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Challenges to employing recent nursing and allied health graduates in rural areas

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Background

Record numbers of nursing and allied health graduates are looking for employment due to the expansion in the numbers of students enrolled in these courses over the past decade. Nationally, there is emerging concern that the health workforce may be entering a phase of oversupply and that in some disciplines, the number of health care professionals trained will exceed the job opportunities available (Cusick, 2016; Fay & Adamson, 2017; Jackson, 2016). The potential upside to this oversupply is that positions in rural and remote areas could become more attractive to graduates who have not previously considered a career path outside larger cities. But are these jobs really out there? How can rural health services integrate relatively inexperienced graduates into their characteristically lean workforce?

The employment situation in rural Australia is a complex milieu. For a start, the staffing profile is inherently lean, the skill mix limited (Bowen et al. 2018), and there are few resources to train and mentor students or new graduates. Graduate positions are usually short-term fixed contract positions which means that local health professionals who invest over and above their normal workload to train and support new graduates are unlikely to see a return for their efforts. Employers often tell us that they cannot employ new graduates because they just do not have the additional staff and time required to train them to the level required or to support them in a way that will encourage them to stay. At one extreme, we hear the plea from some employers, 'I'm so desperate, I'll take anyone!' At the other extreme it's, 'no experience, no job'. The matter is compounded by the holistic, lifespan, cradle to the grave continuum of care required in rural practice which differs from the specialties and skill sets applied in urban settings. Rural health professionals operate under a broad scope of practice and require a wide range of advanced generalist skills to assess and manage situations with limited back-up support. The issue is exacerbated by the lack of time dedicated in health curricula to preparing graduates with the requisite skills for rural practice and articulating the differences and opportunities that a rural career path provides.

The influx of new graduates directly impacts the ability of recent graduates to obtain employment. Furthermore, the training and support required for a new graduate can be time and resource intensive and difficult to arrange in the lean rural health care environment. Whilst many important rural health workforce initiatives are aimed at 'growing your own', rural origin students enrolled in

nursing and allied health courses may find it difficult to get jobs in smaller rural health services on graduation where work demands can be high and the scope of practice broad.

Recognising the historic difficulties recruiting health professionals to rural and remote areas and the potential oversupply of graduates, an interdisciplinary team from the UTAS Centre for Rural Health has been conducting an exploratory study to investigate the job opportunities available in Tasmania for recently graduated nursing and allied health professionals.

Aims

The aims of the study were to quantify employment opportunities for recent nursing and allied health graduates across Tasmania; specifically, how many and what type of health professional vacancies were available for recent graduates.

Other aims were to identify the pathways recent graduates have found useful to gain employment; the challenges recent graduates face in finding and securing a position; the knowledge that final year health students have about getting a job after graduating; and the experiences of employers in recruiting, supporting and retaining new graduates. Here, I focus on the number and type of vacancies available to recent graduates.

Hypotheses

- H1 there are employment opportunities for recent graduates in rural and remote areas (and these are specified in adverts)
- H2 employment opportunities for recent graduates will be different for metro v rural/remote and for different disciplines
- H3 job vacancy patterns will be cyclical (over a 12 month period)
- H4 there will be a greater number of locally produced graduates in nursing and allied health than there are advertised job vacancies
- H5 'the rural' (where described) is depicted as a 'lifestyle'

Method

This exploratory study drew on health professional job vacancy data (January – December 2018), ABS census and graduate outcomes data, interviews with employers, surveys of recent graduates, and interviews/focus groups with final year nursing, paramedic, pharmacy, exercise science and psychology students.

Current standard used to assess workforce needs

The monthly Internet Vacancy Index (IVI) is based on a count of online job advertisements newly lodged on SEEK, CareerOne and Australian JobSearch during the month. Advertisements are coded to occupations based on the Australian and New Zealand Standard Classification of Occupations (ANZSCO). The data are seasonally adjusted and trended, and then indexed (January 2006 = 100).

*Health = ANZSCO major groups 2 (professionals) and 4 (community and personal service workers) at skill levels 1 and 2.

Process used in the current study to assess employment opportunities

'Health' job advertisements for Tasmania were collected each week throughout 2018 from 1 January to 31 December. Sources: Initially, for a 4-week trial, 12 web job search sites, 19 professional association websites and 3 newspapers. To increase efficacy, maintain good coverage and remove duplicate sources, these were then reduced to the 6 major (most prolific) web-based job vacancy sources:

www.tas.gov.au
www.jora.com.au
www.seek.com.au
www.adzuna.com.au
www.indeed.com.au
www.gumtree.com.au

Our data extraction tool comprised 25 variables e.g. profession, job title, location, salary, qualifications, contract type, open to recent graduates?

Definitions of key terms

Recent graduates: For the purpose of this study, recent graduates were defined as having qualified to practice in a health discipline within the last three years.

Nursing: The category 'nursing' included registered nurses, enrolled nurses and midwives; categories that are well established in the Australian context.

Allied health: There is no consensus about what constitutes 'Allied Health'. Some definitions relate to the disciplines registered with the Australian Health Professional Regulatory Authority (AHPRA), others to having a Medicare provider number, some that specify the disciplines included, and another that includes any health discipline other than medicine or nursing. For this study, we included more than 40 Health professional disciplines as 'allied health', formed from a consolidated list of professions compiled from:

- Australian Bureau of Statistics (ABS)
- Australian Institute of Health and Welfare (AIHW)
- Allied Health Professions Australia (AHPA)
- Australian Health Practitioner Regulation Agency (AHPRA)
- Tasmanian Health Services (THS)
- National Health Workforce Data Set
- Services for Australian Rural and Remote Allied Health (SARRAH)
- State/Territory government websites

Results

Approximately 4000 nursing and allied health positions were advertised in Tasmania in 2018, for about 5,000 vacancies. Representing 40% of all advertisements, the top five AHPRA registered disciplines advertised (Table 1) were registered nurses, physiotherapists, occupational therapists, pharmacists and psychologists. Excluding AHPRA registered disciplines, the second most frequently advertised jobs were for welfare workers (15.4%). Establishing a clear picture about the positions

available by discipline was complicated by the third most frequently advertised positions being available to multiple health professions (10.1%), and the fourth, to health professional project managers (7.5%), discipline unspecified.

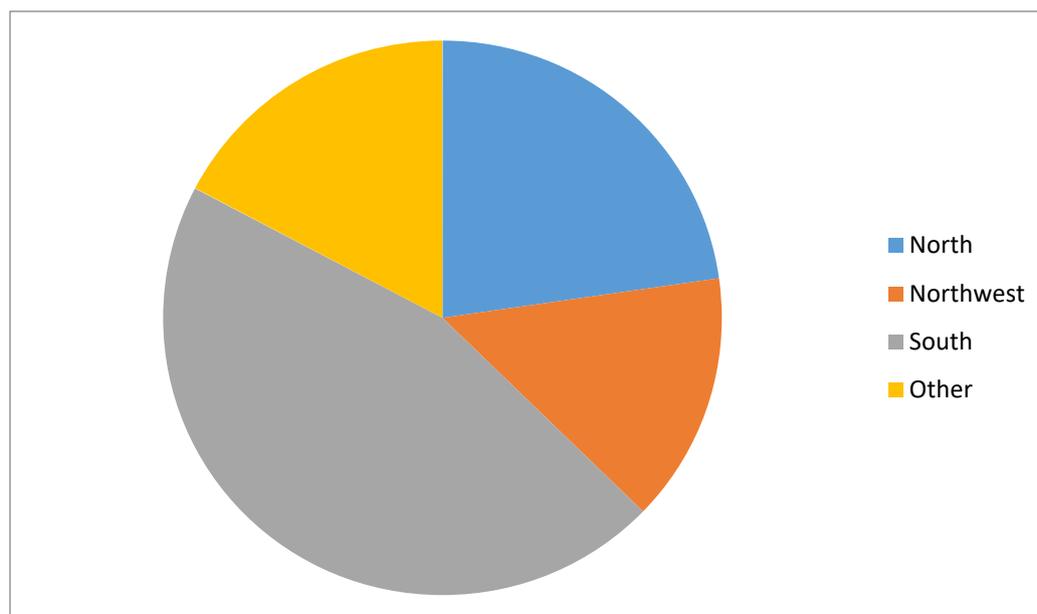
Some vacancies were open to a variety of professions e.g. ‘mental health worker’ could be a social worker, counsellor, psychologist or a nurse. Collectively, other undifferentiated categories such as carers/aides and allied health assistants, comprised an additional 9.6% of the positions advertised. There were relatively few advertisements for enrolled nurses, and very few for midwives, dietitians, speech pathologists, social workers, podiatrists, paramedics, exercise physiologists or dental therapists.

Table 1 Most frequently advertised health care positions by discipline/category

Discipline	Frequency	Percentage	Cumulative proportion %
Nursing	1054	26.2	26.2
Physiotherapy	234	5.8	32.0
Occupational therapy	139	3.4	35.4
Pharmacy	118	2.9	38.3
Psychology	86	2.1	40.4
Welfare workers	619	15.5	55.9
Carers/aide	214	5.3	61.2
Allied health assistants	174	4.3	65.7

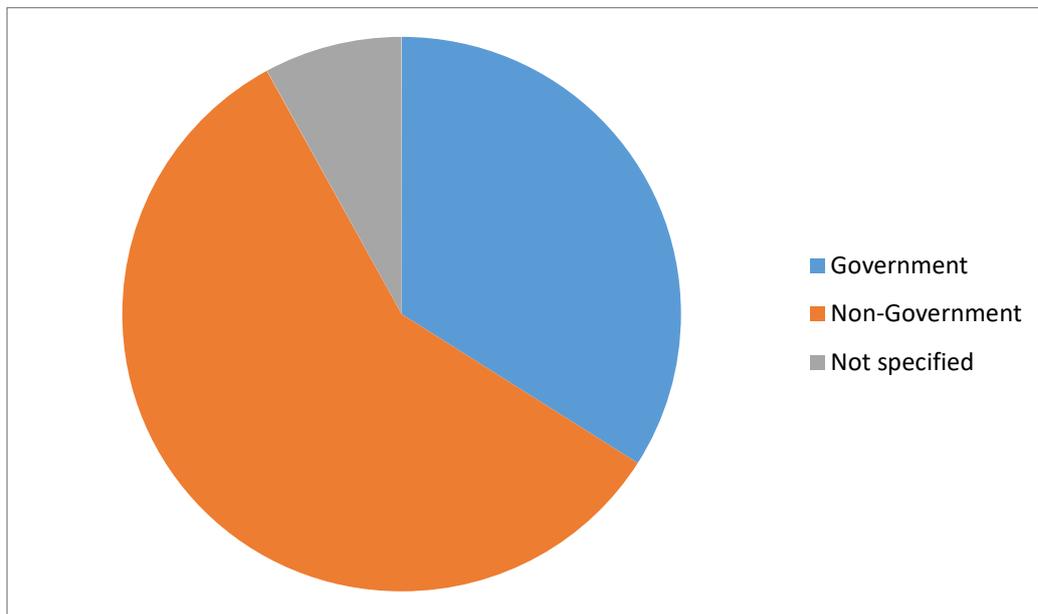
Proportionally, the positions available in each of Tasmania’s three population regions, South, North and North West, aligned comparatively well with the population of each region (Figure 1). However, the situation was blurred by some positions being state-wide, a mix or not specified.

Figure 1 Proportion of job advertisements by region



Approximately one third of the positions advertised were in the public sector and slightly less in the private and non-government sectors (Figure 2).

Figure 2 Proportion of health job advertisements by sector



Approximately half (48%) of the advertisements specified that experience was essential or desirable. Less than 5% of all advertisements specifically mentioned new graduates and only 0.1% stated that no experience was necessary. However, recent graduates may have seen some hope in the number of advertisements (52%), that did not specify whether experience was required.

These key findings suggest that although there may seem to be plenty of job opportunities available in nursing and allied health across Tasmania, that there are relatively few positions for registered health professionals, less than half of the positions available are in rural and remote areas; and very few are available for recent graduates. The opportunities that are available for recent graduates in rural and remote areas may require additional support being provided to graduates, given that their need for transitional support will be compounded by the broader scope of practice that typifies rural health care. Rural health multidisciplinary training programs could be expanded to include additional strategies to support recent graduates during their transition to rural practice, and in doing so, promote the likelihood they will want to continue a rural career path. Providing such support would enable the potential of positive undergraduate rural clinical placements and other rural initiatives to be realised. If rural placements attract new graduates to consider a rural career path it will be a travesty if their interest is undermined by the lack of employment opportunities in rural areas.

Study benefits

Currently data informing 'areas of skill shortage' are based on advertised job vacancies and sampling employers is weaker at a local (micro/meso) level due to scope (all industries) and sampling limitations and procedures.

This study:

- extends on procedures and the sample size used by DSM&E

- provides greater detail/ granularity on health jobs than ABS census data (that uses ANZSCO job classifications) and
- expands the professionals/occupational groupings of the NHWD (which uses AHPRA data and therefore does not include non-registered health professions).

Our aim was to quantify the jobs available for health care professionals in Tasmania, in particular, recent graduates. Though not without some limitations, this has been achieved by improving the quality of the data that describes what jobs are available in what areas and where.

Study limitations

Advertisements do not capture all job vacancies. We know that other methods of recruitment are used, including word of mouth—so how large is the underestimate of positions available? Another unknown, is exactly how many positions are available when multiple positions are cited e.g. ‘nurses’ (we have conservatively coded as 3+). Finally, some disciplines encourage recent graduates to undertake a ‘transition’ program as part of entry to the workforce, whereas others do not, and hence may not mention suitability for ‘new/recent’ graduates.

Conclusion

This review of the employment opportunities available for recent health care graduates in Tasmania, addresses an important rural health workforce issue. As recruitment and retention within rural areas remain problematic for many health professions, quantifying employment opportunities for recent graduates and understanding their employment expectations is critical to workforce planning. Similarly, the recruitment experiences of employers provide useful information for policy makers, and health service and education providers, on the preparation of health graduates and what may be useful to enable their transition to successful employment. Recognising the challenges faced by all stakeholders can help identify opportunities to enhance the employability of new graduates in rural areas, build on existing strategies to foster their interest in pursuing a rural career path and, in the longer term, harness their potential to make a significant contribution to rural health outcomes.

Where to from here? We are continuing to analyse the data from the perspectives of employers’, recent graduates and final year students and working on related manuscripts.

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Presenter

Merylin Cross is a nurse, sociologist and rural health academic. Working in a small rural hospital in Queensland in the 1970s was the catalyst for a career in rural nursing involving everything from clinician to Director of Nursing (Education) and an academic career dedicated to preparing nurses for rural practice. At Monash University, she led the development, accreditation and implementation of a four- year Bachelor of Nursing and Rural Health Practice (2001-2010). She also taught offshore, in Papua New Guinea and Malaysia, which gave her additional insights into rural and remote practice. Recently, her focus has been on rural health workforce, employment opportunities for new health graduates in rural Tasmania, and barriers and enablers to rural placements.