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A snap-shot of attrition from the osteopathy profession in Australia.

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KEYWORDS

Allied health; osteopathic medicine; health workforce



ABSTRACT

Objectives

Attrition from health professions is of importance to a wide range of stakeholders. Substantial financial and human resources are used to develop and maintain a health workforce. Therefore attrition from the health professions may represent a waste of these resources for the public, the educators and the practitioner. The aim of this study was to identify factors that influenced the decision to leave practice.

Setting & participants

Osteopathy Australia (formerly Australian Osteopathic Association) members were sent an email explaining the project and a link to the electronic survey. The majority of osteopaths who received the email were practicing and were requested to forward the email to any colleagues or friends that they personally knew were no longer practicing (snowball sampling).

Design & methods

A retrospective quantitative electronic survey was used to gather information regarding demographics, financial aspects and work hours. Likert-type scales were employed to gather perceptions across health, lifestyle, financial and other factors, and their potential relationship with the decision to leave practice.

Results

Complete responses were received from 29 osteopaths.

Common factors identified by respondents for ceasing practice included family commitments (20%), dissatisfaction with osteopathic practice (20%), and boredom with osteopathic practice (20%).

Multiple factors were identified by respondents suggesting that the reasons for leaving the profession are complex, multi-factorial and often unique to the individual. Results from the present study suggest further research is required to identify those who may be at risk of leaving the profession, and develop strategies to retain their skills and knowledge.

Osteopathy is a rapidly growing profession in Australia with a 19.9% increase in registered osteopaths between March 2012 and September 2015,¹ with 2001 practitioners as at September 2015.¹¹Compared to other Australian allied health professionals including physiotherapists² (27 765) and chiropractors³ (5005), the total population of registered osteopaths in Australia is relatively small. A decline in the number of practicing osteopaths may have an effect on the overall accessibility of osteopathy services by the Australian public and limit the continued growth of the profession.

Although a workforce snapshot survey was undertaken in 2008,⁴ there has been little research into attrition rates or reasons for ceasing practice in the osteopathic profession. Kleinbaum⁵ undertook a qualitative analysis of factors that contributed to, or caused an osteopath to leave the profession with six participants educated in Australia, New Zealand and the UK. This retrospective study identified common themes for leaving the profession including financial reasons, injury, family commitments, and boredom with practice.

Physiotherapy and osteopathy are health professions with some similarities with regard to practice setting. Struber⁶ discussed why the Australian physiotherapy profession has high levels of attrition rates. The authors identified a range of reasons across themes of; underprepared, knowledge gaps, high stress load, lack of coping skills, long working hours and high demands. Research into other allied health professions including chiropractors⁷ and speech pathologists⁸ also identified similar themes. The aim of the current study was to begin the exploration of the reasons why osteopaths chose to leave the profession to inform future workforce planning and the education of osteopaths.

This study was approved by the Victoria University Human Research Ethics Committee.

Participants

All members of Osteopathy Australia (formerly Australian Osteopathic Association) were invited to participate. Participants were osteopaths who had permanently ceased practising or working using their osteopathy qualification.

Survey Content

Participants were asked to provide a range of demographic information in part one of the survey. The second part of the survey evaluated the contribution of a variety of factors, and their influence on the participants decision to leave the profession offered on a five point Likert-type scale (*no significance, minimal significance, somewhat significant, strong significance, it was reason for quitting*) to.

The factors participants were asked to consider included;^{5, 9}

- a) Health & lifestyle factors Burn out, general health issues, injury from osteopathic practice, family commitments, lack of support at home, age related retirement or moving (intercity/interstate).
- b) Financial factors Dissatisfaction with income, uncertainty of income, boredom with business side of practicing, insufficient business training.
- c) General/Miscellaneous factors dissatisfaction or boredom with osteopathic practice, limited scope of osteopathic practice, too much paperwork, too much responsibility, lack of evidence in osteopathy, lack of confidence in ability, lack of confidence in decision making, other.
- d) For 'other' the participant had the opportunity to suggest other factors not listed above or elaborate on a response.

The survey was designed in *Surveymonkey* and piloted by two osteopathic staff members prior to release. More extensive piloting was not able to be undertaken in the timeframe of the project.

The project information and finalised survey link was distributed to all OA members who had provided email addresses via the 'Weekly update' in a group email from the OA office in May 2012. Data was not provided on the number of OA members who would have received the email.

It was probable that the target participants were no longer OA members and therefore would not have directly received the invitation to participate. Therefore the invitation also included a request for practicing osteopaths (who comprised the majority of people who received the invitation) to forward the survey link to any friends or previous colleagues that they knew of who were no longer practicing. This approach is called snowball sampling¹⁰ and endeavoured to reach the 'hidden' population of those no longer practicing. Consent was implied by completing the questionnaire.

An electronic survey was used in favour of a paper survey as previous studies into the efficacy of email survey reveal a minimal effect on response rate compared with paper surveys¹¹ and lower distribution and collection costs.¹² The survey remained open for four weeks and a weekly email reminder was sent from OA during this time to all current members with email addresses provided. When the survey closed the results were collated for analysis. Descriptive statistics were generated in MS Excel 2010.

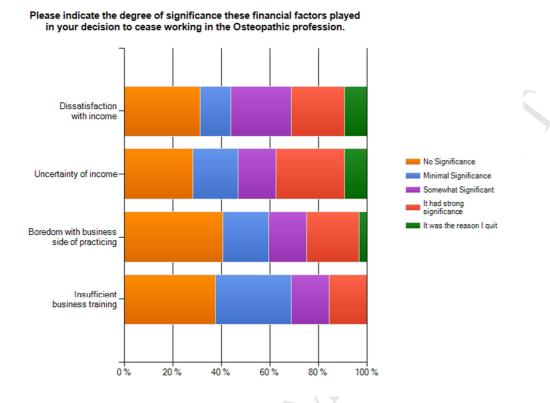
Thirty-nine responses were received however nine responses contained incomplete data and were excluded. Seven responses indicated the participant may return to the profession in the future and were excluded.

Of the 29 completed responses, the majority of participants commenced their osteopathy education while in their teens (67%, mode=18 years) and completed their education in their early twenties (20-23 years 49%, mode = 23 years). The age range of ceasing practice is more varied with the highest percentages in the ranges of 25-27 years and 28-33 years (31% and 34% respectively, mode 28 years). Therefore these figures suggest the majority of participants worked for approximately five years before ceasing practice.

The majority of participants trained at Victoria University (51%), followed by RMIT (28%). Victoria University commenced its osteopathic course in 1994 and RMIT commenced in 1985 and are the primary educators for the majority of Australian osteopaths. The data shows that having a school leaver background is the most common (62%) among those who have left the osteopathic profession followed by those with degree level education (24%).

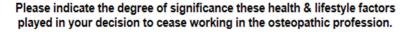
Just under half (41%) of participants worked solely as associates and 24% worked as sole traders. Relatively few (10%) worked in partnerships. The majority of respondents worked between 11-50 hours per week and earning \$AUD20,000-\$60,000 after tax per annum. Participants selected a number of factors in financial and business reasons for leaving the profession. Only a small percentage (10%) cited financial reasons and uncertainty of income (Figure 1) as the reason for ceasing practice, although these factors, along with boredom with practice were cited as being somewhat or strongly significant.

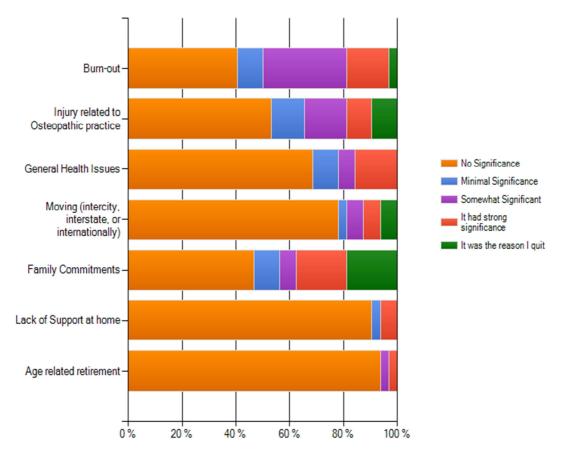
Figure 1. Likert Scale: Significance of financial and business factors in leaving the profession.



Participants identified a number of health and lifestyle factors contributing to the decision to leave the profession. Factors included family commitments (20%), injury related to practice (10%), moving interstate/intercity (3%) and burnout (3%) and these categories (with the exception of moving) also represent 10-40% of the *somewhat significant* and *strongly significant* responses (Figure 2). Factors such as general health issues, moving interstate/intercity, lack of support at home and age related retirement were rated as having no significance in the decision to cease practicing in 75-95% of respondents.

Figure 2. Likert Scale: Significance of health and lifestyle factors in leaving the profession.

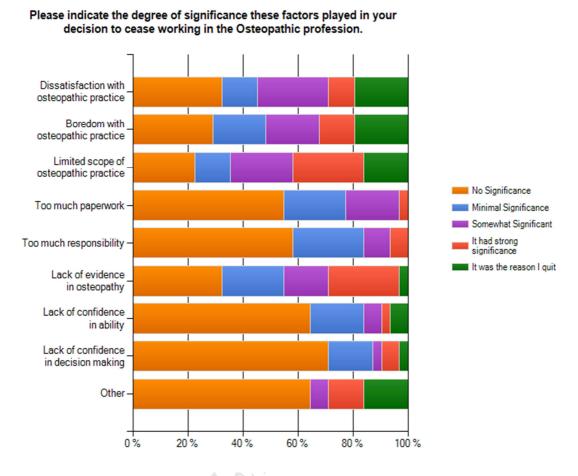




Participants also identified other general factors that contributed to their decision to leave the osteopathic profession. These factors (Figure 3) included dissatisfaction with practice (10%), boredom with practice (10%), a lack of confidence in ability (6%) and a lack of evidence in osteopathy (3%).

There are some that were deemed to have none to minimal significance on the decision to guit including too much paperwork (76%), too much responsibility (79%), lack of confidence in ability (82%) or lack of confidence in decision making (85%).

Figure 3. Likert Scale: Significance of general factors in leaving the profession.



Several participants offered qualifying remarks to support their Likert responses including a "Lack of professional network/ support compared to the UK. I had mentorship in the UK." Another respondent cited family reasons and explained "I needed a stable, well paid job to provide for my family, and could not physically continue with Osteopathy at the level required to earn a decent income, and could not imagine doing it until I retire." Another respondent listed negative experiences and lack of support stating "Very poor experience in associate positions as a new grad. No support, long hours, poor financial incentives etc." The theme of isolation was also reiterated by another respondent who explained they "often worked alone so felt unsupported; no one to talk to or bounce issues off. Felt I had to learn from my mistakes at the cost of the patients."

The present study sought to identify factors that contribute to attrition from the osteopathy profession in Australia. This snapshot shows respondents who chose to leave the Australian profession were typically aged between 25-33 years when they leave the profession (65%), be a school-leaver when entering their osteopathy education (62%), and had worked solely as an associate in practice (41%). Professional attrition can be considered from the perspective of wasted educational and financial resources for the practitioner, patients and educators. High levels of attrition can impact on accessibility of osteopathic services. However attrition is also part of the natural progression of the profession with members retiring and creating room for new graduates. Comments supplied by participants also suggest that for some respondents their osteopathic role enabled them to choose a new profession that was more suitable for their personal and professional needs.

Reasons for ceasing practice - Financial & business factors

More than 50% of respondents in this study considered financial reasons as a moderate to major influence in their decision to cease practicing (Figure 1). Flaherty⁹ investigated job satisfaction and occupation stress in experienced osteopaths (practicing for greater than five years). The stress of needing "...a stable, well paid job to provide for my family" and financial factors were consistent themes in the responses. Work by Kleinbaum⁵ and Flaherty⁹ provide support for financial uncertainty and income dissatisfaction being a reason for professional attrition in osteopathic practice. These studies do not support the idea that financial issues are the most important reason.

Reasons for ceasing practice - Health & lifestyle factors

Health and lifestyle factors identified by participants were family commitments and injury related to practice and represent 10-40% of the *somewhat significant* and *strongly significant* responses. These findings are consistent with other research.¹³ Kleinbaum's⁵ research did not identify family commitments as a factor; however this theme was linked to uncertainty of income to provide for a family

Injury related to practice was cited by 10% of respondents as being the reason for ceasing practice and another 25% identifying this factor as being somewhat or strongly significant in their decision.

Osteopathy can be a physically demanding job, as it requires the practitioner to use their hands and often their body to manoeuvre and apply manual techniques to their patients. This may lead to a higher incidence of work place injury and is consistent with the limited research in osteopathy and physiotherapy. The results may have been better interpreted if the participants were able to define whether a sustained injury actually occurred within their workplace or from an external circumstance.

One participant did state they had retired due to a repetitive wrist injury that did not enable them to continue practicing; other participants did not identify specific injuries if they were a factor. There was no data available on rates of injury in the Australian osteopathic profession for comparison.

Reasons for ceasing practice - General factors

as a reason for ceasing practice.

Dissatisfaction (10%) and/or boredom (10%) with practice were both cited as a reason for ceasing practice. This was borne out in both the descriptive statistics and qualitative comments with two participants also indicating they felt "...isolated" in practice. Furthermore, 18% of participants identified the limited scope of osteopathic practice was the reason they chose to leave the profession. These three options all depict a certain level of frustration based around the scope of osteopathic practice, consistent with other professions.^{5, 14} It is possible that their professional expectations are not met, received little or no mentoring.¹³ or that they are not equipped with certain skills necessary to be

successful in practice. However due to the unknown rate of attrition in osteopathy these findings cannot necessarily be generalised and warrant further exploration.

Age-related retirement

Age related retirement is a category that was only relevant to 6% of respondents suggesting it was not a factor for the majority of respondents. This figure should be interpreted with caution as the usage of an electronic survey may have potentially reduced the exposure of the survey to older people. If some individuals use the internet less frequently the emailing and social networking methods use could exclude many potential participants. Future studies could consider an option of a paper based survey with snowball sampling methods to increase the accessibility of the survey.

Limitations of the study and recommendations for future research

There are a number of limitations including response bias, missing those osteopaths who were not members of OA at the time of the survey, or those who did not have an email address registered with OA would not have received the survey. The generalisability of the results is limited given the attrition rate in Australian osteopathic practice is unknown.

Participants also had the ability to select multiple categories for all responses (e.g. they could select more than one factor as the reason for quitting). It was designed this way as this was the first study of the Australian osteopathic profession and the researchers wanted to try to identify as many common reasons as possible rather than require participants to just select the most relevant reason.

Future studies should aim to explore the themes identified here with a larger qualitative interview focused study.

Attrition from the health professions can have significant impacts on the available workforce. Further, the cost of training these professionals need to be considered when evaluating attrition.

The findings of this snap-shot study identified a number of factors that were associated with qualified osteopaths choosing to leave the profession. The most commonly selected reasons for ceasing practice included financial dissatisfaction, family commitments, dissatisfaction/boredom with osteopathic practice, and injury. Data from this study suggest that the reasons for leaving the profession are complex, multi-factorial and unique to the individual and is consistent with research other health professions. A more comprehensive workforce study and follow-up of those who choose to leave the profession in Australia will inform strategies to retain a highly skilled osteopathic profession in Australia.

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Author Contribution statement

KF conceived the idea for the study. KF lead the design and planning of the research. KF collected the data and KF & BV analysed the data and the writing and review of the final version of this manuscript.



Ethics Statement

This project was submitted to the Victoria University Human Research Ethics Committee (VU-HREC) in January 2012 and approved on 19/4/2012.

HRETH 11/296- A Quantitative Analysis of Attrition from the Australian Osteopathic Profession



Implications for practice

- Common reasons for attrition from the osteopathy profession in Australia include family reasons,
 lack of financial incentives, and not finding practice sufficiently challenging
- Some of the reasons for leaving the profession are modifiable and other are not, however they are consistent with other professions
- Modifiable reasons could be addressed through osteopathy teaching programs, and mentoring in clinical practice