

IMPROVING WORKFORCE RETENTION: DEVELOPING AN INTEGRATED LOGIC MODEL TO MAXIMISE SUSTAINABILITY OF SMALL RURAL AND REMOTE HEALTH CARE SERVICES

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POLICY CONTEXT

The need to sustain an adequate, appropriately qualified workforce is key to sustainable primary health care services and improving health outcomes in small rural and remote communities. Many of these health services experience shortages of health workers and high levels of staff turnover. Unnecessarily high workforce turnover results in loss of skills and experience, restricts consumer access to care, compromises the continuity and quality of care, and results in high recruitment costs. However, little is known about what is a reasonable length of stay for health workers or the effectiveness of retention incentives. This study provides a framework and methodology that enables managers to monitor workforce retention by connecting human resource inputs with workforce outcomes, service performance and sustainability.

KEY FINDINGS

- Optimising workforce retention through specific single incentives will fail without the broader essential requirements for a sustainable health service, including a comprehensive workforce strategy, in place.
- Consolidated information about the multiple potential sources of retention funding from both State and Commonwealth governments to all primary health care services would facilitate the development of retention incentive packages relevant to location, discipline and local health needs.
- Better still, consolidation of the current piecemeal approaches into a block grant scheme to allow services to be totally flexible in devising appropriate employment packages would be more effective.
- Appropriately targeted incentives can result in improved retention and benefit patient care at no additional cost for many small rural and remote primary health care services.
- While many retention indicators are available, not all are useful for small rural and remote health services and new ones may need to be developed. Five sentinel indicators are annual turnover, stability, median length of service in current position, median survival and survival probabilities after 12 and 24 months. Benchmark details are available in the three-page report.
- An appropriate local and national data collection and analysis system will require:
 - agreed indicators and benchmarks
 - enhanced human resource and information technology capacity
 - engagement with Rural Workforce Agencies or researchers to assist with analysis where necessary
 - improved co-ordination, comprehensive data collection and linkage for all health professional groups that involves the Australian Bureau of Statistics, Australian Institute of Health and Welfare, Rural Workforce Agencies and Health Workforce Australia.
- Based on the evidence from data reports, policies to enable flexible and regionally targeted approaches to managing workforce shortages better can be developed.

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

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