# **Rural and Remote Health**



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#### SHORT COMMUNICATION

# The rural allied health workforce study (RAHWS): background, rationale and questionnaire development

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#### ABSTRACT

The allied health professions form approximately 18% of the health workforce in Australia and are well placed to contribute to future multidisciplinary models of health care. There are many reports describing the health workforce in Australia for the medical and nursing professions but there is very little information available about the nature of the allied health workforce. Recent studies have highlighted the need for more current and detailed information about the rural allied health workforce to inform future workforce planning. National health policy reform requires that new healthcare models take into account future workforce requirements, the distribution and work contexts of existing practitioners, training needs, workforce roles and scope of practice. The absence of accurate data profiling the existing rural allied health workforce makes this impossible. The Rural Allied Health Workforce Study (RAHWS) aims to use a cross-sectional survey instrument with high validity to provide a large scale but detailed profile of the allied health workforce in regional, rural and remote Australia. The RAHWS survey instrument used in this study is



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the result of a comprehensive consultation with clinicians, academics and managers. The RAHWS survey instrument has been designed to provide uniform data across a wide range of healthcare settings. Good concurrent and face validity have been demonstrated and its design allows for data analysis using a wide range of variables. Cross-correlation of responses can answer a number of research questions in relation to rural recruitment and retention, professional education and service delivery models. This valid and feasible instrument will be used to explore the rural allied health workforce by implementing the RAHWS survey in rural regions on a state-by-state basis in Australia during 2009 and 2010.

Key words: allied health personnel, health manpower, health workforce, recruitment and retention, rural health services.

#### Introduction

Allied health professionals comprise a substantial proportion of the health workforce and make a significant contribution to the health and wellbeing of the Australian population. According to the Australian Institute of Health and Welfare (AIHW)<sup>1</sup> the allied health professions form approximately 18% of Australia's health workforce, while medical practitioners comprise approximately 12% and nurses 63%.

Despite the acknowledged importance of allied health services, there is remarkably little information detailing the existing allied health workforce, particularly in rural areas. Available studies are dated, based on a small sample size, geographically limited or report important inconsistencies<sup>2</sup>. For example, the conclusions of Victorian<sup>3</sup> and Tasmanian<sup>4</sup> studies about the value of student placements for rural recruitment are not in agreement. Peer reviewed publications exploring Australian rural allied health workforce issues are also sparse<sup>5,6</sup>. The need for data collection regarding the current allied health workforce has been repeatedly mentioned in the literature<sup>2,7,8</sup>.

However, workforce data are robust for nurses and medical practitioners, including many peer-reviewed publications and major governmental reports<sup>9-10</sup>. The AIHW 2006 report provides a small amount of detail about the national allied health workforce based on 2001 Australian Bureau of Statistics census data<sup>1</sup>. More recent reports have concluded

that there is a lack of data about the Australian allied health workforce, particularly for rural and remote areas<sup>11</sup>.

The Rural Allied Health Workforce Study (RAHWS) is ongoing in Tasmania and New South Wales (NSW). This report describes the development of a method to obtain workforce information using a cross-sectional survey instrument of high validity which has the capacity to provide a large scale but detailed profile of the allied health workforce in regional, rural and remote Australia. The data produced may inform future public health and primary care policy development, as well as generating a deeper understanding about the recruitment and retention of rural allied health professionals. The work is the product of a collaboration of three Australian Government funded University Departments of Rural Health (UDRHs)<sup>12</sup>.

#### Background and rationale

Allied health professionals provide a broad range of diagnostic and therapeutic services in both the public and private healthcare systems. For example in aged care, physiotherapists, occupational therapists and social workers contribute to both speedy discharge from hospital and the prevention of readmission. Podiatrists, exercise physiologists and dietitians are key team members in managing chronic conditions such as diabetes. Audiologists and speech therapists provide screening of and therapy for children with developmental disabilities. Medical laboratory scientists and radiographers provide essential diagnostic services, and psychologists help to address the rising prevalence of mental





illness. Allied health professionals often work in multidisciplinary models of care, with an emphasis on preventive services and are well placed to provide interprofessional health education and health promotion services.

Because of the diversity of roles, defining 'allied health' is difficult. In 2007, Lowe, Adams and O'Kane examined the manner in which different jurisdictions, organisations, purchasers of allied health services and professional groups used the term 'allied health' 13. The following criteria were derived from their analysis:

- are tertiary qualified, having completed an accredited entry level qualification permitting them to obtain either state or territory registration, a license or accreditation to practice, and/or to join the relevant professional body
- apply their skills and knowledge to restore and maintain optimal physical, sensory, psychological, cognitive and social function
- use clinical reasoning skills in working directly with patients to restore and optimise function on an individual basis
- are 'allied' or aligned to each other and other members of the health professional workforce, working together as part of a multidisciplinary team
- are 'allied' or aligned with health consumers, the consumer's family and other carers, and with the community.

It is well known that there is a national shortage of allied health professionals and that this problem is worse in rural areas<sup>14</sup>. An analysis of 2001 ABS census data undertaken by Services for Australian Rural and Remote Allied Health (SARRAH) in 2004 demonstrated that people living in outer regional centres have access to only about half as many allied health professionals as people living in metropolitan centres. This figure decreases to less than a quarter in some remote locations(Fig1). The per capita reduction of allied health services associated with increasing rurality has implications for the healthcare needs of rural and regional

residents. In particular, the ageing population could stretch the already sparse allied health workforce beyond the ability to cope with the expected increased demand for services.

In a climate of health workforce shortages, the Productivity Commission has recently suggested service innovations, such as the use of supervised therapy assistants and extending the scope of health professional practice on a competency basis<sup>15</sup>. The need for innovative service delivery models is particularly acute in rural areas where practitioners' ingenuity is frequently tested in meeting the healthcare needs of the population.

In 2006, the Australian Health Workforce Official Committee (AHWOC) developed a checklist to assess the impact of new initiatives on the health workforce<sup>16</sup>. The Committee advises that new projects must take into account future workforce requirements, the distribution and work contexts of existing workforce, training arrangements and workforce roles and scope of practice. The absence of data profiling the existing allied health workforce renders such analysis impossible.

### The questionnaire

The RAHWS survey instrument (Appendix I) is the result of a comprehensive consultation with clinicians in the public and private healthcare system, allied health academics from three Australian universities, and public healthcare administrators. A pilot survey was performed in the Hunter-New England region of northern NSW in 2005<sup>2</sup>. The questionnaire was well accepted by allied health professionals in that region and opportunities for a larger scale study soon eventuated.

The RAHWS questionnaire was expanded from the pilot version to include further questions in three broad categories: background information; current employment; and education and professional development. The added questions target issues related to recruitment and retention and were constructed with reference to the literature, including that of the nursing and medical workforce<sup>9,10,17-19</sup>.



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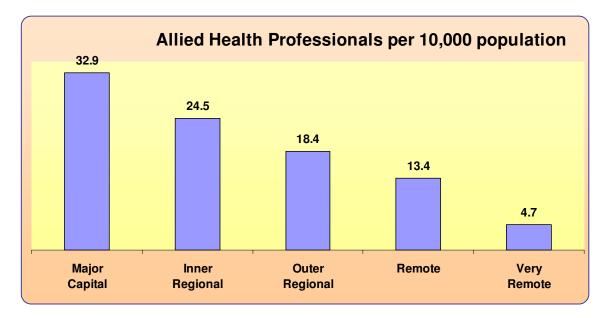


Figure 1: The allied health workforce by degree of rurality and remoteness.

The face validity of the revised RAHWS questionnaire was evaluated by allied health clinicians who volunteered to complete it and provide feedback. Generally, they took approximately 15 min to complete the questionnaire and reported that the questions were relevant, requesting only relatively minor modifications. Concurrent validity was assessed by comparing the content of the RAHWS survey items with that of the 1999 SARRAH survey. It matched 89% of the topics included in the SARRAH survey. Further comparison found 38 items not included in the SARRAH data that are included in the RAHWS questionnaire.

Most of the questionnaire's 74 questions can be answered by selecting from a menu of 'tick box' choices, making it possible to develop the instrument for online delivery, with immediate entry of responses into a database. The convenience and cost advantage of the online response option is considerable. However, allied health professionals are both widely dispersed and difficult to locate and so the option remains of distributing the questionnaire in hardcopy. To achieve maximum penetration it is recommended that both online and hardcopy options are used, depending on the means of distribution. Ideally, the survey will be mailed or

distributed electronically through registration boards and licensing authorities. However, not all allied health professions are subject to either registration or licensing. Other distribution pathways include professional associations, employers and by word of mouth. Private practitioners may be identified by searching telephone and business directories.

#### Conclusions

Accurate and current information about the rural health workforce is essential to future policy development, and yet there is remarkably little known about allied health professionals in regional, rural and remote Australia. Developing a meaningful national data-set requires a uniform sampling process across the allied health population, in spite of the challenges involved. The RAHWS survey instrument has been specifically developed to meet the need for detailed, large-scale and uniform data collection. Good concurrent and face validity of this instrument have been demonstrated and its design allows for flexible methods of data collection, using either online or



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hard copy modes of delivery. The data collected can be easily analysed for a wide range of variables with cross-correlation of responses. The results can be used to answer a large number of research questions about recruitment and retention, professional education and service delivery.

The RAHWS survey has been performed in Tasmania and non-metropolitan parts of NSW. Other states have also expressed strong interest in using the same survey instrument and methodology. It is hoped that data collection will take place across the whole of Australia on a state-by-state basis over a sampling period of approximately 12 to 18 months. If this can be achieved it will create the largest repository of data about the allied health workforce ever available in this country.

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#### Appendix I: The Rural Allied Health Workforce Study survey instrument







# An Investigation of the Rural Allied Health Workforce in NSW 2008

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You may complete the questionnaire online at: http://www.nrudrh.edu.au/ Use the link: 'RAHWS Allied Health Survey' (The case-sensitive password to 'Enter Survey' is: AHsurvey)

If you have completed the paper-based version, instructions for return of the questionnaire can be found on the information sheet provided.

For assistance or further information please contact any member of the investigating team listed above.

Thank you for taking time to complete this questionnaire.



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#### **Section One: Some Background Information**

1. Which Allied Health Profession do you belong to?								
☐ Audiologist ☐ C	Occupational Therapist	☐ Podiatrist						
☐ Chiropractor ☐ C	Optometrist	☐ Psychologist						
☐ Dental Therapist / Hygienist ☐ C	Orthoptist	☐ Prosthetist / Orthotist						
☐ Diagnostic Radiographer ☐ C	Osteopath	☐ Radiation Therapist						
☐ Dietitian ☐ F	Pharmacist (Community)	☐ Social Worker						
☐ Medical Laboratory Scientist ☐ F	Pharmacist (Hospital)	☐ Sonographer						
☐ Nuclear Medicine Scientist ☐ F	Physiotherapist	☐ Speech Pathologist						
☐ Other – Please specify	<del></del>							
2. In what year did you qualify in this profession? _								
3. What is your gender? ☐ Male ☐ Femal	le							
4. In what year were you born?	5. What is your post co	de at <u>work</u> :						
6. What is your current marital status?								
☐ Single ☐ Separated or divorced ☐ Married or Defacto relationship ☐ Widowed								
7. Does your partner also work? ☐ Full-time	☐ Part-time ☐ Casual	□ No □ N/A						
8. Do you have dependant children? ☐ Yes	□ No							
If 'Yes', what are their ages?								
ii res, what are their ages?								
Are you of Aboriginal or Torres Strait Islander de	escent?	□ No						
_	escent?							
9. Are you of Aboriginal or Torres Strait Islander de	11. What is your curren							
9. Are you of Aboriginal or Torres Strait Islander do  10. What country were you born in?	11. What is your curren Professional qualification?							
9. Are you of Aboriginal or Torres Strait Islander de  10. What country were you born in?  12. Where did you obtain your initial Allied Health I  □ In Australia □ Overse  13. Which of the following best describes where you	11. What is your curren Professional qualification? eas - If so, where?							
9. Are you of Aboriginal or Torres Strait Islander de 10. What country were you born in?  12. Where did you obtain your initial Allied Health I	Professional qualification? eas - If so, where? 14. If originally from a	nt citizenship?						
9. Are you of Aboriginal or Torres Strait Islander de 10. What country were you born in?  12. Where did you obtain your initial Allied Health I	Professional qualification? eas - If so, where? 14. If originally from a	rural background (i.e. population						
9. Are you of Aboriginal or Torres Strait Islander de 10. What country were you born in?  12. Where did you obtain your initial Allied Health IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Professional qualification?  eas - If so, where?  14. If originally from a  < 100,000), before  (a)for how many years.	rural background (i.e. population you turned 18 years old  ears was your = years						
9. Are you of Aboriginal or Torres Strait Islander de 10. What country were you born in?  12. Where did you obtain your initial Allied Health I □ In Australia □ Overse 13. Which of the following best describes where you grew up?  □ A Capital City □ Other Metropolitan (population ≥ 100,000) □ Large Rural Centre (25,000 – 99,000)	Professional qualification? eas - If so, where? 14. If originally from a < 100,000), before	rural background (i.e. population you turned 18 years old  ears was your = years						
9. Are you of Aboriginal or Torres Strait Islander de 10. What country were you born in?  12. Where did you obtain your initial Allied Health IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Professional qualification?  eas - If so, where?  14. If originally from a  < 100,000), before  (a)for how many years.	rural background (i.e. population you turned 18 years old  ears was your = years						
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9. Are you of Aboriginal or Torres Strait Islander de 10. What country were you born in?  12. Where did you obtain your initial Allied Health IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Professional qualification?  eas - If so, where?  14. If originally from a  < 100,000), before  (a)for how many ye  home address in a	rural background (i.e. population you turned 18 years old ears was your = years a rural area? = years eears did you go						
9. Are you of Aboriginal or Torres Strait Islander de 10. What country were you born in?  12. Where did you obtain your initial Allied Health IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Professional qualification?  eas - If so, where?  14. If originally from a   < 100,000), before  (a)for how many ye   home address in a  (b) for how many y	rural background (i.e. population you turned 18 years old ears was your = years a rural area? = years eears did you go						
9. Are you of Aboriginal or Torres Strait Islander de 10. What country were you born in?  12. Where did you obtain your initial Allied Health IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Professional qualification?  eas - If so, where?  14. If originally from a   < 100,000), before  (a)for how many ye   home address in a   (b) for how many y  to school in a rural   your 16. Did you attend a no	rural background (i.e. population you turned 18 years old ears was your = years a rural area? = years lears did you go I area?						
9. Are you of Aboriginal or Torres Strait Islander de 10. What country were you born in?  12. Where did you obtain your initial Allied Health IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Professional qualification? eas - If so, where?  14. If originally from a < 100,000), before  (a)for how many ye home address in a  (b) for how many y to school in a rural	rural background (i.e. population you turned 18 years old ears was your = years a rural area? = years lears did you go I area?						



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#### **Section Two: Your Current Employment**

17. Do you have more than one paid position with different employers?								
☐ Yes ☐ N	No If 'Yes', how many positions?							
18. In what sector do you work? (Tick r	more than one box if appropriate)							
☐ Public (State) ☐ Private ☐ Federally funded program ☐ Non-Government (NGO)								
☐ Other – Please specify								
If you work in <u>multiple</u> sectors please indicate the average proportion of your work-time spent in each.								
Public (State) + Private%	+     Fed. prog.     +     NGO     +     Other     =     Total       100 %							
	+   Fed. prog.							
19. (a) Estimate the average total hours	s that you spend at work each week in <u>all</u> your positions?							
□ < 15 □ 15-29	$\square$ 30-34 $\square$ 35-40 $\square$ 41-49 $\square$ 50-60 $\square$ > 60							
	d be (a) <u>paid</u> overtime =: (b) <u>unpaid</u> overtime							
(c) About how many hours in total v	would you <u>prefer</u> to work in all your positions?							
□ < 15 □ 15-29	$\square$ 30-34 $\square$ 35-40 $\square$ 41-49 $\square$ 50-60 $\square$ > 60							
	e following questions in relation to your MAIN JOB							
20. According to your 'position descript	tion', what is your current employment status?							
(Tick more than one box if appropri	iate)							
Full time □ F	Permanent □ Casual □ Self-employed □							
Part Time ☐ T	Γemporary □ Locum □							
Explanatory notes (if required):								
	22. Are you a 'sole practitioner' where you work now?							
you now work in?								
,	of your time spent in each of the following organisational roles,							
ensuring that the total equals 100%								
Individual patient =% Clinical services =% Research related =% clinical care management tasks activities / travel								
Non-individual =% clinical care	Work related travel =% Teaching and training =%							
Other – Please specify	=%							
24. If you, personally, provide sessional outreach services to other communities please describe below the frequency and duration of these sessions? (Leave blank if this does not apply to you)								
' '	Ouration of sessions: Other (Please specify frequency & duration):							
,	☐ ½ day							
_ · · · · · · · · · · · · · · · · · · ·								
	1 day							
☐ Weekly ☐ ☐ As necessary	□ loay □ ≥ 2 days							



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25. (a) Approximately how long does it take for you to travel between home and work?: =						
(b) Estimate the hours per week spent in work-related travel (excluding home-work-home)?: =						
(c) How far is the most distant site that you service from where you usually work?: = km						
(d) What form of transport do you use for this work-related travel?						
☐ Own car ☐ Car provided ☐ Other						
26. In what size community is your employment based? (Refer to Q.13 for population categories)						
☐ Large Rural Centre ☐ Small Rural Centre ☐ Other Rural (< 10,000) ☐ Remote						
27. Do you, personally, provide 'home visits' to clients/patients?						
☐ Yes ☐ No If 'Yes', how many visits per week, on average?						
28. Do you do 'on-call' duty? ☐ Yes ☐ No						
If 'Yes', estimate the average 'on-call' hours per week: (a) at work =; (b) not at work =						
29. What most attracted you to your current position? (Please tick no more than 5 boxes)						
□ Work/life balance □ I come from the area □ Climate / location						
□ Income □ Marriage / partner □ Housing affordability						
☐ Career advancement ☐ Good place to raise kids ☐ Cost of living						
☐ Type of work/clients ☐ Family / social attachments Other						
30. How would you describe your level of satisfaction with your current job?						
☐ Extremely satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Extremely dissatisfied						
31. During the time that you have worked in this job have you received a ☐ Yes ☐ No promotion, upgrade or higher reclassification of your position?						
32. Do you currently work with or supervise an assistant practitioner? ☐ Yes ☐ No						
33. What is the professional background of your line-manager?						
$\square$ Same allied health professional as yourself $\square$ Not an allied health professional						
$\Box$ Other allied health (Specify) $\Box$ Not a health professional						
34. Do you plan to leave your job within the next:  35. What is the motivation for planning to leave your job in the time frame indicated? (Tick more than one box if appropriate)						
☐ 2 years? ☐ To earn a better income						
□ 5 years? □ Better career prospects						
□ 10 years? □ Retirement						
□ > 10 years? □ Your child(ren)'s education						
☐ I have no plans to leave my job ☐ Relocation of partner						
☐ Moving to a preferred location						
□ Never intended to stay						
☐ Extended family commitments or obligations						
□ Other						



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#### **Section Three: Education & Professional Development**

36. What is the highest qualification you have co	ompleted?						
☐ Certificate	☐ Honors Degree						
☐ Associate Diploma	☐ Coursework Graduate Certificate, Diploma or Masters						
□ Diploma	☐ Research Higher Degree (Masters or PhD)						
☐ Bachelor Degree	☐ Other						
37. Are you currently studying for a further tertiary qualification?							
□ No □ Yes - If so, what?							
38. What continuing professional development (CPD) activities have you participated in over the past 12 months? (Tick more than one box if appropriate)							
☐ International, National or State conference							
☐ Regional or local workshop, seminar or ir	n-service   Reading professional journals						
☐ Formal tertiary education program/enroln	nent   Other						
39. Estimate the number of days spent doing Cl	PD activities over the past 12 months?						
$\square$ < 1 day $\square$ 1 - 2 days $\square$ 2 - 5 days $\square$ 5 - 10 days $\square$ > 10 days							
40. Who has been the provider of your CPD in t	the past 12 months? (Tick more than one box if appropriate)						
☐ Self-directed	□ Self-directed □ Professional organisation						
☐ Area Health Service	☐ University or UDRH						
☐ State or Commonwealth Health Departm	nent						
41. How much do the following factors prevent y	you from participating in CPD?						
Lack of employer support	$\square$ Greatly $\square$ Moderately $\square$ A little $\square$ Not at all						
The personal financial cost	$\square$ Greatly $\square$ Moderately $\square$ A little $\square$ Not at all						
Lack of local access	$\square$ Greatly $\square$ Moderately $\square$ A little $\square$ Not at all						
Time away from home	$\square$ Greatly $\square$ Moderately $\square$ A little $\square$ Not at all						
Time away from work	$\square$ Greatly $\square$ Moderately $\square$ A little $\square$ Not at all						
Other factors?							
42. Do you have IT access at work and/or at ho	ome? (Tick all relevant boxes)						
Work = □ E-mail □ Medline, CIA							
Home = □ E-mail □ Medline, CIA	AP, etc. an electronic library <u>either at work or at home</u> please tick here.						
Do you have broadband access? ☐ Yes	□ No						
43. Do you participate in the supervision of stud	dents on professional placement in your workplace?						
☐ No ☐ Undergraduates	☐ Postgraduates						
If you do, for about how many students have you provided supervision in the past 12 months?							
Which university(ies) were the student(s) from?							
Have you <u>had</u> training in student supervision	on and/or mentoring? ☐ Yes ☐ No						
Do you <u>need</u> training in student supervision	and mentoring?						



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# **Section Four: Some More Important Questions**

Please indicate your preferred response to the following statements by ticking the boxes, where: SA = Strongly agree; A = Agree; A = Not applicable

Your work hours are flexible			N	D	SD	NA
You are always able to schedule annual leave when you want it						
Locum backfill is always available when you are away on leave						
Your department / practice is chronically short-staffed						
There is a high level of staff turnover where you work						
You have good facilities and equipment to work with						
You have good admin. support for enquiries, appointments, etc.						
You have good clinical support (colleagues or therapy assistants)						
You work as a member of a multidisciplinary team						
\$	SA	Α	N	D	SD	NA
Recruitment for vacant positions always occurs in a timely way						
Temporary and / or part time positions are often hard to fill						
Locums are always available for unfilled positions						
Personnel are allocated according to areas of clinical need						
You are working in your area of clinical expertise						
You participate in clinical rotations / rosters across practice areas						
You use a wide range of clinical skills in your work						
Your are satisfied with your access to CPD opportunities						
You have regular face-to-face contact with colleagues in your field						
You have good access to more experienced staff in your field						
You feel professionally isolated						
	SA	Α	N	D	SD	NA
You have had to become multi-skilled to meet clinical demands						
There are service gaps because of limited human resources						
You sometimes work beyond the boundaries of your profession						
Your workload is reasonable						
You are autonomous and can decide your own work priorities						
You feel 'burned out'						
Your grading and salary are appropriate for the job you do						
You believe your manager understands your professional role						
You believe your manager values the work you do						
You get along well with your work colleagues						
You feel that your work makes a difference to patients / clients						
You enjoy living in your local community						
You feel that your work is valued by the local community						