
Allied Health Professionals

Workforce Planning Project 2001 - 2002

Report on Focus Groups **February 2002**

Prepared by Lea McInerney
Ideas into Action Consultancy Services

Allied Health Professionals Workforce Planning Project

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1 Executive summary

The Allied Health Professional Workforce Planning Project commenced in March 2001 as a result of concerns raised about the allied health professional workforce in Tasmania.

As part of the Project, six focus groups of allied health professionals (AHPs) were held around the state in December 2001. The views of AHPs were sought on areas of satisfaction and dissatisfaction in their work, what would contribute to ideal working conditions and what constraints they saw on making changes.

Responses were gathered from a questionnaire completed by each participant and through group discussions. Some key themes emerged and these are detailed below. There were also some variations among different professional groups and regions and these are described in this report.

1.1 Key themes emerging

1.1.1 Quality client care

Many AHPs identified that being able to provide quality care and services to clients was a major source of satisfaction. A number felt frustrated in their attempts to provide good care because of gaps in services, staffing shortages and the demand of non-clinical administrative work.

1.1.2 Professional development

The professional development opportunities available in workplaces and externally were very much valued by allied health professionals. The lack of these opportunities came up repeatedly as a significant issue. All groups were asked to identify the top issues in their area and all six stated the lack of professional development opportunities as the top issue. The issue encompassed what was actually available as well as its accessibility. There were major concerns about the lack of equitable and transparent processes for access to professional development. In discussions about what would make current staff stay and what would make them leave, some staff expressed concern about 'intellectual stagnation' in their profession through staying in Tasmania.

1.1.3 Flexibility

Workplaces that have flexible arrangements for staffing were highly valued by allied health professionals. A number of staff expressed interest in working more flexible and family-friendly hours and indicated that this would be a definite incentive for allied health professionals to remain in Tasmania.

1.1.4 Management practices

A number of allied health professionals indicated confidence in their managers, however there were a number of management concerns that were raised in the groups, both by staff and managers themselves.

There are a number of large and complex issues such as service gaps and staff shortages that will require effort over the longer term. However in the short term, these are creating consequences that need management attention. A number of staff identified the need to prioritise workloads and better manage clients' expectations of services.

Management and professional supervision, particularly of sole practitioners and recent graduates in rural and remote areas, were a significant areas of concern.

The impact of human resource vacancy control mechanisms was raised repeatedly. Specific problems are the direct impact on client services and also the consequences of the time taken to process the paperwork required to fill positions. Managers are, from time to time, aware of allied health professionals interstate who hear of pending vacancies and express interest in moving to Tasmania. However by the time the position is advertised those potential staff have secured employment elsewhere.

Allied health managers in the focus groups also commented that the time taken to process vacancies takes them away from day to day management and professional supervision of their staff. This has an additional impact on smaller professional groups who have to carry additional workloads resulting from vacant positions.

A number of people also queried the efficiency of allied health managers and staff having limited and, in some cases, no access to clerical support.

1.1.5 Teamwork

Many of the professional groups stated that teamwork and collaboration were a great source of satisfaction to them. This related to within their own professional groups and in multidisciplinary teams across groups, services and Divisions. Concern was expressed about the boundaries between Divisions that can, at times, create barriers to effective teamwork.

1.1.6 Variety and diversity of work

Many allied health professionals valued the variety of work that it is possible to undertake in Tasmania, because of its small population and resulting need to deal with many different situations. The downside of this was a lack of local access to specialist advice and referral that can pose real difficulties in managing some clients. Additionally, there were limited opportunities to specialise if staff wish to.

1.1.7 Research and development

A number of allied health professionals flagged their interest in exploring new developments, research opportunities and innovative and interesting projects. Lack of resources and lack of access to universities were cited as barriers to doing more of this or managing existing projects well.

1.1.8 Physical facilities

While there were several positive examples of building upgrades that were much valued, a number of staff referred to problems of inadequate physical

space for treating clients, potentially unsafe working environments and having to use outdated equipment.

1.1.9 Undergraduate training

Lack of undergraduate and post-graduate tertiary facilities in Tasmania is a well recognised and ongoing limitation to recruitment and retention of allied health professionals in Tasmania.

1.1.10 Conditions and awards

Lack of recognition of post-graduate qualifications was flagged as a disincentive for doing further study, particularly in light of the up-front costs for individuals.

2 The focus groups

A total of six focus groups were held in main centres around the state between 11 and 17 December 2001. Sessions were of 2.5 hours long and a total of 96 people participated. A member of the Allied Health Professional Reference Group attended each focus group and provided an overview of the project. Dennis Holzberger attended the sessions in Burnie, Devonport and Launceston and Lorraine Millar attended the Hobart sessions. An independent consultant, Lea McInerney, facilitated the sessions and prepared this report.

2.1 What the focus was on

The specific purpose of the focus groups was to identify current issues in workforce planning for allied health professionals in Tasmania from their perspective.

The program covered discussion of the following:

2.1.1 What makes AHPs stay in Tasmania and what would make them leave?

2.1.2 Key questions on professional issues

- Causes of satisfaction and dissatisfaction
- Ideal working conditions
- Constraints on making changes

2.1.3 Important considerations in determining strategies

2.1.4 A summary of the top issues

Views were canvassed through individual responses on a questionnaire completed at the session, small group work and whole group discussions.

With regard to the individual responses, participants were advised that their confidentiality would be respected, with no names being required and only the person transcribing the sheets and the facilitator editing the paper having access to the sheets. In writing up the report, care has been taken to ensure that comments cannot be traced to particular individuals.

At the end of the focus groups, participants were advised of the next steps in the project; a more detailed investigation and analysis of specific issues followed by the development of strategies.

2.2 Attendances

Table 2.2.1 Attendances at each focus group

Centre	Site	Number of participants
Burnie	North West Regional Hospital	12
Devonport	Devonport Community Health Centre	14
Launceston (1)	Launceston General Hospital	19
Launceston (2)	Launceston General Hospital	7
Hobart (1)	Royal Hobart Hospital	27
Hobart (2)	Repatriation Centre	17
Total		96

Table 2.2.2 Attendances at each focus group

Profession	South	North	North-West	Total
Dental therapy	2	2	-	4
Nutrition and Dietetics	4	-	2	6
Medical science	8	4	-	12
Occupational therapy	8	2	5	15
Pharmacy	3	2	-	5
Physiotherapy	5	6	10	21
Podiatry	2	-	3	5
Prosthetics / orthotics	-	3	2	5
Psychology	3	1	-	4
Radiation therapy	-	3	-	3
Radiography	2	-	-	2
Social work	5	2	2	9
Speech pathology	1	-	2	3
Not stated	1	1	0	2
Total	44	26	26	96

Table 2.2.3 Attendances by DHHS Division and service

Division/Service	South	North	North-West	Total
Community, Population and Rural Health Division - specific service not stated *	8	8	13	29
Community, Population and Rural Health Division - Aged, Rural and Community Health	4	9	11	24
Community, Population and Rural Health Division - Mental Health Service	3	-	1	4
Community, Population and Rural Health Division - Disability Services	2	1	-	3
Hospitals and Ambulance Service Division*	13	13	12 *	38
Not stated	15			15

* In the north-west, health professionals generally work across the two divisions. This happens only occasionally in the north and south.

3 What the allied health professionals said

A summary of key themes emerging for each of the discussion points is on the following pages.

3.1 Tasmania – stay or leave?

Participants were asked to consider what makes them stay in Tasmania and what would make them leave, giving consideration to broad lifestyle and personal issues as well as professional issues.

3.1.1 Factors that may influence AHPs to stay in Tasmania

Responses fell into four main groups: family, lifestyle, environment and employment. The responses were consistent across the state.

Having family in Tasmania and/or a partner employed in Tasmania were given as reasons for wanting to stay in Tasmania.

Tasmania's beauty, recreational opportunities, the reasonable cost of living, and the lifestyle associated with a small, dispersed population were listed as powerful attractions for people to come here from the mainland.

In addition, employment in Tasmania is considered to be attractive as there are varied opportunities for different types of work and less competition for senior positions than on the mainland. There are also greater opportunities to get to know other health professionals due to the size of the workforce.

3.1.2 Factors that may influence AHPs to leave Tasmania

Responses fell into the same groups as above: family, lifestyle, environment and employment with the addition of education. Responses across the state were consistent in most areas with some variation in emphasis in employment aspects.

A major issue for all AHPs is the lack of undergraduate and postgraduate training directly available in Tasmania and the associated lack of professional development opportunities. The converse of the advantages of Tasmania's lifestyle was a deterrent for some, with the small population resulting in limited scope for intellectual stimulation compared with bigger centres.

Family on the mainland and children growing up and needing to leave for education and employment were significant catalysts for people to consider leaving. Geographical isolation and in particular the expense of travelling out of the state and the dependency on air and sea travel causes concern, particularly for those with extended family interstate. Some AHPs stated that they might consider a warmer climate in the future.

In relation to employment, there were consistent views across the state about limited opportunities for career development. Additionally, Burnie staff expressed their concerns about the isolation of sole practitioners. In Devonport, there is a view among some staff that working there is simply a

stepping stone for young graduates because of the perception that career development opportunities are limited by very little movement or rotation of senior staff. The Launceston groups expressed concern about lack of parity of pay compared to other states. Hobart staff also flagged the view that there are limited opportunities for career development, especially in clinical work and the only way to progress is to go into management. A number of staff gave a sense of feeling 'stuck' as a result of this. There was a strong sense of people seeking new experiences and opportunities within their existing work situations.

3.2 Important professional issues

Participants were asked to consider what was satisfying in their work, what was dissatisfying, what the ideal working environment would consist of and what constraints they saw to making changes.

There are some themes common to all professions across the state. There are also some variations by both professional groups and regions. It is clear that there will need to be strategies that can be tailored to the differing situations and settings of rural practitioners, sole practitioners, smaller professional groups and the larger professional groups.

In Table 3.2.1, the areas of satisfaction were the qualities or conditions that it will be important to maintain and sustain in the future and that require specific action in the AHP Workforce Strategic Plan. These were drawn from the participants' comments about what was satisfying in their work and what their ideal working environment would be.

The areas of dissatisfaction are the qualities or conditions that deter health professionals from working here and which must be specifically addressed in the AHP Workforce Strategic Plan. These were drawn from the participants' comments on areas of dissatisfaction and constraints they were aware of.

Table 3.2.1 Areas of satisfaction and dissatisfaction related to working in DHHS as identified by focus group participants

Area	Satisfaction	Dissatisfaction
Quality client care	Being able to provide quality care for clients	Service gaps, staff shortages, increasing demand and the impact of this on AHP staff
Professional development	Access to a range of professional development opportunities	Limited professional development opportunities and lack of equitable and transparent processes for the support for professional development
Flexible workplaces	Flexibility, particularly family-friendly hours	Lack of flexibility within the system for a range of activities (work conditions, new initiatives etc)
Management practices	Supportive, skilled managers in some areas	<ul style="list-style-type: none"> • The impact of vacancy control on services to clients, service providers & managers • Some poor practices, e.g. change management, communication • Limited supervision and support for sole practitioners especially recent graduates
Teamwork	Teamwork and collaboration in a range of team formations	Boundaries between Divisions sometimes limit potential for teamwork
Variety and diversity of work	Variety of work type and setting (clients, services etc)	<ul style="list-style-type: none"> • Limited opportunity to specialise • Limited opportunities for career development
Research and development	New developments, opportunities, research, interesting projects	<ul style="list-style-type: none"> • Lack of resources • Lack of access to universities
Physical facilities	Adequate physical facilities for treating clients	Poor facilities and equipment in many areas
Undergraduate training		Lack of undergraduate and post-graduate tertiary facilities in Tasmania
Conditions and awards		Lack of recognition of post-graduate qualifications

3.3 Important considerations when determining strategies

Participants were asked what they saw as important considerations when determining the priority strategies for the Workforce Plan. This exercise was done as a whole group discussion. The list below was drawn from suggestions from all the groups and has been organised into five main areas of importance. A series of prompt questions that need to be considered for each of these areas is listed beneath them.

It is important that each strategy proposed for the workforce plan:

Will be sustainable

- Will it provide a long-term, sustainable response to emerging and future needs?
- Will it address underlying infrastructure problems?
- Will it be cost-effective over time?

Will bring positive results

- Will it result in attracting and retaining staff?
- Will it make Tasmania more competitive with other states?
- Will it enhance the co-ordination of services across professions and Divisions?
- Does it specifically focus on key clinical areas with long term vacancies especially in rural and remote areas?

Will improve quality and promote best practice

- Will it take into account client distribution patterns and related staffing/population distribution?
- Will it make a positive difference to clients and service provision?
- Will it improve the quality of services?
- Will it bring cross-Divisional benefits?
- Will it improve professional standards?
- Will it bring management of services into line with contemporary management practices?

Will provide maximum effect for effort

- Will it have relevance to and benefits for all professions?
- Will it provide responses relevant at statewide, regional and local levels?
- Will it have a high impact for a relatively low cost?

Can be done in Tasmania

- Are there positive precedents from other states or countries?
- Do we have the capacity to achieve it in this state? (i.e. Can it actually be changed or fixed? Do we have the resources, skills and knowledge locally to fix it?)
- Will it be politically acceptable?

3.3.1 Summary of the top issues rated by the allied health professionals

Towards the end of the session, participants were asked to nominate what they saw as the main issues emerging from the group's discussions. The following list is how each group summarised the issues.

3.3.2 Summary of the top issues by region

3.3.2.1 Devonport

- Incentives to attract and retain staff, e.g. professional development over a period of time, anniversary bonuses which could be used for professional development, career structure, staff exchanges interstate
- Access and financial support for professional development
- Speed up recruitment process

3.3.2.2 Burnie

- Professional development
- Recruitment and retention – especially of senior staff

3.3.2.3 Launceston (from two groups)

- Access to and funding of professional development
- Retaining expertise
- Need to provide healthy establishment/environment
- Attracting people
- Centralisation – human resource and Finance (processes are unworkable)
- Service gaps – creates tension and mismatch between community expectations
- AHP identity and representation
- State award – sole practitioners in rural areas
- Limited capacity to do research
- Service gaps due to budget constraints
- Lack of strategic planning
- Salary difference between public and private

3.3.2.4 Hobart (from two groups)

- Quality services – dedicated, well trained staff
- Professional development – resources/support
- Service gaps
- Professional recognition - remuneration and working conditions
- Future projections – workforce supply; changing needs and expectations
- AHP profile/image
- Obstacles/barriers to working effectively
- Flexibility in work practices
- Award – unity among AHP
- Management understanding of AHP generally
- Smaller professions/specialities – lack numbers, resources, lack professional structure, potential for fragmentation
- Budget control and actual resources

3.3.3 Summary of the top issues by professions including regional variations

Individual responses were further analysed to determine top ranking responses for each professional group. Variations according to regional location have also been flagged. This will be important in determining strategies that are professionally and locally responsive.

Dental therapy

Satisfaction	Desired	Dissatisfaction	Constraints
<ul style="list-style-type: none"> Quality care for clients Some improved facilities Teamwork 	<ul style="list-style-type: none"> Professional support and recognition 	<ul style="list-style-type: none"> Poor facilities (north and south) Reactive case work and lack of primary health care approaches Lack of resources for effective change Lack of professional development 	<ul style="list-style-type: none"> Matching resources with demand

Regional variations

- Consistent between north and south

Medical science

Satisfaction	Desired	Dissatisfaction	Constraints
<ul style="list-style-type: none"> Interesting work Team work 	<ul style="list-style-type: none"> Recognition of post graduate qualifications Back-up and support for workload management and professional development 	<ul style="list-style-type: none"> Range of issues, no significant trends across all respondents 	<ul style="list-style-type: none"> Budget

Regional variations

- Variety of work is a strong source of satisfaction in Hobart
- Launceston had concerns about losing the range of work to the south

Nutrition and dietetics

Satisfaction	Desired	Dissatisfaction	Constraints
<ul style="list-style-type: none"> • Teamwork across professions • Good and easy networking because of size of state 	<ul style="list-style-type: none"> • Professional development • Realistic workloads 	<ul style="list-style-type: none"> • Increasing client demand • Lack of support staff – clerical, projects • Lack of capacity for specialisation 	<ul style="list-style-type: none"> • Budget

Regional variations

- No significant variations

Occupation therapy

Satisfaction	Desired	Dissatisfaction	Constraints
<ul style="list-style-type: none"> • Client contact • Variety of work – clients, management opportunities, student supervision, mentoring younger staff, 'on the road' working out of the office 	<ul style="list-style-type: none"> • Professional development – multifaceted opportunities • Flexibility 	<ul style="list-style-type: none"> • Poor professional development • Lack of flexibility especially for innovation and development • Impact of positions not being filled on individual occupational therapists – having to pick up other workloads • Impact of waiting lists in terms of managing client expectations (and frustrations) 	<ul style="list-style-type: none"> • Budget • Human resource limits on flexibility of employing staff

Regional variations

- Flexibility – some areas have quite flexible working conditions (part-time, job share etc) – this is recognised as difficult to juggle for managers at times but very attractive to many staff
- Launceston is concerned about centralised human resources in Hobart resulting in no personal contact
- Easier to attract staff to Hobart than the rest of the state
- Need unique approaches to supporting rural and remote therapists

Pharmacy			
Satisfaction	Desired	Dissatisfaction	Constraints
<ul style="list-style-type: none"> • Being part of a professional community • Variety of work and roles • Flexibility, good hours 	<ul style="list-style-type: none"> • Full staffing • Financial recognition of qualifications, additional training 	<ul style="list-style-type: none"> • Lack of professional development - support to attend conferences etc 	<ul style="list-style-type: none"> • Lack of pharmacists generally • Competition with private pharmacies and interstate for staff • Budget

Regional variations

- There is some individual dissatisfaction with wage structure

Physiotherapy			
Satisfaction	Desired	Dissatisfaction	Constraints
<ul style="list-style-type: none"> • Quality care • Variety and diverse work • Rotation through areas • Team work (physiotherapists and multidisciplinary) • Flexibility of work hours 	<ul style="list-style-type: none"> • Professional development encouraged and facilitated including leave and financial assistance to travel if necessary • Supportive team environment • Flexibility • Access to locums 	<ul style="list-style-type: none"> • Lack of professional development, costs, problems with coordinating and accessing • Limited promotion prospects because of award • Human resource demands with vacancy control and the impact on filling positions • Understaffing • Lack of opportunity to specialise 	<ul style="list-style-type: none"> • Budget

Regional variations

- Professional isolation for specialties within physiotherapy
- In the north west, lack of access to specialist advice with generalists having to pick up on areas they may not be interested or skilled in; also lack of peer support
- In the north, limited facilities for clients e.g. hydrotherapy; difficulties in getting experience in areas of interest; involvement of the Australian Physiotherapy Association in rural departments is limited

Podiatry			
Satisfaction	Desired	Dissatisfaction	Constraints
<ul style="list-style-type: none"> • Diversity of work, client • Working with other allied health professionals 	<ul style="list-style-type: none"> • Better access to professional development 	<ul style="list-style-type: none"> • Lack of professional development opportunities • Recruitment processes are very inefficient • Chronic short staffing 	<ul style="list-style-type: none"> • Budgets
Regional variations			
<ul style="list-style-type: none"> • Salary packaging is of interest in the north west. 			

Prosthetics and orthotics			
Satisfaction	Desired	Dissatisfaction	Constraints
<ul style="list-style-type: none"> • Client care • Team work • Variety 	<ul style="list-style-type: none"> • Safe working environments • Improved physical facilities 	<ul style="list-style-type: none"> • Lack of professional development - lack of access to course in Melbourne • HR – vacancy control 	<ul style="list-style-type: none"> • Budgets
Regional variations			
<ul style="list-style-type: none"> • No significant variations evident 			

Psychology			
Satisfaction	Desired	Dissatisfaction	Constraints
<ul style="list-style-type: none"> • Assisting clients, seeing improvements • Variety of work 	<ul style="list-style-type: none"> • Supportive environment – roles of individual team members is valued • Supervision and training • Manageable workloads 	<ul style="list-style-type: none"> • High workloads • Vacancies slow to fill • Concerns about burn-out • Lack of understanding of specialist skills of psychologists by AHPs and management 	<ul style="list-style-type: none"> • None specific
Regional variations			
<ul style="list-style-type: none"> • No significant variations evident 			

Radiation therapy

Satisfaction	Desired	Dissatisfaction	Constraints
<ul style="list-style-type: none">• Client contact• Diversity of work• Innovation	<ul style="list-style-type: none">• Time for research, new ideas• Flexibility	<ul style="list-style-type: none">• Lack of staff• Low pay compared to the mainland	<ul style="list-style-type: none">• Shortage of radiation therapists worldwide
Regional variations			
<ul style="list-style-type: none">• Participants from Launceston only			

Radiography

Satisfaction	Desired	Dissatisfaction	Constraints
<ul style="list-style-type: none">• Client care• Team work and collaboration	<ul style="list-style-type: none">• Professional development encouraged and resources allocated	<ul style="list-style-type: none">• Lack of staff• Poor systems• Poor change management practices	<ul style="list-style-type: none">• Budget
Regional variations			
<ul style="list-style-type: none">• Participants from Hobart only			

Social work

Satisfaction	Desired	Dissatisfaction	Constraints
<ul style="list-style-type: none">• Autonomy• Variety• Teamwork	<ul style="list-style-type: none">• Collaboration• Professional development	<ul style="list-style-type: none">• Lack of professional development especially interstate programs• Poor understanding of role and contribution of social work by AHPs and managers• Poor management practices	<ul style="list-style-type: none">• Budget• Physical space
Regional variations			
<ul style="list-style-type: none">• No significant variations			

Speech pathology

Satisfaction	Desired	Dissatisfaction	Constraints
<ul style="list-style-type: none"> • Variety of clients and work • Team work 	<ul style="list-style-type: none"> • Access to services for supervision and support • Administrative support 	<ul style="list-style-type: none"> • Staff shortages • Limited professional development • Communication between corporate and service delivery • Lack of understanding by management of role and contribution of Speech Pathology 	<ul style="list-style-type: none"> • Budget

Regional variations

- Suggestion from north west to look to the Northern Territory rural health program for ideas in incentives for attracting and retaining staff in rural and remote areas.