



Health Workforce  
Queensland

# WHY QLD RURAL PRIMARY CARE HEALTH PROFESSIONALS LEAVE: PERCEPTIONS FROM THE WORKFORCE

David Wellman  
Keith Palanna  
Christian Hughes





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I would like to begin by acknowledging the First Nations people as the traditional custodians of the lands on which we are meeting today.

I would also like to pay my respects to Elders past, present and emerging, and extend that respect to all First Nations people present today.

# INTRODUCTION



Health Workforce Queensland - the 'Rural Workforce Agency' for the state - part of the Rural Workforce Agency Network.

- Funded through Dept of Health and Aged Care
  - Administer **rural incentive** programs in primary care
  - Deliver **rural-focused education** to health practitioners
  - **Recruitment** service for eligible practices
  - **Support** for remote and rural practices and practitioners
  - Involvement with **health students** to encourage rural practice

Also,

- Involvement with stakeholders in developing **local workforce solutions**

And,

- Production of annual '**Health Workforce Needs Assessment**' report for remote and rural QLD.



# INTRODUCTION

- High staff turnover in remote and rural communities
- Turnover tends to increase with remoteness
- Difficult to recruit new staff

What is known about why practitioners leave a service in remote/rural?

Quite a lot for medical practitioners **BUT** comparatively little for other health disciplines

- Career progression/stage
- Family reasons
- Heavy workload
- Isolation



# INTRODUCTION



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## What information would help?

Identify as many important factors for staff leaving as possible in both categories:

1. **Individual factors**
2. **Workplace factors**

- Ask the existing rural health workforce in QLD what they think are the most important of these in their service/community
- **Stratify** factors
- Investigate whether **remoteness** alters the stratified order?

# METHOD



- Quality assurance project to fulfil reporting requirements to DHAC
- Online surveys for the annual **Health Workforce Needs Assessment (HWNA)** report for rural QLD
- **Surveys** for GPs, nurses, midwives, allied health practitioners and practice managers.
- **Direct email** to practitioners/managers in our database PLUS **links** available on website
- Surveys opened **Sept 2022 to Feb 2023**

**Silver bullet** question: Why have health staff left in the previous year?

- Rating for **19 'individual factors'** and **19 'workplace factors'**
- **Importance Rating scale:** 0 = Not at all important, 100 = Extremely important

# SILVER BULLET QUESTION PREFACE



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“We would like to know what the most important factors are that influence health staff departures in remote, rural and regional QLD. This is in terms of **your service specifically**, if you have had staff departures in the last year, and/or the **wider range of health practitioners in your community**.”

The following questions ask you to rate how important a range of factors attributed to both individual characteristics, such as retirement and professional isolation, and workplace factors, such as workplace flexibility and culture.”

# INDIVIDUAL FACTORS



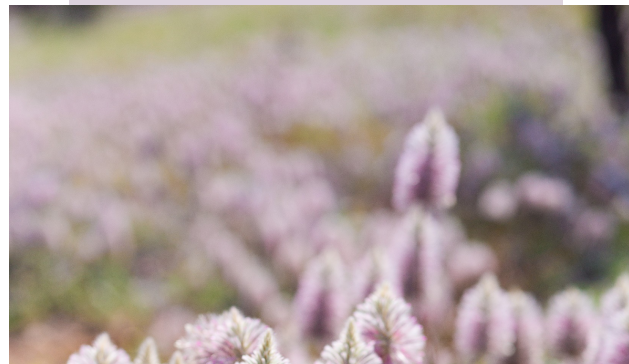
'Please rate **how important** each of the following **individual factors** are as an influence on health staff departures from your service/community:

*(from '0 = Not at all important', to '100 = Extremely important'; Select 'NA' if it does not apply in your service/community)'*

Retirement	Work/life balance	Professional isolation
Partner opportunities	Job security	Career progression
Schooling for children	Job satisfaction	Social isolation
Mental health/wellbeing	Heavy workload/burnout	Lack of required generalist skills
Workplace support for CPD	Inadequate remuneration	Bullying within the workplace
Lack of perceived professional respect	Lack of opportunity to use specialised skills	Lack of suitable accommodation
Lack of access to comprehensive healthcare		



# WORKPLACE FACTORS



'Please rate **how important** each of the following workplace factors are as an influence on health staff departures from your service/community:

*(from '0 = Not at all important', to '100 = Extremely important'; Select 'NA' if it does not apply in your service/community)'*

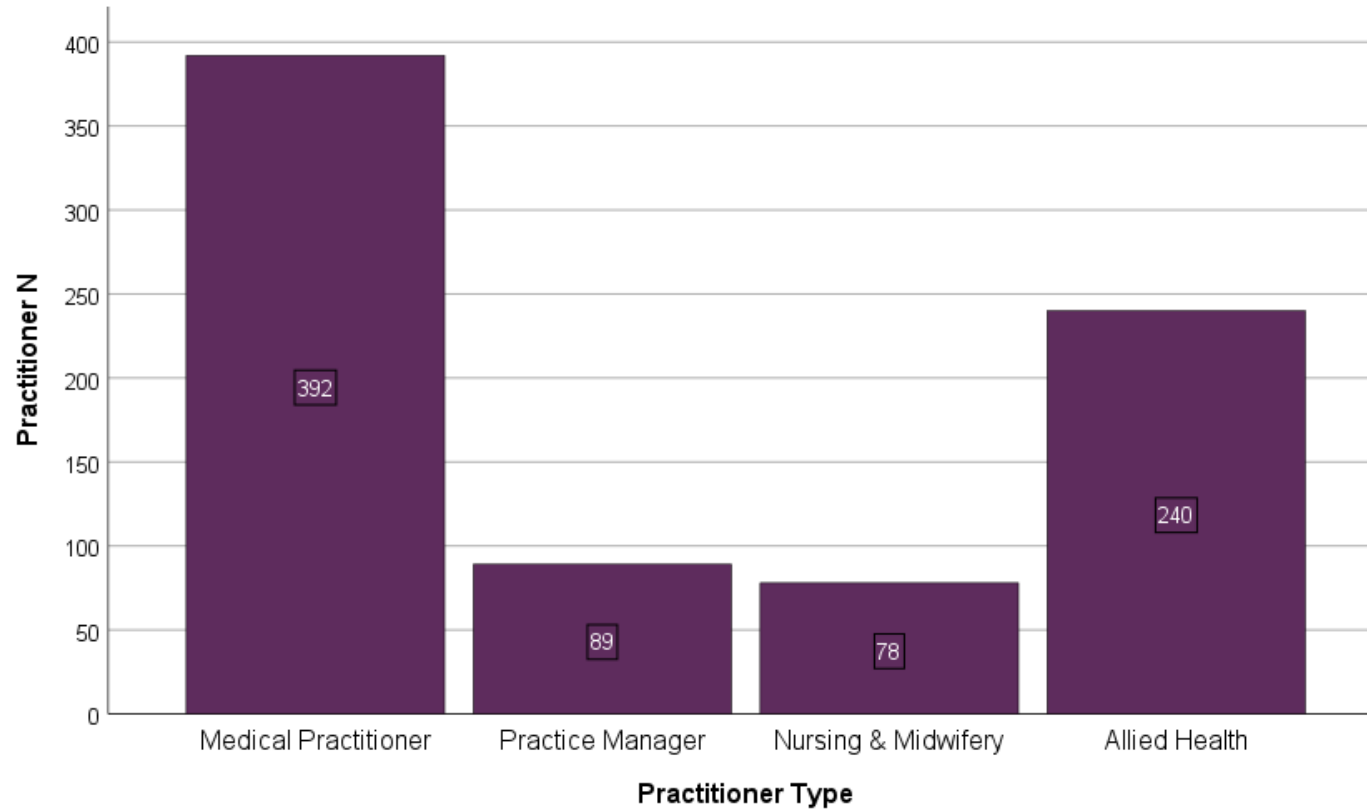
Workplace flexibility	Workplace culture	Workforce shortages
Access to training	Rosters/staff rotations	Locum replacements for leave
Clinical leadership	Operational management	Clinical support
Accommodation difficulties	Communication technology	Patient referral pathways
Scope of practice	Financial incentives/rewards	Inadequate comprehensive healthcare in the region
Leave and entitlement barriers/issues	Physical infrastructure at the workplace	Lack of integration with other services
Community facilities (e.g. childcare, public pool)		



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# RESULTS

Participant  $N = 800$



MM 2, Participant  $n = 245$  (30.6%)

MM 6, Participant  $n = 49$  (6.1%)





# INDIVIDUAL FACTORS

The 10 highest rated individual factors

Individual factors (top 10)	M	SD
Heavy workload/burnout	79.12	22.74
Work/life balance	74.12	24.69
Career progression	72.82	23.56
Mental health/wellbeing	71.74	24.73
Inadequate remuneration	70.59	27.91
Partner opportunities	69.89	26.06
Professional isolation	68.80	26.16
Schooling for children	68.08	28.21
Social isolation	66.24	27.38
Job satisfaction	64.97	28.78

The 9 lowest rated individual factors

Individual factors	M	SD
Lack suitable accommodation	64.15	32.22
Retirement	63.23	28.68
Lack of access to healthcare	61.91	30.34
Workplace support for CPD	58.84	31.07
Lack of professional respect	57.65	32.52
Lack opportunity to use skills	56.85	31.34
Lack of generalist skills	49.43	31.02
Job security	46.62	33.59
Bullying within workplace	46.58	33.19

# WORKPLACE FACTORS



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The 10 highest rated workplace factors

Workplace factors	M	SD
Workforce shortages	75.62	24.05
Financial incentives/rewards	71.66	26.60
Workplace culture	69.62	29.10
Workplace flexibility	67.65	27.61
Locum replacements	66.23	30.05
Accommodation difficulties	65.94	31.07
Access to training	65.49	29.07
Clinical support	64.95	28.11
Operational management	64.31	29.64
Inadequate comprehensive healthcare in the region	62.23	29.69

The 9 lowest rated workplace factors

Workplace factors	M	SD
Clinical leadership	61.50	30.81
Leave and entitlements	60.52	30.86
Rosters/staff rotations	59.53	30.97
Lack of integration with other services	58.74	29.44
Patient referral pathways	58.07	30.93
Community facilities	57.26	31.57
Scope of practice	56.66	30.11
Physical infrastructure at workplace	55.81	31.02
Communication technology	51.87	31.61

# 10 HIGHEST RATED INDIVIDUAL AND WORKPLACE FACTORS



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Rank	Top 10 QLD	M
1	Heavy workload/burnout	79.12
2	Workforce shortages	75.62
3	Work/life balance	74.12
4	Career progression	72.82
5	Mental health/wellbeing	71.74
6	Financial incentives/rewards	71.66
7	Inadequate remuneration	70.59
8	Partner opportunities	69.89
9	Workplace culture	69.62
10	Professional isolation	68.80

# MODIFIED MONASH 3 DIFFERENCES



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Top 10 QLD	M
Heavy workload/burnout	79.12
Workforce shortages	75.62
Work/life balance	74.12
Career progression	72.82
Mental health/wellbeing	71.74
Financial incentives/rewards	71.66
Inadequate remuneration	70.59
Partner opportunities	69.89
Workplace culture	69.62
Professional isolation	68.80

MM 3 Top 10 (n = 66)	M
Heavy workload/burnout (1)	77.77
Workforce shortages (2)	77.26
Inadequate healthcare (22)	73.24
Inadequate remuneration (7)	72.47
Work/life balance (3)	72.35
Career progression (4)	71.70
Locum replacements for leave (14)	70.88
Mental health/wellbeing (5)	70.45
Partner opportunities (8)	70.33
Workplace flexibility (12)	70.04

# MODIFIED MONASH 4 DIFFERENCES



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Top 10 QLD	M
Heavy workload/burnout	79.12
Workforce shortages	75.62
Work/life balance	74.12
Career progression	72.82
Mental health/wellbeing	71.74
Financial incentives/rewards	71.66
Inadequate remuneration	70.59
Partner opportunities	69.89
Workplace culture	69.62
Professional isolation	68.80

MM 4 Top 10 (n = 195)	M
Heavy workload/burnout (1)	77.16
Partner opportunities (8)	74.66
Workforce shortages (2)	74.33
Work/life balance (3)	70.94
Career progression (4)	70.71
Accommodation difficulties (15)	69.97
Professional isolation (10)	69.51
Workplace culture (9)	69.31
Financial incentives/rewards (6)	69.22
Schooling for children (11)	69.18

# MODIFIED MONASH 7 DIFFERENCES



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Top 10 QLD	M
Heavy workload/burnout	79.12
Workforce shortages	75.62
Work/life balance	74.12
Career progression	72.82
Mental health/wellbeing	71.74
Financial incentives/rewards	71.66
Inadequate remuneration	70.59
Partner opportunities	69.89
Workplace culture	69.62
Professional isolation	68.80

MM 7 Top 10 (n = 51)	M
Workforce shortages (2)	79.73
Schooling for children (11)	78.89
Lack of suitable accommodation (20)	75.33
Accommodation difficulties (15)	73.31
Heavy workload/burnout (1)	73.21
Locum replacements (14)	73.11
Workplace culture (9)	72.89
Work/life balance (3)	72.66
Partner opportunities (8)	71.54
Operational management (19)	70.28



# COMMENT THEMES (N = 122)



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Workplace culture (*n* = 42)

Community/lifestyle (*n* = 33)

Remuneration/costs (*n* = 24)

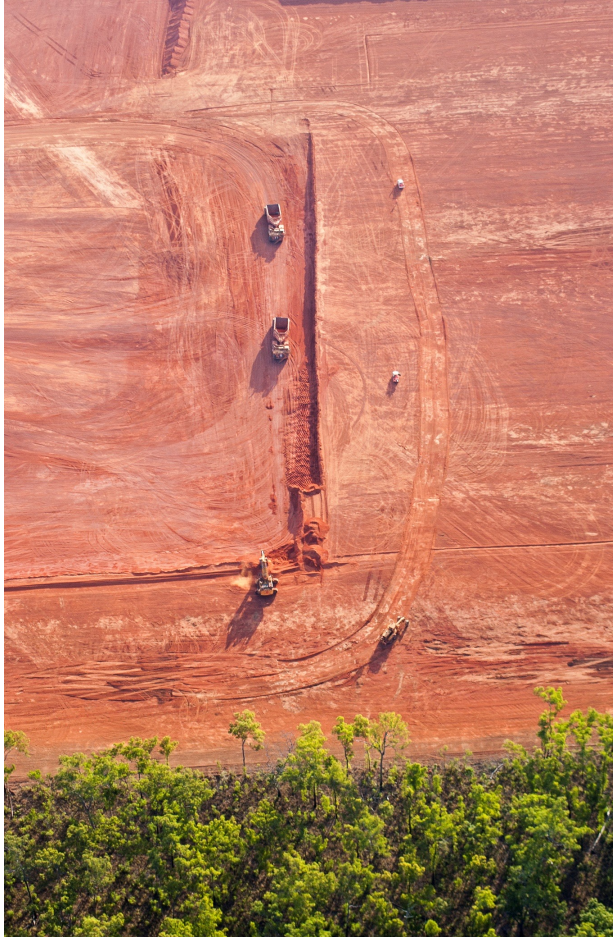
Workload/burnout (*n* = 19)

“Poor pay, poor training for new staff and lack of support for existing staff.”

“Lack of accommodation and cost of living an issue.”

“Work-life balance doesn't exist for many, leading to decisions made to sacrifice personal health (physical, dietary, mental, spiritual needs, etc), in an effort for clinicians to try and provide their own families whatever is left over.”

# DISCUSSION



Stratification of perceptions of the existing rural workforce has provided another viewpoint to improve understanding of reasons for staff departures

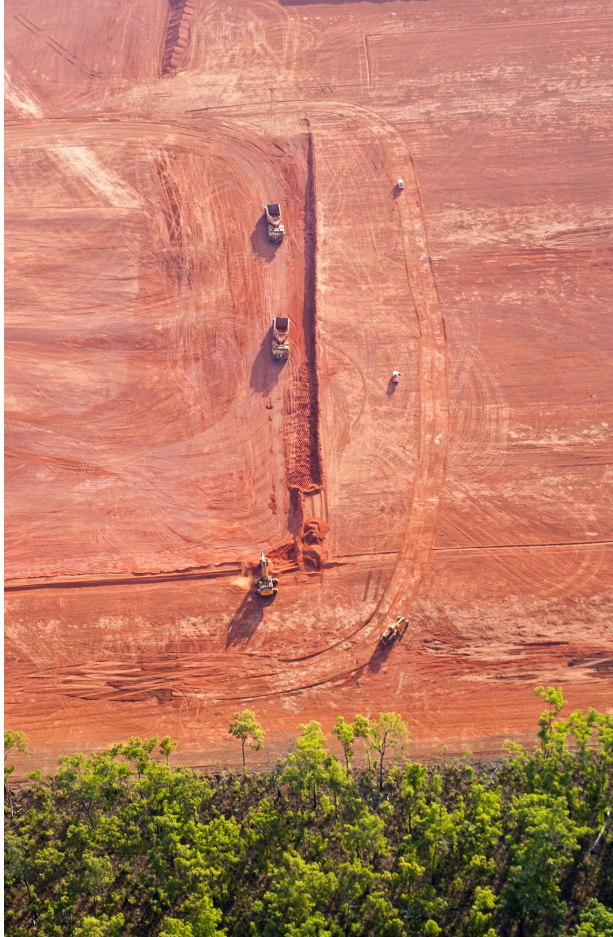
Important learnings:

- Staff shortages and Heavy workload/burnout major contributors to staff departures
- Work/life balance and mental health/wellbeing
- Career progression is difficult for remote and rural practitioners to achieve while staying rural
- Financial factors were important but not the most important
- Workplace bullying ranked lowest
- Use of existing skill sets or the need to develop further skills was not seen as an important contributor to departures.
- Geography matters

# DISCUSSION



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For remote and rural managers and workforce planners, where are the most impactful places to start reducing staff turnover?

- Consult with the community of health workers involved
- Identify the important individual and workplace factors that may promote longer stays in that community.

**Shortages and Workload** appears a universal aspect - Can anything be done to restructure employment?

**Remoteness** of a community may impact potential strategies:

What our results suggest:

In smaller rural **MM4** communities - workplace culture, support partners and/or improve accommodation options.

In very remote **MM7** communities - support partner employment (e.g. improve IT to enable partners to work remotely), improve accommodation options (working with others such as council or government) and develop a pool of locums to improve leave coverage for staff.



# THANK YOU

Learn more!



PRESENTATION TITLE