Gender differences in recruitment, job satisfaction and retention of allied health professionals in Tasmania

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Background: Allied health professionals (AHPs) are integral to the provision of preventative, diagnostic and therapeutic health care in rural areas. However, there is a national shortage of AHPs, with recruitment and retention difficulties common in rural areas, including Tasmania. With the exception of some professions, women comprise the majority of the AHP workforce. Very little is known about career selection, job satisfaction and retention of male AHPs.

Aim: The study aimed to explore gender differences in recruitment, job satisfaction and retention of AHPs in Tasmania.

Methods: This 2012 research analysed data from the 2008 Tasmanian Rural Allied Health Workforce Study. The survey was posted to 2736 AHPs and an electronic version was placed online. Associations between gender and job selection, workplace characteristics, satisfaction and retention were analysed using univariate statistics and multivariate models controlling for age, years in profession and years in current position.

Results/relevance: A total of 1193 AHPs (44.8%) responded, although 11 were ineligible as the respondent was employed interstate. Mean age was 43.6±12.0 years and 346 (29.3%) were men. Pharmacy (n=162), physiotherapy (n=162), psychology (n=148), social work (n=85) and radiography (n=74) were the most common professions. Men had been in their profession longer (21.2±12.4 vs 17.3±12.2 years, p<0.0001) and current position longer than women (11.4±11.2 vs 7.3±7.6 years, p<0.0001). Men were more likely to report they were attracted to their current position for reasons of location (29.5% vs 22.2%, p=0.008), income level (34.4% vs 26.7%, p=0.008) and type of work (39.6% vs 52.4%, p<0.0001).

There was no difference in the proportion of men compared to women who felt ‘burnout’ (44.7% vs 39.0%, ns), dissatisfied with their job (10.8% vs 9.7%, ns) or intended to leave within two years (21.3% vs 23.8%, ns). However, male AHPs were nearly twice as likely to report locum backfill (RR 1.98, 95% CI 1.37–2.86), participation in clinical rotations (RR 1.38, 95% CI 1.15–1.65) and work flexible hours (RR 1.14, 95% CI 1.03–1.26). They were also less likely to work in chronically short-staffed workplaces (RR 0.85, 95% CI 0.75–0.96).

Conclusion: Salary considerations are important in recruiting male AHPs. However, job flexibility, variety and stable staffing levels appear more important within the context of current positions. This indicates that job flexibility is vitally important not only to female, but also to male, AHPs in rural areas.