Recruitment, Retention & Recreation: The Three R’s of Staffing

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Attracting staff into country positions remains a challenge for all rural and remote employers. We are all aware of the myths and stigma attached to country positions. Some of these include:

- things are 'real slow' in the country, therefore, reducing professional development opportunities;
- PSO2 positions in the country are really only equivalent to PSO1 positions in the city, and
- the reason staff 'end up' in the country is because they had difficulty finding positions in the city.

This paper will look at some of the issues that surround the recruitment, retention and, dare we say, recreation of staff based in the Allied Health Services Division at the Port Augusta Hospital Inc.

We would firstly like to tell you about Port Augusta and its Far Northern region.

Port Augusta Hospital is a regional hospital servicing the Flinders and the Far Northern region of South Australia. The hospital has just over 100 acute care beds offering medical, surgical, maternity, gynaecological and emergency care. Port Augusta's catchment population is 35,000 people and the area we service is approximately 82% of South Australia. This compares to the city of Port Augusta itself which has a population of 15,000 people. Port Augusta is situated three hours north of Adelaide and is known as the 'Gateway to the Outback'.

The majority of our travel to the outreach areas in the far northern region is via the Royal Flying Doctor Service which helps reduce travel time (ie it takes 5.5 hours to drive to Coober Pedy, compared with just under 2 hours to fly).

Table 1: Port Augusta Hospital 1984 - Organisational Chart
In 1984 Port Augusta Hospital employed four allied health professionals working in sole positions in social work, pharmacy, x-ray and speech pathology and were responsible to the Medical Superintendent. In 1991 Port Augusta Hospital Allied Health Division increased to eight departments with a total of fourteen individuals (Table 1.).

In 1993 staffing increased once again to eighteen staff members, however, the system in which these staff members work has changed significantly (Table 2.).

In November 1992 a decision was made to restructure the Division of Allied Health from Departments into three multidisciplinary teams, based on the following reasons:

1. Vacant senior positions were proving difficult to fill, consequently we had base grade staff working without support and leadership.
2. Even though it was tempting to fill such positions with base grade staff, Port Augusta Hospital recognised the difficulties that are experienced by junior staff when working in isolated areas without adding the extra pressures of performing at a senior level.
3. Although staff have particular talents, qualifications and skills they were tending to focus more holistically than ever before. This was an indication of the need to move toward primary health care strategies.
4. The recent CHASP (Community Health Association Standards Program) review identified concerns with the original organisational structure.
5. The CHASP working parties identified focus teams of the health professionals as a more appropriate structure for achieving outcomes.
6. Departments were small (1-3 persons), hence there are economics of scale to be gained by restructuring.
7. We believe that health is not comfortably split into speech, physiotherapy, occupational therapy etc. It was felt that this segregation is artificial and reduces the opportunity to collate data on health issues and patterns in our community. We believe good interdisciplinary collaboration is required for the best health outcomes to be achieved.
8. It is difficult to identify priority areas when six different departments are doing the prioritising.

The advantages in this transition are as follows:

1. Each team has its own geographical area to which they provide health services. For example, the General Team covers Coober Pedy, Cook, Tarcoola and Oodnadatta; the Acute and Rehabilitation Team provides services to Quorn, Hawker and Leigh Creek.
2. Individuals can consolidate skills and efforts across teams rather than losing these in separate departments.
3. Individuals within the teams will be involved in needs analysis and prioritisation of community needs rather than provision of services based on 'reactivity'.
4. Team processes will encourage interdisciplinary communication, common goals and philosophies.
5. Community needs will be more clearly defined and prioritised.
6. The multidisciplinary teams will foster the holistic approach and consequently support the principles of primary health care.
7. Work duties will be more clearly defined and certainly more manageable.
8. The team structure will enable an efficient:
   - central case note system
   - intake and review systems
   - sharing information about trends and patterns in a particular focus area
   - development of special resource material and the sharing of resources
9. This model will be more cost effective.
The new team structure, we feel, is one of the appealing characteristics in encouraging the recruitment of new staff to Port Augusta.

Table 2: Port Augusta Hospital Inc, Division of Community Health Services 1993
Recruitment

We have found the following strategies helpful in recruitment of staff:

Encouraging bursary offers to take place
In 1991 bursary offers were taken up from the disciplines of Physiotherapy and Occupational Therapy. Students were offered financial assistance in their final year of study and committed themselves to provide one full year of service to the Port Augusta Hospital on completion of their studies. This is seen as a cost effective strategy when compared to the cost of advertising and interviewing which do not guarantee success.

Strongly encouraging student placements at Port Augusta Hospital-Allied Health Services Division
In the past, the majority of placements were organised by seniors of departments following negotiation with colleges and universities. In the future student placements will be negotiated by the team and considered on the basis of their relevance to the team and the team's opportunity to provide a worthwhile learning experience. We have found that students who have undertaken placements at the hospital have been stimulated and enthused and this has resulted in them having a change in attitude toward establishing for themselves professional careers based in the country. The importance of a supportive, positive and well informed group of fellow team workers will, it is hoped, be achieved at Port Augusta through the establishment and development of the new team structure.

Students have also promoted the positive image of working in a rural area with peers which has assisted in breaking down the negative image which some hold of life in the country. Speaking personally I believe that my working life in Port Augusta would be less 'intensive' even slow paced - I was very wrong! A similar view is shared by other health professionals with whom I have worked.

Funder Provider Splits
Funder Provider Splits are service agreements between agencies. We currently have a number of arrangements in Port Augusta. For example, the Children's Services Office (CSO) has funded a speech pathologist position at Port Augusta Hospital. This joint venture ensures that speech pathology services are provided to pre-schools in Port Augusta whilst at the same time helping to compliment speech pathology services to the hospital. As the position is based at the hospital, an added advantage is that the worker is supported by an existing network of professionals and at the same time overcomes the difficulties faced by CSO in filling a position in Port Augusta. Similar inter-agency arrangements exist with Nerilda (local nursing home) and are being pursued with South Australian Mental Health Services and Child and Adolescent Mental Health Service.

Uniqueness
One of the most appealing characteristics of our work is the uniqueness of the area. The region that we service is vast and requires assistance through the Royal Flying Doctor Service, government cars and the railway network. Port Augusta, being the 'Gateway to the Outback', provides staff with great diversity of knowledge, case load and skills. For example, provision of service delivery that is based on mutual discussion of needs between provider and consumer in Coober Pedy, which has over 35 different nationalities, makes 'joint' planning interesting yet achievable.

The appealing nature of the region helps to recruit staff. But once recruited, how do we retain staff?
Retention

We believe that the following strategies help to retain staff:

1. In 1991 a **Director of Community and Allied Health** was appointed. This has provided the much-needed structure for Allied Health Services. The Director is not only able to give direction to service delivery but also provide support to all staff members. In addition, the Director ensures representation at the executive level, promotes and coordinates networking within the hospital and ensures effective management. The Director ensures that other hospital divisions recognise and acknowledge the significant contribution that allied health professionals make to health care.

2. The establishment of an **interdisciplinary team structure** enhances the possibilities to:
   - provide greater communication, support and peer review
   - encourage staff to learn new models of service delivery from their colleagues who are from different disciplines
   - raise staff awareness of how other professionals address clinical problems
   - provide a democratic system in which decisions are made, for example for professional development or program planning based on team priorities.

3. A **supportive hospital administrative structure** helps facilitate healthy working environments within the Allied Health Services Division. We are fortunate to have a supportive administration who are eager to follow the guidelines of Primary Health Care service delivery. An obvious advantage of this is that energies are not wasted in 'touting' for budgets, independence and autonomy. As a result of this, ventures move toward being joint rather than based on an 'us vs them' mentality.

4. **After hours social networking** helps to build on friendships formed during working hours. Interestingly, a majority of our staff come from interstate and, therefore, staff are almost 'forced' to build friendships or social networks given that it is difficult to 'pop home' to Perth or Brisbane for the weekend.

5. Good **staff development opportunities** do exist even though we have to very carefully consider development applications given the shortage of money available. We believe that the new team structure will help to strengthen appropriate training and development based on staff appraisal and team priorities.

6. A **new working environment** will help to consolidate our new team structure. At present some staff are located in different areas, ie, in the hospital or in the city of Port Augusta. Once we are centrally located joint planning, implementation and evaluation can take place from our 'base', ie the Community Health Centre of Port Augusta.

Recreation

Given the good social networking that has taken place at Port Augusta Hospital the city of Port Augusta offers a wide variety of recreational activities.

As well as working together, staff 'play' together. We have also found that this is a good way of getting to know other community members outside our working environment. There exist a number of competitions during the week and on weekends in which staff can involve themselves. As staff we do spend a lot of time together in and out of work. At present we continue to enjoy each other's company and I certainly hope this will continue.

In conclusion this is the last of our three Rs. There are other Rs out there that continue to puzzle, challenge and test employers' skills and patience in trying to recruit, retain and support an environment in which staff can relax and enjoy themselves. After all that's what it's all about!