

# POPULATION STUDIES RESEARCH BRIEF

© School for Social and Policy Research 2009  
Issue number: 2009048

Population Studies Group  
School for Social and Policy Research  
Charles Darwin University  
Northern Territory 0909  
[Kathrin.Auer@cdu.edu.au](mailto:Kathrin.Auer@cdu.edu.au)

## Can we handle this? The role and manageability of non-work related factors in order to bind recently arrived GPs to the Northern Territory

### KEY FINDINGS

- The Northern Territory has a significantly lower ratio of GPs to population than other jurisdictions - the NT faces substantial challenges in keeping GPs;
- The main focus has been on recruitment of medical workforce, whereas less consideration is paid to retention;
- National and International experience shows that the involvement within a community is a key element in the development of sustainable local health services. While income-related incentives play a role in attracting skilled workers, the enjoyment of lifestyle is a critical aspect to successful retention;
- A firmly embedded workforce within the community is more likely to stay - the relationship between integration in a community and rural GP retention has been demonstrated;
- Integration in a community is seen as the necessary connection between recruitment and retention;
- Retention is a complex interplay of personal, professional and "place" factors;
- The decision to remain in rural practice appears to be a dynamic balance of influences to stay or to leave - negative non-work related influences on this equilibrium are children's education, poor housing, social and intellectual isolation, lack of anonymity, absence of local training facilities, distance, transport and lack of social and cultural facilities;

### RESEARCH AIM

The aim of the project is to provide greater insights into how employers and government might manage the non-work related factors that have previously been shown to influence rural and remote retention rates.

This research has been supported in part by funding from the Northern Territory Treasury and assistance from Northern Territory General Practice Education

The research brief was prepared by **Kathrin Auer**

## **Background**

The Northern Territory experiences extremely high rates of population turnover among its professional workers. A study of the general practitioners (GPs) workforce indicates that the NT has a significant shortfall of GPs. Part of the shortfall is due to high turnover rates; current estimates of GP turnover in the NT range from 25% to 35% per annum. Professionals often initially move to a rural or remote region for work related reasons, such as the challenge of working in Indigenous health. However, their intention to stay for longer periods of time is highly influenced by lifestyle, community and social factors. Evidence shows that there is a relationship between integration in a community and the retention of GPs in rural areas. In essence, how well GPs feel that they 'fit in' to the place where they work is critical to determining whether they will stay or leave. Despite this apparently obvious finding, research has largely been unable to establish exactly what process professionals go through in deciding whether they 'fit in' and what strategies they use to 'bind' themselves to new places.

## **Purpose of this Research**

This research will work with GPs who recently arrived in the Northern Territory (from elsewhere in Australia and overseas) and who have taken up jobs in different parts of the Territory. The aim is to conduct in-depth interviews with up to twenty GPs to determine:

- What concepts like 'lifestyle' and 'community' really mean to these GPs;
- What processes they use to decide whether the place is likely to provide the 'lifestyle' and 'community' amenity they desire; and
- How they evaluate the success of these processes, and how the success or otherwise influences their onward migration decisions.

The aim of the project is to provide greater insights into how employers and government might manage the non-work related factors that have previously been shown to influence rural and remote retention rates.

## Methods

This study uses personal face-to-face interviews in order to obtain the views of GPs. With the support of professional associations representing and educating GPs, we invited GPs to participate in the survey.

The use of in depth interviews will allow a holistic understanding of GPs' experiences which cannot be obtained otherwise. The opportunity for GPs to engage in a discussion with the researcher means that 'fuzzy' concepts can be explored in detail. Due to the fact that the decision to stay longer than planned happens after the first two or three 3 years, the project is specifically looking to interview GPs who have been in the Northern Territory for less than 3 years. Additional GPs who remained longer than initially planned were also interviewed in order to get insights of the lifestyle and community these people are involved in.

The interview covers questions about the following aspects:

- Motivation to come to the NT?
- Lifestyle in the NT, what does the concept of lifestyle mean to them. What do they like and dislike about the lifestyle in the NT?
- How important is it to be part of the community in order to stay or leave? Do they feel part of the community? What makes them feel part of the community? Did they anything 'special' to engage with and build ties within the community?
- What makes them stay and what forces them to leave?
- When it comes to decision-making, what do they consider as more important work or lifestyle? What influences their decision-making?
- Is there anything that could be done to make it easier for new GPs to engage with and build ties in the community?

## What we already know

Retaining GPs in rural and remote areas is a recognised problem by governments worldwide. The documented examples of successful retention are limited.

While there is little agreement in the literature about the particular factor of influencing retention, there is no doubt about the complex interplay and interdependence between the different aspects such as personal, environmental and work related issues (Wolfenden et al. 1996; Schoo et al. 2005). The decision to remain in rural practice appears to be a dynamic balance of influences to stay or to leave. The decision to leave is often not a quick and easy decision and the balance may be tipped by various triggers (Hays et al. 1997). Negative non-work related influences on this equilibrium are:

- children's education,
- poor housing,
- social and intellectual isolation,
- lack of anonymity,
- absence of local training facilities,
- distance, transport
- lack of social and cultural facilities

(Kamien 1998; Maclsaac et al. 2000; Schoo et al. 2005; Hall et al. 2007; Miedema et al. 2009)

Many studies have been undertaken to observe retention and work related issues, however only a few studies have focused on the relationship between retention and the enjoyment of rural lifestyle and community (e.g. Cutchin 1997; Hays et al. 1997; Kamien 1998). It is evident that the involvement within a community is a key element in the development of sustainable local health services (Veitch and Grant 2004). Furthermore, the enjoyment of lifestyle is a critical factor to successful retention (Hall et al. 2007).

Although literature shows a correlation between "place factors" such as quality of living conditions and the integration within a community, and willingness to move or stay, there is little evidence in the literature that this knowledge has led to wide-spread efforts to improve these factors in areas that struggle to retain staff (Lehmann et al. 2008). Even less is known about strategies targeting non-work related factors such as community and lifestyle issues in order to bind recently arrived medical workforce. Strategies to overcome difficulties in retaining rural health staff have been mainly related to education, professional development, work role design, orientation and mentorship (Mills and Millstead 2002). Generally interventions in order to improve medical workforce retention pay little attention to non-work related issues. However, jurisdiction implemented some interventions such as:

- improving staff housing and provide money to renovate accommodation (Lehmann et al. 2008; Koot and Martineau 2005).
- education allowance per child (Koot and Martineau 2005)

- Establishment of Networks, which aim to aid integration of the GPs and the family within the community by creating social networks and offering assistance:
  - support for rural physicians and spouses of rural GPs through programs such as the Rural Physician Spousal Network (MacDonald 2002), or spouse retraining and/or education grants of New South Wales' Rural Medical Family Network (New South Wales' Rural Medical Family Network 2009).
  - a 'friendship network' to lessen feelings of loneliness and isolation experienced by some families (New South Wales' Rural Medical Family Network 2009);
  - and initiatives such as 'meet and greet' sessions (New South Wales' Rural Medical Family Network 2009) or 'GP and Family Support Weekends' (General Practice Network Northern Territory 2009).

Nevertheless, a review of interventions showed that the implementation of support programs for lifestyle and families of health care professionals are hampered by lack of infrastructural developments (Wilson et al. 2009).

### **Impact of this research**

The information gained from this research will be used to develop strategies to bind GPs (and other professional workers) to remote areas or redesign and improve existing services in order to help the Department of Health and GP support agencies better manage staff turnover. This research examines factors influencing the decision-making process and differentiates these into 1) changeable and 2) unchangeable factors based on the nature of place and human aspects. The knowledge about the decision making-process, whether to stay or leave will help to assess the importance and the role of non-work related factors such as lifestyle and community during this process. Regarding retention, and the ability to bind to a new place, the identification of factors influencing them whether they are personal, professional or 'place' factors are very essential. In this research one fundamental question will be if the separation of work and non-work issues is possible in order to make people stay and bind them to a new remote place. The understanding of the needs and expectations of recently arrived workforce will offer valuable information in order to improve the management and secure long-term stays.

## References

- Australian Government Department of Health and Ageing (2008). Report of the Audit of Health Workforce in Rural and Regional Australia, April 2009. Canberra, Commonwealth of Australia.
- Carson, D. (2008). Assessing the Population Impacts of Big Projects in Darwin. Darwin, School for Social and Policy Research.
- Carson, D. (2009). Does the Type of Job Matter? Differences in motives to move to the Northern Territory. Darwin, School for Social and Policy Research.
- Creed, E. (2008). Influences on mobility of young adults in the Territory. Darwin, School for Social and Policy Research.
- Cunningham, T. and M. Brown (2008). Movers into the Northern Territory and their future intentions. Darwin, School for Social and Policy Research.
- Cutchin, M. (1997). "Physician retention in rural communities: the perspective of experiential place integration." Health and Place **3**: 25-41.
- Cutchin, M. P. (1997). "Community and self: concepts for rural physician integration and retention." Social Science & Medicine (1982) **44**(11): 1661-1674.
- General Practice Network Northern Territory. (2009). Retrieved 10.09.2009, from <http://www.gpnnt.org.au/site/index.cfm?display=34776>.
- Hall, D. et al. (2007). "Drivers of professional mobility in the Northern Territory: dental professionals." Rural and Remote Health **7**:655.
- Hays, R. B. (1997). "Why doctors leave rural practice." Australian Journal of Rural Health **5**(4): 198-203.
- Humphreys, J. S. et al. (2002). "Workforce retention in rural and remote Australia: determining the factors that influence length of practice." Medical Journal Australia **176**: 472-476.
- Jones, J. A. et al. (2004). "Rural GPs' ratings of initiatives designed to improve rural medical workforce recruitment and retention." Rural and Remote Health (online) **314**: 1-10.
- Kamien, M. (1998). "Staying or leaving rural practice: 1996 outcomes of rural doctors' 1986 intentions." Medical Journal Australia **169**: 318-321.
- Koot, J. and T. Martineau (2005). "Mid Term Review of Zambian Health Workers Retention Scheme (ZHWRs) 2003–2004." Final Report.

- Lehmann, U. et al. (2008). "Staffing remote rural areas in middle- and low-income countries: A literature review of attraction and retention." BMC Health Services Research **8**: 1-10.
- MacDonald, C. A. (2002). Physician retention in rural Alberta: an update of pockets of good news 1994, Edmonton, AB: Rural Physician Action Plan.
- MacIsaac, P. et al. (2000). "General Practitioners leaving rural practice in Western Victoria." Australian Journal for Rural Health **8**: 68-72.
- Miedema, B. et al. (2009). "The challenges and rewards of rural family practice in New Brunswick, Canada: lessons for retention." Rural and Remote Health **9**: 1141.
- Mills, A. and J. Millsteed (2002). "Retention: An unresolved workforce issue affecting rural occupational therapy services." Australian Occupational Therapy Journal **49**(4): 170-181.
- New South Wales Rural Medical Family Network (2009). Retrieved 10.09.2009, from <http://www.rmfn.org.au/site/index.cfm>.
- Schoo, A. M. et al. (2005). "A conceptual model for recruitment and retention: Allied health workforce enhancement in Western Victoria, Australia." Rural and Remote Health **5**: 477.
- Veitch, C. and L. Crossland (2002). "Exploring indicators of experiential place integration in a sample of Queensland rural practitioners: A research note." Rural and Remote Health (online) **111**.
- Veitch, C. and M. Grant (2004). "Community involvement on medical practitioner recruitment and retention: reflections on experience." Rural and Remote Health **4**.
- Wilson, D. R. et al. (1998). Alberta's Rural Physician Action Plan: an integrated approach to education, recruitment and retention, Can Med Assoc. **158**: 351-355.
- Wilson, N. W. et al. (2009). "A critical review of interventions to redress the inequitable distribution of healthcare professionals to rural and remote areas." Rural and Remote Health **9**: 1060.
- Wilson, T. (2006). "Territory Mobility Survey: Preliminary Results for the Non-Indigenous Population." From [http://www.cdu.edu.au/sspr/documents/2006TerritoryMobilitySurvey\\_3\\_\\_000.pdf](http://www.cdu.edu.au/sspr/documents/2006TerritoryMobilitySurvey_3__000.pdf).
- Wolfenden, K. et al. (1996). "Recruitment and retention: perceptions of rural mental health workers." The Australian Journal of Rural Health **4**(2): 89-95.