

Recruitment and retention of allied health workers in rural and remote primary health care

Are the issues understood?

This paper arises from a pilot project investigating the rewards and barriers of rural health work specifically focussing on pharmacists and social workers in small rural towns in nsw and victoria. We are about to include nurses as well to broaden the professional base and have three groups with different work settings and practices to compare between. This paper is a brief review of the literature and an overview of the preliminary findings from the project.

Health status of rural communities

- poorer health
- less access to health services
- lower life expectancy
- higher disability rates than urban areas
- Health status decreases as remoteness increases

Rural/remote health issues have been well documented. The disparity between urban and rural then remote areas has been verified in many ways – death and disease rates, accidents –farm and road, disability rates, access to treatment, technology and transport and cost of all these have been repeatedly noted. Also noted but less often is the views of many rural dwellers that they like their life, location and circumstances.

Australian research aimed at improving rural health status

- Identifies lack of access to services
- Identifies prohibitive cost of services
- Identifies limited health budget
- Identifies recruitment of trained and experienced staff as an issue
- Identifies staff retention as an issue

Research with the goal of improving health status has noted all those things previously mentioned and also includes budget limitations in the provision of services(and the fact that rural/remote services cost more than urban services), retention of skilled and experienced staff and the bulk of the research focuses on general practitioners. For example – what GPs want/need to keep them in rural areas. Also an assumption that they wouldn't want to go there and won't stay.

International research

- Identifies identical issues to Australian research
- Notable exception – Estonia
 - because of the way doctors are allocated to rural areas

issues are similar in relation to health status, problems of rural areas and so on, the way the health system is organised may be different but overall the research findings are strikingly similar.

the exception is the communist country

Similarities between Australia and other countries

- Decreasing infrastructure and other government support to rural/remote areas
- Socioeconomically disadvantaged populations
- Indigenous specific issues
- Workforce shortages
- Commitment to place from residents

romantic notions of rural idyll occur all over the world, cowboys in the USA, farms in England and so on. While the reality may be different from the rhetoric, rural dwellers frequently have a strong commitment to their lifestyle and place not wanting to move to an urban area. Rural areas are not necessarily lesser because of health status

Differences between Australia and other countries

- Size
- Population density

many countries examining their rural health status and workforce issues are not dealing with a country the size of australia or with such a small population. We must ask what impact these factors have when planning for australian health services and when examining other countries approaches

Global recruitment and retention issues

- Workforce mobility has increased
- Industries and workplaces worldwide note staff turnover as a management problem
- An acceptable turnover rate is estimated to be between 10-15%
- Recruiting and training is estimated to cost an extra 27% of an employees salary

recruitment and retention has been identified as a business management problem since the 1950s.

Mobility - no longer delivery boy to supermarket manager same company over 50 year career

Turnover – a management problem and consequently a service delivery problem affecting customers/consumers/clients. Turnover occurs at all levels but most pronounced /highest rates at lower levels e.g. call centre callers, in hospitals – cleaners etc. largest us study conducted in 1977. these groups are the easiest to recruit and turnover quicker however practice of headhunting seeks out higher level employees and contributes to management/skilled turnover.

unavoidable turnover is that related to illness, family commitments and so on. Avoidable turnover is related to employee dissatisfaction, a better job opportunity or organisational problems. research finds that most organisations are unclear what causes turnover and therefore have poorly targeted recruitment and retention strategies.

When a staff member leaves and it takes two years to recruit another a significant problem develops.

27% more to get a new employee while current staff would have been happy to stay for 10-15% more but are rarely offered a pay rise or problem thought about until the person has left.

exit interviews do not usually include a counter offer to stay in the public health system.

Strategies tested

- higher pay – usually not offered in spite of costs associated with recruitment
- greater access to training and professional development – payment of fees etc.
- workplace benefits - incentive schemes, flexible work hours, profit sharing, childcare
- No particular strategy identified as successful

Recruitment and retention issues in health – research findings

- Country people will go back to the country
- City people with country links will go back to the country (temporarily anyway)
- New practitioners who have had a rural/remote practicum experience will go to the country (temporarily anyway)

Broken hill example of new worker sent out with satellite phone and 4 wheel drive and told if anything happens stay with the vehicle

Are the issues understood?

- Global workforce movements
- Economic and structural workforce effects
- Funding biases and constraints
- Planning and policy processes
- These issues are frequently omitted in health workforce research

As discussed previously

global - change in markets and what is produced and where it is produced

Changes in organisation of workplaces – restructuring for example and costs associated with working and not working (family, childcare, travel)

Public Funding is frequently temporary and affected by changes in policy and government. Some needs are addressed by increased or diverted funding others aren't

Planning and policy processes affect health service delivery and the workforce who deliver the services

Issues are big and complex because most projects are profession based or disease based they don't examine the entirety of policy, planning, funding etc issues.

The big issue

- Issues/problems are examined in occupational or professional groups or based on category of disease not from a community development focus.

We believe the key issue to be a narrow focus of investigation and promote a community development approach instead. E.g.

The solution

1. Look at more than one professional group
2. Investigate personal and community factors as well as professional factors
3. Ask the research participants for their solutions to the problem

Preliminary findings

- Community connections are vital
- The way the workplace is organised can support or alienate employees
- Different professions have different ways of working and varying demands placed on them
- Travelling time and cost of travel is the biggest hurdle for professional and personal rewards.

suggesting there is no single 'best' solution

Connections are professional support such as supervision for social workers or peer contact and locums for pharmacists.

The workplace management, culture and current state can make working life difficult for employees. For example, restructuring will cause uncertainty, a new graduate may not have sufficient support and burn out with an unmanageable workload. Managers may be supportive or not. Pharmacists are also included in this because although they may be the managers, as new grads they rely on support from the other staff. Pharmacists cannot leave the shop.

Why including nurses – workplace is different, regimented by shifts potentially lack of decision making.

Personal and social factors that reward rural health workers are the same across two professions but working conditions are very different.

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