Developing an evidence base to underpin rural workforce policy in allied health

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Aims: To develop a theory underpinning rural workforce policy development in the allied health (AH) professions across public and private sectors.

Methods: The Rural Allied Health Workforce (RAHW) survey collected data in New South Wales (NSW) between 2008 and 2009, including demographic, employment, education, and recruitment and retention characteristics. Six follow-up focus groups held across regional centres in NSW were analysed thematically. Focus group results (which have been reported elsewhere) were triangulated with survey data using logistic regression modelling to predict intention to leave in RAHW public (n=833) and private sector (n=756) respondents.

Relevance: Policy initiatives to improve recruitment and retention of rural health professionals have relied primarily on evidence obtained from rural doctors, most of whom practice under a private business model. Much of the literature on the rural AH workforce focuses on the public sector, even though AH professionals work in a variety of public, private and non-government organisations. Different policies and models may be appropriate for different health professions and sectors, and consideration should be given to this in recruitment and retention strategies.

Results: Private practitioners were older (mean age 47.0 years) than public workers (mean age 41.9 years) (t₁₅₇₈=8.55, p<0.001) and were more likely to be male (69% private, 31% public) (²₁=117.68, p<0.001). In logistic regression modelling, high clinical demand predicted intention to leave in both the public (p<0.001, OR=1.40, CI=1.08–1.83) and private (p=0.004, OR=1.61, CI=1.15–2.25) cohorts, yet the ability to get away from work did not predict intention to leave in either group.

Compared with 40–50 year old respondents, 20–30 year olds in the public sector were 3.72 times more likely (p<0.000, CI=2.43–5.69) and private practitioners 3.38 times more likely to leave (p<0.000, CI=1.98–5.77). Respondents aged over 60 years were also more likely to intend leaving (public p<0.001, OR=35.41, CI=8.22–152.51 and private p<0.001, OR=7.38, CI=4.37–12.46). In the public cohort only, 30–40 year olds were significantly more likely to intend leaving (p=0.002, OR=1.88, CI=1.20–2.95). Professional isolation (p=0.004, OR=1.39, CI=1.11–1.75) and participation in community (p=0.008, OR=1.57, CI=1.13–2.19) also contributed significantly to the multivariate model only in the public cohort.

Conclusions: Evidence underpinning workforce planning in the rural AH professions is limited. This paper demonstrates differences between those working in public versus private sectors in the factors affecting intention to leave and supports policy development in alignment with public and private sector service funding models. Effectiveness of policies may be improved through better targeting.