Introduction

There is a well recognised lack of health professionals in rural areas in conjunction with an ageing health workforce. In light of these issues it is necessary to focus on strategies to recruit and retain health professionals in these areas.

The purpose of this study was to explore the personal and professional factors that may impact on a health professional’s decision to engage and/or remain in rural health service work in the mid-north region of South Australia.

Previously known factors influencing rural recruitment and retention of health professionals include early exposure to rural practice, community support and lifestyle factors (Carson & Porter 2011).

Methods

This study gathered a mix of qualitative and quantitative data. Firstly, quantitative data from the ABS Census (2006 and 2011) was analysed to determine what the current demographics were as regards the mid-north rural health workforce.

Characteristics such as age and place of residence/work were compared. Following this the qualitative data was gathered over two days of focused interviews with four allied health professionals living and working in the mid-north (Clare, Jamestown, Balaklava).

Results

Analysis of the ABS Census data revealed that the allied health workforce is ageing in rural areas. Figures 1 and 2 show that a higher proportion of both allied health employees and business owners were in the 50-59 age group as opposed to the 20-29 age group. In the mid-north area there is a large disparity between health professionals nearing retirement and those beginning their careers. This data provided important background to determining the characteristics of health professionals and how recruitment and retention strategies may be targeted.

The allied health professionals interviewed identified common positives and challenges of working in a rural area that must be considered when attempting to maximise recruitment and retention. Significantly, all respondents reported wanting to return to a rural area after a placement experience early in their careers.

Positive aspects included:
- Greater work satisfaction from being able to establish meaningful relationships with clients
- The identification of an obvious and unmet need within the community as a point at which to build a business
- Incentives for business owner-operators such as lack of competition and availability of government small business grants and education
- Opportunities for independence and gaining skills for future career
- Ability to build on their career not only as a practitioner and a business person

Additionally, some of the challenges were:
- Loss of anonymity when living in a rural environment
- Lack of access to small business education remotely
- Need to be highly independent and have the personal skills, an open and accepting attitude, and awareness of the situations unique to rural practice

Conclusions

The results of this study have reinforced previous ideas of what makes health professionals move to practice in a rural area and remain there, such as early exposure to rural practice. They have also identified areas that may be targeted to help improve recruitment and retention such as small business education and support in rural areas.

In light of these findings young allied health professionals may be encouraged to work rurally by the promotion of unique career opportunities and the community support to be found in these rural areas. Additionally links between urban and rural health practices should be fostered to improve communication and practice growth in all areas.

References


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