

Summary of

Retaining the Psychological Workforce: Reasons for Psychologists Leaving the Health Workforce and Strategies for Retention

Source: Prepared by participants in the Psychology Workforce Task Group, convened by the Ministry of Health. Presented in 2020 based on the 2017 Retention study.

Purpose

From August-November 2017 the Psychology Workforce Task Group conducted a study to identify reasons why psychologists leave roles, and strategies that may improve retention of psychologists. This summary primarily reports the data pertaining to the health sector. The full report is available from the NZ College of Clinical Psychologists (office@nzccp.co.nz).

Method

All psychologists were sent a link to an internet-based survey and invited to participate. Along with demographic and employment information, the survey asked quantitative and qualitative questions about:

- **Current employment:** levels and sources of work satisfaction and dissatisfaction, likelihood of leaving, reasons why they might leave, and strategies that would encourage them to stay
- **Previous employment** (left within the last ten years): reasons for leaving and potential strategies that may have encouraged them to stay.

Responses

634 psychologists responded:

- 588 (93%) psychologists reported on 732 current positions (some had more than one)
- 338 (53%) psychologists reported on 431 previous positions

Of these positions, 281 current positions and 227 previous positions were in the health sector. Of those in the Health Sector, 66% of current and previous positions were with DHBs, and the remainder were in ACC, NGOs, Primary Health, and other health employers.

Results

Current Levels of Work Satisfaction: All Sectors

Satisfaction with eight aspects of working life were compared for five sectors: Health, Education, Other Government, Private Practice, and Other. The position of Health was:

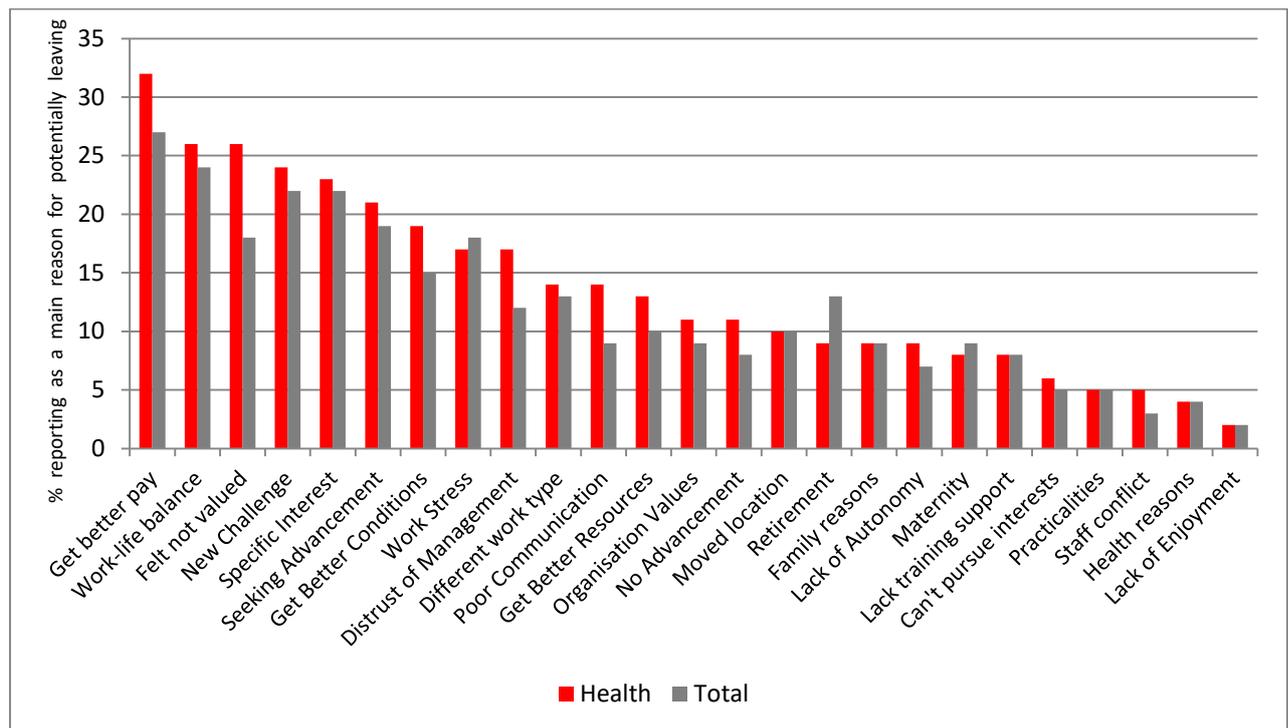
- **For Current Positions:** Health was
 - Lowest for Relationships with other staff,
 - Second lowest for Ability to be effective, Organisational processes, Resources, Own skills, and Overall satisfaction.
 - Middle position for Workload and Work-life balance.Education was lowest on most scales and private practice was highest on most scales.
- **For Previous Positions** (at the time of leaving): Health was
 - Lowest for Relationships with other staff, Resources, Own skills, and Overall satisfaction,
 - Second lowest for Workload, Ability to be effective, Organisational processes
 - Middle position for Work-life balance.

- Fifty-six percent of psychologists currently in health positions felt that it was moderately to very likely they would leave in the next five years.

Reasons for Leaving Positions in the Health Sector

The following graph shows the frequency with which reasons were endorsed as the main reasons for considering leaving health sector positions compared to positions in all sectors. Areas rated substantially more frequently by psychologists in the health sector compared to all respondents included: To get better pay, Resources, Conditions, Not feeling valued, Distrust of management, and Poor communication.

Main Reasons for Potentially Leaving Current Role: Health Compared with All Sectors



A similar analysis of reasons for why people left previous roles showed that people leaving Health roles substantially more frequently rated Distrust of management, Better conditions, Lack of autonomy, and Feeling not valued, as main reasons for leaving compared to all respondents.

Barriers to, and Strategies for, Retention of Psychologists in the Health Sector

The following graphics were derived from qualitative analysis of open-ended questions about “Why are you considering leaving” (Barriers to retention) and “What could have been done differently that would have encouraged you to stay?” (Strategies for retention). The categories are presented in descending order of frequency with which they were mentioned by participants, along with examples of specific aspects within each category. The shaded (blue) area of each box is proportional to the number mentioning aspects of the category compared to the number mentioning the most common category (“Demand-Driven Stress”/ Enhancing Management Leadership Approach). The examples are given in approximately decreasing order of frequency also.

Barriers to Retention of Psychologists in the Health Sector

<p>Demand-Driven Stress High caseload/workload. Long waiting lists. Constant demands to work harder. Unrecognised additional roles for seniors psychologists. Risk of burnout.</p>
<p>Insufficient Salary and Career Progression Opportunities Pay levels unsatisfactory – compare poorly with Corrections or private practice. Inequitable conditions. Minimal career progression pathway/structure.</p>
<p>Ineffective Work Processes Time-consuming & unhelpful documentation/record systems. Unwieldy administrative systems. Excessive/ineffective meeting structures. Many barriers to working smarter.</p>
<p>Ineffective Clinical Service Delivery Approaches Psychologists being used as keyworkers reduces time for psychological work. Pressure to reduce length of therapy below effective. Overvaluing of “bio” in biopsychosocial.</p>
<p>Devaluing of Psychologists Work/Contribution. Lack of understanding/recognition of the value/contribution of psychologists by management and other staff. Poor utilisation of psychologists.</p>
<p>Unhelpful Leadership/Management Performance Unskilled and ineffective management. Unsupportive/negative attitude/ bullying managers. Ongoing critical issues not addressed by management, Micro-management.</p>
<p>Stress Due to Lower-than-Required Staff Numbers. Insufficient psychologist and other staff to meet demand on services. Staff numbers static in face of increasing referrals. Staff turnover.</p>
<p>Ineffective Organisational Structure and Function Poor communication within organisation. Disorganisation in services. Siloed services. Conflict in the agendas of different leaders/managers.</p>
<p>Lack of Necessary Physical Resources Lack of physical resources needed to do job well. Insufficient IT resource. Insufficient access to resources limits effectiveness.</p>
<p>Inadequate Working Conditions Lack of clinical space/ space not fit for purpose. Unsuitable office space. Lack of flexibility in employment conditions (e.g, for working parents)</p>
<p>Problem Staff Relationships Toxic staff politics. Difficult personal styles of some staff/managers. Lack of collegial support. Concerns about competence of some staff.</p>
<p>Limited Opportunities for Professional Development Difficulties accessing training/development resources and adequate supervision. Struggle to get agreement to reasonable requests to attend relevant training.</p>
<p>Other Barriers to Retention Broader System Issues – Insufficient funding, Poor liaison with other services, Poverty. Client Characteristics – Increasingly high acuity/complexity of clients. Vicarious trauma. Service Priorities – Appear financially driven rather than client focused. Ineffective Utilisation of Staff in Service Development – Poor consultation. Staff ignored.</p>

Notes: Shows category title then representative examples of the reasons for potentially leaving reported by psychologist currently working in the health sector. Categories in decreasing order of how commonly suggested. Examples in approximately decreasing order of frequency. Blue/shaded area of box represents the proportion of reasons in the category compared to the most common category (Demand-driven Stress).

Strategies for Increasing Retention of Psychologists in the Health Sector

<p>Enhancing Management/Leadership Approach Improve skills and effectiveness of managers. Increase supportiveness of managers. Address and stop bullying by managers.</p>
<p>Strategies to Reduce Demand-Driven Stress Establish/maintain realistic workload expectations. Support with risky clients. Improve processes for allocating/balancing caseloads. Initiatives to prevent burnout.</p>
<p>Establishing More Effective Work Processes Simplify & streamline clinical and other documentation and administrative processes. Clearer understandings about what is expected. Utilise stafftime more effectively.</p>
<p>Salary and Career Development Higher pay – at least on parity with Corrections. Clear pathway and opportunities for career development.</p>
<p>Provide Necessary Resources and Working Conditions to do the Job Well Processes that ensure that resources needed to do job well are obtained. Adequate working environment, clinical space etc. Safe working environment.</p>
<p>Explicitly Valuing Psychologist's Contribution Recognition by management of value added by psychologists. Helping staff to understand the role/value of psychology/psychological therapy.</p>
<p>Improving Effectiveness of Psychological Practice. Don't have psychologists keyworking – poor use of time. Use outcomes to guide therapy. Appropriate oversight of psychologists work.</p>
<p>Workforce Numbers Sufficient to Meet Demand More psychologists to meet demand. Mix of experience levels of staff. More non-psychologist staff to improve overall team function.</p>
<p>Improving Overall Clinical Team Function More efficient MDT meeting approaches. Improved interdisciplinary coordination. Less focus on medications, broader biopsychosocial approach.</p>
<p>Enhancing Access to Professional Development More opportunities/funding for training/upskilling and supervision/mentoring. Reasonable autonomy in deciding needs.</p>
<p>Developing a Positive Organisational Culture. Managing bullying/discrimination and dysfunctional staff relations early. Specific initiatives to improve team environment and staff retention. Encourage innovation.</p>
<p>Improving Organisational Level Function More collaborative/transparent management approach. Allowing reasonable autonomy.</p>
<p>Other Suggested Strategies Broader System Strategies – Improved funding, reducing culture of fear for professionals Work-Life Balance Strategies – Reasonable flexibility e.g., working hours More Psychologists in Leadership – better support</p>

Notes: Shows category title then representative examples of the specific strategies suggested by participants. Categories in decreasing order of how commonly suggested. Examples in approximately decreasing order of frequency. Blue/shaded area of box represents proportion of strategy suggested compared to the most common retention strategy (Enhancing Management/Leadership Approach).