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An examination of supportive management practices promoting health workforce stability in remote northern Australia

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Abstract

Objective: The aim of this study is to examine management practices that support the wellbeing of health professionals working in remote regions, which may improve workforce retention.

Method: An online questionnaire was distributed to health professionals working in remote regions of the Kimberley and North Queensland. A response rate of 20% was achieved.

Results: The findings suggest that, for health professionals working in remote regions of northern Australia, accessing adequate support is one of the most challenging aspects of working in remote regions. Hence, in remote regions where turnover is high, retention of competent health professionals may benefit from management practices that provide improved personal and professional support.

Conclusions: Health professionals working in remote Australia face unique pressures due to their geographical and professional isolation. Therefore, providing support improves their professional competence and personal wellbeing, and promotes workforce stability, which benefits the remote community through better access to health services.

Keywords: workforce, remote, management, support, retention

Current evidence suggests that the coordination of a structured support system could strengthen and sustain retention of health professionals in rural areas. (p. 294)¹

For many health professionals the idea of working in remote Australia ignites a sense of adventure as they anticipate new challenges. Regardless of whether the choice to work in remote regions is about lifestyle, financial benefit or making a difference, the challenges are often more extensive than many health professionals anticipate. These pressures frequently lead to voluntary turnover, with high turnover rates reported in remote Australia.²

Reviews by Campbell et al. in 2012³ and Onnis and Pryce in 2015⁴ agree that health professionals leave remote regions for a range of reasons including poor person-fit, inadequate housing; excessive travel, limited resources, difficulty accessing leave and concerns about personal safety. Additionally, they reported that the physical and emotional demands of working in remote regions have personal consequences, including personal isolation, loneliness, stress and feeling exhausted. Many of these challenges contribute to poor health.

Health professionals living in remote regions are just as susceptible to Australia's one-in-five rate of mental illness.⁵ Therefore, it is imperative that organizations encourage supportive management practices that promote interpersonal relationships strengthening inclusion and social cohesion. These relationships often manifest as organizational commitment and retention, as well as contributing to the overall wellbeing of the individual health professional.⁶ Other factors that contribute to both retention and individual wellbeing are a healthy lifestyle and social support networks, both of which have been highlighted in the literature.^{3,4}

The aim of this study was to examine management practices that support the wellbeing of health professionals working in remote regions. It is proposed that these

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practices could improve workforce retention and access to health services in remote regions.

Methods

An online questionnaire was distributed to health professionals working in remote regions of the Kimberley (Western Australia), Far North Queensland and North West Queensland. These health professionals were employed by one of eight organizations that agreed to participate in this study.

The questionnaire was distributed to 732 health professionals with 145 questionnaires returned providing a response rate of 20%. Incomplete questionnaires were removed, leaving 118 questionnaires for analysis. The questionnaire contained Likert scales and questions requiring a written response. The quantitative data were analysed using SPSS22 (Statistical Package for the Social Sciences (SPSS), IBM, Armonk, NY). A thematic analysis of the text responses was conducted using NVIVO10. QSR International Pty Ltd, Melbourne, Australia.

The literature found that individuals respond differently to similar working conditions, suggesting that individual attributes and expectations should be investigated.³ The following questions enabled further examination of these observations by uncovering individual differences in motivation, expectations and job satisfaction:

1. Why did you choose to work in a remote region?
2. Now that you work in a remote region, is the work as you expected?
3. What are the greatest challenges of working in a remote region?
4. What do you like best about working in a remote region?

Approval was granted by James Cook University Human Research Ethics Committee (HREC) (H5227), Townsville Hospital Health Service HREC (HREC113/QTHS/225) and Western Australia Country Health Service HREC (2013:31).

Results

The sample was almost evenly distributed between Queensland and Western Australia. Most participants lived in a regional centre (62%) with the remainder living in a remote town (16%) or a very remote community (22%). Most participants had worked in a remote region with their current employer for less than five years (62%). Approximately one-quarter (28%) had been there for less than two years.

There were a higher proportion of female participants (84%). The majority were nurses (60%) and allied health professionals (21%); with the remainder (19%) comprising GPs, Indigenous health workers, dentists and specialists.

Correlations

The relationship between management practices and the commitment measures were investigated using Pearson product-moment correlation coefficient (Table 1). Analysis identified a strong positive correlation between 'loyalty to their employer' and professional growth, employer support, personal safety, help from their manager at work and management understanding their role. A milder positive correlation was found between 'loyalty to their employer' and supervision, adequate resources, sufficient training opportunities and orientation. Weaker positive correlations were found between 'it would be hard for me to leave this job now' and supervision, employer support, management understanding and orientation.

These findings suggest that there is a correlation between supportive management practices and the level of commitment to the organization. For example, those who felt loyal to their employer also felt that their employer provided for their personal safety, and supported them in terms of access to professional development, orientation and available resources.

Text responses

Attraction to working in remote regions and the reported best aspects of this work were more frequently personal (e.g. lifestyle, personal connections and making a difference). This suggests that while professional, organizational and contextual reasons contribute to decision making, it is most likely that personal reasons are the most influential for health professionals working in remote regions. In contrast, the aspects where their expectations differed from their experience were often organizational (e.g. support, work systems and professional development). 'Expectations' describes the remote working conditions that they anticipated. Differences in expectations highlight mismatches between their prior knowledge of the remote work environment and the actual experience.

When asked about challenges, clinical challenges were frequently reported, closely followed by management support, providing further evidence of the important role of management support for retaining health professionals in remote regions.

Discussion

These findings suggest that supportive management practices provide a work environment conducive to positive individual wellbeing. The variation in responses suggests that while the factors are common across the workforce the impact is individualized. Therefore, it is reasonable to suggest that retention can be improved through supportive management practices that are adapted for each individual and promote organizational support.

Table 1. Pearson product-momentum correlation between management support and commitment measures

Scale	1	2	3	4	5	6	7	8	9	10	11	12
1. My employer provides adequately for my personal safety	—	.603**	.380**	.338**	.284**	.567**	.551**	.285**	.481**	.217*	.474**	.433**
2. I feel loyal to my employer	—	—	.154	.446**	.370**	.619**	.631**	.297**	.492**	.266**	.539**	.335**
3. There is adequate access to annual/recreation leave	—	—	—	.260**	.201*	.311**	.352**	.303**	.134	.129	.242*	.364**
4. My employer provides regular professional supervision	—	—	—	—	.489**	.358**	.301**	.407**	.350**	.304**	.573**	.473**
5. I have all the resources that I need to do my job	—	—	—	—	—	.332**	.496**	.482**	.270**	.212*	.359**	.568**
6. My employer has always supported me	—	—	—	—	—	—	.716**	.360**	.528**	.289**	.643**	.381**
7. This employer lets me grow and develop professionally	—	—	—	—	—	—	—	.248*	.570**	.183	.487**	.633**
8. The orientation/induction provided by my employer prepared me for this job	—	—	—	—	—	—	—	—	.468**	.220*	.542**	.467**
9. My supervisor/manager understands what I do in my job	—	—	—	—	—	—	—	—	—	.278**	.625**	.403**
10. It would be hard for me to leave this job now	—	—	—	—	—	—	—	—	—	—	.221*	.231*
11. My supervisor/manager helps me a lot at work	—	—	—	—	—	—	—	—	—	—	—	.484**
12. I am provided with sufficient opportunities for training and development	—	—	—	—	—	—	—	—	—	—	—	—

** $p < 0.01$ (two-tailed); * $p < 0.05$ (two-tailed).

Perceived organizational support

Perceived organizational support (POS) is a form of social exchange between an employee and their employer.⁶ It is assumed that when the organization treats the employee well the employee reciprocates, by working to benefit the organization. In remote regions, the benefits of POS are important because employees who consider their employer supportive are more likely to reciprocate, which often translates into improved retention.⁷

Many of the reasons reported for voluntary turnover may arise from a breach in their psychological contract. Psychological contracts are unwritten contracts usually described as being the organization's obligation, as perceived by the employee.³ Psychological contracts, which are individual to each employee–employer relationship, may help to explain the differences reported in expectations; and the reasons why challenges for some are the best aspects of the work for others.

Organizations provide safe workplaces through meeting workplace health and safety requirements. They provide for both the physical and mental health of employees. The nature of the work for remote health professionals creates additional challenges. For example, in remote regions personal support often extends beyond the traditional work day, with health professionals working and living together in close proximity.^{3,4} The absence of support in these circumstances may lead to voluntary turnover and have negative health impacts for the individual(s) involved.⁸ The effects of bullying, harassment and lateral violence are well documented.⁷ Alarmingly, Hegney et al. (2003)⁸ reported that the sources of workplace violence for nurses, after patients, were nursing management, other nurses, other managers and other staff (including medical practitioners and allied health professionals). Furthermore, there was increased risk for nurses in rural and remote areas, as it was less likely that there would be current 'policies for the management of workplace violence from staff'. (p. 267)⁸ Increased risk and an inadequate management response can place further pressure on a health service already under-resourced. Therefore, management practices have long-term impacts for the individual(s) and families, and societal wellbeing.

Regardless of whether they have connections with the remote region or form part of a visiting health service, the individual wellbeing of health professionals translates into the quality of care they are physically and emotionally able to provide. This study found a statistically significant association between several supportive management practices and commitment measures. The World Health Organization Report on retention in rural and remote regions recognises the importance of personal and professional support as key factors influencing the retention of health professionals.⁹ Hence, the wellbeing of health professionals is both a personal and an organizational responsibility. For those working in remote regions, where turnover is high, it also promotes workforce stability.

Limitations

The disadvantages of online questionnaires include low participation rates.¹⁰ The benefits include speed in distribution and low costs.¹⁰ As such, it is acknowledged that a 20% response rate means that the findings may not be representative of all remote health professionals. However, the findings were consistent with the literature, suggesting that these findings are typical of the perspectives of remote health professionals. There may also be a self-selection bias, that is, those with a particular bias towards the topic or completing questionnaires may have been more likely to participate.¹⁰ Future research should consider how to overcome these limitations.

Conclusions

Health professionals who feel adequately supported have greater capacity to positively influence their own personal wellbeing as well as the health outcomes for remote populations. Therefore, management support is not only a significant aspect of retention for organizations, it also promotes workforce stability, which benefits individuals and remote populations through better access to appropriate health services.

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Disclosure

The author reports no conflict of interest. The author alone is responsible for the content and writing of the paper.

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