

The impact and cost of short-term health staffing in remote communities: Is 'FIFO' the cure or the curse?

Background:

There is a dearth of information about the impact of the 'fly in/fly out' (FIFO) and short-term workforce in remote Northern Territory Aboriginal communities which have the worst health outcomes in Australia. Currently, the primary care workforce in these communities is characterised by high turnover, low stability and high use of short-term, temporary staffing. It has been suggested that these high levels of short-term visiting health workers may impact negatively on long-term service sustainability, quality of care, and ultimately, health outcomes.

Aims and objectives:

The aim of this study is to examine the extent to which a high level of short-term staffing in remote communities influences service acceptability to patients, and the impact on permanent resident primary health care staff, service effectiveness and cost.

The specific objectives of the study are to identify the impact of short-term staff on:

- the workload, professional satisfaction and retention of resident health teams in remote areas;
- the quality, safety and continuity of patient care; and
- service cost and effectiveness.

The research team:

Funded by the *Australian Research Council*, this research study is a national collaboration between:

- Flinders Northern Territory: *Professor John Wakerman*;
- Flinders University Centre for Remote Health: *Professor Tim A Carey & Ms Lorna Murakami-Gold*;
- Monash University School of Rural Health: *Professor John Humphreys & Dr Deborah Russell*;
- The University of Melbourne: *Professor Lisa Bourke*;
- The University of Adelaide: *Associate Professor Terry Dunbar*;
- The University of Sydney Department of Rural Health Broken Hill: *Professor David Lyle*;
- Macquarie University: *Professor Mike Jones*; and
- Northern Territory Department of Health: *Associate Professor Steven Guthridge & Dr Yuejen Zhao*.

The purpose of the research:

This study will translate information about costs, quality, service effectiveness and staff motivation into a set of strategies to directly address workforce stability, improve access to health services, and improve outcomes for the most disadvantaged and sickest population in the country.

The study methodology:

The study utilises quantitative data (including workforce turnover, remote clinic utilisation, indicators of primary care quality, hospital admissions, and numbers of medical retrievals), and qualitative methods (interviews and focus groups to investigate patient, short-term and resident workforce experiences) to systematically investigate the research objectives. Further details are available in:

- *Wakerman J, Humphreys JS, Bourke L, Dunbar T, Jones M, Carey TA, Guthridge S, Russell D, Lyle D, Zhao Y & Murakami-Gold L (2016). Assessing the impact and cost of short-term health workforce in remote Indigenous communities in Australia: a mixed methods study protocol, Journal of Medical Internet Research [JMIR] Research Protocols, 5(4): e135.*

The impact of the study:

The study directly informs a Stakeholder Reference Group, and will contribute to strategies to stabilise the remote health workforce. Research findings are already being shared with consumers, health practitioners, health service planners and policy-makers about the impact of 'FIFO'.

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