

## RETENTION STRATEGIES & INCENTIVES FOR HEALTH WORKERS IN RURAL & REMOTE AREAS: WHAT WORKS?

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### POLICY CONTEXT

Many rural and remote communities worldwide experience a shortage of health workers, high levels of staff turnover and significant problems in recruiting new health workers. Various measures involving direct financial and non-financial incentives have been implemented to retain existing health workers. However, there have been few rigorous evaluations of the effectiveness of retention measures and incentives in improving the length of stay of health workers. This study examines what sorts of retention strategies and incentives have been implemented to entice health workers to remain in practice in rural and remote areas and whether they have improved the retention of health workers and reduced avoidable turnover in rural and remote areas.

### KEY FINDINGS

- Workforce 'retention' and 'turnover' are different: retention is a measure of stay, whereas turnover refers to the number of terminations. Many studies fail to differentiate the two terms.
- The effects of poor workforce retention and high turnover are considerable: restricted access to appropriate care and loss of skills and experience; compromised continuity and quality of care; high recruitment costs.
- A wide range of financial, professional, social and environmental factors impact upon workforce retention.
- Despite the lack of rigorous evaluations measuring the effectiveness of retention incentives, it is clear that no one measure alone is likely to be sufficient to improve retention.
- Evidence suggests that non-financial incentives, such as housing and improved working conditions, have the potential to improve retention.
- Strategies incorporating some form of health worker obligation are effective for the duration of the agreement.
- Incentives 'bundled' in a strategic workforce retention strategy are likely to be the most effective.
- Retention strategies should be sufficiently flexible to target the specific needs of health workers practising in different contexts.
- Health services should be able to pool available workforce funding to target retention in ways that best suit their circumstances with appropriate indicators built in for monitoring the effectiveness of the incentives and measures adopted.
- Whatever the retention incentive adopted, a rigorous evaluation strategy using pre- and post-intervention baseline measures should be employed from the outset.
- Benchmark retention rates are required for different primary health care professions working in rural and remote communities.

For more details, go to the [three page report](#)

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