▲ An Exploration of Issues of Management and Intention to Stay:

Allied Health Professionals in South West Victoria, Australia

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Management of allied health staff and services often has implications for staff stability and retention. A survey of allied health staff in South West Victoria was conducted in 2003 to explore issues relating to recruitment and retention. Findings relating to management and retention of staff in their current job are addressed in this report. A total of 138 staff returned their questionnaires. Results were related to Maslow's hierarchy of needs, level of belonging, with professional needs identified as feeling supported, orientation to the position, clear job description, and able to recommend the position to others. Qualitative data showed that recommending the position was associated with job satisfaction, autonomy, flexibility, and variety of work. The immediate management structure was significantly related to retention. Reasons given for intending to leave were related to management categories. These were management structure, lack of career structure, and lack of professional support. Reasons given by respondents for not recommending their current position were as follows: not for long-term career, risk of deskilling if staying too long, and financially unrewarding. These reasons were also related to management. Positive reasons for staying, which were related to management, included flexible work conditions, variety of clinical and management experience, good working environment, good support, and autonomy. Recommendations are given for organizational development and training for managers. J Allied Health 2006; 35:226–232.

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RETENTION OF RURAL HEALTH WORKERS is problematic, particularly as the distance from metropolitan areas increases. Poor management is one of the factors that has been associated with allied health professionals leaving their job or even their profession.[1,2] Recruitment costs of staff for rural health services can be high. For example, an Alaskan study reported that in excess of $12 million U.S. was spent in one year to recruit health staff to that state.[3] In Australia, costs for maintaining the health workforce are recognized by the government and workforce studies for physicians have led to agencies such as the Rural Workforce Agency Victoria being set up to specifically recruit and retain physicians in rural areas. Similar workforce studies and agencies for the allied health workforce have been lacking in the Australian context. This report presents some of the findings from an allied health workforce study conducted in South West Victoria, a rural area of Australia approximately 300 km west of Melbourne, encompassing the towns of Warrnambool, Hamilton, and Portland.

Retention issues have been explained with reference to Maslow's hierarchy of needs in an Alaskan study on community health aides.[4] It was found that managerial issues such as adequate orientation and training, full staff capacity, and coworker and community support were important to people remaining in their job. A similar approach was applied to the South West Victorian study. The overall aim of this South West Victorian study was to identify professional and personal needs of allied health professionals that may be related to recruitment and retention. This report focuses on professional needs identified by the respondents and the implications for management and retention in their current job.

Background

The difficulty of attracting and keeping allied health personnel in rural Australia has been well established.[5] Retention problems in allied health have been associated with organizational commitment and management in a number of studies.[1,6–13] While personal or community factors that impinge on retention may be difficult to change, issues that are within the influence of management can be identified and addressed by training the managers. Factors such as poor career structure, lack of input in decision making, lack

TABLE 1. The Role Breakdown of Professionals in the Private and Public Sectors

Main Role	Private	Public	Private and Public	Total
Clinical worker	27	72	6	105
Team leader	1	2	0	3
Manager	5	12	3	20
Education	0	5	1	6
Casework coordinator	0	3	0	3

of job autonomy, lack of support, and low job satisfaction can compromise a person's intention to stay.[4]

The relationship between retention and job satisfaction has been found to be consistent and significant.[14] Mobley[14] developed a heuristic model that linked job satisfaction with the employee turnover decision process. In his model, Mobley included satisfaction in relation to the job itself as well as non-job-related factors such as transfer of spouse. Satisfaction with one's job would assume that, at some level, an individual's needs are being met. Studies that have examined retention in the health professions cite findings relating job satisfaction to retention. For example, Collins et al.[1] found that career progression in allied health professionals and nurses was associated with enhanced job satisfaction. A statewide study of allied health professionals in Victoria found that increased job satisfaction was related to increased retention rates.[15] Other factors relating to management were found in a study of counselors where intention to stay was directly related to recognition for performance and creativity of counselors, organizational commitment, and job autonomy.[10]

Maslow's hierarchy of needs has been applied to workforce needs[4] and presents a framework of fulfillment of needs.[16] Characteristics of the ideal professional have been found to include: expertise in relation to a body of knowledge, autonomy to make decisions, commitment and identification with the profession, an ethical code, and maintenance of professional standards and conduct.[17] These characteristics of a professional do not relate to Maslow's[16] needs at the lower end of his scale, which need to be alleviated first (i.e., physiology, safety, love, esteem) before the higher need for self-actualization can be filled. However, on Maslow's scale, professional needs could be argued to fit on the level of belonging (the need to be accepted by friends, colleagues, and other people) and the level of self-esteem (professional autonomy, commitment, and identification). The perceived difference between what people need in their existing job and what they lack can lead to an evaluation of options that can lead to quitting their current position.[14] Gaining insight into predictors of retention can lead to the development of alternative management models[17] or training of managers on specific managerial competencies.[18]

A study was conducted in South West Victoria, Australia, to explore recruitment and retention issues of allied health professionals. This report presents the survey findings related to management and retention. The study aims were to (1) identify professional needs of the workforce that were related to retention and management and (2) compare the survey results with the results of a nationwide survey of allied health by the Services for Australian Rural & Remote Allied Health (SARRAH).

TABLE 2. Organizations Employing Allied Health Professionals in Southwest Victoria with Comparison to the SARRAH Survey Results

Employing Organizations	Frequency	Percent	SARRAH (%)
Hospital	65	47.0	41.8
Private practice	42	30.7	16.7
Community health service	27	19.7	32.1
State public service	10	7.3	20.2
Commonwealth public service	7	5.1	
Non-government-funded agency	6	4.4	
Local government	3	2.2	0.3
School/education department	2	1.5	2.9
Church organization	2	1.5	
Aboriginal community	1	0.7	0.7
Private hospital	1	0.7	2.9
Statutory organization	1	0.7	

SARRAH, Services for Australian Rural & Remote Allied Health.

Two hypotheses were tested. These were as follows:

Hypothesis 1. *Job retention could be related to professional needs being met that relate to belonging and self-esteem on Maslow's scale.*

Hypothesis 2. *Issues relating to management and remaining in the job for two years or more could be identified.*

Methods

PARTICIPANTS

A total of 491 surveys were sent to allied health professionals in the South West region of Victoria. On the survey, allied health professionals were defined as university-trained health professionals (other than physicians and nurses) who were involved in direct patient care and/or work in the community[2] (this definition was consistent with the definition of allied health in the SARRAH survey). A total of 184 professionals returned their surveys. Of these, 138 professionals met the criteria for allied health. Professionals who did not meet the inclusion criteria were physicians, nurses working in nontraditional nursing roles (such as a diabetes educator), and non-university-trained welfare workers.

Table 1 presents the role breakdown of respondents in the private and public sectors. Allied health professionals were employed by a range of services, with the main employers being hospitals (47.4%) and private practices (30.7%). Sixty-nine percent of respondents were employed in the public sector. The types of employing organizations are displayed in Table 2.

TABLE 3. Survey Question Examples

Is your job in your primary position clearly defined?	Yes No
Did you feel well oriented to your primary position?	Yes No
Do you feel well supported in your professional role in your primary position?	Most of the time Some of the time Yes always No never
Is your immediate manager or supervisor in your primary position working in the same location as you?	Yes No
Who is your immediate manager?	Member of the same allied health profession Member of a different allied health profession Medical practitioner Director of nursing Nonhealth professional Not applicable, I am a private practitioner or nonpracticing Not applicable, my work role is managerial
In what areas do you feel least supported?	

PROCEDURE

Consent by respondents was assumed if the surveys were returned. Ethical approval for the survey was granted by Deakin University. Due to privacy laws in Victoria, direct mailing of surveys to individual professionals in public institutions was illegal. Therefore, for public health professionals, managers at each health service were identified by the research assistant. The research assistant contacted each manager by telephone to ascertain if the manager was willing to hand out surveys to staff. The research assistant then mailed the surveys with reply-paid envelopes to managers who indicated willingness to participate in the survey. Managers were instructed to give staff the survey and the reply-paid envelope. Participation in the survey was voluntary. For private allied health professionals, surveys and reply-paid envelopes were mailed to professionals listed in the yellow pages. Surveys were returned to the research assistant, and a follow-up reminder letter was sent six weeks after the initial mailing.

INSTRUMENT

The survey was designed based on the SARRAH workforce survey[2] and adapted to the local area. There were 78 questions, three of which were open-ended questions. Some examples of the survey questions relating to management are presented in Table 3. The data collected from the survey were categorical. Qualitative data were collected through open-ended questions.

DATA ANALYSIS

Data were analyzed using Excel statistics package.[19] Descriptive statistics such as frequency distribution, proportion, mean, median, and range were used to show trends in the data. For cross-tabulations, SPSS version 11.5 was used (SPSS Inc., Chicago, IL). Qualitative data were collated in relation to each open-ended question.

Results

RETENTION AND PROFESSIONAL ALLIED HEALTH NEEDS THAT RELATE TO MASLOW'S SCALE

Allied health professionals who did not want to recommend their position were less likely to be supported in their professional role ($\chi^2(4, N = 138) = 16.5 = p < 0.002$). Reasons for not recommending their current position that could be related to management or support were as follows: the current position is not for long-term career, the risk of deskilling if staying too long, and being financially unrewarding. Reasons given for recommending their position to others included the following: rewarding, flexible, great range of clinical and management experience, good working environment, good support, autonomy, and job satisfaction.

Twenty-six percent of the respondents did not feel supported and 15% of these respondents intended to leave within two years, whereas 45% of professionals who felt supported intended to stay for more than two years. There was no difference between private and public allied health professionals in recommending their position.

More than half (53.5%) of the respondents were given orientation to their primary position, sometimes for up to a week. Receiving orientation was associated with the intention to stay longer ($\chi^2(20, N = 138) = 32.8 = p < 0.05$). Seventy percent received their job description on commencement of their primary position, and 88% were clear

TABLE 4. Management Arrangement and Intention to Stay

Line of Management	Allied Health Professionals in Each Management Structure (n = 138)	Intention to Stay 2 Years or More (n = 84)	Intention to Stay < 12 Months (n = 8)
Same allied health profession in same location	41	19	5
Same allied health profession in different location	7	5	0
Different allied health profession in same location	22	15	1
Different allied health profession in different location	11	4	2
Medical practitioner	9	4	0
Director of nursing	2	2	0
Nonhealth professional	4	3	0
District or general manager	3	0	0
Private practice	18	16	0
Manager themselves	6	5	0
Other	15	11	0

about their tasks. The professionals who received a job description when they commenced were more likely to intend to stay longer in their position ($\chi^2(10, N = 138) = 21.5 = p < 0.05$). Of the 118 professionals who perceived their position as well defined, 106 respondents would recommend their position and 12 would not recommend their position. A well-defined position and recommendation of that position was significantly related ($\chi^2(2, N = 138) = 7.5 = p < 0.05$). The professionals who described their position as not clearly defined (12%) were less likely to recommend their position. The relationship between full staffing capacity and intention to stay was not significant.

MANAGEMENT ISSUES AND JOB RETENTION

Forty-six respondents gave no indication of their intention to stay. Of those respondents who indicated an intention to stay, the majority of respondents were managed by someone in the same allied health profession (46.7%). Of these, 44% were in the same location as their manager. Table 4 displays the immediate managers and the intention of respondents to stay in their current position.

In accordance with most managers being located on-site, face-to-face access to management was ranked as the most common method of access and electronic bulletin boards as the least common method of accessing management. Table 5 displays how the different methods of accessing management were ranked in terms of most to least common. Of the respondents, 90.6% reported that they were included in the distribution of information in their workplace

There was a significant relationship between immediate manager and intention to stay ($\chi^2(50, N = 138) = 80.5 = p < 0.004$). Those who were in private practice and/or in management were more likely to be intending to stay for more than five years (see Table 4). In relation to management, respondents gave three reasons for intention to leave their position. These reasons were management structure (10.1%), lack of career structure (9.4%), and lack of professional support (12.3%).

OTHER FACTORS THAT RELATED TO INTENTION TO STAY

There was a significant relationship between private and public employment and intention to stay ($\chi^2(10, N = 138) = 30.45 = p < 0.01$). Only 53% of the professionals in the public sector intended to stay more than two years in their present position, compared with 84% of the professionals who worked in the private sector. None of the private sector professionals intended to leave within the next 12 months, whereas 8.5% of the public sector professionals did. As can be viewed in Table 2, more SARRAH survey respondents were reliant on government services for employment than respondents in South West Victoria. The SARRAH survey was Australia-wide and included professionals from remote regions in Australia. The difference between the South West Victoria survey results and the SARRAH survey results indicates a greater reliance on government services for employment in remote areas of Australia.

Professionals who worked in the private sector were more likely to be older ($\chi^2(8, N = 138) = 17.42 = p < 0.05$), and the relationship between age and intention to stay was significant ($\chi^2(20, N = 138) = 51.09 = p < 0.001$). Older professionals were more likely to intend to stay in their position for five or more years compared with the younger ones, who were more likely to leave their positions after two years.

Discussion

Professional needs that were found to be significantly related to intention to stay in the job were support, orientation, and description of position. Using Maslow's hierarchy of needs approach in this South West Victorian study, professional needs of allied health professionals on the security level that could be addressed by management were orientation to the workplace and a clear job description. Although job orientation and clear descriptions of tasks are important factors that can provide support for allied health

TABLE 5. Ranking of Most Common Methods of Accessing Management

Method of Access to Management	Rank Based on Mode*	SARRAH Access %
Face to face	1	80.9
Debriefing sessions	2	17.4
E-mail	2	39.3
Performance appraisals	4	53.2
Staff development days	5	35.1
Electronic bulletin boards	6	6.9

1, most common; 6, least common.

professionals who are starting a new job, these needs on the security level were not expected and were not included in hypothesis 1. The absence of adequate job orientation increases stress of professionals because they require more time to work out referral procedures, policy, and relevant contacts.[20] Clear job description was associated with job satisfaction in the SARRAH survey.[2]

Identification of professional needs on the belonging level and self-esteem level were supportive of hypothesis 1. Being supported, as a social or belonging need, was related to recommending the position and intending to stay. In South West Victoria, allied health professionals who recommended their position reported having more support professionally and indicated more often their intention to stay for at least two years. Twenty-six percent of the professionals felt unsupported and indicated that the intention to leave was related to poor management and lack of career structure. Respondents also listed autonomy, flexibility, and variety in the workplace as positive aspects of their job, and these aspects can be related to the self-esteem level need of Maslow's hierarchy.

Management issues have been associated with retention.[1,6–13] Understanding why allied health professionals intend to stay in a job can assist management in utilizing methods that are likely to enhance staff retention. A statewide Victorian survey of allied health professionals identified many personal reasons why individuals remained in their positions; however, the survey also identified factors relating to poor staff retention[15] that could be addressed by management. These were as follows: attention to caseload, variety of work, autonomy, flexibility in working conditions, relaxed friendly work environment, hours of work, and locum availability.[15] In the South West Victorian study, variety of work, flexibility, and autonomy were identified needs that relate to self-esteem in Maslow's hierarchy.

Nearly 60% of respondents were managed by the same allied health professional. The SARRAH workforce report recommended that this management structure was the most satisfying one for allied health professionals. Table 4 shows that of the 48 respondents managed by the same allied health professional, five (10.4%) intended to leave. On first sight, these findings do not support the SARRAH findings; however, 46 respondents did not answer the survey question on intention to stay and conclusions cannot be drawn. Face-to-face support was ranked the most common method of access and was also the most popular means of support identified in the SARRAH report.[2]

Limitations of the Study

Australian Bureau of Statistics figures indicate that 46% of allied health professionals are employed in the private sector.[21] The majority surveyed in this study were employed in the public sector. This discrepancy could be due to the lack of a standardized definition of allied health professional or, due to the Victorian privacy legislation, the fact that private allied health professionals were difficult to locate if they were not listed in the yellow pages, or rural health professionals being more reliant on government employment than private (see Table 2).

The survey of the current study did not request information pertaining to financed study and contractual obligation to stay in rural employment for a specified period. This type of arrangement has been used in Australia to attract some professionals by subsidizing expenses in lieu of a two-year work commitment after graduation. Although these arrangements can still not be enforced and are not so common at the moment, not requesting this information is a limitation.

Other Factors Relating to Job Retention That Impact on Management

There was a significant relationship between age and intention to stay. Respondents aged 20–29 years and older than 60 years intended to stay for a shorter period than respondents aged 40-59 years. This is in line with trends noted with the mobility of Generation X and retirement of baby boomers.[22] Generation X is the term used to refer to those born between 1961 (or 1965) and 1981 (or 1980)[23,24] and has been described as being empowered, self-directed, technocompetent, and flexible. Generation X workers have been found to change jobs more frequently when unsatisfied with work conditions.[23,25,26] This will have ramifications in relation to management and forward planning of workforce requirements.

Rural areas have been called "professional nurseries" because many new graduates take up rural positions.[22] New graduates may see themselves as lacking competence in different areas because of lack of experience, contacts, and/or knowledge.[27–29] If new graduates are not prepared for a career in rural practice, they are less likely to remain in rural practice.[27,30,31] Results of the South West Victorian survey found that younger professionals were more likely to stay for shorter periods. Providing the required information and support (e.g., orientation, education, professional network, career opportunities, management training) may assist retention of young allied health professionals in rural settings.[4,16]

Recommendation 1: Management Style and Retention of Staff

Support was identified as a professional need in the study, and this was argued to reflect the need to belong. Management style may assist in supporting and retaining staff, although this needs further testing. "Lead" managers, who use caring habits such as listening, supporting, encouraging, negotiating, respecting, accepting, and trusting, may be able to provide better staff support and more satisfying work conditions and may manage to retain staff for longer than "boss" managers, who tend to use more negative habits such as blaming, criticizing, complaining, rewarding to control, threatening, punishing, and nagging.[32] The link between management style and retention in rural areas needs further investigation.

Recommendation 2: Desirable Management Skills for Allied Health Professionals

Of the survey respondents, 58.6% were immediately managed by allied health staff. As well as being managers, allied health professionals need a range of competencies to manage their clinical work. Lincoln et al.[18] grouped managerial competencies in seven different domains. These domains can be used as a basis for organizational activities and suggestions for continuing professional development. Domains that relate to organizational activities are organizational practices (advocating, reviewing workplace practices, developing/implementing new practices, quality assurance, prioritizing tasks, marketing, understanding political/economic influences on service delivery), legislative knowledge (e.g., antidiscrimination acts, occupational health and safety, and leave entitlements), staff relations management (staffing decisions, writing references/advertisements, conducting appraisals/reviews, coordinating student placement), negotiating skills (career structure, working conditions, salary packages, departmental workload flow, tapping into assistance programs), and managing funding (budget, setting up filing/information systems). Domains that could be incorporated into continuing professional development for staff are management of future planning (resolving conflict, managing time, setting goals and timelines with a team, achieving objectives, prioritizing tasks), negotiating skills (resolving difficult situations, managing organizational change), managing funding (writing submissions, chairing meetings), and team leadership skills (coordinating professional development activities, leading a program team). These seven domains give guidance to the content of management training programs for allied health professionals. Motivation to learn and a work environment that is supportive of continuing professional development have been found to be important factors contributing to employees' participation in such activities.[33]

Conclusions

This report examined some management issues that were raised through a survey of allied health professionals in South West Victoria in 2003. Professional needs of allied health professionals were identified, including orientation periods, being supported, and clear job descriptions. Recommending a position was significantly related to support, and professionals reported management issues such as flexibility in working conditions, variety of workload, good working environment, good support, job satisfaction, and autonomy as reasons to recommend a position. It was argued that professional needs of allied health professionals could be better met by a supportive management style, although this needs further research. Where staff were not intending to stay, reasons relating to management were management structure, lack of career structure, and lack of professional support. It is recommended that health services include training for managers through short courses addressing management structures and styles of management, staff support, making the most of staff's skills, and systematic organization to lessen staff and job stress.

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