Southern Rural Access Program Autumn 2003 Grantee Conference

"Is Rural Provider Retention Really Possible?"

IT DEPENDS!

Rural provider retention is possible if:

1. Your initial recruitment was done thoroughly

2. You develop a pro-active retention program

3. You pay close attention to a few key predictors of retention failure

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Recruitment That Leads to Retention

Overview

1. Many retention losses are avoidable through the use of recruitment practices that are easy to implement.

2. Losses due to mistaken assumptions on the part of both parties are common.

3. Misunderstandings can often be avoided by the use of thorough screening and interviewing techniques.

4. Despite good recruitment, there may be candidate expectations that cannot be anticipated. Candidates often have unexpressed expectations.

Recruitment Techniques

1. Listen carefully during telephone conversations and on-site interviews to pick up special needs or concerns of the candidate or family. It is important to ask questions about issues you do not fully understand.

2. Carefully explain the details of your community and practice situation, especially items that are unusual or potentially troublesome.

3. Be thorough and be honest, even at the expense of losing the candidate. It is far better to lose the candidate during interviewing than after he/she is already practicing and becomes a retention failure.

Developing a Pro-active Retention Program

1. Develop a Board retention policy

2. Designate person(s) responsible for carrying out the program

3. Develop a budget for the retention program

4. Develop a written retention plan to include:
   a. an initial orientation plan
   b. a plan for new provider introductions
   c. a plan for marketing the new provider
   d. a mentor/buddy plan for provider and spouse
   e. a plan for integrating the provider and family into community
   f. a plan for ongoing provider performance reporting
   g. a plan for provider recognition

5. Develop a plan for conducting exit interviews of departing providers

6. Conduct an ongoing evaluation of the retention program, including a rationale for each provider loss

Key Predictors of Retention Failure

Research has shown that the majority of retention failures involve four critical factors. These factors should be addressed thoroughly in the recruitment process and then monitored closely during the first year of the provider's practice. In addition, four other factors can play a role in provider dissatisfaction.

The key issues are:
1. Issues related to compensation.
   a. Lack of an employment contract
   b. Starting salary below the "going rate" for the area
   c. Lack of contractually agreed upon raises
   d. Lack of a production bonus
   e. Production bonus goals that are ambiguous or unreachable
   f. Lack of regular progress reports, both clinical and financial

2. Issues related to the spouse and family
   a. Spouse who does not accompany the provider to the community
   b. Inadequate attention to spouse and family during recruitment
   c. Inability of spouse to find employment
   d. Spouse or family not feeling accepted by the community

3. Issues related to the provider's professional satisfaction
   a. Feeling intellectually isolated and unsupported
   b. Feeling a lack of acceptance by peers or staff
   c. Feeling professionally "at risk" because of difficulty obtaining subspecialty support or making referrals
   d. Being expected to function outside his/her field of training
   e. Being on call or working more hours than expected
   f. Not receiving recognition from management and board

4. Issues related to community attitudes
   a. Lack of genuine acceptance of provider and spouse beyond the initial welcome
   b. Lack of willingness of community leaders to use the new provider
   c. Lack of effort to help the spouse or children overcome possible language differences

Additional contributory factors:
1. A provider's perception that management is not interested in meaningful input, especially in decisions affecting medical practice
2. Provider concern about the quality of facilities, equipment or support personnel
3. Concern that the practice is not meeting the provider's need for maintaining professional skills or that the practice is not sufficiently challenging or stimulating
4. Fear for the long-term viability of the employing organization