Can we handle this? The role and manageability of non-work related factors in order to bind recently arrived GPs to the Northern Territory

KEY FINDINGS

- The Northern Territory has a significantly lower ratio of GPs to population than other jurisdictions - the NT faces substantial challenges in keeping GPs;

- The main focus has been on recruitment of medical workforce, whereas less consideration is paid to retention;

- National and international experience shows that the involvement within a community is a key element in the development of sustainable local health services. While income-related incentives play a role in attracting skilled workers, the enjoyment of lifestyle is a critical aspect to successful retention;

- A firmly embedded workforce within the community is more likely to stay - the relationship between integration in a community and rural GP retention has been demonstrated;

- Integration in a community is seen as the necessary connection between recruitment and retention;

- Retention is a complex interplay of personal, professional and “place” factors;

- The decision to remain in rural practice appears to be a dynamic balance of influences to stay or to leave - negative non-work related influences on this equilibrium are children’s education, poor housing, social and intellectual isolation, lack of anonymity, absence of local training facilities, distance, transport and lack of social and cultural facilities;

RESEARCH AIM

The aim of the project is to provide greater insights into how employers and government might manage the non-work related factors that have previously been shown to influence rural and remote retention rates.

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Background

The Northern Territory experiences extremely high rates of population turnover among its professional workers. A study of the general practitioners (GPs) workforce indicates that the NT has a significant shortfall of GPs. Part of the shortfall is due to high turnover rates; current estimates of GP turnover in the NT range from 25% to 35% per annum. Professionals often initially move to a rural or remote region for work related reasons, such as the challenge of working in Indigenous health. However, their intention to stay for longer periods of time is highly influenced by lifestyle, community and social factors. Evidence shows that there is a relationship between integration in a community and the retention of GPs in rural areas. In essence, how well GPs feel that they ‘fit in’ to the place where they work is critical to determining whether they will stay or leave. Despite this apparently obvious finding, research has largely been unable to establish exactly what process professionals go through in deciding whether they ‘fit in’ and what strategies they use to ‘bind’ themselves to new places.

Purpose of this Research

This research will work with GPs who recently arrived in the Northern Territory (from elsewhere in Australia and overseas) and who have taken up jobs in different parts of the Territory. The aim is to conduct in-depth interviews with up to twenty GPs to determine:

- What concepts like ‘lifestyle’ and ‘community’ really mean to these GPs;
- What processes they use to decide whether the place is likely to provide the ‘lifestyle’ and ‘community’ amenity they desire; and
- How they evaluate the success of these processes, and how the success or otherwise influences their onward migration decisions.

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Methods

This study uses personal face-to-face interviews in order to obtain the views of GPs. With the support of professional associations representing and educating GPs, we invited GPs to participate in the survey.

The use of in-depth interviews will allow a holistic understanding of GPs’ experiences which cannot be obtained otherwise. The opportunity for GPs to engage in a discussion with the researcher means that ‘fuzzy’ concepts can be explored in detail. Due to the fact that the decision to stay longer than planned happens after the first two or three years, the project is specifically looking to interview GPs who have been in the Northern Territory for less than 3 years. Additional GPs who remained longer than initially planned where also interviewed in order to get insights of the lifestyle and community these people are involved in.

The interview covers questions about the following aspects:

- Motivation to come to the NT?

- Lifestyle in the NT, what does the concept of lifestyle mean to them. What do they like and dislike about the lifestyle in the NT?

- How important is it to be part of the community in order to stay or leave? Do they feel part of the community? What makes them feel part of the community? Did they anything ‘special’ to engage with and build ties within the community?

- What makes them stay and what forces them to leave?

- When it comes to decision-making, what do they consider as more important work or lifestyle? What influences their decision-making?

- Is there anything that could be done to make it easier for new GPs to engage with and build ties in the community?
What we already know

Retaining GPs in rural and remote areas is a recognised problem by governments worldwide. The documented examples of successful retention are limited. While there is little agreement in the literature about the particular factor of influencing retention, there is no doubt about the complex interplay and interdependence between the different aspects such as personal, environmental and work related issues (Wolfenden et al. 1996; Schoo et al. 2005). The decision to remain in rural practice appears to be a dynamic balance of influences to stay or to leave. The decision to leave is often not a quick and easy decision and the balance may be tipped by various triggers (Hays et al. 1997). Negative non-work related influences on this equilibrium are:

- children’s education,
- poor housing,
- social and intellectual isolation,
- lack of anonymity,
- absence of local training facilities,
- distance, transport
- lack of social and cultural facilities

(Kamien 1998; MacIsaac et al. 2000; Schoo et al. 2005; Hall et al. 2007; Miedema et al. 2009)

Many studies have been undertaken to observe retention and work related issues, however only a few studies have focused on the relationship between retention and the enjoyment of rural lifestyle and community (e.g. Cutchin 1997; Hays et al. 1997; Kamien 1998). It is evident that the involvement within a community is a key element in the development of sustainable local health services (Veitch and Grant 2004). Furthermore, the enjoyment of lifestyle is a critical factor to successful retention (Hall et al. 2007).

Although literature shows a correlation between “place factors” such as quality of living conditions and the integration within a community, and willingness to move or stay, there is little evidence in the literature that this knowledge has led to wide-spread efforts to improve these factors in areas that struggle to retain staff (Lehmann et al. 2008). Even less is known about strategies targeting non-work related factors such as community and lifestyle issues in order to bind recently arrived medical workforce. Strategies to overcome difficulties in retaining rural health staff have been mainly related to education, professional development, work role design, orientation and mentorship (Mills and Millsteed 2002). Generally interventions in order to improve medical workforce retention pay little attention to non-work related issues. However, jurisdiction implemented some interventions such as:

- improving staff housing and provide money to renovate accommodation (Lehmann et al. 2008; Koot and Martineau 2005).
- education allowance per child (Koot and Martineau 2005)
• Establishment of Networks, which aim to aid integration of the GPs and the family within the community by creating social networks and offering assistance:
  o support for rural physicians and spouses of rural GPs through programs such as the Rural Physician Spousal Network (MacDonald 2002), or spouse retraining and/or education grants of New South Wales’ Rural Medical Family Network (New South Wales’ Rural Medical Family Network 2009).
  o a ‘friendship network’ to lessen feelings of loneliness and isolation experienced by some families (New South Wales’ Rural Medical Family Network 2009);
  o and initiatives such as ‘meet and greet’ sessions (New South Wales’ Rural Medical Family Network 2009) or ‘GP and Family Support Weekends’ (General Practice Network Northern Territory 2009).

Nevertheless, a review of interventions showed that the implementation of support programs for lifestyle and families of health care professionals are hampered by lack of infrastructural developments (Wilson et al. 2009).

Impact of this research

The information gained from this research will be used to develop strategies to bind GPs (and other professional workers) to remote areas or redesign and improve existing services in order to help the Department of Health and GP support agencies better manage staff turnover. This research examines factors influencing the decision-making process and differentiates these into 1) changeable and 2) unchangeable factors based on the nature of place and human aspects. The knowledge about the decision making-process, whether to stay or leave will help to assess the importance and the role of non-work related factors such as lifestyle and community during this process. Regarding retention, and the ability to bind to a new place, the identification of factors influencing them whether they are personal, professional or ‘place’ factors are very essential. In this research one fundamental question will be if the separation of work and non-work issues is possible in order to make people stay and bind them to a new remote place. The understanding of the needs and expectations of recently arrived workforce will offer valuable information in order to improve the management and secure long-term stays.
References


