

# Backgrounder: Evidence-based Retention of Healthcare Workers

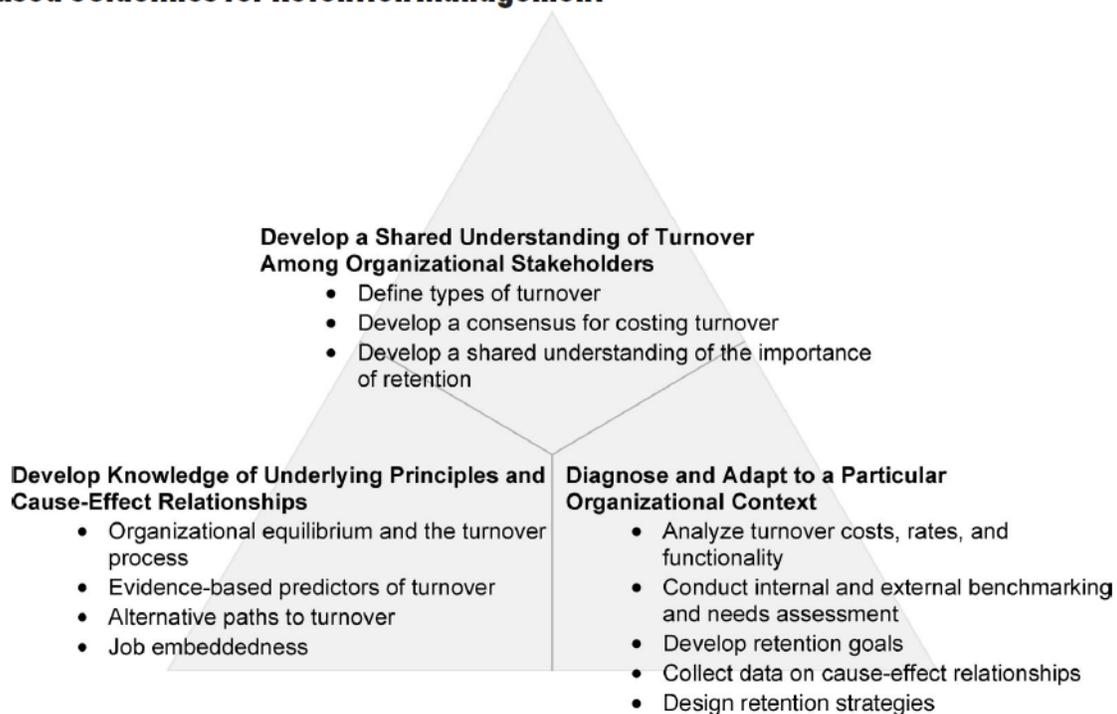
Specific retention strategies are varied and complex. They should be implemented based on local needs and characteristics. However, evidence-based guidelines for retention planning and management are available to help guide the process.

## Understanding why providers leave and why others stay

Before implementing retention strategies, evidence shows us that a strong understanding of current turnover and a shared understanding of the importance of retention is an important first step. The three sections of the figure below are based on collaboration and communication with current and past healthcare providers and comprehensive data collection. An important reality we must remember is why healthcare providers *stay* is just as important as why they *leave*.

A first step towards evidence-based retention management may include interviews with healthcare providers both new (<2 years of service), long-term (>2 years of service on PEI) and exit interviews with providers who leave the Island or a community.

**Figure 1**  
**Evidence-Based Guidelines for Retention Management**



*(Vardaman et.al., 2010)*

## Retention Strategies

Once a strong and shared understanding of current turnover and retention is established, there are multiple evidence-based retention strategies from which to choose. Vardaman et.al. (2010) reviewed literature and summarized some of the available effective strategies.

**Pay may not be as important as we believe.** Evidence shows that pay is only one part of an effective retention strategy. It has been shown to be of relatively little importance to healthcare providers when choosing to remain or leave (Broom 2010, Flemming & Sinnott, 2018, Pashen et.al, 2009).

The two most important factors for retention are **organizational commitment** and **job satisfaction**. Other factors that are very important for retention are (Tepper 2000, Flemmin & Sinnott 2018):

- Job design and work environment;
- Work satisfaction, job scope, promotion opportunities, communication and participation indecision making;
- Workgroup cohesion and coworker satisfaction;
- Community integration;
- Family/Spouse community integration.

## The Role of Management and Government

There is evidence regarding specific cause-effect relationships and human resource management practices (Government) that can help organizations manage turnover. These are not only effective in retaining providers, but also cost-effective (Vardaman et.al., 2010).

These practices include the following approaches:

- **Socialization:** Practices that provide connections to others, positive feedback and clear information.
- **Training and development:** Providing opportunities and linking these to opportunities to tenure.
- **Engagement:** Design jobs to increase meaningfulness, autonomy, variety and coworker support. Allow to contribute to the organizational mission.
- **Specific approaches:** Providing autonomy and task variety, fostering a team environment, providing and supporting specific challenging goals, and recognizing employee contributions.

## Retention of Rural Physicians

Specific approaches that may allow family physicians in rural areas to remain may include (Pashen 2009):

- Not having to be on-call more than 1 night out of 5;
- Funding for continuing medical education;
- A supply of locums;
- Paid time off for participating in continuing education;
- Allowed time off to teach or do research;
- Physician workload balance;
- Community integration (for both them and their family/spouse);
- Broad scope of practice.

## References

Broom, C. “*Entice, engage, endure: adapting evidence-based retention strategies to a new generation of nurses*” *Journal of Healthcare Leadership*, 2 (49-60), 2010.

<https://doi.org/10.2147/JHL.S7914>

Flemming, P, Sinnott, ML, “*Rural physician supply and retention: factors in the canadian context.*” *Canadian Journal of Rural Medicine*, 23(1), 2018.

<https://srpc.ca/resources/Documents/CJRM/vol23n1/pg15.pdf>

Pashen, D. Wakerman, J. Humphreyx, J. Buykx, P. “*Systematic review of effective retention incentives for health workers in rural and remote areas: towards evidence-based policy.*”

*Australian Journal of Rural Health*, 18(3): 102-9, 2010. [https://doi.org/10.1111/j.1440-](https://doi.org/10.1111/j.1440-1584.2010.01139.x)

[1584.2010.01139.x](https://doi.org/10.1111/j.1440-1584.2010.01139.x)

Tepper, B. “*Consequences of abusive supervision.*” *Academy of Management Journal*, 43(178–190), 2000. <https://doi.org/10.5465/1556375>

Vardaman, J, Bryant, P, Allen, D. “*Retaining talent: replacing misconceptions with evidence-based strategies*” *Academy of Management Perspectives*, 24 (2)., 2017.

<https://doi.org/10.5465/amp.24.2.48>