Recruitment and Retention of Rural Allied Health Professionals
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Methods

The recruitment and retention of occupational therapists and other allied health professionals in rural health care settings has been an ongoing issue for many years. Rural hospitals have trouble creating, recruiting and retaining health care professionals, especially occupational therapists (OT) and physical therapists (PT).

Individuals that live in rural communities have been found to have poorer health status than those living in urban communities. People living in rural communities have higher mortality rates, shorter life expectancy, and greater risk of death from motor vehicle accidents and suicide. These issues can be contributed to by the lack of health professionals choosing to work in these rural communities (Wielandt & Taylor, 2010).

The World Health Organization (2010) identified that this shortage of qualified health professionals wanting to work in rural areas impedes access to quality health care services for a significant amount of the population. According to the U.S. Census Bureau (2020), the 2010 Decennial Census of Rural America found that 60 million people lived in rural areas which is 19% of the population.

Even though there has been significant research surrounding the low recruitment and retention of rural health professionals, little has been done to identify the nature of why allied health professionals do not want to work in rural settings and why they want to leave (Wielandt & Taylor, 2010).

Finding effective and sustainable solutions to the issues of recruitment and retention of rural health professionals is crucial. Students who are brought up in a rural area or students who completed a clinical rotation in a rural setting were more likely to seek employment in the rural health care setting. Lastly, articles must address strategies for improving recruitment and retention of these allied health professionals.

Selection criteria: Articles were excluded if they were published earlier than 2010 or if they were lower than a Level I study. Articles were also excluded if they did not address recruitment and retention of occupational therapists or allied health professionals in rural health care settings. Lastly, articles were excluded if they did not address strategies for improving recruitment and retention of allied health professionals.

Search strategy: Databases such as AJOT, Google Scholar, Cinahl Complete, EbscoHost, Rural and Remote Health Journal, PubMed and Rural Health Information Hub were searched. Phrases such as “occupational therapy,” “rural,” “recruitment,” “retention,” “employment,” “healthcare,” “allied health professionals,” “management,” and “improving rural health care” were used in the search to find relevant articles.

Results

A meta-synthesis completed by Roots and Li (2013, Level I), identified that a rural healthcare manager who encourages the intrinsic motivations of a rehab professional as well as provides extrinsic support have the most potential to recruit and enhance the longevity of employees. An unbalanced amount of intrinsic and extrinsic incentives can lead to high turnover (Roots & Li, 2013, Level I). This meta-synthesis only chose to examine qualitative reviews which is only a small fraction of the available research.

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Another systematic review appraised by Dolea, Stornmont, and Braicht (2010, Level I), identified a “bundled” approach by management is more effective than single interventions. For example, offering professional support as well as financial incentives. This “bundled” approach triggers a sense of belonging, recognition, and professional identity (Dolea, Kane, Zwanikken, & Garretsen, 2011, Level I). Only a small amount of research on retention interventions for healthcare employees in rural areas had been published or were accessible, which limited the extent of this research.

The last systematic review appraised by Dolea, Stornmont, and Braicht (2010, Level I) found that when rural health professionals have access to continuing education courses their confidence goes up which increases their willingness to stay. This study also found that students who were brought up in a rural area or students who completed a clinical rotation in a rural setting were more likely to seek employment in a rural setting and stay long term (Dolea, Stornmont & Braicht, 2010, Level I). This study is limited in the respect that most all studies reviewed in this literature were from high-income countries.

Discussion

This appraisal identified that there are many different strategies that rehab managers can use to increase a practitioners’ desire to work in rural settings as well as stay long term. In conclusion, managers should use a “bundled” approach to increasing recruitment and retention. It also identified that offering financial incentives, professional support, encouraging intrinsic and extrinsic motivation, and offering access to continuing education are the most effective strategies.

A rural rehab manager should understand the varying demands that come with working in a rural setting so that they can adequately provide professional support and mutual respect for their employees. Managers should also understand the implications behind staff shortages and the increase of demands that it brings to the current staff. It is important for managers to be supportive in the respect of providing the resources that rural therapists need to be able to achieve quality care for patients.

Financial incentives in the form of loan forgiveness, compensation for travel, paying for continuing education, and paid vacations should be considered by rehab managers. Financial incentives are effective if they are sufficient enough to outweigh the costs associated with working in a rural setting as perceived by rural therapists.

These strategies have been shown to be effective in increasing recruitment and retention of rural OTs and PTs. Rural rehabilitation managers should add these strategies to their toolbox when addressing this issue. By using these strategies, not only will retention and recruitment rates improve but also the overall health of the rural population.

References