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# 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.

## POLICY OPTIONS

**'Bundling' retention incentives within an overall workforce retention strategy:** The six essential components are: (1) maintaining an adequate and stable staffing, (2) providing appropriate and adequate infrastructure, (3) maintaining realistic and competitive remuneration, (4) fostering an effective and sustainable workplace organisation, (5) shaping the professional environment that recognises and rewards individuals making a significant contribution to patient care, and (6) ensuring social, family and community support. A retention funds pooling mechanism, analogous to the Coordinated Care Trials or Multipurpose Service program, could allow for the flexibility and coordinated response required by health services to respond to local contextual conditions and the varying needs of individual practitioners.

**Retaining flexibility to adjust retention measures according to context:** The retention package needs to be sufficiently flexible to respond to both differing remote and rural contexts, as well as to individual and family circumstances. For example, housing is overwhelmingly the most important issue for many health workers in isolated and remote areas. Health services should be able to vary retention measures and incentives according to the difficulty of recruiting and retaining staff without being constrained by a 'one-coat-fits-all' retention policy mandated by health authorities for all services within their jurisdiction. A flexible retention funding pool would allow this.

**The importance of multidisciplinary workforce retention strategies:** Given the overwhelming importance for the PHC approach to address the health needs of rural and remote populations across Australia, it is important to recognise and address the workforce needs of all health professionals and not just those of medical practitioners. Research indicates the need to ensure that all health professionals (regardless of discipline) working in rural and remote areas are provided with essential requirements for them to deliver sustainable high quality care in a way that is professionally satisfying. A coordinated national approach is required to enable services to design and flexibly implement retention packages for all of their staff.

**The importance of community engagement:** North American and Australian evidence suggests that health workers level of community engagement is important. Engagement strategies may require careful matching of health professionals with rural and remote communities. Rural workforce agencies and other government funded or supported recruitment services should be required to account for how they implement a matching process and monitor the effectiveness of this measure.

**Health service management practice and workforce retention:** Evidence indicates that good governance, strong and visionary leadership and sound management are crucial to provide adequate and sustainable PHC services. These attributes contribute immensely to how workforce supply, recruitment and retention issues are addressed, and the performance of the workforce over time. There are implications in terms of the need for accreditation of managers and increased opportunities for professional development, particularly of clinicians moving to

management roles. These are issues that should be placed on the agendas of the new national registration system and for Health Workforce Australia.

**Workforce retention monitoring and evaluation:** Health service managers and funders need better evidence about what works and what does not with respect to workforce retention. Given the dearth of reliable data, and given current policy and investment that aims to improve access and bolster rural and remote workforce, there is a strong need for well designed and rigorously implemented evaluations of retention strategies. As well as evaluation of workforce retention strategies further research is needed into evaluation methodological issues.

## METHODS

A comprehensive literature review was undertaken with the aim of identifying specific studies which have evaluated the effectiveness of any strategies intended to improve retention among rural health workers. Although the time constraints of the project prevented a full systematic review from being conducted, a systematic review methodology was adopted. Black and grey English-language literature were sought from the last 10 years (1999-2009). The initial black literature search yielded 139 potential peer-reviewed publications. The total number of papers was reduced to 20 after considering the abstracts against inclusion and exclusion criteria.

Relevant material was identified from works already known to the researchers, correspondence with key stakeholders involved with rural and remote workforce organisations, from references cited in the black literature, and searches of websites of government departments, workforce agencies, professional associations, universities and similar organisations. Some additional material was sourced from internet searches using relevant keywords. Emphasis was placed in particular on any known evaluations of workforce retention strategies and measures. One researcher reviewed all documents.

Evidence collected via a systematic review methodology can be of great use in policy formation, due to the rigor with which information is gathered and the reduction in potential bias in the selection of material for inclusion. However, it is also acknowledged that the methodology may have limitations when applied to complex social problems such as rural and remote health workforce retention.

For more details, please go to the [full report](#)

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