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### Factors Identified by Physiotherapists that Influence the Retention of Regional Clinicians: A Qualitative Investigation

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#### ABSTRACT

**Objective:** To identify factors influencing the retention of physiotherapists in one regional setting. **Design:** A qualitative framework using semi-structured interviews was used to collect data. Data were evaluated using thematic analysis. **Setting:** A regional city located on the coastline of Queensland, Australia, more than six hours drive from the capital city, Brisbane. **Participants:** Practicing physiotherapists employed by Queensland Health, the main public health employer. **Main Outcome Measures:** Retention themes identified from the interview transcripts. **Results:** The advantages of remaining employed in the regional city were centred on personal issues. Forty-four responses described personal advantages while 33 described professional advantages. The two most common advantages were remaining close to family and lifestyle and environment. Professional negative factors achieved a higher tally of 57 responses as compared to personal issues with only 24 responses. The two most common disadvantages described were professional issues including a lack of professional development and minimal supervision and support. All participants listed incentives requiring financial resourcing to improve retention. **Conclusion:** Negative work related factors were more significant when there is no personal connection to the community highlighting the importance addressing and maintaining a high level of professional satisfaction in order to retain clinicians.

#### INTRODUCTION

Retention of allied health professionals (AHPs) and the broader health workforce underpin workforce supply and demand in the Australian health sector.<sup>1</sup> The difficulty of retaining AHPs, including physiotherapists, in rural communities is identified as a significant problem in Australia.<sup>2</sup> Despite a sustained increase in the number of AHPs (including physiotherapists) completing training throughout Australia over the last decade, there still remain critical shortages of AHPs in non-metropolitan communities.<sup>3</sup> When considering physiotherapy, the number of employed clinicians in metropolitan cities throughout Australia are over-represented with ninety-five percent of the total workforce employed in these areas.<sup>2</sup>

Low rural AHP retention rates are multifactorial, resulting from a combination of personal, environmental, professional, and work-related factors.<sup>4</sup> Reasons cited include burnout, disillusionment, lack of management support, high stress levels, travel, family responsibilities and lack of professional development and isolation.<sup>5-13</sup> No targeted research has been conducted in Australia focussing on issues of physiotherapy retention in regional cities.

Existing literature largely focuses on factors affecting the retention of AHPs as a single entity, with none identified solely relating to the retention of physiotherapists. Current research focuses on issues related to the retention of AHPs in rural communities based on their geographical isolation and small population bases.<sup>5-13</sup> Comparatively, regional Australian cities have a larger population base and access to greater range of services and facilities. A resulting perception may be that factors affecting the retention of physiotherapists in regional cities are less challenging than in smaller rural or remote communities.

This research addresses the present gap in the literature by exploring factors influencing physiotherapy workforce retention in regional cities. Areas considered were the advantages and disadvantages of working in a regional city and initiatives to improve the retention of physiotherapists. The findings of this study were then compared to the current rural allied health literature. A regional Queensland coastal city in Australia more than six hours drive from Brisbane, the capital city, was used as the site under investigation in this project. The regional city is classified as moderately accessible in the Accessibility Remoteness Index of Australia (ARIA). "Moderately Accessible" indicates a significantly restricted accessibility of goods, services and opportunities for social interaction.<sup>14</sup>

## **METHODS**

### **Research Paradigm**

A qualitative framework explored the opinions and ideas of physiotherapists working in the regional city. The approach acknowledged the interpretivist paradigm. Interpretivism aims to understand human behaviour and the world from an individual perspective.<sup>15</sup> Obtaining opinions and ideas from those inherently involved in the problem or setting have provided an effective means of understanding the participant-specific issues.

### **Participants and Sampling**

Purposive sampling was applied to identify participants who were practicing physiotherapists. The inclusion criteria involved qualified physiotherapists who were practicing in public health services in the regional city. Physiotherapists in the public health employment were targeted as clinicians who are exposed to continual changes in resourcing and retention strategies initiated through state and federal governments. Subjects meeting these criteria were invited to participate in the project regardless of age, gender, professional seniority, and nature of specialist qualifications.

Eight Queensland Health physiotherapists were interviewed in December 2007. Six participants were women, with experience ranging from under 12 months to over thirty-five years. However, 75% had less than ten years clinical experience and 50% had less than five.

### **Data Collection**

Semi-structured interviews were the principal method of data collection. To encourage honesty and expansive answers, interviews were strictly confidential. Each interview was guided by core themes informed by the literature (eg. barriers to working, positive attributes to living in the regional city) but was flexible enough to allow participants to expand on matters of particular importance to them.<sup>5-13,15</sup> An interview guide was used to reduce the potential of bias. This type of interview facilitated constant comparison between participants' responses, given the core themes proposed by the researcher. With consent, each interview was audio-taped and transcribed to ensure accuracy of data analysis.

### **Data Analysis**

Data obtained from the interviews were analysed on a manual paper base using a thematic approach to analysis. Rigorous audiotape review enabled common or important themes to emerge. The themes were tabulated to consider what themes were emphasised by participants. Analysis concluded when all themes accurately reflected the views and experiences of the participants. Themes were verified by an additional member of the research team by analysing the interview data independently, as a form of member checking to enhance research rigour and triangulation.<sup>15</sup>

### **Ethical Considerations**

Ethical approvals were obtained from both the Human Research Ethics Committee (HREC) at James Cook University and the Regional Health Service District HREC before data collection.

## RESULTS

Three primary themes were the advantages and disadvantages of working in a regional city and key initiatives for the improvement of retention. Both the advantages and disadvantages were divided into two categories; professional and personal issues.

Advantages surrounding personal life were the most numerous “positives” in this study (Table 1). The most common personal factors contributing to physiotherapists’ retention were the *type of lifestyle and environment* evident in the coastline city and remaining close to *family and/or partner*.

**Table 1: Advantages of working in a regional area**

<b>Category</b>	<b>Participants n=8</b>	<b>Total†</b>
<b>Professional</b>		
Supportive management and colleagues	7	10
Increased experience	6	10
Increased technology and access to PD‡	4	6
Early career progression and specialisation	3	4
Autonomous work	2	3
<b>Personal</b>		
Welcoming community	4	6
Staff	4	7
Lifestyle and environment	5	13
Sport and activities	5	7
Partner and/or family	7	11

†more than one response per person

‡Professional Development

Although professional advantages achieved a lower tally of responses, two common factors included the *wide range of clinical experience* available and the value of working with a *supportive, pleasant management and staff*. Participants’ comments regarding the personal and professional advantages of working in the regional city were reported as:

### Personal Advantages

*“...city benefits without being oversized. So you can come to work in ten to fifteen minutes, its easy to get in and there is no big deal with traffic.”*

*“So family wise, the kids are at the beach, there’s bush, good neighbours. You couldn’t ask for anything more.”*

### Professional Advantages

*“...we get to see a lot more because it is a small hospital. You are sort of thrown in the deep end and you have to do it.”*

*“I am doing more than what I would be somewhere else because there are not as much staff and you are just kind of expected to do it.”*

Negative factors based on professional issues were significantly higher (57 responses) than negative personal issues (24 responses) with living in the regional city (Table 2). The most common professional disadvantages of working in the regional city were a *lack of professional development* (PD) and *limited supervision and support*. Personal disadvantages commonly referenced included *high costs for accommodation* and *limited facilities and activities* to enhance social experiences.

**Table 2:** Disadvantages of working in a regional area

<b>Category</b>	<b>Participants n=8</b>	<b>Total†</b>
<b>Professional</b>		
Access to professional development	8	12
Support and supervision	7	13
Career progression and specialisation	6	8
Availability of resources	3	7
Caseload	4	5
Lack of staff	6	7
Communication	2	2
Burnout	1	1
Lower pay compared to metropolitan cities	1	1
Decreased community care	1	1
<b>Personal</b>		
Accommodation cost	5	6
Limited facilities and/or activities	6	9
Distance from family/friends	2	2
Climate	2	2
People in the community	3	5

†more than one response per person

*Incentives* requiring financial resourcing were the most common retention strategies raised by participants (Table 3). All participants found that incentives including paid flights home, a retention payment for the regional, rural and remote areas of Australia, subsidy for accommodation costs, and greater focus on the availability of professional development outside metropolitan areas were appealing options.

**Table 3:** Solutions or strategies to improve retention

<b>Category</b>	<b>Participants n=8</b>	<b>Total†</b>
Incentives	8	12
Greater PD <sup>‡</sup> focus	5	8
Recruitment of local staff	2	2
Better career structure	4	4
Employment of seniors for supervision	4	6
Job recognition	1	1
Development of a social club	1	1
Integration of employment industries	1	1

†more than one response per person

## DISCUSSION

In comparison to rural and remote communities, regional cities have a larger population base and the population has access to a greater range of services and facilities.<sup>14</sup> As a result, there may be a common perception that the factors affecting the retention of physiotherapists in regional cities are less challenging than in smaller rural or remote communities. This study highlights the close similarities between the factors affecting retention in a regional city compared to rural areas described in the literature. The common advantages and disadvantages of working in a regional city discussed in this study are strongly linked to those in rural communities.

Personal factors have a profound impact on recruitment and subsequent retention of physiotherapists in the regional city. The most common advantage of working in the regional city was remaining close to family and friends. Four participants were first recruited to the regional city for family reasons and intended to stay for this purpose. Another three participants discussed the importance of residing with their partner while working in the regional city. Residing close to family and partners in this study coincides with the findings of four rural studies indicating the importance of personal issues for the retention of staff: total responses for personal and professional issues reinforce this.<sup>5,8,9,13</sup> Despite a higher proportion of “positives” associated with

personal factors of living in the regional city, the professional disadvantages far outweigh the personal advantages. Without strong personal connections to a regional city, the decision for physiotherapists to stay may be influenced more by professional factors, which was reported as a “negative” in this study. Improvement in the retention of physiotherapists without personal connections to the community may be limited until there is improvement in the professional issues identified.

As with retention in rural areas, the type of clinical work undertaken was deemed as both a positive and negative in the regional city.<sup>5,8,9</sup> Although six participants discussed the wide ranging experience received due to relatively low staffing levels, positive feelings were superseded by an expressed lack of professional supervision and support. Professional isolation was reported despite working in a larger regional facility. Participants felt isolated about working as the only physiotherapist in a particular area of the hospital or community setting. This was compounded by the lack of clinically experienced staff available at the time for supervision and guidance of the early graduates.

Exposure to varied clinical conditions utilising the full scope of physiotherapy practice was described as both a positive and negative aspect of working in a regional city. The majority of new graduates felt that they obtained wide-ranging clinical experience due to the limited availability of resources and lower staffing levels. However, the senior physiotherapists reported an inability to develop knowledge and skills across their full scope of practice as the regional city residents accessed tertiary level services outside the district. Limited clinical exposure was also identified as an issue for those wishing to specialise or progress their career. Participants reported limited availability of senior positions, the majority of which were currently filled. Although early career progression was a positive for three participants, limited opportunities for advancement was consistent with literature on retention in rural areas.<sup>5,7,11</sup>

Consistent with all of the studies focusing on retention in rural areas, the lack of opportunities for professional development was a major factor contributing to poor retention.<sup>5-13</sup> Although clinicians in regional areas arguably have greater access to professional development opportunities than those residing in rural areas, the most common shortfall of working in the regional city was the lack of professional development available, making findings consistent with the rurally-situated literature.<sup>5-13</sup> Common barriers described by participants were also consistent with the rural literature.<sup>5-13</sup> Professional development was limited by the restricted number of courses held locally, travel and cost required to attend courses, workplace restrictions on time off work and a lack of staff to backfill positions.

This study demonstrates close similarities in the professional issues of physiotherapists working in a regional setting as compared to the issues described in the literature by allied health professionals working in rural communities. Therefore, it is important that regionally based allied health professionals continue to access State and Commonwealth initiatives that may otherwise target “rural and remote” areas.

Supported by this study, most solutions described in the literature were based around creating monetary incentives to increase retention.<sup>6,11</sup> One of the strongest findings arising from this study was that working as a physiotherapist in regional areas needs to be more appealing than metropolitan cities to increase retention, especially where there is no personal connection to the community. This may necessarily involve increased financing for incentives, but could equally involve other enticements including greater access to professional development locally.

Limitations of this study include the small sample size targeting only current public sector employees within one regional centre. Arguably, a broader applicability of findings is limited and therefore expanding the scope of this research is recommended including a larger sample size and inclusion of other regional cities, private and public physiotherapists, and the medical and nursing literature. Care should be taken when applying the findings that may only relate to the current public physiotherapy service in the regional city. This study highlights important factors in retaining staff in regional centres and the similarities to factors identified in the literature describing rural allied health retention, a connection which has not been well articulated in the literature previously.

## CONCLUSIONS

The positive and negative factors of working as a physiotherapist in the regional city were similar between the eight participants. The most common retention factor described was the personal affiliation with the regional city including remaining close to family or friends and the lifestyle or environment. Negative factors were based more upon professional issues. This highlights the importance of maintaining a high levels professional satisfaction in order to retain physiotherapists without personal connections to the community.

The positive and negative factors influencing the retention of physiotherapists in a regional area in this study are closely related to the factors identified in the allied health literature focusing on rural communities. Workforce strategies may benefit from being reviewed and resourced to address the issues impacting on the retention of allied health professionals, including physiotherapists, in regional areas.

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