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Case Study

Staff perceptions of primary healthcare service change: influences on staff satisfaction

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Abstract. Strong primary healthcare (PHC) services are efficient, cost-effective and associated with better population health outcomes. However, little is known about the role and perspectives of PHC staff in creating a sustainable service. Staff from a single-point-of-entry primary health care service in Elmore, a small rural community in north-west Victoria, were surveyed. Qualitative methods were used to collect data to show how the key factors associated with the evolution of a once-struggling medical service into a successful and sustainable PHC service have influenced staff satisfaction. The success of the service was linked to visionary leadership, teamwork and community involvement while service sustainability was described in terms of inter-professional linkages and the role of the service in contributing to the broader community. These factors were reported to have a positive impact on staff satisfaction. The contribution of service delivery change and ongoing service sustainability to staff satisfaction in this rural setting has implications for planning service change in other primary health care settings.

What is known about this topic? Integrated PHC services have an important role to play in achieving equitable population health outcomes. Many rural communities struggle to maintain viable PHC services. Innovative PHC models are needed to ensure equitable access to care and reduce the health differential between rural and metropolitan people.

What does this paper add? Multidisciplinary teams, visionary leadership, strong community engagement combined with service partnerships are important factors in the building of a rural PHC service that substantially contributes to enhanced staff satisfaction and service sustainability.

What are the implications for practitioners? Understanding and engaging local community members is a key driver in the success of service delivery changes in rural PHC services.

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Introduction

The current Australian health reform agenda emphasises the need for the provision of integrated primary health care (PHC) services that are responsive to community needs and are sustainable.[1–3] However, it is not clear how different PHC models adapt to the changing health services environment in a

manner that ensures their sustainability and provision of effective health care.[4]

Setting

Elmore Primary Health Service (EPHS) is a single-entry point private-public PHC model in a small rural community 46 km north-east of Bendigo and 170 km north of the capital city, Melbourne. The current population of Elmore is ~668.[5] The community's recognition that their health service was under significant and real threat with the closure of their local hospital in 1994, was a key driver in the genesis of the EPHS model. The EPHS formed in 2004 as a result of a partnership between the local community, the Elmore Medical Practice (EMP) and the Bendigo Community Health Services (BCHS).[4,6,7] A longitudinal evaluation of the service has been evaluating its impact on the local community in terms of service performance, quality and sustainability. Evidence to date shows that there have been significant infrastructure improvements, an increased range of health services provided, workforce changes and expansion of the service to other small rural communities.[8]

Objectives

The longitudinal study of the EPHS has also examined how the service model has evolved, despite the external threats to its viability.[7,8] However, little is known about the role and perspectives of staff in creating a sustainable primary health care service. The aim of this specific study was to explore staff perspectives of the changing model of health services delivery in this small rural community. In particular, it examines how staff perceive service delivery change in terms of the key factors for 'successful' change and how this might influence staff roles, professional satisfaction and service sustainability.

Methods

A case study design was used so that the learning from this study could be used by other primary health care services undergoing change.[9] The semi-structured interview schedule contained open-ended questions that built on the evaluation study protocol.[7] Specifically, the questions (and prompts) were focussed on the nature, characteristics and impact of the service model change, the participants' role in the change and the impact of these on their professional role, satisfaction and service sustainability. Following consultation with the service team leader only one round of face-to-face interviews, of 45–60 min, was conducted and these were at mutually convenient locations where staff confidentiality was assured. Interviews were continued until no more new information or themes (data saturation) emerged. The interview transcripts were returned to the participants for member checking.[10] A female researcher (RT) who collected all the data was not an EPHS staff member but had worked closely with the EPHS in establishing the broader evaluation study. Two researchers (RT and PB) independently read, re-read and coded the transcripts and field notes manually and met to conduct inter-rater reliability with a result of 87%.[11] Both researchers had experience as PHC providers and conducting qualitative research in health service settings. Ethics approval was obtained from the Monash University Human Research Ethics Committee. The COREQ guidelines have been used to guide the reporting of the study.[12]

Participants

Purposive sampling was used to collect data from a range of different health professionals, managers and administrative staff who were both salaried and private providers. All staff who were invited to participate agreed to be interviewed and of these ten, two were GPs, four were managers, two were allied health staff, one was a nurse and one was an administrative officer. All participants except one also worked at other health service sites. Five of these staff were employed by the service when the hospital closed and had major roles in the service model changes. These participants represent 50% of the total staff employed or working at EPHS at the time the research was conducted.

Results

The changes at EPHS most commonly reported was the expansion of the range of public and private health services including outreach services from Bendigo, and an increase in the number of allied health professionals and programs. The medical service had developed into a 'hub and spoke model' whereby the EPHS is the 'hub' and there are five 'spoke' services in small rural communities. There were improvements in the management of chronic disease registries and a greater clarity of the role of allied health staff in these programs. Changes in the organisational reporting lines between the partner organisations (EMP and BCHS) were also reported. The emerging themes were categorised into three main areas; success of the service, sustainability of the service and the effect of these on staff satisfaction.

Success of the service

The success of the service was defined in terms of the people who were leaders in the service, community engagement and involvement, and accessibility to a diverse range of health services.

People: visionaries, leaders, drivers, teamwork

The participants identified a range of factors that they thought contributed to the success of the EPHS. The main factor was the presence of key people who had the vision and drive to conceptualise and develop the current health service model. These key people were identified as the GP, the practice manager, community health service managers, community leaders, community groups and regional government agencies. Participants also reported that 'vision and leadership' and 'management and organisational structure' were the most important factors influencing their decision to stay at the health service.

Community engagement and involvement

Participants strongly agreed that community engagement was crucial to the service's success and expansion. Clear and transparent communication between the health service and local residents was seen as key in securing community support and identifying local needs.

> Community engagement is really important to drive what services are needed . . .. community support to help raise funds for equipment. Community feels that they have ownership of the EPHS – this is a good thing. When you run a practice like this you confront problems and challenges – community involvement helps you through hard times.

Accessibility to a diverse range of health services

Most participants reported that the expansion of the range of services provided by EPHS has improved the local community's access to health services. Half of the participants suggested that residents use the EPHS for GP, allied health and health promotion services and that its location decreased the need for residents to travel while also providing a hub for connecting socially.

> Elmore people can get numerous services without travelling, especially for the elderly population. Good ownership by the community – acts as a meeting place in addition to being a health facility.

However, it was noted that some patients travel between the other spoke medical services to see their preferred doctor. Two participants reported that some patients expressed increasing dissatisfaction with not being able to see the GP of their choice when they wanted. Overall improved access to a range of services was perceived to have contributed positively to the community's health status.

All participants reported that the local provision of a diverse range of health services that the community had expressed a need for was important for the service's ongoing engagement with the community and sustainability of the service.

Sustainability of the service

The sustainability of the service was defined in terms of professional linkages and how service sustainability contributed to the broader social and economic fabric of the community.

Inter-professional linkages

Participants reported that the co-location of allied health, health promotion, social engagement activities and medical services have contributed to the delivery of a broad range of services that the community needed while also strengthening inter-professional engagement, sense of common purpose and coordination of health care. The health professionals reported that having better knowledge of one another's roles, skills and organisational structures enhances the speed and nature of decision-making around health service provision. They reported the facilitation of collaboration as a strength from personal, professional and community perspectives.

Contribution to the broader social and economic fabric of the community

Most participants reported that the EPHS does not simply provide health services, but it also contributes substantially to the broader social and economic fabric of the community. It does this through providing local employment and attracting people to live in the town and region. The growing population creates need and provides economic incentive for infrastructure such as a range of retail services (e.g. groceries, pharmacy, postal, hardware), banking, and public transport.

> It supports people in the community being able to maintain services in the community, for example, transport. The service adds to the community fabric, it is a drawcard to sustain community. Generations leave communities that lack infrastructure and EPHS assists in sustaining a broad range of infrastructures.

Staff satisfaction

Simply put, staff satisfaction refers to how content they are with their work in terms of fulfilling employment needs and aspirations. High levels of satisfaction usually contribute positively to good staff morale, workforce stability and low staff turnover. The EPHS changes have had variable impacts on participants. All participants reported positive impacts related to the building redevelopment as it made the workplace more comfortable and professional, and services could be provided more appropriately. As a result this has enhanced their professional satisfaction through the development of strong inter-professional collaboration, improved working conditions, enhanced service delivery, and increased contact with community members.

> Now that the roles of allied health providers through the chronic disease management program is more formalised there has been an increased perception of the providers' worth in the team management of clients – this is positive.

Allied health staff reported that clearer role definition and purpose led to feeling more valued and an integral part of a health team. The changes in organisational reporting lines have worked well overall but have posed adaptation challenges for some participants.

> There have been changes in the running of site operations and these are working well sometimes, but other times challenges arise. Open rigorous communication is essential.

Discussion

Australia's National Primary Health Care Strategic Framework[3] highlights the importance of providing integrated PHC to improve health outcomes. The EPHS case study provides key lessons for how this can be achieved in small rural communities. The results arising from these interviews with key staff indicate that multidisciplinary teams, visionary leadership, strong community engagement combined with service partnerships are important factors in the building of a rural PHC service that substantially contribute to enhanced staff satisfaction and service sustainability.

Multidisciplinary co-located teams

The co-located medical, community and allied health services promote streamlined management of complex and chronic health conditions (e.g. diabetes, asthma, mental health issues) while creating an environment that supports respect and understanding between health professionals and managers.

Visionary leadership

The shared vision and management abilities of the key people involved in the establishment of the EPHS model have steered the EPHS from a small struggling service to the current multi-disciplinary service. Personalities and inter-partner communication styles were reported as crucial for the successful growth, development and sustainability of this service. As such, vision and leadership in the champions who have developed and driven this model were reported as key aspects that would determine whether a participant would remain working with the service. However, it is a risk for any organisation to be dependent on any one individual for its sustainability.[13] Therefore it is essential to consider and address appropriate succession-planning so that an organisation can grow on the legacy of these individuals and not be at risk of decline if they should leave.

Community engagement

The community's recognition of their health service needs was a key driver in the genesis of the EPHS model. As such, their engagement is seen as vital to the ongoing growth and development of the health service. The EPHS is a key service in the community's identity and it is recognised as a key attraction for people to move to this town, including young families and retirees. It is essential to maintain community involvement in the health service to ensure the health service understands changing community needs and maintains community support in its continuing evolution.

Service partnerships

Communication, negotiation and review are essential for fostering public private partnerships in the delivery of a multi-disciplinary health service. There can be times when publicly funded programs can conflict with privately provided services, particularly in a setting such as the EPHS.

It is crucial for the key individuals within each of the partner organisations to be able to negotiate these situations transparently to reduce the potential for misunderstandings and weakening of the partnerships.

Strengths and limitations

These interviews provide unique insights into the staff experiences through periods of enormous change which included those who had been involved with the evolution of the original integrated model and more recent employees who experienced the more recent infrastructure improvements. These interviews are part of a larger longitudinal study of the health service and provide significant data that contextualise the quantitative data that is currently being analysed. Repeat interviews with the same staff, over the six-year period, would have provided more detailed insights into the change factors that influence staff satisfaction however; this was beyond the scope of the study.

Conclusion

The EPHS is an excellent example of how a small struggling rural medical service can evolve into a sustainable PHC service. The contribution of service delivery change and ongoing service sustainability to staff satisfaction in this rural setting has implications for planning service change in other PHC settings. The lessons learned in this research will continue to translate into improved staff satisfaction and evidence based planning for the service to further enhance consumers' access to multidisciplinary primary health care services.

Competing interests

No part of this paper has been submitted for publication elsewhere. None of the authors has a pecuniary interest in the publication of this work, and no conflict of interest exists in relation to its publication.

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