Allied Health Staff Retention in Rural Australia – Organisational Factors

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Background

Rural Australians suffer from inequitable disease when compared with their counterparts in urban areas. This disparity comes in part from reduced access to primary health care due to a difficulty recruiting and retaining allied health workers into rural areas. It has been proposed that job satisfaction and dissatisfaction are separate, independent measures determined by motivational and hygiene factors respectively (1). We argue that an inadequate supply of these factors in rural areas reduces the health of allied health workers. This leads to less health professionals, higher workload and difficulty recruiting to rural and remote areas, creating a vicious cycle.

Introduction

Motivational factors include greater autonomy, recognition and purposeful work.

Lack of workplace control through lack of resources, administrative support and bureaucratic interference reduces workplace autonomy and job satisfaction (2, 3). Insufficient supervision and work recognition may exacerbate professional isolation and contribute further to work dissatisfaction (4, 5). Furthermore, allied health workers reported that they felt their contributions to the community were not valued (2), representing a high effort-reward imbalance, which contributes to poor health (6).

Hygiene factors include well-managed work structures, social conditions and compensation. Along with job security, research demonstrates work and housing conditions can increase the length of stay in a rural area (7).

Furthermore, a lack of career prospects for spouses and educational opportunities for children seem to weigh heavily in the decision to move rural (8). Additional research shows that an active social life outside of work and emotional support improves mental health (9).

A survey of occupational therapists found that the social sphere was a significant determining factor in retention in a rural community with negative aspects including lack of variety in leisure activities such as restaurants and nightlife and positive aspects being a larger variety in outdoor activities (10).

Most literature discusses burnout in relation to the personality of the individual or social service intervention characteristics; however, an increasing body of evidence suggests that organizational factors play a key role in the health of healthcare workers (11). Job security, better management, social life and work-family balance, coupled with autonomy, recognition and purpose need to be incorporated back into the jobs of healthcare workers. Accordingly, policies are needed to increase hygiene and motivation factors at the institutional level to mitigate the organizational determinants of health. Not only will these be conducive towards better health of an individual, but also of increased benefit to employers, patients and society.

Methods

The Combined Allied Health Workforce (CAHW) survey was conducted between 2008 and 2010 across New South Wales, South Australia, Tasmania and the Northern Territory with the aim of developing a detailed profile of the allied health workforce. A total of 25 allied health disciplines were included across both rural and urban centers and questions focused on demographic characteristics, employment, education, and recruitment and retention characteristics. The Combined Allied Health Workforce (CAHW) data was used in this data analysis.

SPSS software was used to perform statistical analysis on a section of the CAHW dataset. The data selected related to questions that addressed the organisational work conditions of the allied health practitioners. The organisational factors were tested against both reported satisfaction and intention to leave. These were considered measurable variables reflecting staff retention. Chi-squared tests were used as the data was categorical.

The study had full ethics approval.

Results

The factors that correlated to both satisfaction and intention to leave were:

**Promotion:**
From the above finding it might be postulated that having one’s work valued, recognized and acknowledged may result in increased work satisfaction and decreased intention to leave. Where a promotion is not possible other forms of workplace recognition may be equally valuable.

**Chronic Short Staffing:**
There was a 10% difference in satisfaction levels between short and non-short staffed respondents. This difference could also potentially explain the greater workloads inducing stress and therefore decreased job satisfaction thus resulting in a self-perpetuating cycle.

**Good Clinical Support:**
Good clinical support correlated with decreased intention to leave and increased job satisfaction.

Other factors which are relevant to Inner Regional Areas (like Mount Gambier) were:

- **Inadequate Cover**
- **Line Manager Background**

Discussion

Strategies for improving allied health staff retention:
- structured career progression pathways
- achievement and recognition opportunities
- sufficient peer, managerial and team mentoring
- more allied health line managers
- sufficient access to locums and cover

References


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