

# Issue in Focus: Remote and Rural Workforce Turnover

The 2023 [Health Workforce Needs Assessment \(HWNA\)](#) survey investigated practitioner and manager perceptions of why health staff tended to leave health services in remote and rural Queensland in the previous year. Responses were received from approximately 550 practitioners and managers.

The survey included two questions to gauge practitioners and managers perceptions on factors impacting health staff departures in their service/community in the previous 12 months. Question one asked survey participants to rate the importance of a total of 19 individual factors outlined in Figure 1 that could impact health staff departures. Survey participants were asked to respond to each factor along a 101-point scale from '0 = Not at all Important' to '100 = Extremely Important'.

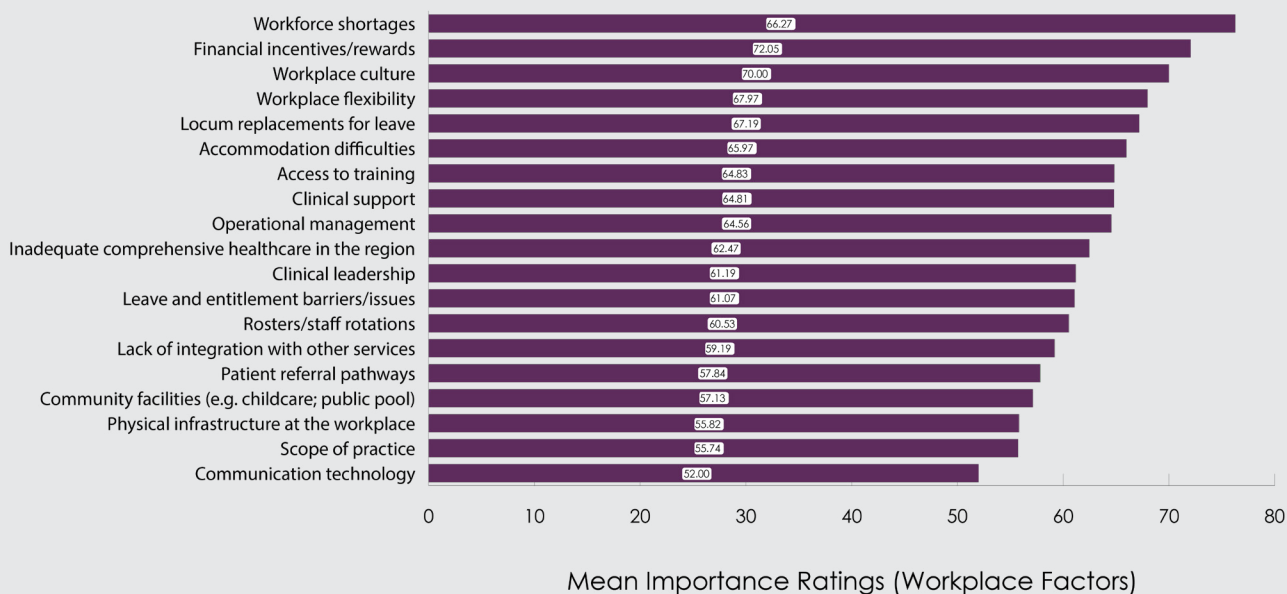


**Figure 1: Mean importance ratings for individual factors influencing health staff departures**



All individual factors recorded importance ratings of 50 or higher indicating general agreement amongst participants of the importance of these factors. Participants identified 13 individual factors that had importance ratings higher than 60. The higher scores reflected greater agreement among participants about the importance of each of these factors on health staff departures. The highest importance rating means (all above 70 points) were for heavy workload/burnout, work/life balance, career progression, mental health and wellbeing, and inadequate remuneration.

Question two asked survey participants to rate the importance of 19 workplace factors that could influence health staff departures outlined in Figure 2 below.



**Figure 2: Mean importance ratings for workplace factors influencing health staff departures**

All workplace factors influencing health staff departures recorded importance ratings means of 50 or higher, which indicates overall agreement amongst survey participants that the factors may be contributing to health staff departures. Of the 19 factors, participants rated 13 factors higher than 60. The highest workplace rating means were for workforce shortages, financial incentives/rewards and workplace culture - all with means of 70 or more. Workplace flexibility, locum replacements for leave and accommodation difficulties had means higher than 65.



## Comments about health staff departures

In addition to the above ratings, there was also an opportunity to outline any unique or other factors influencing health staff departures over the last year.

Participants recorded 42 comments for the question on individual factors, and 97 comments for the question on workplace or 'other' factors. A thematic analysis was undertaken of all the comments and the primary themes were workplace culture ( $n = 66$ ), community and lifestyle ( $n = 33$ ) and remuneration and cost of services ( $n = 24$ )

Responses about workplace culture were analysed and the following sub-themes emerged: the perceived lack of respect for the knowledge and experience of practitioners from management and sometimes community members; feelings of exploitation; lack of locally available career progression options; and inadequate leadership, collaboration, or relief support from management. Some comments touched upon vaccine mandates and policy constraints as other drivers of staff departures.

*"Fatigue, short staffing and our information systems made it a very difficult place to continue working and feel safe and supported."*

*"Less on call work, less weekend work in more populated areas. They move there instead. Doctors' partners not always able to get work locally. Severe housing shortage, even doctors struggle (lots of homelessness in the general population)."*

*"I loved that community and did not want to leave but I could not cope staying there when management chose to treat its staff and patients this way. I would have stayed on in the community working in private general practice if it was financially viable to do so but it was not."*

Health Workforce Queensland would like to thank the remote and rural health practitioners and managers that took the time to respond to our annual [HWNA survey](#); which is open from the beginning of October to the end of February each year.

