Trialling a whole-of-person approach for improving retention of rural-based allied health professionals

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This study has been supported by the Australian Government Department of Health through the Rural Health Multidisciplinary Training Programme
Background

- Three types of life/work dimensions influence rural recruitment and retention:
  - Workplace
  - Career-building opportunities and
  - Social /personal

- Dimensions either have a: **Pull effect to attract/stay OR Push effect to leave**

- Strongest ‘pull’ factors identified for attracting health professionals to rural:
  - Rural upbringing
  - Positive and quality rural placement
  - Rural immersion

- Rural health workforce retention studies to date have:
  - Focused on **Medical and Nursing workforces OR Single Allied Health professions**
    - Investigated workplace and/or career-building dimensions
    - Limited research conducted on social / personal dimension
Research question: How do employment and rural-living factors impact turnover intention among early-career, rural-based Community Mental Health professionals in their first few years of working in non-metropolitan NSW?

Methodology: Qualitative Constructivist Grounded Theory

Methods: In-depth face-to-face interviews

Data Collection:
- 9 public hospitals in north-west NSW
- ABS remoteness areas (RA): 3- inner regional (RA2), 4-Outer regional (RA3), 2 -Remote (RA4)
- 26 participants: Nurses, Social Workers, Psychologists, OTS, AMHWs

Key Findings:
- Life stage NOT rural background strongest determinant of retention
  - Early adulthood short retention – <2yrs
  - Middle adulthood longer retention >2yrs++++
- Limited professional/work experience increased adjustment length/intensity
- Newcomers -high level of loneliness in first year – increased for single people, limited rural experience
- Workers MOST vulnerable to turnover:
  - Early career
  - Newcomer
  - Early adulthood
Key Finding: 
Changes in personal & professional satisfaction over time

Adjusting stage
- Workplace
- Career Building – access to CPD

Adapted stage
- Social processes /place
- Career Building - CPD & career progression

![Diagram showing changes in personal and professional satisfaction over time.

Adjusting 0 - 12 Months
- Personal Satisfaction
- Professional Satisfaction

Having Adapted 13 Months+
- Personal Satisfaction
- Professional Satisfaction

Key Finding:
Changes in personal & professional satisfaction over time
The whole-of-person retention improvement framework

- Feeling Settled In & Having a Sense of Belonging to the Local Community & Place
- Working in a Friendly, Supportive & Inclusive Workplace
- Having Opportunities to Build Skills & Access Career Pathways

Organisational / Social Processes / Place / Career Building

Individual
Research question:
Is the whole-of-person retention improvement framework informed by context-specific data an effective approach for improving retention of allied health workforces in rural and regional public health services?

Target allied health workforce
• Early career – 0-3 yrs - all
• 3yrs experience+ ‘newcomers’

Health service goal: Reduce avoidable turnover
Objectives:
• Improve job, professional and personal satisfaction of target staff
• Building organisational understanding of WoP turnover drivers
• Set retention target for early career AHP
Methodology: Participatory Action Research

Methods:
- Initial in-depth Interviews – all participants
- Community Meetings – all sites
- Check-in surveys – AH staff
- Focus groups (Evaluation) – all participants
- Exit interviews – AH staff
Sites:
- Regional - Goulburn Valley Health (GVH)
- Small Rural - East Grampians Health Service (EGHS)

2018 Participants

<table>
<thead>
<tr>
<th>Health service type</th>
<th>Allied health staff</th>
<th>Key Informants</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Early career (0-3yrs)</td>
<td>3yrs + experience</td>
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<tr>
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<td>3</td>
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<tr>
<td>Regional</td>
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<td>Total</td>
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## Example of Recommendations

### East Grampians Health Service – Retention goal for early career AH & Retention Improvement Recommendations

**Retention goal** – A two-year retention target for early career – beginners (0-3 years) at EGHS for AH staff

**Whole-of-Person - Retention Improvement domains:**

| Organisational | 1. Establish an AH educator position |
|                | 2. Develop family friendly workplace policy |
|                | 3. Monitor turnover and retention of target staff group |
|                | 4. Establish a two-year early career (0-3 years) employment support package |
|                | 5. Ongoing training & support for senior clinicians and managers in whole-of-person retention improvement framework |
|                | 6. Develop three year early career employment support package |
|                | 7. Establish relocation incentive package |
|                | 8. Develop recruitment marketing strategy |

| Career Building | 9. Review and improve timelines of recruitment process |
|                | 10. Develop an early career inter-professional learning and development program and training calendar |
|                | 11. Review policy on AH external CPD |

| Social processes/place | 12. Establish a settling in and welcome to town strategy |
|                       | 13. Establish social connection in the workplace strategy |
East Grampians Health Service (EGHS) - Ararat
Recommendation: Develop a whole-of-person early career support program

Design:
- Address the three domains of the WoP framework:
  - Structured into two employment periods:
    - 0-18 months,
    - 19-36 months

Legend: Whole-of-person domains: Workplace, Career, Social processes/place
**Strengths**

- Lean management structure – staff are known by name/as individuals
- Organisational culture of being flexible & responsive to newcomer staff needs
- 8-weeks paid accommodation routinely offered at start
- Small AH workforce – easier to engage/support/check-in
- Only one allied Health team – Community health
- Strong support from Nursing Educator to develop joint training

**Challenges**

- Small AH teams and sole clinicians - supervision, clinical support
- Very transient workforce – many staff only stay M-Th
- Very limited career opportunities
- Acute rental shortages & poor quality housing stock
- Council been hard to engage

**Whole-of-person domains:**
- Workplace
- Career
- Social processes/place
Goulburn Valley Health (GVH) - Shepparton
Recommendation:

*Establish social connection in the workplace strategy*

Design:

- Offer a **range of social activities** in work and out of work hours

Activities in the workplace

- 2018 Mixed AH discipline ‘social’ committee formed – sustainability challenges
- Inter-professional morning teas based on geographic location in health service
- 2018 After-hours social gatherings – mixed uptake and success
- 2019 Broader health service ‘newcomers’ events

Learnings:

- Culturally, life-stage appropriate
- Very transient workforce – stay only Monday-Thursday
Recommendation: Establish a building social connection in the community strategy

Design:
• Initiated social events with other social groups in community
  - ‘newcomers’
  - Local Council provided financial support through existing groups
• Active in council led initiatives
  - participants in Council – Great Careers Happen Here working party

Activities in the community
• Whole-of-community initiative led by Council – Great Careers Happen in Shepparton, Supporting increased social activities
• Ensure newcomers are welcomed
  ▪ Focus on young adults (pre children) 2018 onwards
  ▪ Information portal/website – in development
  ▪ Community champions – recognition that local groups can be unintentionally unwelcoming
  ▪ Sponsored activities/groups - $ for GVYP
• 2019- Expanded focus include older adults & families
Regional health services – Improving AH retention

**Strengths**

- **High level of executive support** (Allied Health and People and Culture)
- **Multiple examples of effective leadership** already - the WoP framework strongly resonated
- **Readiness by AH managers for change** – understand issues - need to progress work in all domains and as a whole-organisation/community
- **Readiness of ‘newcomers’ to engage** with support programs and social engagement activities
- **Very successful recruitment** of participants – strong evidence base

**Challenges**

- **Many layers of governance** - change slow
- **Change ‘overload’ & manager burnout** – major redevelopment also occurring
- **‘New partnership’ between therapies & sciences** - very different roles & work practices/silos
- **Very transient workforce** – many staff stay only Mondays-Thursday
- **Local real estate agent restrictions** for finding rental accommodation
- **High staff turnover** - hard to maintain WoP understanding & forward momentum

**Whole-of-person domains: Workplace, Career, Social processes/ place**
THANK YOU and Q&A


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