‘Winning the workforce we want’. Will recent funding initiatives impact on recruitment and retention rates of allied health professionals and nurses in rural and remote Australia?

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The recruitment and retention of allied health practitioners (AHPs) and nurses in rural and remote areas of Australia is problematic. Policy-makers face significant challenges trying to meet the health needs of rural and remote Australia by providing access to trained health workers. In 2012, the Rural Workforce Agencies received funding from Health Workforce Australia under the Rural Health Professionals Program (RHPP). The RHPP program is designed to affect recruitment and retention rates by ‘Growing and supporting an allied health and nursing workforce for Rural Australia’. The RHPP supports Australia’s rural and remote health workforce by recruiting new international and Australian-trained allied health professionals and nurses into rural and remote areas of Australia, and into Aboriginal Community Controlled Health Services. Significantly, it then provides them with appropriate support services over a two-year period to improve retention rates. This paper aims to summarise the available evidence on factors that influence recruitment and retention of allied health practitioners and nurses in rural and remote Australia. It will articulate how the program will be implemented in Queensland in accordance with available evidence, and provide some recommendations for the continuation of the program.

A shortage of qualified health workers in remote and rural areas impedes access to health-care services for a significant percentage and often disadvantaged section of the population. This maldistribution of allied health professionals in rural and remote areas creates workforce issues that are exacerbated by the ageing population demographics and increasing burden of chronic disease. There has been a plethora of research investigating the factors associated with recruitment and retention of health professionals, and there is now evidence for AHPs and nurses specifically in rural and remote areas including a workforce retention framework [1-6]. The issue is so significant globally that it has been the focus of a report in July 2010 by the World Health Organisation entitled ‘Increasing access to health workers in remote and rural areas through improved retention’[7]. It is paramount that the research, evaluation of existing service providers, and current frameworks and tools are considered so that a raft of strategies required to enhance the recruitment and retention of allied health professionals and nurses in rural and remote areas can be designed. The choice of interventions to be included as part of the RHPP roll out in Queensland is being informed by an in-depth understanding of the health workforce and an analysis of the factors that influence the decisions of AHPs and nurses to relocate to, stay in or leave rural and remote areas. Giving due consideration to this will help to ensure the choice of services provided to health professionals are anchored in and tailored to the specific needs of the individual, their profession, the stage of their career and their location.

Allied health and nursing workforce shortages

Allied health professional and nursing shortages in Australia have been documented widely, a fact which is demonstrated by the list below. This list draws out the allied health and nursing disciplines which are currently on the Department of Immigration and Citizenship Skilled Occupation List [8], thus evidencing that there is demand for these professionals in Australia that cannot currently be met by domestic supply only.

- radiographer
- medical radiation therapist
- sonographer
- optometrist
- pharmacist

- chiropractor
- osteopath
- dentist
- dental hygienist
- dental prosthetist
- dental technician
- dental therapist
- occupational therapist
- physiotherapist
- speech pathologist
- podiatrist
- midwife
- nurse practitioner
- registered nurse
- psychologist
- social worker.

While the patterns of these health workforce shortages vary among professions and jurisdictions, nowhere are workforce shortages more acute than in rural and remote areas. The ratio of AHPs to population falls from 2.66 per 10 000 in capital cities to between 1.41 and 1.81 in regional areas, 1.17 in remote areas and 0.60 in very remote areas[9]. Although the Report on the Audit of Health Workforce in Rural and Regional Australia[10] found that the nursing workforce (Registered and Enrolled nurses), as a ratio of nurses to area population, was evenly available throughout rural and regional areas as a whole, it concluded that the lowest ratio of Registered Nurses to area population was in NSW and Queensland. It appears that nursing workforce shortages are contributed in part by low retention and the transient nature of nurses occupying roles in remote regions. Although positions are eventually filled, recruitment is a constant process and therefore the levels of vacancies remain high. The audit also commented on the nation-wide shortage of midwives in regional and remote areas.

There is a large body of evidence for the medical workforce surrounding the factors associated with recruitment and retention in rural and remote practice. Medical practitioners remain the most studied group, with far less research on nurses and allied health professionals. Following is an overview of factors associated with recruitment and then retention, acknowledging that they are affected by a complex interplay between personal, professional and environmental considerations[11].

Factors associated with recruitment to rural and remote practice

Rural background

It is known that rural background is highly associated with recruitment to rural practice[12-14]. Rural background is thought to be important because it provides health professionals with an understanding of rural values and familiarity with rural ways of life. Having family or friends in rural areas, or having a partner from a rural area, have been shown to be particularly important in the decision to take up rural practice[15].

Intrapersonal factors

There is a small amount of research that has focused on intrapersonal factors as predictors of successful rural practice. For example, Eley et al [16] have shown that rural general practitioners have higher levels of novelty seeking behaviours (curious, impulsive, enthusiastic) and lower levels of harm avoidance (relaxed, confidence in uncertain situations, optimistic) than their urban peers. At the very least,

intrapersonal factors are worthy of consideration when seeking to place nursing and allied health candidates who will be suited to the rural situation. Stage of life may play a role for the allied health professional, but this is not so evident for nursing.

Social and lifestyle factors

Social factors can be both drivers and barriers to the uptake of rural practice. In one study of pharmacists in rural Victoria[17], lifestyle benefits such as better work hours and a good place to raise children were cited as key factors in their career decision. The study group also indicated that the views of their partners were instrumental in their decision to work in a rural location, that it was easier to manage family and work commitments in a rural environment, there was less travelling time required to get to work, they appreciated the community spirit and it was a quieter and friendlier lifestyle.

For some, it is the perception that rural life is associated with a lower quality of life and a boring social life[18]. It should be clear to the applicants what can be expected from rural life, and provides direction to the scope of orientation that should be offered.

Financial reward

The evidence steers us to suggest that incentive programs established to assist in the recruitment of workers to rural regions should consider remuneration as part of the overall package of support offered to each individual. The provision of financial reward to *attract* health professionals to positions in rural and remote areas may also assist to *keep them there*.

There is confirmation that adequate remuneration for the type of work performed in rural and remote areas is correlated to success in recruitment and retention of allied health professionals[19, 20]. What is also very clear however is that retention is largely predominated by professional factors rather than financial incentives.

Nature of the work

The way in which rural and remote practice is perceived by each individual can be what attracts them or acts as a barrier to rural and remote practice. Evidence suggests that there are definite individual differences in terms of the factors that pull people towards rural practice[17]. Being able to individualise and contextualise a menu of support utilising a case management approach to suit each applicant's recruitment and support needs appears to be crucial for success.

Factors associated with *retention* in rural and remote practice

There is a range of literature that supports the retention of allied health staff in rural and remote areas, which is all well synthesised in the Remote & Rural Transition Toolkit that has been developed by SARRAH[21]. Retention is of particular importance in rural and remote regions where staff turnover is often higher than urban locations[9,22]. What is now also evident is that AHPs in rural and remote areas have a higher turnover and lower stability in employment when compared to other health disciplines, where the risk of leaving for rural and remote AHPs has been found to be twice that for nurses[1].

The way that health is practiced in metropolitan areas, rural settings and remote areas differ greatly as the environment and the health issues are different. This creates opportunities for utilising a broad range of skills across the continuum of care where multidisciplinary team practice has a greater focus. Professional, personal and environmental features of rural and remote practice can offer many opportunities but also can present as challenges. The documented challenges below have been adapted from the SARRAH Remote & Rural Transition Toolkit[21], as it is important to acknowledge them if an effective retention strategy is to be implemented:

Professional challenges

- Diversity of clients, with a wide range of clinical presentations (the need to be a specialist generalist)
- Lack of effective management support, including appropriate mentoring and adequate clinical supervision
- Inadequate resources and inappropriate infrastructure
- Poor access to quality IT and communication systems
- Professional isolation due to reduced local access to peers and networks
- Staff shortages and lack of access to locums, manifesting as high workloads and lack of access to leave
- Limited access to professional development
- Limited opportunity for career development
- Inadequate or absent orientation
- Challenges to maintaining confidentiality
- Lack of access to specialist support pathways
- Unrealistic workplace or community expectations

Personal, social and family orientated challenges

- Social isolation, including distance from family and friends and lack of social support
- Lack of social and cultural facilities in the community
- Risk of burnout
- Blurring of personal and professional boundaries
- Finding appropriate employment for partner or suitable education facilities for children
- Cost of travel.

Social and cultural isolation appear to be mediated by the degree of community connectedness experienced by the health professional and that the development of strong personal and professional support networks can balance any negative aspects of rural life[12].

While social and family factors such as proximity to quality education and employment opportunities for spouses are often cited as important, research looking at the medical workforce has consistently shown that professional factors have a higher weighting than social factors in terms of retention. We now have evidence that non-financial incentives are also of more importance to AHPs in rural and remote areas[6].

Strategies to support recruitment and retention

The WHO report[7], Humphreys et al[6] and Services for Australian Rural and Remote Allied Health Professionals (SARRAH) all recommend strategies which should be implemented to address the recruitment and retention issues identified. The following table has been adapted from Humphreys et al[6] and is included here to demonstrate what factors need to be addressed.

Table 1 Summary of the recommended workforce retention framework to underpin specific retention strategies for rural and remote health services

Rural and remote health workforce retention framework	Why is this important?
1 Maintaining an adequate and stable staffing	Staff shortage and high turnover results in frustration and burnout for remaining staff
Appropriate recruitment—selecting the right person	Matching new recruits to positions minimises early exit
Adequate relief/avoiding burnout	Adequate time-out minimises burnout and professional dissatisfaction
Mandated service/ visa waiver	Quid pro quo demonstrates employee is highly valued
2 Providing appropriate and adequate infrastructure	Adequate infrastructure is a requirement for all employees
Ready access to good quality Information and Communication Technologies (ICT) and technical support	Robust ICT is essential for quality performance
Ready access to vehicle	Quality service delivery depends on mobility to respond to needs
Adequate housing	Adequate affordable accommodation is a basic requirement for all staff
Air conditioning	Harsh climatic extremes require amelioration
3 Maintaining realistic and competitive remuneration	Remuneration level is a sensitive indicator of employee mobility
Packaging benefits	Provides some flexibility within salary award levels
Retention bonuses	Indicates value and rewards employees for good service
4 Fostering an effective and sustainable workplace organisation	Employees seek career paths within successful organisations
Good communication	Necessary for effective teamwork
Leadership management role	Highlights scope for career advancement
Employee induction and orientation	Initial entrée can determine employee perception of whether the job is for them
Leadership	Successful organisations reflect vision and strategic leadership
Management and supervision	Efficient management is necessary for effective workplaces
5 Shaping the professional environment that recognises and rewards individuals making a significant contribution to patient care	Employees want to be valued for their contribution
Preception/mentorship program	Confidence can be built and career advancement can be enhanced
Collegial support and supervision	A supportive and harmonious workplace increases professional satisfaction
CPD & conference opportunities	CPD increases professional satisfaction, competencies and efficiency.
Engaging in research and scholarships for academic pursuits	Enhances opportunities for professional satisfaction and career advancement
Degree of autonomy	Enhances confidence and role
Opportunity for promotion and career pathway within organisation/service	Career advancement is an important trigger to move

Rural and remote health workforce retention framework	Why is this important?
6 Ensuring social, family and community support	Fulfilling the needs and satisfaction of other household members is an important aspect of work-life balance

Synthesis of evidence in the literature indicates that in order for support programs to be effective, strategies need to be coordinated effectively and offered as a package[1,6], developed and discussed with each candidate individually. It is essential that the recommendations developed in the literature are utilised to provide effective recruitment and retention support utilising an individualised case management approach.

It needs to be reiterated that although financial incentives and personal support structures are important and necessary to attract health workers to rural and remote practice, evidence suggests that a far greater weighting should be given to the provision of professional support and access to educational opportunities, many of which are employer-related considerations. By ensuring access to a combination of these strategies, and by being able to promote these to the HP, HWQ will play an instrumental role in delivering strategies that have been proven to influence retention of the rural and remote workforce.

Menu of support services

The following is a list of services that have been designed by Health Workforce Queensland to select from, to design a wrap around case managed approach for each candidate placed on the RHPP program. Individual factors such as occupation type, remoteness of the community, financial status, stage of career, dependants and cultural factors all become relevant when deciding which support options would best suit the health professional.

Table 2 Menu of Support Services offered by Health Workforce Queensland under RHPP

Menu of Support Services
General Support Services to all candidates
1. Orientation to Rural and Remote Practice • SARRAH Transition to Rural and Remote Practice Toolkit • Aboriginal Cultural Orientation Program (CUCRH) • Employer orientation—see 'Employer Consideration Checklist' • Community Orientation 2. Accommodation Assistance • Short-term free of charge accommodation • Accommodation-finding services 3. Spouse/ Dependent Services • Recruitment assistance for spouse • List of childcare facilities provided to HP • List of schools provided to HP 4. Logistical Support • Bank account assistance • Access to medical/ health/community services explained • Access to social connections explained e.g. restaurants, sports and recreation, libraries, weekend activities • Assistance with sourcing ongoing local cultural mentoring • Utility connection • Case Manager Allocation • Case Plan formulation • Key contact details given 5. Migration Services • Visa assistance • Family migration • Permanent Residency Application Support • Legal/Paralegal Services 6. Professional Development Pathways • Professional Association identified • Relevant discipline-specific training/ CPD identified • Training goals included in case plan • Assistance to enrol in relevant courses • Community's capacity for IT/ Telecommunications determined

Financial Support Menu Options
1. Relocation expenses • Up to $5000 per IHP upon presentation of tax invoices 2. Accommodation Costs • Rental allowance • Reimbursement of furniture/ appliance purchase costs 3. Visa and Registration Costs • Reimbursement of visa application costs (if successful) • Reimbursement of Registration costs (if successful) • Reimbursement of Professional Indemnity costs (if successful) • Reimbursement of examination costs, if applicable 4. Professional Association Fees • Professional Association Membership • SARRAH membership • CRANAplus membership • Journal subscription 5. Professional Development Allowance • To attend training/ professional development events • Travel and accommodation assistance for PD events 6. Family/ Spouse Cost Contribution • Health insurance fees • Child Care fees • School Uniforms • School resource costs i.e. books • Spouse education costs; courses, travel, materials • English language courses, if applicable • Community program costs i.e. sport, recreation etc 7. Travel Allowance • 2 return flights per annum to designated capital city OR • 1 return flight for HP and 1 for spouse/ dependants to designated capital city (or other location as negotiated) • Reimbursement of petrol costs in lieu of flight costs (if personal car is used) 8. Telecommunications Package • Provision of laptop (up to $3000) • Computer software • Mobile phone handset • Living Away Allowance up to $200 per week depending on location and cost of living

As documented in the section 'Factors associated with retention in rural and remote areas', it is acknowledged that many of the factors that affect retention are not solely under the control of an agency providing support under the RHPP program. For example the challenges of inability to access professional development and lack of professional supervision need to be addressed by employer strategies. It has thus been deemed appropriate to develop an 'Employer Checklist' so that we can liaise with the employer to ascertain their ability to provide appropriate supports themselves. In this way Health Workforce Queensland does not duplicate services already offered, and can at the minimum share with an employer the areas that need to be looked at if retention rates are to be maximised.

It is then essential that over the two year period provided under the RHPP program, there is regular contact between the case manager and the placed candidate, recognising that it is the orientation and settlement support and then support provided professionally across this continuum that is likely to have the greatest impact on retention.

Recommendations for continuation of the RHPP program

The RHPP program has been very successful across Australia, with all states and territories having met or almost met their targets. It is a flexible program, which allows the auspicing Rural Workforce Agencies to adopt a highly individualised and evidence based approach.

It is clear that continuation of this initiative will be beneficial for the relocation of health staff to rural and remote communities, but if recruitment and retention rates are to be more broadly impacted then expansion of the program would be required.

Further recommendations include scaling of the support offered, so that the most remote communities, in RA4 and 5, the professions in most shortage or positions in Aboriginal Community Controlled Health Services receive the greatest financial support.

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