

Retention of nursing and allied health professionals in rural and remote Australia

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The Rural Health Professionals Program

In 2012, Health Workforce Australia (HWA) introduced a new workforce initiative designed to address the shortage of nursing and allied health professionals working in rural and remote locations¹—the Rural Health Professionals Program (RHPP).

As part of this program, HWA has provided funding to the Rural Workforce Agencies in each state and territory (excluding the ACT) to provide a fully case managed recruitment service to eligible candidates including retention support for up to two years (candidates enter into a minimum one year contract).

Since January 2012, more than 315 nursing and allied health professionals, have commenced work in rural and remote Australia under the RHPP.

The national rollout of this new initiative provides an opportunity to undertake research amongst both locally and overseas-trained professionals currently working in rural and remote regions, covering both:

- a range of nursing and allied health professionals
- a range of regional, rural and remote Australian settings.

Current literature

Whilst substantial literature exists regarding issues affecting the recruitment and retention of the general practitioner (GP) workforce in rural Australia, much less has been undertaken amongst nursing and allied health professionals.

A small number of studies relating to retention have been conducted in rural and remote Australia with some allied health professional groups, such as rehabilitation therapists² and occupational therapists.³

Other studies have reviewed data from exit interviews⁴ or broader workplace surveys⁵ to make recommendations regarding the retention of allied health professionals in rural and remote Australia.

Overall however, to date there would appear to be little research focused on factors impacting on the retention of nursing and allied health professionals in an Australian rural and remote setting.

Research aims and methodology

The overall objective of this research program is to identify factors related to the retention of nursing and allied health professionals in rural and remote Australia.

The research comprises a 2-phase program:

- **Phase 1**—a qualitative phase to uncover in depth the range of issues potentially impacting on retention
- **Phase 2**—a quantification of the issues identified through Phase 1, conducted online amongst RHPP-supported nursing and allied health professionals in New South Wales, Victoria, Queensland, Western Australia, Tasmania and the Northern Territory.

The project commenced in September 2012 and is scheduled to be completed in June 2013.

As part of Phase 1, n=15 interviews were conducted during November and December 2012 in Victoria, Tasmania and the Northern Territory amongst professionals who had been in their positions for approximately 3-4 months.

Respondents were selected to include a range of professionals, a range of rural and remote locations, and a range of basic demographics such as age, gender, country of primary health care qualification, civil status, previous rural experience and type of employer (public/ private).

Following this phase, a questionnaire was developed based on the themes elicited from Phase 1. This questionnaire has been emailed to all 240 RHPP-supported nursing and allied health professionals (excluding those in SA), who commenced prior to January 2013.

Fieldwork from this phase is scheduled to be completed in April 2013.

Feedback from the qualitative phase

As stated, the purpose of the qualitative phase of the research was to uncover the range of issues potentially impacting on retention and inform the development of a questionnaire to quantify amongst a larger sample of nursing and allied health professionals.

At this stage, it is too early to present any definitive findings or make any policy recommendations from Phase 1.

This paper therefore briefly highlights some of the reasons why it is important to consider both a range of nursing and allied health professionals and a range of different rural and remote settings.

A range of nursing and allied health professionals

Sometimes we tend to think of nursing and allied health professionals as one homogenous group, and they do share some broad demographic and other characteristics.

The table below presents some of these selected characteristics and how they compare with those of rural GPs.

Rural GPs ^{6,7}	Rural nursing and allied health professionals ⁸
37% female	approx. 90% female
9% < 30 years old at commencement	50+ % < 30 years old at commencement
95% have partner/ spouse	65% have partner spouse
90% have children	35% have children
10% annual turnover	20-25% annual turnover
Often practice owner/ partner	Predominantly wage & salary earner
Work mean 43 hours/ week + 29 hours available on-call (6 hours worked on-call)	Tend to work allocated hours/ shifts
(May require locum support to have time off)	

This highlights different broad populations with different needs.

How many times do we hear that GPs leave rural practice because there are no appropriate schools in the area for their kids? Or because they're fed up with the hours and being on-call every weekend? Or because they can't take a proper holiday due to a lack of locum support?

These are issues that may be of reduced importance as factors impacting on retention for nursing and allied health professionals compared with their GP counterparts.

In addition, there may be differences *between* the various nursing and allied health professions. For example, different professions may have different opportunities in terms of available jobs and career progression.

A range of regional, rural and remote settings

The research program canvasses professionals working in a wide range of geographic settings, from relatively large centres such as Darwin and Alice Springs, to smaller towns located within an hour or two of a large city, to very remote community settings.

It is likely that people will encounter very different challenges—positive or negative—depending on their level of “remoteness”.

For example, health care professionals working in rural and remote areas are often sole practitioners or part of a smaller team than they would be in a city or large town. This may potentially impact on the skills required for the job or the resources available to professionals.

A further variance related to geographic region that may impact on retention is the high cost of housing and cost of living expenses in some remote areas, particularly mining towns.

On the other hand, a remote mining may have a community more accustomed to a workforce comprised of interstate and overseas workers, with a younger overall demographic. Working in such a community may be a very different experience to someone in a rural town in Victoria or Tasmania, for example.

These represent some of the issues which, subject to quantification, may lead to policy recommendations designed to enhance the retention of nursing and allied health professionals working in rural and remote Australia.

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