

# FACTORS INFLUENCING ATTRITION AND RETENTION OF AN ALLIED HEALTH WORKFORCE

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## ABSTRACT

### OBJECTIVES:

Like many countries across Asia Pacific, Australia is facing significant allied health workforce shortages. This study aims to examine factors influencing attrition and retention in an allied health workforce (Nutrition and Dietetics, Orthoptics, Orthotics, Occupational Therapy, Physiotherapy, Podiatry, Psychology, Speech Pathology, Spiritual Care and Social Work) in an Australian public health service.

### METHODS:

A mixed methods study was conducted at a metropolitan, quaternary public healthcare service in Melbourne, Australia. Quantitative and qualitative data was collected and analysed from two online surveys from allied health staff: 1) resigned and completed a voluntary exit survey (group 1); and 2) employed and consented to participate in a workforce survey (group 2).

### RESULTS:

Eighty-three respondents (group 1, response rate 27%) completed the resignation exit survey and 136 respondents (group 2, response rate 20%) completed the workforce survey. Reasons for resigning included dissatisfaction with the level of involvement in decision making (45%), systems and process (41%) and performance review processes (41%). Respondents currently employed described a positive job satisfaction attributed to enjoyable and interesting work (89%) and feeling valued by others in their profession (80%). Nearly a quarter (23%) were planning to leave their current position in the next six months. Intertwining themes identified job satisfaction, team environment, job flexibility, security and stability, the culture and reputation of the organisation could influence attrition and retention.

### CONCLUSIONS:

The findings from this study adds to the limited but growing understanding of factors influencing attrition and retention of allied health professionals. An allied health professional's experience of working in public health underpins their desire to

stay or leave. Healthcare leaders and managers implementing targeted interventions that focus on improving job satisfaction with greater recognition, professional support, opportunities for career progression, meaningful workload allocation, optimisation of job security and work environments may improve allied health attrition and retention.

## KEYWORDS

allied health, workforce, attrition, retention, public health

## INTRODUCTION

Significant allied health workforce shortages are emerging in health care sectors across Australia [1]. The 2023 Australian Government's Top 20 Occupations in demand include physiotherapists, occupational therapists and social workers [2]. Similar shortages are reflected across the Asia-Pacific region with New Zealand also listing a range of allied health professions in their 'green list' which contains highly skilled roles identified as being in high demand globally and in ongoing shortage in New Zealand [3]. Current and projected allied health workforce shortages across the region pose risk to the provision of holistic, safe, effective, and timely healthcare.

Over the next decade, allied health professionals (AHPs) are projected to be the second largest employment growth group in Australia in the care and support workforce, with forecasting estimating that tens of thousands of AHPs will be needed within two years [2] [4]. There are likely two key reasons why so many additional AHPs are needed: 1) With an aging population, the demand for care provided by AHPs is growing, and 2) the supply of AHPs is not meeting the growing demand, particularly due to workforce attrition. First, the number of people aged 75 and over in Australia is growing faster than the population as a whole [5]. Older Australians (over 65 years) are utilising significantly more allied health services compared to younger Australians which demonstrates the increasing need for AHPs [6]. Second, the supply of nationally registered, practising AHPs (Occupational Therapists, Physiotherapists, Podiatrists and Psychologists) from 2015 to 2020 has increased by 40%, yet demand has continued to outstrip growth in the public health sector [7]. This may be due to AHPs working for a shorter duration in their profession and/or choosing to work in private practice. For example, in the past decade, 57% of physiotherapists who let their registration lapse did so within 10 years of their initial registration [8]. Over the past five years the proportion of occupational therapy graduates working in private practice increased by 11% while decreasing by 4.5% in public health [9]. These examples highlight that attrition from professions and retention in public health are both factors contributing to these workforce shortages.

A paucity of research and workforce data means it is difficult to ascertain the reasons for AHP attrition from public health [10]. A rapid review of the literature for five of the larger allied health professions categorised 17 factors influencing attrition as organisational (career opportunities, work environment, caseload type / volume), psychological (burnout, satisfaction, professional identity), team and management (leadership, recognition), and job characteristics (remuneration, work location) [11]. Other research suggests gender may impact workforce attrition as female-dominated professions have a greater proportion of part time workers and primary caregivers who take career breaks for family reasons [12]. This may be relevant for allied health with more women than men employed in nine of the 11 registered professions [13]. However, further research is needed to clearly identify factors contributing to attrition and retention in public health.

Understanding the factors that are influencing attrition and retention could inform the development and implementation of local, targeted strategies by allied health leaders and managers. The aim of this study was to identify and describe factors contributing to attrition and retention in an allied health workforce.

## METHODS

A mixed methods study was conducted across three hospital sites (an acute, sub-acute rehabilitation and community site) of a quaternary public healthcare organisation in Melbourne, Australia. Data were collected from two online surveys

from allied health staff: 1) resigned and completed the standardised exit survey offered by the Human Resources Department (group 1); and 2) employed and consented to participate in an allied health workforce survey (group 2).

Ethics approval was obtained prior to study commencement (Alfred Health Human Research Ethics Committee, project no 443/22).

## RESPONDENTS

Allied Health staff (from the 11 professional groups reporting to the Allied Health Director at this health service: Nutrition and Dietetics, Orthoptics, Orthotics, Occupational Therapy, Physiotherapy, Podiatry, Psychology, Speech Pathology, Spiritual Care and Social Work) were invited to respond to the surveys. Demographic data were collected.

## OUTCOME MEASURES

Mixed survey questions were designed to produce a 'yes' or 'no' response, a forced selection from a list of options, a rating of agreement on a five-point Likert scale, or an open text response.

1. Exit Survey: Deidentified data were collected from exit surveys of AHPs who resigned between November 2021 and March 2023 (group 1). The voluntary exit survey is offered to all staff who resign during the offboarding process.
2. Workforce Survey: AHPs employed between December 2022 to April 2023 were invited by email to voluntarily participate in an anonymous workforce survey (group 2). A link to survey hosted in REDCap was distributed, with three reminder emails to optimise participation.

## ANALYSIS

Quantitative results were analysed descriptively using SPSS (v.28), presented as frequencies or proportions or differences between groups (Chi<sup>2</sup>). Qualitative results were analysed using an iterative, inductive approach to thematic analysis, with five phases adapted from the method described by Braun and Clarke (2006) [14]: Co-analysts (author 1, author 7) met regularly to review and discuss their analytical process as well as their developing codes and themes.

## RESULTS

### RESPONDENTS

Eighty-three respondents (response rate 27%) completed the exit survey (group 1). Majority of respondents were 28-42 years (34%) or <28 years (31%), employed for <5 years (77%) and worked at the acute hospital site (55%) (Table 1).

TABLE 1. PARTICIPANT CHARACTERISTICS OF THE EXIT SURVEY AND THE WORKFORCE SURVEY

Exit Survey: staff who have left the organisation (n=83)			
	Descriptor	n	%
<b>Age Range</b>	<28 years	26	31
	28-42 years	28	34
	43-61 years	9	11
	>61 years	4	5
	blank	16	19
<b>Profession</b>	Allied Health Assistant	13	16
	Art Therapist	1	1

	Dietitian	4	5
	Occupational Therapist	12	14
	Orthotist	2	2
	Physiotherapist	12	14
	Podiatrist	1	1
	Psychologist	5	6
	Social Worker	5	6
	Speech Pathologist	1	1
<b>Length of Employment</b>			
	<12 Months	24	29
	1-2 years	23	28
	2-5 years	17	20
	5-10 years	5	6
	>10 years	11	13
	blank	3	4
<b>Campus</b>			
	Site 1 (Acute tertiary hospital)	46	55
	Site 2 (Rehabilitation hospital)	28	34
	Site 3 (Community hospital)	4	5
	Other (e.g. Community health)	5	6
<b>2. Workforce Survey: current staff (n=136)</b>			
	<b>Descriptor</b>	<b>Value n</b>	<b>%</b>
<b>Profession</b>			
	Allied Health Assistant	7	5
	Dietitian	4	3
	Exercise Physiologist	0	0
	Occupational Therapist	40	29
	Orthotist	2	1
	Orthoptist	2	1
	Physiotherapist	42	31
	Podiatrist	1	1
	Social Worker	9	7
	Speech Pathologist	4	3
	Spiritual Care	0	0

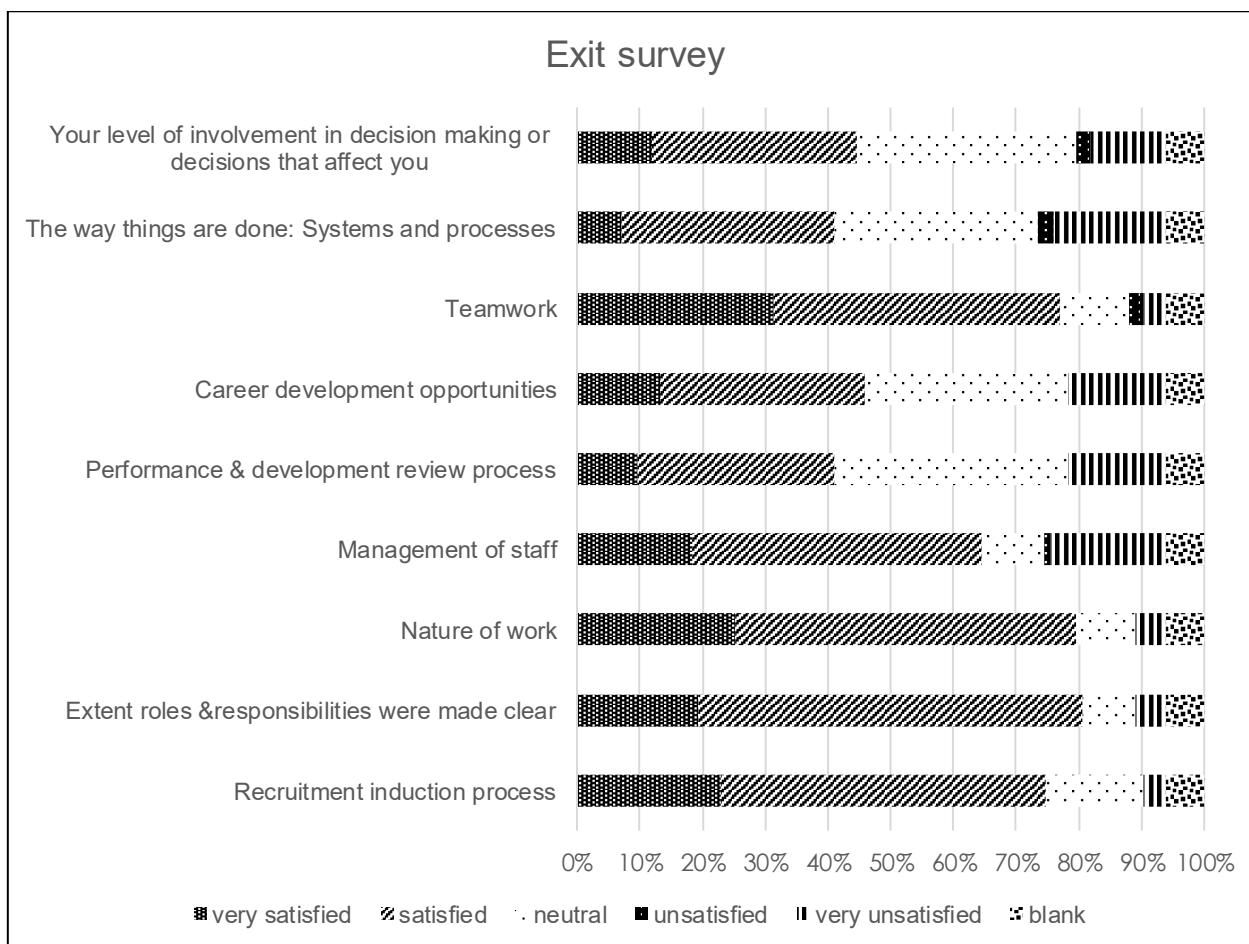
	Other (Psychologist)	23	17
	Prefer not to say	2	1
<b>How long have you worked at the health service?</b>			
	<2 years	36	26
	2-5 years	31	23
	6-10 years	34	25
	11-15 years	14	10
	16-20 years	7	5
	20+ years	10	7
	Prefer not to say	4	3
<b>How are you employed?</b>			
	Full time permanent	64	47
	Full time fixed term	14	10
	Part time permanent	54	40
	Part time fixed term	4	3
	Casual	0	0
<b>Are you happy with the hours?</b>			
	Not happy	13	10
	Happy	123	90
<b>If no, n=13 (10%)</b>			
	I would prefer to work more	5	38.5
	I would prefer to work less	8	61.5
<b>What is your role?</b>			
	Allied Health Assistant	4	3
	Junior AHP	20	15
	Mid-career AHP	38	28
	Senior AHP - clinical	41	30
	Senior AHP non-clinical	6	4
	Senior (>10 years) AHP - clinical	5	4
	Grade (>10 years) AHP – non-clinical	7	5
	Manager/Director	3	2
	Prefer not to say	9	7
	Other	3	2

The workforce survey was completed by 136 respondents (response rate 20%) (group 2). Majority of respondents were senior staff (34%) from physiotherapy (31%) and occupational therapy (29%) employed in permanent fulltime (47%) or part-time (40%) positions.

### FACTORS REPORTED BY RESPONDENTS WHO HAVE RESIGNED

The top three factors group 1 respondents were either very satisfied or satisfied with were: (1) the extent to which their roles and responsibilities were made clear (80%); (2) the nature of the work (79%), and (3) recruitment and induction processes (75%). Factors with lowest satisfaction were: (1) 'the way things were done' referring to local operational processes (41%); (2) performance development review processes (41%); and (3) their level of involvement in decision making (45%) (Figure 1).

FIGURE 1: EXIT SURVEY RESULTS (GROUP 1, N=83)



Group 1 respondents aged >43 years were more likely to be dissatisfied or very dissatisfied with recruitment and induction ( $p=0.038$ ), career development ( $p=0.036$ ), and involvement in decision making ( $p=0.040$ ). There was no relationship between satisfaction and primary site of employment.

### FACTORS REPORTED BY RESPONDENTS WITH CURRENT EMPLOYMENT

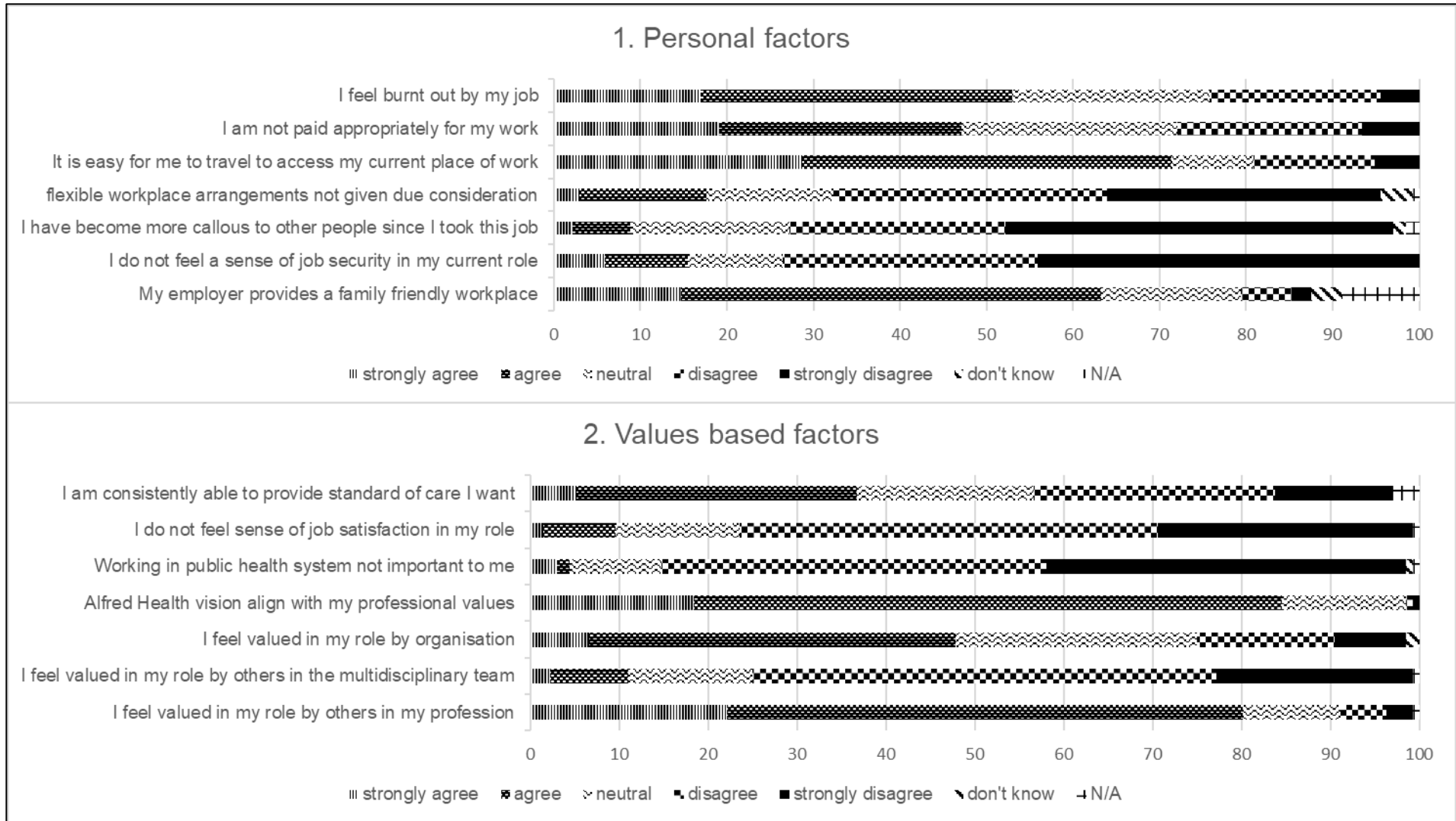
Nearly a quarter of group 2 respondents (23%) were looking to leave their position within six months. The majority (61%) were intending to seek a clinical role with another public health service.

Behaviours influencing attrition and retention results are presented in Figure 2. A sub-group analysis according to years of employment indicated respondents employed for <5 years were more likely to 'feel valued in my role by the organisation' ( $p=0.011$ ) and strongly agree that the vision of the organisation aligned with their professional values ( $p=0.045$ ) compared to those employed >5 years. There were no other differences according to years of employment.

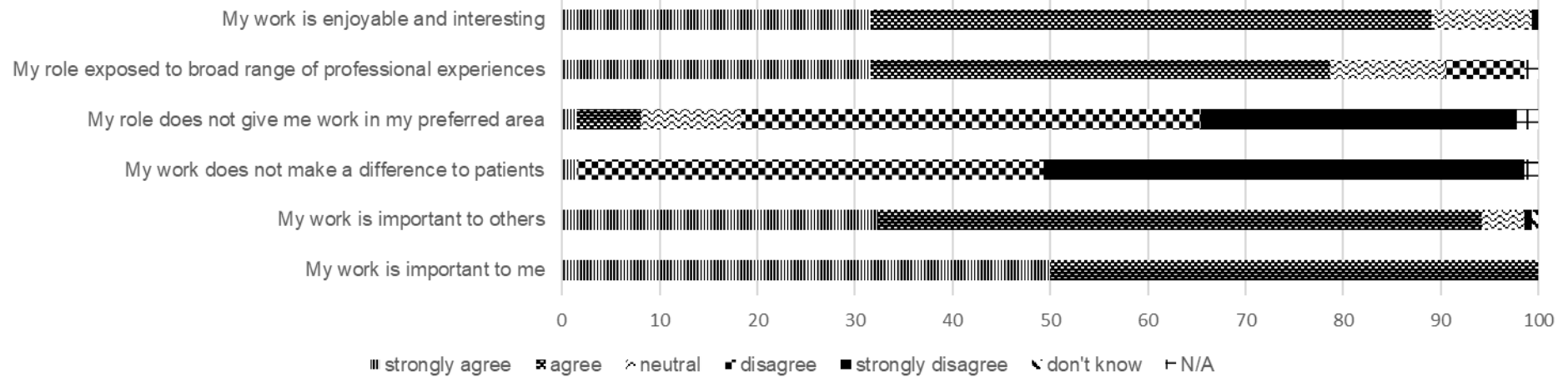
### FACTORS REPORTED BY ALL RESPONDENTS

Four themes were developed from open text data from the two surveys and categorised according to answers directly relating to their position held or at an organisation/ department level. (Figure 3).

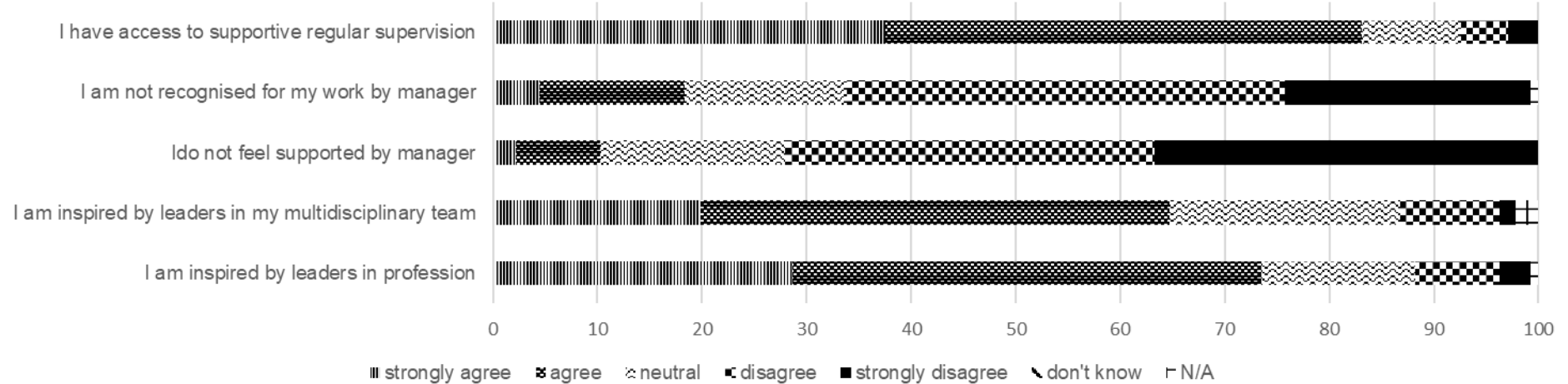
FIGURE 2: WORKFORCE SURVEY RESPONSES (GROUP 2, N=136)



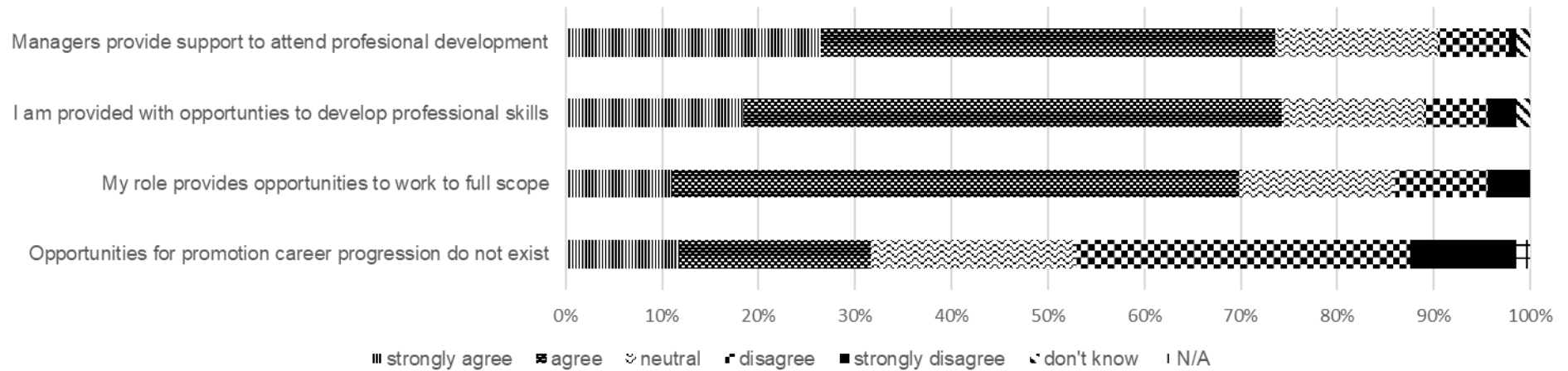
### 3. Workload and type of work



### 4. Impact of management and leadership



## 5. Career progression and access to professional development



**FIGURE 3: MATRIX UNDERPINNING MAJOR THEMES FROM THEMATIC ANALYSIS OF EXIT SURVEY AND WORKFORCE SURVEY RESPONSES**

		THEMES			
		1. The job satisfaction triad: alignment, growth and impact	2. Team environment: collaborating with supportive and skilled colleagues	3. Job security and stability, with flexibility and /or proximity	4. Culture and organisational reputation: high quality patient care and striving for excellence
		Role / position		Organisation & Department	
<b>Go:</b>  <b>Factors for leaving</b>	Seeking learning opportunities offered elsewhere	Desired work-life balance not possible in current position	High demands by organisation affecting provision of best care		
	Lack of opportunities for promotion internally	Working at top or above scope			
	Feeling undervalued and burnt out	Negative 'toxic' team environment	Dissatisfaction with managerial decision	Not feeling 'heard' or feeling disconnected from executive / senior leaders	
	Job insecurity e.g. fixed term contracts	Pursuing higher salary commensurate to role/ skills	Employment in fixed term contracts	Limited or lack of flexible work conditions	
	Perceived role instability		Slow or difficult processes affecting ability to take leave		
	Unreasonable workloads, unfilled vacancies		Perception that KPIs are unreasonable	Inadequate physical space e.g. office, therapy and tea room	
			Perception of unreasonable expectations and demands causing stress		
<b>Come/ Stay:</b>  <b>Factors attracting and retaining staff</b>	Enabled to learn and grow knowledge and skill	Clinical caseload aligns with interests and skills	Agile career opportunities within organisation	Opportunities to engage in quality improvement and research	
	Sense that work 'makes a difference' to patients' lives	Exposure to speciality areas or utilising specialty skills			
	Promotion to senior role with autonomy	Variety in role responsibilities			
	Team based approach to care	Working in a cohesive team with dedicated, supportive, friendly colleagues	Strong culture of teamwork promoted	Working within a highly skilled workforce	
		Learning opportunities through multidisciplinary team			
	Job security through permanent employment	Workplace located close to home	'Family friendly' organisation enables flexible work conditions		
	Salary commensurate to position and skills	Flexible work conditions and access to leave entitlements			
	Fair and reasonable workloads		Positive reports about reputation via word of mouth	"Blame free" and inclusive organisational culture	
		Organisation committed to evidence informed care	Organisational focus on continuous improvement		

## 1. The Job satisfaction Triad: alignment, growth and impact.

### a. Position/role aligns with interests and skills

Allocation of a caseload or work responsibilities that aligned with that respondents' interests and skills consistently impacted job satisfaction.

*"If the area of work is interesting to me. If I think it is a match for my skills and experience." (Group 2 responder #68)*

Three characteristics of a role - *variety, specialty and complexity* - were repeatedly linked to job satisfaction by respondents. Respondents in junior positions described *variety* in relation to clinical experiences through rotational positions. For respondents in senior positions, *variety* related to being tasked with a range of responsibilities (e.g., clinical, research and quality improvement projects). The second characteristic involved *specialty* skills. Respondents were interested in building expertise in specialty areas of clinical practice, for example, in state-wide services. The third characteristic was *complexity*. Respondents were seeking to be stimulated and challenged and reported experiencing this when working with a clinically complex caseload or participating in quality improvement and research.

*"Complexity and variety of patient presentations. Clinical experience of seniors." (Group 2 responder #28)*

### b. Opportunity for professional learning, growth and career agility

Respondents valued opportunities for professional learning and growth including working with experienced senior clinicians.

*"Opportunity to challenge myself and grow, part of a dynamic team" (Group 2 responder #4)*

Promotion to senior or leadership positions with increased autonomy was a reason for staying in a position/organisation. Conversely, a common reason cited by group 1 respondents for leaving the organisation was a perceived lack of opportunities for promotion.

### c. Commitment to making a difference in patients' lives

Helping people, having a positive impact on the local community and offering exceptional healthcare to everyone who needs it were emphasised as the key factors to being attracted to and staying in a position.

*"I wanted to help people who couldn't afford it, to have access to exceptional healthcare" (Group 2 responder #104)*

## 2. Team Environment: collaborating with supportive and skilled colleagues

Respondents highlighted working directly with friendly, like-minded, positive colleagues contributed to their sense of enjoyment at work.

*"I love working in a big team of like-minded individuals, I had great amounts of senior support" (Group 2 responder #131)*

Feeling disrespected, undervalued or disconnected from executive or senior leaders or dissatisfied with managerial decisions were touted as reasons for leaving. Managers failing to recruit to vacancies, unmanageable workloads and needing to follow up work on days off, leading to burnout, were also cited as reasons for resigning.

*"High caseload and demand of the service also impacted decision to look at alternative employment options" (Group 1 responder # 3)*

### 3. Job security and stability with flexibility and/or proximity

Job security offered through permanent employment, rather than fixed term contracts, attracted respondents to positions and fostered job satisfaction. Some exit survey respondents (group 1) in fixed term positions would not have left if their position was ongoing or made permanent.

*"I have been on a series of part time contracts and got offered a full-time position elsewhere" (Group 1 responder #12)*

Perceptions that 1) salary was not commensurate to skill level or responsibilities assigned to a position, or 2) better wages were available elsewhere, were also cited as reasons for ceasing their employment.

*"I would never have resigned if I was provided with a job opportunity at a higher-grade level with better benefits (salary, etc)" (Group 1 responder #10)*

Respondents were attracted to "family-friendly employers" (Group 2 Responder #9), who offered flexible work hours and the occasional ability to work from home. Less time travelling and more time for work-life balance was one of the top three reasons cited for leaving.

### 4. Culture and organisational reputation: high quality patient care and striving for excellence.

Respondents reported feeling attracted to a position within an organisation with a positive 'culture and reputation' and a focus on continuous improvement, commitment to excellence and high-quality patient care. High-quality care was defined by one respondent as, "contemporary approaches that are evidence-based and make a difference in the lives of patients" (Group 2 responder #21).

Satisfaction was eroded when it was perceived that an organisation placed higher value on 'quantity over quality' of patient care.

*"All areas are understaffed and therefore we are not always able to provide best care." (Group 2 responder #39)*

## DISCUSSION

In this study, attrition was impacted by factors negatively influencing job satisfaction: job insecurity, lack of career promotion and opportunities to work at top of professional scope and feeling unable to provide best care. Job satisfaction is a known predictor of intention to leave for AHPs working in metropolitan hospitals [15].

Consistent with previous studies, attrition was negatively impacted by a culture where staff felt undervalued, burnt out or disconnected [16], job instability, inadequate remuneration [17], inflexible conditions [18] and unreasonable workloads [19]. A study from the United Kingdom exploring reasons why 647 AHPs left the National Health Service reported similar findings [20]. Interestingly, the need to look after children was a common reason for leaving. In contrast, our findings indicated the need to seek better work-life balance was important, but family care-giving responsibilities did not drive attrition. Over two thirds of AHPs in this study reported the workplace to be 'family-friendly' and agreed that managers supported flexible workplace arrangements which have been shown to reduce attrition [21].

Our study indicated 23% of AHPs intended to leave their jobs within the next six months to find employment at another health service, suggesting they were not looking to leave their profession or allied health but rather their current place of employment. High staff turnover has significant cost implications with the average total cost of recruiting an AHP reported to be around AUD\$26 000 to AUD\$45 000 per vacancy depending on setting [22]. Organisational strategies could be developed to improve employee satisfaction and reduce attrition. Additionally, developing state-wide or national workforce datasets could usefully inform future workforce planning strategies and policy to aid retention and reduce costly staff turnover.

Survey responses in this study indicated that retention was enhanced when AHPs perceived a strong sense of enjoyment in their work and believed they were 'making a difference' in the public sector. Additionally, caseloads with variety, complexity, speciality and autonomy led to higher job satisfaction in our participants. Two Australian studies involving dietitians also reported that caseload variety was a positive determinant of workforce retention [18,19]. Our finding suggests that burnout, a factor impacting attrition, appears to relate to volume of work rather than complexity. Managers should consider patient complexity in addition to the number of patients when allocating clinical caseloads. Low complexity, high volume work could be reallocated to the allied health assistant workforce as a strategy to reduce burnout and increase retention of AHPs.

Work flexibility and proximity, job stability and security impacted retention. Previous research has suggested temporary, casual allied health workforce models lead to dissatisfaction [23], necessitating workforce redesign to adopt flexible work arrangements to retain highly skilled and specialist staff employed with ongoing contracts [21]. Paradoxically, the increased uptake of flexible work arrangements may reduce attrition, but the fixed term contracts required to backfill may counteract these benefits. Future workforce strategies could incorporate these factors (e.g., permanent employment opportunities) and measure these outcomes (e.g., self-perceived value) given they appear to influence retention.

## **STRENGTHS AND LIMITATIONS**

A strength of this study was the integration of datasets of current and resigned AHPs. However, findings relate to one organisation so generalizability to other health organisations may be limited. Timing coincided with a number of post COVID-19 surveys being circulated with survey fatigue likely impacting response rate. Additionally, this study was conducted in Melbourne post an extended period of lockdown imposed during the COVID 19 pandemic which may have influenced workforce attitudes towards retention. Our findings, however, were similar to previous studies pre COVID-19 in allied health profession specific studies that reported career opportunities, more challenging and interesting work, reward and recognition influenced retention rates [24, 25, 26].

This study did not differentiate differences between allied health professions. Future research could explore factors unique to each profession and include a broader range of clinical settings (e.g. private practice, disability and aged care sectors) and locations (regional, rural, remote, international). Expanding on the themes emerging from the qualitative data with a larger cohort of AHPs could also inform future interventions.

## **IMPLICATIONS**

Many of the factors influencing attrition and retention are modifiable and could be influenced by strategies including creating opportunities for staff to engage in quality improvement, research and professional development; improving performance review processes and clinical supervision; involving staff in decision making and enhancing communication between staff and managers. Tailoring of caseloads to enhance variety and complexity and manage volume according to the different needs of junior and senior staff may also improve job satisfaction, reduce burnout, staff turnover and the associated costs.

It was evident AHPs enjoy challenging, meaningful, satisfying work where they can grow as part of a supported team and be recognised for their contribution. In Australia there has been a rise in home-based health care replacing inpatient hospital bed-based services. Managers should consider strategies for ensuring AHPs delivering care in the home working in solitary roles or working in matrix governance structures, remain connected to their professional teams with access to the clinical supervision and professional development they require. Career pathways for AHPs should be inbuilt into the design of new service models of care [27]. The introduction of advanced and extended models care of that optimises the AHP's scope of practice and autonomy have been successful in creating new career pathways for allied health professions like physiotherapy [28,29]. Establishing Communities of Practice for AHPs with shared interests to exchange knowledge and improve skills could foster the sense of professional growth, connection and camaraderie between AHPs of different health services that improve retention, whilst also building networking opportunities to partner in new initiatives and research internal and external to allied health [30].

Improving our understanding of what is driving attrition and retention of AHPs across the healthcare sector is essential considering regional [31] and local projections [4] predict an increasing shortage of health professionals. Future workforce planning needs to address the reasons why experienced AHPs are leaving. Retaining our current AHPs is preferable to recruitment campaigns targeting overseas trained AHPs which is only likely to worsen global healthcare worker shortages. Developed countries like Australia need to be cognisant of the eight countries in the Western Pacific region identified by the World Health Organisation with the most fragile health systems who cannot afford to lose their healthcare workforce [32].

Real time workforce data is required to identify and monitor the allied health professions and clinical settings where shortages exist. Evaluation of effective interventions targeting attrition should be shared, tested in different settings and implemented in scale so allied health workforces across the region can be strengthened.

## CONCLUSION

The findings from this study adds to the limited but growing understanding of the factors influencing attrition and retention of AHPs. An AHP's experience of working in public health underpins their desire to stay or leave. Multifactorial influences on attrition and retention at a public, metropolitan healthcare organisation were identified, most of which could be modifiable with contemporary management and leadership strategies. Initiatives that challenge AHPs to maximise their scope of practice and in turn deliver high quality patient care could benefit AHPs by creating opportunities for career growth. Targeted interventions that focus on improving job satisfaction with greater recognition, professional support, opportunities for career progression such as expanding allied health advanced practice, appropriate workload allocation, optimisation of job security and work environments may address the attrition and retention of AHPs.

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