Exit Interviews – determining why health staff leave

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J. Doyle & G. Roberts

visit our website: www.hrhhub.unsw.edu.au
or email: hrhhub@unsw.edu.au

Jennifer Doyle (HRH Hub, School of Public Health and Community Medicine, UNSW and Graham Roberts (HRH Hub, School of Public Health and Community Medicine, UNSW).

Executive Summary

- Attrition of health workers (HWs) is a major concern within Pacific Island Countries and territories (PICTs).
- There appear to be only limited systems in place within Pacific Island health care systems for the collection of data about departing health workers who resign, retire or relocate.
- Exit interviewing is widely used within healthcare organisations elsewhere to collect information about departing employees.
- Incorporating exit interviewing into PICT health systems would provide information about reasons for leaving and intended destinations.
- Compulsory or structured exit interviewing would facilitate systematic and ongoing collection of data, leading to the establishment of benchmarks and the monitoring of attrition over time.
- Importantly, it also has the potential to provide valuable input into the design and development of appropriate retention strategies.

Pacific Island Health Workforce: Mobility and Attrition

Data Challenges

Loss of health workers (HWs) through attrition (e.g. retirement, emigration, resignation) has become a major concern for PICT health systems. This situation has become more acute in the context of increasing mobility of HWs, HW shortages, and competition for staff from developed countries.

Of the different types of exit, it is the emigration of HWs from PICTs and its impact on health workforce numbers and the delivery of services that has attracted most research attention. A handful of small-sample studies on the movement of Pacific Island health workers have been conducted, producing a body of literature consisting primarily of qualitative and anecdotal data.

While this has contributed to our understanding of many of the factors which motivate HWs to emigrate, detailed quantitative information about the occupational categories, disciplines and the overall numbers of HWs emigrating have been largely absent.

This absence became apparent in a recent study to determine the extent of HW emigration from five Pacific Island countries (Cook Islands, Fiji, Western Samoa, Solomon Islands and Vanuatu). One of the aims of this study was to collect information on the numbers, characteristics and occupations of HWs who had emigrated within a specified period.

Although some data were provided by each country, it was found that none of the countries had formal processes in place to collect national level information on professional HW emigration and mobility. Instead, production of this type of data tends to rely on a combination of personal knowledge, recall and limited documentation [Roberts, Nadakuitavuki, Biribo & Ratu 2011].

The importance of systematic and comprehensive collection of migration and other exit data should not be underestimated. Limited data collection systems and lack of exit interviews has meant that up-to-date, reliable and accurate data regarding all exiting HWs (not only those who intend to emigrate) are not readily available. Without such datasets, the dynamics of mobility and migration within the Pacific health workforce remain poorly understood and the development of strategies to retain HWs severely hampered.

Recommendation: Exit Interview Survey

A method commonly used within healthcare organisations to collect information from departing employees is that of the exit interview survey (EIS) [Flint & Webster 2011]. It is recommended that a system of exit interviewing be established within Pacific Island health systems to inform and help alleviate current migration and mobility data challenges.

Role of Exit Interviewing

The main aims of exit interviewing are:

1) to identify how many staff are leaving and the proportions of each type of exit;
2) to identify factors contributing to staff leaving whether from a particular service or program, exiting the health sector altogether, or emigrating overseas; and
3) to assist in retaining staff.

Conducting exit interviewing has the potential to provide valuable information about all categories of exiting staff and the various reasons for mobility common amongst HWs. Figure 1 provides a schematic breakdown of two broad, often overlapping, types of HW movement. Within this schema exits refer to departure from a service, organisation, or health workforce, and transitions refer to mobility within the health workforce [Zurn, Diallo & Kinfu 2009].
Figure 1: Types of Exits From and Transitions Within the Health Workforce

Exits (Permanent)
- Resignation
- Termination
- End of contract
- Career change
- Retirement
- Illness/disability
- Death

Transitions (Change of status)
- Occupation
- Areas/Regions (e.g. rural/remote)
- Institution/organisation
- Public/Private health sector

The primary purpose of the EIS is to document numbers and types of exits. However, including intended destination within the survey opens up the possibility for data on internal mobility to be captured. By way of example, an EIS could provide data about a HW who resigns from a rural post intending to relocate to an urban area in search of employment within the private health sector.

Benefits of Exit Interview Survey
- When exit interviewing is a compulsory element within a structured exit process, good response rates and comprehensive data collection are more likely. This in turn results in improved quality and quantity of information about exiting HWs.
- Systematic collection of core data (e.g. reason for exit, intended destination) will help provide a preliminary picture of attrition of HWs, contribute to establishing baseline data on why HWs are leaving, and enable ongoing monitoring of attrition.
- Depending on the content of the survey, the EIS has the potential to highlight problems (e.g. workplace policies, unmet expectations amongst HWs) which may be able to be resolved.
- EIS data can contribute to development of well-targeted retention strategies.

Limitations
While EIS is a methodology which can produce preliminary data about reasons for leaving and indicate the intentions of departing employees, it does not provide in-depth qualitative information. Furthermore, the effectiveness of the EIS in reducing HW turnover (something that is intuitively felt to be true) is unknown [Flint & Webster 2011].

Other limitations centre on possible reluctance on the part of interviewees to discuss or provide responses to issues they regard as sensitive or controversial, or which may be perceived as jeopardising future employment.

That said, a well-designed system of EIS has the potential to provide valuable information not available from any other source and to identify areas worthy of retention interventions.

Some Considerations
Resources: The content and length of the EIS are largely determined by the ongoing economic and human resources available to administer the survey, and record and analyse the data produced.

Data items: Core items are reasons for leaving (i.e. type of exit), length of service, and future plans of the departing health worker [Nkonki, Cliff & Sanders 2011]. Should resources be available, the EIS also provides the opportunity for feedback on related issues such as job satisfaction and teamwork, views and perceptions about management and supervision, and opportunities for professional growth.

Administration: Establishing a protocol for administering the survey includes decisions on a number of issues including delivery agency (central employer or functional department) method of delivery (e.g. face to face, telephone, electronic, postal); time of interview in relation to departure date; whether to make completion mandatory; role of person conducting interview in relationship to departing health worker; and, location of the interview.

In summary, as PICT health systems compete with developed countries for scarce human resources they also need to implement HR strategies to assist in understanding the reasons for and magnitude of health worker attrition; and for devising effective responses. While not a complete solution, the introduction of exit interviewing offers a way of beginning this process.

Further information
The authors welcome all queries:
Jennifer Doyle: jennifer.doyle@unsw.edu.au
Graham Roberts: g.roberts@unsw.edu.au

References


Roberts, G, Nadakuitavuki, R, Biribo, S & Ratu, A 2011, Migration of Pacific Health Workers in Five Pacific Island Countries, Human Resources for Health (HRH) Knowledge Hub, School of Public Health and Community Medicine, University of New South Wales (UNSW), Sydney.


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