

Happy Allied Health Clinicians?

Impact of Service delivery model change

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What is this about?

- Changing landscape of health
- Funding models
- Existing services
- Funding through IRCST Rural Research Capacity Building Program



What service models?

- **CSRP ECCCC / CAPACS**
- **Compacts**
- **Transitional Care**
- **ASET**
- **AARCS**
- **PADP**



Why is this important?

- Impact on Allied Health community based services
 - Sustainability for both
- Recruitment and retention
 - Staff satisfaction
- Change management



What does the Literature say?

- **Many factors affect Rural AH clinician retention**

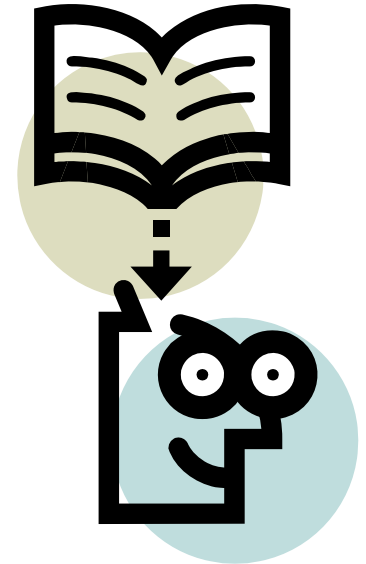
- Support / supervision
- Heavy workloads
- Access to L & D
- Spousal occupation
- Desire for rural lifestyle
- Opportunity for advancement
- Acknowledgement of value

{Allied Health Recruitment and Retention Project - Cuss, K Central Hume Primary Care Partnership 2005}

- **OT satisfaction study - satisfaction is due to:**

- Liking the work you do
- Making a difference for clients
- Diversity in practice
- Autonomy
- Role definition and status
- If only there was more money in the system

{Job satisfaction in occupational therapy; a qualitative investigation in urban Australia – Moore, K Cruickshank, M Haas, M
Australian Occupational Therapy Journal Vol 53 (1), March 2006, p18-26}



The rural Factor

- Positions more “generalist”
- Less opportunity for Learning and Development
- More likely have to travel for L&D and Supervision
- Stretched –all things to all people



Study Design

- Qualitative study
- Motivation hygiene theory
- Semi – structured interviews
- Thematic analysis



Participants

- 5 Participants
- Community based clinicians - rural
- “generalist” roles
- Community only roles
- Mix of clinician and clinician / manager
- Experienced
- OT and Physio



Preliminary results

- 2 of 5 interviews conducted
- The facts:
 - Acuity and complexity
 - Increase in referrals
 - Less direct treatment
 - More case management
 - Increase in number of referral sources



Satisfaction factors

- People
 - Co-workers
 - Clients / patient's
- Self determination over workload
- Recognition by organisation, responsibility, advancement and growth are not identified....



Dissatisfaction factors

- Frustration with many aspects
- Feeling like not doing the job they would like
- Demands
 - Organisation
 - Community
 - Service providers
- Huge amount of required paperwork
 - Policy and procedures to be adhered to
- Burned out from dealing with ongoing complexity
- Long hours to stay on top of workload



Concluding remarks – so far

- Although new funding model of care, no additional funding for next tier of services
- Increasing complexity and acuity due to shortened length of stay in acute setting
- Increased need for up skilling and maintenance of skill
- Need for full consultation with all key stakeholders when implementing change
- Change is ok, as long as managed well and with support
- High risk of professional burnout in long serving clinicians in the community
 - Difficult to recruit and retain if loss of staff
 - Only practitioner gone – lag between recruitment and possible “new grad replacement”

Impact...

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