

★ Improving outcomes in rural/remote communities through development of the gen Y workforce

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Consumer engagement and experience of mental health care in rural and remote NSW is negatively impacted upon by significant challenges in the recruitment and retention of high performing staff. Mehi/McIntyre mental health service is the most isolated area of the Hunter New England Local Health District (RA3 and RA4 classification) and split evenly between three isolated sites. Issues such as isolation, attrition, low staffing¹ which lead to poor engagement, increase severity and duration of illness and decreased life expectancy² are proven to be barriers to successful service delivery across all services existing in this context. Likewise Mehi/McIntyre experienced high turnover and low position occupancy rates with those who did stay struggling to reflect the organisation's expectations due to these pervasive pressures on staff. Subsequently, performance indicators of consumer experience and engagement sat well below what is deemed acceptable (See table 2).

From the very beginning this projects has always been about responding to the expressed needs of local communities. The team gathered feedback from consumers and community members using internal compliment and complaints processes such as surveys, compliments slips, patient rounding and consumer consultations, and external avenues such as ministerial correspondence, local needs analysis projects and Official Visitors logs. Analysis of this data strongly indicated that the community and consumers want timely and convenient access to quality trained mental health professionals. There was also an emphasised desire that these staff be local and not from part of the larger fly-in fly-out workforce which exists in most rural and remote communities.

As the workforce in the area rapidly ages, it becomes increasingly challenging to find a balance between experienced older staff based locally and new staff to grow and develop in the long term². Previous attempts at recruiting more experienced workers from outside the local area were ultimately proved to be unsuccessful due to the reluctance of mature staff to relocate from their entrenched lifestyles in more metropolitan areas. It was therefore necessary to find new ways to engage the more mobile parts of the workforce, namely the newly graduated generation Y clinicians, in order to increase staff numbers.

Generation Y is the latest generation to enter the workforce³, and with them comes a new paradigm in employee expectations and engagement with the workplace. Whilst younger workers still expect the same competitive pay opportunities, job security and safe workplaces as other generations there are significant differences which require a shift in the ways in which health services recruit and retain generation Y staff³. Firstly one must consider the social consciousness of generation Y employees. Financial reward is no longer the primary driver for emerging clinicians, rather personal reward and self-fulfilment is a far more motivating factor⁴. Loyalty to the service has shifted to the individual resulting in managers and senior staff having to connect and maintain personable connections with staff as well as inspiring and engaging new staff in a vision for healthy communities. It is also important to consider that generation Y expects to change roles every two years, which is at odds with the dominant culture of progression requiring significant investment of time by workers³. Past hierarchical structures within health also flow against the grain with generation Y, who have an expectation of working alongside senior staff as opposed to under them³.

Further to community consultation, further discussions were undertaken with generation Y staff in regards to factors influencing their recruitment and retention, including discussions regarding preferred methods for delivery of education to compensate for the rapidly reducing older workforce and subsequent erosion of shared experience and knowledge associated with this population shift. Key themes identified in this process included the need to record the wisdom and knowledge of exiting workers as well as promoting the diversity in available roles and ease at which to move through these in time, the focus on a values based culture and most importantly the need to engage at a personal level with management through-out the entire recruitment and retention process.

Based on a combined analysis of available information, the service set about reviewing the ways in which it promotes itself to potential employees and subsequently engages them through to stable employment. KPI data was reviewed across a number of domains referencing FTE management and the quality of the consumer's experience of care impacted upon by reduced and unsupported staffing. This was then compared to research data from research papers which showed similar trends and highlighted factors that were underlying the trends being witnessed. Staff rounding allowed us to gain a better qualitative picture of what was currently occurring, and what staff required in order to provide quality care for local consumers. Rounding with new staff and exit interviews also allowed for an assessment of our current practices and what we could improve in order to address recruitment and retention. Review of IIMS data also informed us as to the common themes surrounding times when consumers experienced less than optimal care. Our investigation highlighted the absence of NSW Health CORE values (Collaboration, Openness, Respect, Empowerment)⁵ which began in the recruitment and retention of generation Y staff and then reflected onto the work that was being done with consumers.

Focusing on values-based recruitment and retention redesign, this project has reformed the methodology by which the service attracts and nurtures staff with a firm focus on improvement across a range of domains which are indicators of quality customer service. When making critical decisions regarding the redesign the project team would refer back to the original question of what qualities should we seek and develop in new staff which will in turn deliver the type of services our communities and consumers expect from our service. This resulted in significant changes to the language and focus used in recruiting as well as the way in which we approached all human resource activities. The result of this was the creation of service culture that delivers the type of services and new staff requested by our consumers and provides the personal connections and motivation to engage for the successful recruitment of the right generation Y staff.

In order to address these issues recruitment, retention and induction were reviewed and redesigned by mapping solutions over CORE Values⁵ in order to attract not only generation Y staff, but generation Y staff who possessed the correct skill mix to successfully integrate into our service focused culture. The result was a series of activities mapped to NSW Health CORE values which promoted the aspects of the service attractive to generation Y workers and those possessing the correct skill mix required for the service.

Table 1 Values based recruiting methodology

	Collaboration	Openness	Respect	Empowerment
Recruitment Phase	<p>Inclusion of Heads of Discipline in Recruitment Phase.</p> <p>Engagement of potential staff with relevant senior staff</p> <p>Build Partnerships with Rural Doctors Network.</p> <p>Collaboration with other local health recruiters to share eligibility lists and line up recruitment episodes</p>	<p>Pre-recruitment packages for interested applicants.</p> <p>Identification of application mentors for interested applicants.</p>	<p>Allocation of management time for engagement of prospective applicants.</p> <p>Review of promotional literature and advertising text based on rounding of all new employees and those placed on eligibility lists</p>	<p>Staff engagement in viral spreading of job advertisement.</p> <p>Inclusion of staff in recruitment process.</p> <p>Offer staff for consultation on application process.</p>
Retention and Staff Development Phase	<p>Use of telehealth to provide additional supervision and support.</p> <p>Community partnerships with social clubs to assist in settlement.</p> <p>Partnerships with other services in larger centres to provide training via temporary contracts to reduce overtime prior to commencement of employment.</p> <p>Development of online knowledge database and forum to capture practice wisdom and knowledge.</p>	<p>Development of clear accountability and process documents for all major workplace activities.</p> <p>Increased support for cluster staff to move between sites to provide physical links around the team.</p> <p>Begin discussions re. career progression in 2 year segments.</p>	<p>Peer mentoring provided to all new staff with focus on local workplace culture and social integration outside of work.</p> <p>Team acknowledgement of completion of induction.</p> <p>Development of relocation plan at point of offer of employment.</p>	<p>Self-directed / paced induction program developed based on mental health competencies.</p> <p>Incorporates corporate requirements as well as local information.</p> <p>Seek and use opportunities to present successes and positive news with the broader health community by all staff.</p>

Key performance measures of quality clinical services were collected over the period of implementation; the over-all effectiveness of the redesign was able to be assessed using indicators first of the quality of our staffing profile and then subsequently measures of consumer experience and outcomes:

Table 2 Project outcomes

	Implementation			
	2010	2011	2012	2013
Vacancy Rate	50%	40%	0%	0%
Percentage of Generation Y workforce	10%	15%	40%	50%
Staff Turnover	55%	25%	10%	12%
IIMS relating to staff behaviour / Complaints	9	3	6	0
Client Contacts (% KPI)	43.7%	66.0%	58.6%	106%
Compliance with Urgency of Response Time	4%	4%	35%	60.9%
Total client contact hours (% hours worked)	28.3%	42.8%	35.8%	48%
% Clients not seen within 91 days	38%	31%	14%	4.0%
Issues raised by official visitors	6	4	0	0

In parallel to this, staff rounding, 30 and 90 day conversations⁶, exit interviews and individual performance reviews, undertaken at the completion of all staff's first three months with the service is used to collate qualitative data regarding individual strategies. MHCOPES, PET machines and patient rounding is also being used to consistently monitor quantitative outcomes from staff recruitment and retention processes and to drive continued refinement of the curriculum for induction of new staff. The results show that the deficits initially identified are now congruent with results across the district, and in some measures exceeded expected targets.

Indicative of this change is the absence of complaints received by the service over an eighteen-month period, and the absence of negative feedback received from regular reviews of the service by the Official Visitors Program. Redesigning our recruitment and retention processes to fully reflect NSW Health CORE (Collaboration, Openness, Respect and Empowerment) values and subsequently become more appealing to Generation Y staff, has significantly enhanced our ability to attract staff of this generation who reflect these values. Through attracting and then fostering staff of a generation who in general engage positively within a values based framework, not only have we demonstrated significantly improved performance in regards to consumer engagement but we have also increased the quality of our partnerships with our key stakeholders. This project has wider benefits for the local community including the introduction of new families to the area as new employees are recruited from metropolitan areas and subsequently improved capacity within the service to engage the community in health promotion activities.

Essential to the process was the implementation of the following strategies to ensure that consistency was maintained and that consumers and the community continued to experience a quality service:

Integration of some components of our redesign into district wide processes

Methodology by which we integrated feedback from heads of discipline and other equivalent positions has been adopted as an area wide process. The work undertaken in creating a self-directed induction package combined with peer mentoring is another example of outcomes from this project being adopted and adapted by other parts of the district. Strong collaborative networks across the district have facilitated feedback regarding adaptations back to the team which has resulted in subsequent refinement of the local package, thus driving continuous improvement of the program. Furthermore, this package is being used as a basis to redesign facilitated orientation training to compliment the self-directed package. Combining this work with improvements made locally to telehealth methods will deliver a complimentary education program deliverable to all clinicians regardless of geographical isolation from larger training centres such as Tamworth and Armidale.

Engagement of existing staff in contributing to the program

By engaging clinicians in the review process for this project, they have adopted a greater sense of ownership and empowerment over the culture within their team. Anecdotally, staff have been implementing values-based strategies within their local work environments to improve social cohesion and professional collaboration, which is subsequently reflected in feedback and outcomes for consumers.

Documentation and creation of resources to support implementation

All aspects of this project have been documented and packaged in parts and collectively as a whole. This has allowed staff to gain greater understanding of the underlying philosophy of the project, supporting greater buy-in from staff and other parts of the district.

KPIs from this project collected through Monthly Accountability Meetings⁶

All measurements used in this project reflect the patient experience and outcomes. When selecting measurements for this project, the team deliberately only selected from those measures which were included in current performance reporting. By doing this all project measures are reported on monthly and relate directly to the teams assessment of performance on a Monthly basis, therefore reducing workload, but increasing motivation for continued development of the project.

Aspects of this redesign monitored through 30 and 90 day conversations, staff rounding and initial PDR⁶

Again by aligning the project with current evaluation and feedback loops for all staff, the team has successfully been able to draw strong links between individual performance and adoption of the principles and activities contained in the project. By tying the project to the familiar for staff, they are able to more easily appreciate the value of engagement in the project and as a result resistance to the project is decreased.

Ensuring that the project could deliver continuous improvement beyond the initial roll-out was a deliberate part of its initial design. Through adoption of the over-all philosophy of this project the service can continue to critically evaluate its internal and external processes to review how it reflects its values to both generation Y staff and consumers through the continuing narrative created as it goes about its business. This allows the team to continue to identify opportunities for further improvements and to think differently about how day to day issues within the service are managed to maintain a focus on values and patient outcomes in line with the expectation of the enraging workforce.

This project has potential to be utilised across a wide range of services both within health and across other service organisations due to its values based structure. Whilst this project occurred in the context of a community mental health service the process and underlying ideology is applicable to any organisation seeking to improve customer service or consumer outcomes through the recruitment and retention of quality generation Y employees who successfully reflect the organisations values. Whilst some of the activities undertaken are specific to the service in which they were created, the redesign process would lead a different agency to create their own series of activities which reflected their own values and context. Some strategies from this redesign have already been taken up by the executive across the district, in particular the method of involving Heads of Discipline in recruiting and use of checklists at key points of care. We have also had enquiries from other mental health services within the local health district regarding taking on some or all aspects of the redesign, particularly the self-directed and mentoring led staff induction package.

Recommendations

1. Development of a government incentive program to attract Generation Y to rural and remote practice linked to HECS repayment assistance.
2. Development of digital blog program for rural generation Y workers to promote rural practice and connect with potential workforce.

References

1. World Health Organisation. Increasing access to health workers in remote and rural areas through improved retention: Global policy recommendations. WHO Publishing: Geneva. 2010.
2. Chisholm M, Russell D, Humphreys J. Measuring rural allied health workforce turnover and retention: What are the patterns, determinants and costs? Australian Journal of Rural Health 2011; 19: 81-88.
3. Piper L. Generation Y in healthcare: Leading millennials in an era of reform. Frontiers of Health Service Management. 2013; 29: 16-28.
4. Willmer D. Gen Y 101. Office pro executive edition. 2008; 1: 8-11.
5. Hunter New England Local Health District. Hunter New England Local Health District Mental Health Clinical Services Plan 2014-2018. HNE LHD: Newcastle. 2014.
6. Studer. (2014, July 15). *Studer Group*. Retrieved from <http://www.studergroup.com>

Presenter

Leigh Philpott is a social worker with ten years' experience working in rural and remote mental health. Whilst working within Hunter New England Local Health District he has taken on a number of senior leadership roles, being recognised at the local and state level for innovation and success in leading positive change for rural and remote communities. He currently holds dual roles within the service as District Service Development Manager and Service Manager for Tablelands and Mehi Cluster. During this time he has overseen growth in recruitment and retention, achieving full staffing in all remote and rural sites within the area, as well as implementation of clinical and operational telehealth programs and processes aimed at increasing effectiveness of leadership and management over distance and improving access for isolated consumers to access specialist mental health services. Firmly committed to improving health services for rural and remote communities, he lives in Tamworth NSW and is currently completing his MBA. In addition to leadership, management and distance technology in health, his other interests include ethics in coercive practice, education and training, health policy and organisational change management.