



The ‘rural pipeline’ and retention of rural health professionals in Europe’s northern peripheries



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ABSTRACT

The major advance in informing rural workforce policy internationally over the past 25 years has been the recognition of the importance of the ‘rural pipeline’. The rural pipeline suggests that people with ‘rural origin’ (who spent some childhood years in rural areas) and/or ‘rural exposure’ (who do part of their professional training in rural areas) are more likely to select rural work locations. What is not known is whether the rural pipeline also increases the length of time professionals spend in rural practice throughout their careers. This paper analyses data from a survey of rural health professionals in six countries in the northern periphery of Europe in 2013 to examine the relationship between rural origin and rural exposure and the intention to remain in the current rural job or to preference rural jobs in future. Results are compared between countries, between different types of rural areas (based on accessibility to urban centres), different occupations and workers at different stages of their careers. The research concludes that overall the pipeline does impact on retention, and that both rural origin and rural exposure make a contribution. However, the relationship is not strong in all contexts, and health workforce policy should recognise that retention may in some cases be improved by recruiting beyond the pipeline.

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1. Introduction

Recruitment and retention of health professionals in rural and sparsely populated areas is a persistent problem internationally [1,2]. While there has been substantially more research and policy attention paid to the issue in countries like Australia, Canada, South Africa and the United States than in Europe, the need for research to inform workforce governance approaches here has been

recognised [3,4]. A major advance has been the recognition of the ‘rural pipeline’ in policy thinking [5]. Pipeline policies encourage recruitment of university students who grew up in rural areas, and training of professionals in rural areas. What is not known is the extent to which ‘rural pipeline’ thinking might also influence retention policy [6]. The purpose of this paper is to investigate the relationship between the rural pipeline and retention in parts of sparsely populated Europe, with a view to contributing to the debate about the extent to which government in particular can effectively intervene in workforce distribution. The paper covers countries who participated in a Northern Peripheries Program project *Recruit and Retain* between 2008 and 2013 (www.recruitandretain.com). These were

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Ireland, Scotland, Iceland, Greenland, Norway and Sweden. There are likely to be implications, however, for other rural contexts where specific workforce interventions continue to be required [3].

The 'rural pipeline' refers to two mechanisms [5]—(1) encouraging people who have a 'rural origin' (who grew up in rural areas) to enter the health professions [7] and (2) providing 'rural exposure' during professional education. This can include clinical training in rural locations, and other forms of exposure (visits to rural communities, for example) [8]. It is important to note that the pipeline is just one of many potential influences on practice location, with other personal, social, cultural, and occupational factors in play [5]. These factors (such as community support for professionals, education and employment needs of family and so on) may themselves impact on the effectiveness of the pipeline for individuals.

While the effectiveness of the pipeline for recruitment is well established, there is less evidence of its effectiveness for retention [9]. There have been few comparative studies between countries, and limited analysis of the effectiveness of the pipeline in different rural settings—sparsely populated areas, 'urban fringe' areas and so on [10]. There have been few studies comparing the effectiveness of the pipeline for different health professions. The literature generally suggests that medical professionals have more opportunities to select practice locations throughout their careers than nursing or (in particular) allied health professionals [7,11]. There has also been limited consideration of the role of age or career stage in determining the influence of the rural pipeline on recruitment or retention. The literature is dominated by studies involving students and young workers. Those groups tend to be highly mobile, and can use mobility to help advance their careers both by moving to new places, and by seeking new careers. Older workers may be more constrained in terms of capacity to change work locations or even specific jobs [12].

Pipeline policies are well developed in Australia, Canada, the United States of America and South Africa. In those jurisdictions, recruitment of quotas of rural origin students to certain professional education programs may be mandated in government funding. Programs may also receive extra funding for offering 'immersive' rural exposure, which typically means relatively long periods of training undertaken in rural areas. Policies in some cases are directed to encouraging children living in rural areas to consider, and prepare for health careers [13].

There are some differences between the European countries included in this research in terms of attention to the rural pipeline in workforce policy [14], but overall they appear to have lagged behind the jurisdictions previously identified [2]. While there are *primaefacie* reasons to expect that lessons learned in these jurisdictions are transferable to rural Europe, new and alternative governance structures may emerge from European research. Relevant policies include professional education programs based in rural areas, and promotion of health careers to rural school students. Different social and regulatory environments in the countries included in this paper are also apparent. In Sweden, for example, it is not legally possible to favour

specific sub-populations for entry into education programs [15]. There are also different perceptions of what is 'rural' and the role of 'rural' in the national psyche. 'Rural' may be associated with perceived disadvantage in some places, while it may represent the ideal lifestyle and be central to national identity in others [16,17].

In general, retention has taken a back seat to recruitment in the rural health workforce literature [18], but a number of areas where policy might assist have been identified including the development of special career structures and enhanced scope of practice (such as the 'rural specialist') for rural practitioners [19], and the funding of rural health professional organisations to provide peer support and mentoring. Retention policy also continues to be confused by the distinction that needs to be made between retention in a specific workplace, and retention in rural practice overall.

While it is somewhat assumed that rural pipeline practitioners are likely to remain in rural practice, there have been few life course studies to investigate this assumption [20]. Australia's National Rural General Practice Study (NRGPS) was conducted in the late 1990s [21], and included indicators of retention, rural origin and rural exposure. The NRGPS found that rural origin practitioners were slightly less likely (38% compared with 43% of non-rural origin GPs) to be considering an urban location for their next job. Rural exposure made no difference to the intended location of the next practice. These results suggest that, at least in some contexts, the rural pipeline may have only a marginal impact on retention. The extent to which those findings may apply some 20 years later and in other countries and professions is not known. If the Australian findings persist, there would be a need to recognise that different levers might be needed to improve retention compared with recruitment. Recruitment policy may also need to consider the value of focussing on more difficult to recruit populations who nonetheless have high retention potential. Conversely, if the rural pipeline can be demonstrated to be equally effective for retention and recruitment, then even more policy attention should be paid to developing pipelines.

This paper not only examines the high level evidence for a relationship between the rural pipeline and retention, but investigates whether the evidence is consistent with respect to the country of work, type of rural location, occupation, and career stage.

2. Methods

The *Recruit and Retain* project included a survey of health professionals in each of the participating countries. A detailed summary of the survey is available at the project website. Data from the survey remain the property of the *Recruit and Retain* project partners and are used here with permission of the Swedish lead partner. The survey was self-completed and distributed through health services, professional organisations, and available online, meaning that response rates and sample representativeness are difficult to ascertain. This research uses data from participants identifying themselves as doctors, nurses (or midwives), or allied health professionals. For the latter, the intent was

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