

Social relations and rural Allied Health workforce retention: Implications for policies and organisational management

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Background

- ◆ Issues of Allied Health Workforce Retention
 - ◆ Increasing demand
 - ◆ High wastage from rural areas
- ◆ Emphasis of practitioner as 'employee'
 - ◆ 'Management' of the allied health professional in the given hierarchical structures
 - ◆ Retention studies have concentrated on factors such as:
 - ◆ lack of support
 - ◆ career structure
 - ◆ input into decision making



Background

- ◆ Focus on organisational literature that follows a needs approach:
 - ◆ Organisational needs
 - ◆ Community needs
 - ◆ Personal needs.
- ◆ Hertzberg, Maslow, Glasser, Mobley
- ◆ Policy problem:
 - ◆ Establish training programs for personal motivation and organisational management
 - ◆ But does little to change the cultural framework within which allied health practice functions



Background

- ◆ Present needs approach uses basic theoretical assumptions that constrain policy making
- ◆ An adequate explanation for policy analysts requires an understanding of social phenomena that results in:
 - ◆ Behavioural change of individual actors and organisations
 - ◆ Also renovation of the social contexts within which they function



Background

- ◆ New governance
 - ◆ The state gives way to 'smaller scales, flexibility, diversification, informal exchange and sharing power between state and market'
 - ◆ But the state still functions in the shadow of hierarchy
- ◆ How does can new governance affect policy for retention of Allied Health professionals in rural areas?
- ◆ Need to differentiate systems of exchange on the basis of actors' logics of action and the structure of social relations between actors'.



Models of social relations

	Communal	Associative	Market	Bureaucratic
Place of interaction	Kin, ethnic group, place-based groups	Horizontal and vertical networks	Marketplace	Hierarchies
Types of interaction	Relational	Mutual gain	Individual gain	Regulated
Normative actor	Group or family member	Individual or corporate actor in network	Autonomous individual/firm	Appointed Official
Norms of behaviour	Subordination to group norms	Reciprocity	Self-interest	Subordination to authority
Relationship management	Community; collegial order	Social ties	Self-regulation	Code of regulation
Decision making	Consensus	Equality eg one vote one value	Cost/benefit	Obedience to authority



Operation of social relations models

- ◆ Considerable internal coherence within each type of social relation.
- ◆ Each contain their own norms of behaviour, values and operational principles
- ◆ People use these relational models
 - ◆ to initiate social actions
 - ◆ to understand what other people are up to
 - ◆ to respond appropriately'



Social relations and rural areas

- ◆ Associative and communal types of relations are less effective for accessing resources' in rural areas nowadays
- ◆ Market and bureaucratic relations have become dominant'.
- ◆ If associative relations exist in partnerships and networks, especially in professional and service activities, then associative relations may in fact support local market relations and bring resources to rural areas.



South West Victoria



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Rural Health Survey

- ◆ Definition of Allied Health Professional
 - ◆ University trained health professionals (other than medical practitioners or nurses) involved in direct patient care and/or services to the community
- ◆ In total, 184 out of 491 professionals returned their survey.
- ◆ 138 professionals completed the survey and met the criteria for allied health.



Intention to Stay by Sector

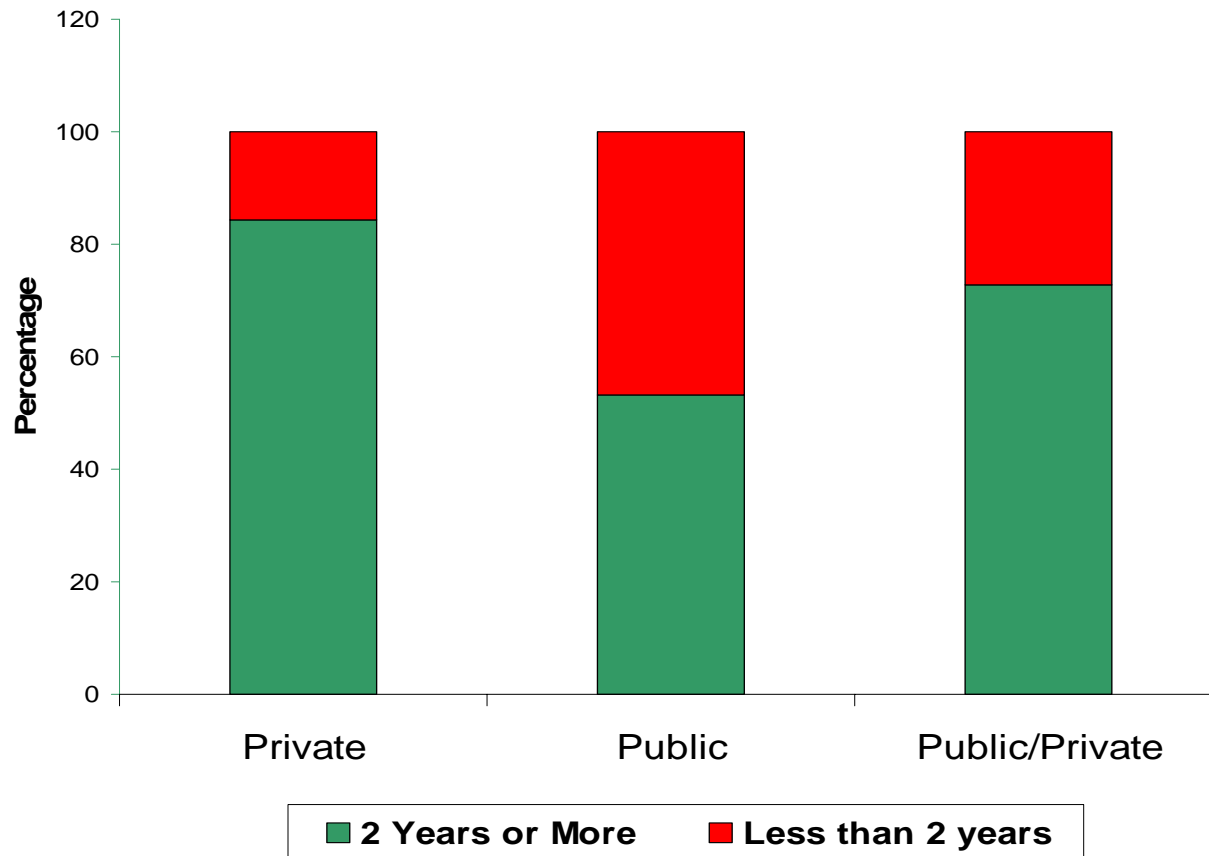
Sector	Male	Female
Private	55%	60%
Public	19%	11%
Private/Public	33%	37%

N=138



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Intent to Stay by Sector



Present policy framework

- ◆ Bureaucratic relations framework
 - ◆ **Factor 1.** Commitment to the local community outside professional network dependent upon ability to integrate into associative and communal relations. Ergo focus on personal relationships
 - ◆ **Factor 2.** Hierarchical promotion and retention. Ergo focus on managerial and professional issues.



Proposed policy framework

- ◆ Go beyond the debates about the value of private versus public practice
- ◆ Tailor local circumstances, individual needs (and skills) and institutional arrangements to produce a range of local delivery outcomes.
- ◆ Add market relations into the mix since retention is greater when social relations are embedded into mix.



Value of adding market relations

- ◆ Embed professionals through investment into multiple capitals; social, cultural, human and now add economic
- ◆ Market relations can lead to different associative relations eg business networks
- ◆ Market relations can extend local investment in health infrastructure
- ◆ Market relations are dependent upon quality service for viability
- ◆ Increase the chances of broadening community governance in local health services



Policy for wider social relations

- ◆ Besides communal incentives have programs that:
 - ◆ Assist practitioners to embark upon private practice (whether in start up or inclusion into existing practices)
 - ◆ Establish private partnerships that extend across disciplines
 - ◆ Create partnerships that include local bureaucratic organisations and private practitioners
 - ◆ Enable bureaucratic organisations to include private practice



'Joined up' approaches

- ◆ If market relations lead to retention of services then can focus more upon various levels of 'joining up' services:
 - ◆ Linkage
 - ◆ Coordination in networks
 - ◆ Integration eg managed clinical networks



Conclusion

- ◆ Multi-social relations approach will be
 - ◆ Efficient through making better use of resources
 - ◆ Effective by broadening the social relations of participants
 - ◆ Accountable through increased knowledge of local resource allocation and service provision
 - ◆ Sustainable by increasing the social factors for embedding practitioners into rural areas



Thank you

Any comments would be appreciated

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