



An Australian Government Initiative

Gippsland PHN

Regional Health Workforce Summary Report

May 2021

Executive Summary

Gippsland Primary Health Network (PHN) is a not-for-profit organisation working to improve the health and wellbeing of people across Gippsland. Workforce is a priority issue for Gippsland PHN.

In 2019, a regional workforce strategy was developed by Gippsland PHN and Latrobe Regional Hospital as a component of regional mental health and suicide prevention planning. In 2020, the regional strategic group Gippsland Mental Health Alliance (GMHA) endorsed the Gippsland Mental Health and Workforce Strategy. Implementation of the strategy commenced with the convening of a GMHA working group on workforce and agreement to focus on:

- Availability and access to education and professional development opportunities.
- Mapping of staff specialties.

A component of this work involved the design and pilot of a workforce survey as a recurring component of the Gippsland PHN's Needs Assessment activity to inform future workforce and service planning. The data will be used to grow, recruit, and retain the regional health workforce.

This report provides a summary of key findings. Full results are available in an appendix to this summary report.

Methods

The online survey was designed in consultation with strategic and working group member organisations of the Gippsland Mental Health Alliance and was open 13 January to 15 February 2021. The survey targeted Gippsland health professionals working in:

- behavioural health including mental health (clinical and non-clinical), alcohol and drug, specialist counselling (e.g. gambling, sexual assault, financial and family violence) and school counselling services
- primary care (excluding General Practitioners) and allied health, and
- aged care.

The survey did not target General Practitioners as Rural Workforce Australia Victoria's (RWAV) *Regional Victoria GP Workforce Survey* explicitly captures GP workforce data, which was released in December 2020.

The survey asked respondents to identify:

- Local Government Area (LGA) and Postcode of their workplace
- The sector in which they worked: Mental health, Primary care and allied health, Aged care and Other
- Self-rated competency in working with a set list of extended competencies that were tailored to their nominated sector
- Professional development preferences drawing from the same list described above
- Employment conditions
- Factors that encourage and discourage them to remain in the Gippsland workforce

There were 347 respondents from six Gippsland local government areas (LGAs). The LGAs were categorized into three subregions: South Coast (Bass Coast and South Gippsland LGAs), Central (Baw Baw and Latrobe LGAs) and Eastern (East Gippsland and Wellington LGAs). The respondents included Gippsland health professionals working in mental health or behavioural health (n=143, 41%), primary care and allied health (n=91, 26%), other specified sectors (n=87, 25%) and the aged care sector (n=26, 8%).

Workforce competencies and professional development preferences

Mental Health Sector

Greatest competency in the mental health sector was reported for depression, anxiety, and suicide prevention. No competency at all was most frequently reported for mental health problems in children, psychotic disorders, and personality disorders. These were also identified as preferred professional development topics.

Top four categories for preferred professional development topics

1. People with a trauma history
2. Personality disorders
3. Mental health problems in children
4. Suicide postvention (care after suicide)

Additional comments also listed Autism and Autism Disorder Assessments followed by Eating disorders, Cognitive Behavioural Therapy and Acceptance and Commitment Therapy as preferred professional development topics.

Primary care and allied health sector

A total of 51 survey respondents (56%) in the primary care and allied health sector reported at least one extended competency and 76% of these reported using their extended competencies all of the time or for a moderate amount of time. The most common competency reported was infection control followed by mental health and wound management. These were mainly reported by people in the nursing occupational category.

Top five categories for preferred professional development topics for primary care and allied health sector:

1. Community health
2. Wound management
3. Diabetes education
4. Mental Health
5. Infection Control

Suggestions for professional development topics made by registered nurses included health promotion and chronic disease management.

Aged care sector

A total of 15 aged care sector respondents (58%) provided information about their extended competencies. The majority of respondents cited competencies in infection control which over half reported using all the time or a moderate amount of time. Over half reported competency in mental health. Wound management competency was reported by over a third of respondents.

Top three categories for preferred professional development topics of the aged care sector

1. Palliative Care
2. Mental health and Pain Management
3. Infection Control

Workforce: Time in practice and employment conditions

A total of 277 survey respondents (80%) provided a response to questions regarding the length of tenure and hours worked in their current position. Of these, 53% worked part-time and 40% worked full-time. Part-time work was more prevalent in the Nursing and Allied health category (55%) and in the South Coast subregion (69%). Other employment arrangements specified included contract, full time across multiple roles, part time at two workplaces to make up full time, part time in public health service and part time self-employed as a private practitioner and part time in addition to being a student or trainee.

Percent respondents who reported working over 40 hours in an average week by employment status (n=275) and occupational category (n=270).

- Full-time: 87%
- Part-time: 11%
- Nursing and allied health: 34%
- Administrative: 9%

Counselling and support: 7% Time in professional occupation shown as percent respondents from early career to retirement (n=255):

- Early career, less than 5 years in professional occupation: 25%
- Experienced in professional occupation: 33%
- Extended career, 21-35 years in professional occupation: 29%
- Towards retirement, 36- more than 41 years in professional occupation: 13%

Workforce: Retention factors

A total of 257 respondents (74%) provided a response to the following questions:

1. What factors encouraged you to remain in the Gippsland workforce?
2. Are there any factors that discourage you from remaining in the Gippsland workforce?

Top five most cited encouraging factors

1. Ties to the local area and amenities (lifestyle and community)
2. Positive employment conditions- flexible work arrangements, job security and stability
3. Colleagues
4. Convenience; close to home
5. Access to professional opportunities- employment, career growth and professional development

Nature of work including enjoying the work was most frequently cited by those in the mental health sector, Central and Eastern subregion respondents and those in counselling and support as an encouraging factor to remain in the Gippsland workforce. Other encouraging factors included financial affordability of the area.

A total of 61 (27%) of the 230 respondents who commented on factors that discouraged them from remaining in the Gippsland workforce responded with 'none'.

Top five most cited discouraging factors

1. Lack of professional opportunities- limited career growth opportunities, training, and peer support
2. Workplace issues with management or bullying
3. Issues with the area; lack of local amenities
4. Lack of services and referral options- most cited by Eastern subregion, mental health sector and early career respondents
5. Negative employment conditions: low remuneration, lack of flexible work arrangements

Other discouraging factors included a lack of funding, sector planning and resources. Comments relating to staffing and skill shortages noted recruitment difficulties and missing skillsets in the workforce. Respondents reiterated workplace stress as a discouraging factor citing high caseloads, long hours, workloads and job fatigue.

Workforce survey interviews

Six respondents, four from the mental health sector, one from the primary care and allied health sector and one working in the aged care sector agreed to a follow up interview. Respondents were asked whether they resonated with the competency and preferred professional development topics data from the regional health workforce survey. They were asked to comment on retention factors and make suggestions for recruitment.

Mental health sector

Respondents in the mental health sector worked in an alcohol and other drug (AOD) setting, social work or had a client facing role in a disability and mental health setting in Baw Baw, South Gippsland, Bass Coast, Wellington and Latrobe.

Respondents agreed that depression, anxiety and suicide prevention were the areas of greatest competency.

Further comments on preferred professional development topics included:

- Focusing on family-based interventions in child mental health
- Training in adolescent (12-25 years) mental health
- Training in trauma, acquired brain injury and forensic care
- Conducting a root cause analysis in AOD settings
- Increased training in addiction, AOD and personality disorders
- Professional development to address compassion fatigue/drift in AOD settings
- Training on new psychoactive substances

The need for training and awareness of mental health issues in vulnerable populations such as farmers, men, those with a disability or trauma history was noted. Respondents agreed that both acute and subacute mental health and other health sectors would benefit from professional development in trauma history, personality disorders, mental health problems in children and care after suicide.

Primary care and allied health

The primary care and allied health respondent worked in district nursing and cited palliation as an additional competency. Self-care in mental health and palliation and training in occupational health and safety in the workplace were added to the list of professional development topics for this sector. They agreed that other sectors including clinicians, district nursing, aged care and maternal health would benefit from professional development in community health, wound management, diabetes education, mental health and infection control. Training in voluntary assisted dying was also recommended.

Aged Care

The respondent in the aged care sector worked in a managerial position. They agreed that pain management, palliative care, mental health, and infection control were areas of greatest competency. They felt that while there was satisfactory ongoing clinical education to maintain these competencies, there was limited non-clinical professional development opportunities. This included training in aged care standards, funding, fees, and charges. While they acknowledged the staffing shortages in aged care, they disagreed with the media rhetoric that the sector was in crisis.

Retention Factors

Encouraging retention factors

Respondents resonated with encouraging retention factors including being satisfied with the nature of work, ties to the area, affordability of housing in regional areas, the regional lifestyle, access to professional

opportunities and positive work relationships. They also expressed a desire to remain in the regional workforce.

Discouraging retention factors

Staffing shortages contributing to unsafe work environments

Staffing shortages were reported across the mental health, primary care and allied health and aged care sectors. New graduates working in mental health were reported to be unsupported due to a lack of experienced staff available for supervision. Comments of an unsafe work environment were compounded by an escalation in violence, a lack of appropriate training in aggression management, inexperienced staff on duty and no requirement for staff to patient ratios. Respondents felt as though services had exhausted options to recruit local graduates. They also commented that services could not rely on a casual staff pool to meet shortages with a slow recruitment process further exacerbating the issue.

Workplace issues

This theme encompassed comments related to workplace issues such as culture and management. One respondent reiterated feeling unsupported following making an official bullying complaint, stating *“You can’t go anywhere with these concerns”*. Their frustration emphasised the need for a clear pathway to manage official bullying complaints while maintaining confidentiality and trust between management and employees. Another respondent commented that a mismatch in expectations on professionalism at work caused issues between staff and management.

Additional discouraging retention factors

One respondent in the disability and mental health sector commented that vulnerable clients were not sufficiently supported by clinical mental health services resulting in a lack of timely treatment. The lack of funding, adequate remuneration in the human services sector and a lack of specialist services for referral in the mental health and AOD sector were reported as discouraging retention factors. Respondents noted that workplace stress was not strictly restricted to the regional workforce. The lack of career growth opportunities was seen as a discouraging factor by some while others noted that those who want to advance their career can choose to move to metropolitan areas.

Suggestions to Improve Recruitment

- Focus on staff wellbeing and education
- Increase remuneration to reflect the importance of work in the human services sector
- Incentivise potential recruits with temporary accommodation options or increased pay for working in a regional area
- Conduct incentivised swaps for early/late career to work in rural/regional areas
- Support for local young professionals to connect with each other
- Highlight local experts to graduates and using them in professional development
- Targeted scholarships to work or study in regional areas
- Secondment with aligned services e.g., AOD with forensic system, justice, mental health and headspace
- Fieldwork placements for young graduates in AOD sector

Conclusion

The survey provided insight into the competency and professional development needs of health professionals in the mental health, primary care and allied health and aged care sectors across Gippsland. The piloted version may be redesigned to obtain a clearer idea of what professionals work where and the cohorts they support. It can also be initiated by Gippsland PHN following the Health Needs Assessment to survey recent professional development completed and desired professional development based on regional health needs. Future iterations of the survey may ask respondents to describe professional development completed in the last two years. This will help ascertain organisations that provide the training and better target topics to meet gaps identified by subregion or sector.

The findings showed that nature of work and ties to the area were the most common encouraging retention factors while workplace issues and staffing and skill shortages were commonly cited discouraging factors affecting the retention of the regional workforce. Follow up interviews emphasised that a positive workplace culture of integrity, reliability, professionalism and mutual respect with appropriate support to rectify management issues could further encourage retention of the regional workforce. Respondents noted a lack of incentives to work in Gippsland such as temporary accommodation or increased remuneration limited opportunities for recruitment. Suggestions to improve recruitment included providing incentivised swaps, field work placements and supported graduate programs. Respondents also highlighted the opportunity to use local experts in professional development and promote their work to graduates looking to work or study in Gippsland.