considering leaving the sector in the next 12 months. Similarly, a 2007 New Zealand study found the average length of employment was 3.7 years, with 25% of the workforce having less than 12 months experience (Platform, 2007). On a positive note, individuals report that they are attracted to working in this sector based on their personal value of the work, interactions with consumers and their belief that they can make a difference in the lives of people experiencing mental illness (Mendoza & Wands, 2009b; Newton, Still, Stewart, & Croaker, 2009).

In order to effectively maintain workers in this sector, employers will need to consider a range of contemporary strategies to meet the emerging needs of the workforce (Dubois & Singh, 2009; Health and Community Services Workforce Council [H&CSWC], 2013). Examples of workforce initiatives that have been designed to maintain current employees include: the provision of flexible work arrangements (Queensland Government, 2007), use of mentors, leadership and management programmes (HWA, 2011; Mendoza & Wands, 2009a), competitive remuneration and salary packing arrangements (Productivity Commission, 2010; Charlesworth & Marshall, 2011), workload negotiations (Happell, 2008), active marketing on the value of mental health work (Department of Health and Ageing [DOHA], 2013; Gallon, Gabriel, & Knudsen, 2003), articulation of career pathways and advance practitioner roles (Dubois & Singh, 2009; Duckett, 2005), and the provision of further educational opportunities and qualification attainment (Cuthbert & Basset, 2007).

In terms of education, the community-managed mental health workforce displays a broad range of qualifications from vocational to tertiary and postgraduate qualifications. Fifty per cent of the workforce surveyed by Mendoza and Wands (2009b) reported that they held a tertiary qualification, and 52% of staff in senior manager roles held postgraduate qualifications. Similarly, the Mental Health Non-Government Organisation Workforce Project by the National Health Workforce Planning and Research Collaboration in 2011, found a high level of education within the workforce with 9.7% holding a Master degree, 15.8% a postgraduate certificate or diploma, 31.6% a Bachelor degree and 27.7% a Certificate IV qualification. Gethin and Deakin (2006) observed in their training analysis that 70% of the workforce had a tertiary qualification, but only 32% reported that they had a mental health qualification. Furthermore, 83% indicated they were interested in seeking further mental health qualifications to support their current skills and experience (Gethin & Deakin, 2006). CS&HISC (2012) believes that 'over time, the community or not for profit sector is becoming increasingly professionalized, and the demand for staff with higher qualifications is expected to continue'.

Professional development and a culture of lifelong learning, including continuing and further education may be influential in attracting and maintaining the health and community service workforce (Cryer, 1998; Gallon *et al.*, 2003; Howard & Gould, 2000; Kingdon, 2002; Rambur, McIntosh, Palumbo, & Reinier, 2005). The provision of scholarships for further education is one strategy proposed to retain workers (Department of Health, 2009; Duffourc, 2006; Gethin & Deakin, 2006; Huang, Macbeth, Dodge, &

Jacobstein, 2004; Perlino, 2006). Scholarships are defined as financial support to individuals to be used for the purpose of meeting their educational costs and course fees (Pathman *et al.*, 2000). How effective scholarships are as a strategy in retaining workers in the mental health sector and for what period of time, are as yet unknown.

Therefore the aim of this article is to review available literature to determine key elements to be considered in the design of a successful postgraduate education scholarship programme and to explore the outcomes from previous higher education initiatives with regards to supporting workforce retention and ongoing career intentions.

Method

A review of the literature was undertaken between March 2013 and April 2014, using the following databases: PubMed, Medline, Informit, ProQuest and Psychinfo. Peer-reviewed literature, written in English, was sought from 1 January 2000 to 30 April 2014. Search terms included: higher education, tertiary education, postgraduate education, scholarships, career intentions and workforce retention. National and international grey literature, from within the same time period, was sought to identify scholarship programmes coordinated by peak agencies, government bodies and other providers. The inclusion criteria were: full text papers written in English, subjects relating to higher education or scholarship initiatives as a workforce retention strategy, or the influence of higher educational qualifications on career intentions. A total of 489 journal articles were retrieved through the initial search, with 12 being initially selected for closer review.

Early in the review, it was identified that the literature on postgraduate education scholarships was quite limited, and so a further scan of the literature on scholarship programmes in relation to undergraduate qualifications was made, bearing in mind that these programmes tend to be offered to students upon leaving secondary education and prior to their entry into the workforce.

Further to the literature review, an interview was conducted with a key individual who holds significant scholarship experience within a university setting, managing over 600 scholarships annually. The purpose of the interview was to explore the administrative and design features of the university's scholarship programmes. The interview was semi-structured and was conducted over the telephone, for 30 minutes duration. The interview was recorded and transcribed with the interviewee's permission (personal interview, June 5, 2014).

Findings

The literature review revealed that there is limited research exploring higher education scholarship programmes as a workforce retention strategy, however scholarship programmes do appear to have been successfully applied to a wide range of workforces, including health, the defence forces, community services, supermarkets and education (Australian Defence Force, 2014; Costco, 2013; Hincks, 2013; Kings Supermarkets Inc., 2014; Liou, Kirchhoff, & Lawrenz, 2010; Lyon, Dunn, & Sinn, 2011; Maxwell-Crawford, 2011; Pathman, Konrad, King, Taylor, & Koch, 2004; Sankey, 2008; University of Newcastle, 2014). Recent literature indicates that employees undertaking work related tertiary education tend to remain in the sector longer (Lyon *et al.*, 2011; Mendoza & Wands,

2009a; Murdaugh & Carter, 2010; Perlino, 2006), which is encouraging given that a lack of professional development has often been cited as a reason why employees leave the mental health sector (Harkness *et al.*, 2007; Mendoza & Wands, 2009b).

Nursing is an area where there is significant literature on workforce retention strategies, particularly as concern grows that the ageing nursing population will result in significant shortages and an inability to meet Australia's growing health needs (Jeffers, Moseley, & Paterson, 2008). Jeffers *et al.* (2008) conducted a literature review on the factors contributing to nursing staff retention and found that education, among a number of career factors, was strongly endorsed by the nursing workforce. Participants wished to maintain currency of skills and knowledge through access to continuing education. The authors suggest that employers encourage lifelong learning by improving nurses' fringe benefits and access to education, of which scholarships may be one option. Furthermore, Letvack (2002) suggested that scholarships for ongoing education may be a means to retaining older nurses, but encouraged further research to confirm the effectiveness of such a programme.

Adding to the nursing workforce literature, Cleary, Horsfall, Muthulakshmi, Happell, and Hunt (2013) reported that access to career development opportunities and further education resulted in increased job retention and career satisfaction. The researchers surveyed graduate nurses ($n = 79$), many of whom who rated access to continuing education as 'pivotal to their career development'; however financial constraints and the lack of full time scholarships were listed as impediments. Hungerford and Hodgson (2013) examined a programme whereby participants received a fully funded scholarship covering the course fees of a graduate diploma in mental health nursing. The provision of the scholarships was seen as essential by the authors to support ongoing professional development in the nursing workforce, and to minimize the burden of individuals self-funding their career-related education.

Access to ongoing education has been linked to increased employment satisfaction across the workforce literature (Fabra & Camisón, 2009; Robertson, Higgins, Rozmus, & Robinson, 1999), and according to Rambur *et al.* (2005) is a determinant of career retention. Rambur *et al.* (2005) suggest that this is due to staff viewing their work from a wider, strategic perspective and enjoying increased job complexity and stimulation, resulting in less stress and longer term stability. The study also indicated that an investment in staff education can lead to improved quality of service delivery, therefore benefiting the broader community. Further longitudinal research on whether more highly qualified staff remain in the workforce longer than other colleagues was recommended.

A study conducted in the United States focussed on enhancing the academic health science library workforce at a career entry level. As a means of attracting people to the workforce, scholarships were offered to students interested in pursuing an undergraduate health science librarianship degree (Lyon *et al.*, 2011). There were mixed results in terms of outcome; of the 12 students completing the degree, only three were working in a health science library, and four were working in other academic libraries. Similar to Lyon *et al.* (2011), several studies described scholarship initiatives as a means to attract people into the workforce at a career entry-level, as opposed to maintaining the current workforce (Duffourc, 2006; Oman, Rodgers, Usher, & Moulds, 2012; Pathman *et al.*, 2004).

In an article describing postgraduate education workforce strategies by Schuurs and Amsters (2010), the authors confirmed that there is 'scant literature on evaluation

pertaining explicitly to scholarship programs' and found that it was difficult to measure whether such programmes actually build workforce capacity; a finding similar to the results reported in Hungerford and Hodgson (2013). Schuurs and Amsters (2010) used a brief post-qualification questionnaire after graduation to seek students' feedback on the benefit of their studies to their work in the community rehabilitation field, to their organization and to consumers. Respondents indicated that they expanded their knowledge base and skills, which could be applied in practice and shared with work colleagues. The research did not determine if the course learnings were actually translated into practice, and correspondingly if they increased the quality of service provision to consumers. Further research would be needed to identify the implications of these higher education scholarships on future workforce retention and service delivery.

Pathman *et al.* (2000, 2004) reviewed the use of scholarships and loan repayment schemes over two studies in the United States. In the authors' first study, which explored 29 scholarship programmes, the authors found that these programmes tend not to be formally evaluated as the programme developers often 'lack the funds, expertise and mandate to do so' (Pathman *et al.*, 2000, p. 2085). In their later article, the authors identified that physician scholarship programmes involving obligations to work in under-privileged communities, can assist in retaining doctors in the workforce. However, concerns were also raised that programmes were required to enforce very higher penalty rates, such as the mandatory return of the scholarship payment, to minimize the number of workers who attempted to buy out their obligations in order to work in preferred communities (Pathman *et al.*, 2004).

Buykx, Humphreys, Wakerman, & Pashen (2010) reviewed a number of workforce maintenance strategies and found that financial incentives, including scholarships, encourage workers to remain in their role or in a particular location, such as isolated or rural and remote communities. A key feature within the literature is the tying of scholarships with a commitment to work for a prescribed period of time, or in a specific location or community, particularly in roles that are traditionally difficult to recruit to (Hincks, 2013; Holt, 2007; Masterton, Moss, Korin, & Watters, 2014). Meanwhile, Liou *et al.* (2010) investigated scholarship recipient perceptions regarding their access to financial assistance to progress their undergraduate education. This study found that recipients felt the scholarship influenced their commitment to complete their studies. Scholarship programmes were reported upon favourably, as they appeared to assist individuals who would not otherwise have been able to progress or complete their education. The authors also indicated that scholarships encouraged workers to consider alternate career options, bearing in mind the obligations that are tied to the provision of financial assistance. In their own literature review, the authors also explored the concept that scholarships tend to support individuals who already have the commitment to work in a particular sector. These students use education and scholarships to enhance the satisfaction and personal value they have already experienced by working in their chosen field. The authors recommended that developers of scholarship programmes use a selection process that identifies prospective students, who can demonstrate a high commitment to, and interest in, their chosen field of work, in order to secure these individuals as long-term employees.

Alternatively, Duffourc (2006), identified a number of criticisms with respect to 14 scholarship programmes. These included the range of economic and political influences

behind the establishment of these initiatives, and that the motivation behind the initiation of these programmes sometimes overrides rigorous evaluation. Duffourc (2006) concluded that scholarship programmes can be costly, sometimes only available to a privileged few, and that they deliver poor results owing to a high dropout rate and minimal benefits in terms of long-term workforce retention. Orbeta and Abrigo (2013) also articulated a high dropout in scholarship programmes and questioned the value of such programmes, but eventually concluded that there was a place for well managed scholarship programmes to support valued members of the workforce.

Mendoza and Wands (2009a) further explored the motivations behind scholarship programmes in their training analysis report on the Queensland community-managed mental health sector. This report discusses the increasing integration of community-managed mental health services in the delivery of mental health care to individuals, and the challenges faced in developing the workforce to meet higher expectations and demand. The authors note the benefits of skills development, training, supervision and mentoring, but caution against the provision of a limited number of scholarships when there are greater underlying causes to the high rate of turnover in the sector such as uncertain funding arrangements, limited career pathways and unmanageable workloads.

The majority of the studies examined described the provision of scholarship initiatives to students progressing from secondary education to tertiary education prior to their commencement of employment in the sector. Additional research on the influence of postgraduate education on the career retention of existing workers would be beneficial. This research would inform service managers, human resource staff and policy writers on the potential benefits of providing scholarships as a workforce retention initiative, with the possibility that access to further education will override some of the other workforce challenges faced by the community-managed mental health sector. In this circumstance, increased length of stay in the workforce and an increase in the skills, knowledge and qualifications of staff is thought to translate into the provision of higher quality care to consumers (Cleary *et al.*, 2013). It is acknowledged through this review that education alone is not the only solution as workers' lengths of stay can also be influenced by their current team environment, remuneration, workplace conditions, culture, and management (Akingbola, 2004; Jeffers *et al.*, 2008; Keane, Smith, Lincoln, & Fisher, 2011; Mendoza & Wands, 2009b).

Recommendations

The literature evaluating the provision of higher education scholarships and their influence on workforce retention is limited and requires further exploration. Workforce managers and human resource staff would benefit from the application of longitudinal studies to examine the career paths followed by scholarship recipients upon completion of their study, thereby understanding the impact of higher education on the retention of staff.

The key elements requiring consideration within the design of a successful scholarship programme are outlined in Table 1. As confirmed by Schuurs and Amsters (2010) and during interview with a university scholarship coordinator (2014), there is limited available information within the scholarship literature; however Table 1 summarizes the main points that have been identified.

Table 1: Scholarship programme design considerations

Design elements

Establishment of scholarship programme
1. Clearly define the goal of the scholarship programme and the target workforce.
2. Scholarship applications to include:
    a. a statement demonstrating commitment to the relevant workforce, articulating the relevance of the study to work practice and future career intentions;
    b. demonstration of support from the applicant's employer;
    c. attestation of previous academic abilities or completion of academic entrance test.
3. Scholarships can be tied to a commitment to work for a prescribed period of time, or in a specific location or community.
4. Continuing education scholarships to provide flexible access to vocational, tertiary or postgraduate qualifications according to workforce and individual needs.
5. Active promotion of the scholarship opportunity to the workforce, including traditionally disadvantaged groups to ensure equitable access.
6. Establish a scholarship panel to assess and select successful applicants, comprising of academic and industry representatives to ensure the workforce benefits are maintained.
7. Funding limits established for full or partial scholarship, noting that students may be required to self-fund part tuition fees and associated course costs.
8. Establish time limits on study completion to ensure financial commitments can be maintained.
9. Timely scholarship approval process to enable successful applicants to be advised and to prepare for the commencement of study.
10. Successful candidates to be informed of scholarship in writing, and must accept in writing that they understand the scholarship conditions.

Management of scholarship programme
11. Programme designers to explore procedures for the return of finances or alternate penalties to encourage completion of studies or to provide further scholarship opportunities.
12. Support provided by employer for scholarship recipients to complete studies even if this occurs during the student's own time and outside of paid work hours. Additional support could include flexible work hours, access to resources and technology, buddying with another student or access to a mentor.
13. Ensure satisfactory academic achievement is maintained and determine if leave of absences or deferrals can be supported.
14. Scholarship students to have access to the scholarship programme and academic staff enabling support and mentoring to complete their studies.
15. Scholarship payment is made directly to the academic institution for tuition fees, not to individuals.
16. Offer career pathway planning towards completion of study as a potential means to advance the scholarship programme outcomes as a workforce retention strategy.

Evaluation of scholarship programme
17. Track the progress of the scholarship recipients through their studies, monitoring academic progress and experiences, drop out or deferral rates, career intentions and their careers pathway upon completion of their qualification.
18. Review the design of the scholarship programme, seeking out best practice examples, with a view to continuously improving the administrative features and industry impact.

The design considerations outlined in Table 1 are documented to assist in the development of a higher education scholarship programme; however each element requires further evaluation, as many were identified in grey literature and through personal communication, rather than peer-reviewed journal articles. Application and evaluation of the design considerations would strengthen the literature on the steps required to deliver a successful scholarship programme.

Conclusion

This article describes the findings of a literature review that examined the delivery of higher education scholarships as a method to support and maintain an adequate workforce to meet consumer or service demand. The literature is limited and requires continuing exploration and trialling of scholarship programmes. Whether these programmes enhance workforce retention is not yet known, but the mental health workforce crisis continues and requires a determined effort to ensure people experiencing poor mental health have the ability to access community-managed services, provided by staff that are professional qualified, experienced and willing to fulfil this need.

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Disclosure Statement

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Notes on Contributors

Emma Foreman is a Master of Philosophy candidate at Griffith University, Australia. She is currently employed in the mental health field by the Queensland Department of Health. She has qualifications in health science and management. Emma's interests include raising the profile of the community-based mental health workforce and the establishment of professional development pathways for this sector. Email: emma.foreman2@griffithuni.edu.au

Carolyn Perry is a mental health social worker and manages the Floresco adult mental health service in Ipswich. Carolyn completed her PhD at Griffith University in 2008. Email: carolyn.perry@griffith.edu.au

Dr Amanda Wheeler is a Professor of Mental Health at Griffith University. Amanda has postgraduate qualifications in the fields of psychopharmacology and public health and has worked clinically and in research in mental health and addictions for many years. She has a strong focus in education and training of new researchers and practitioners. Email: a.wheeler@griffith.edu.au