



Charles Sturt
University

Three Rivers
Department of
Rural Health

Final report:
Exploring Workforce
Preferences of Allied
Health Practitioners
working in Telehealth in
Australia

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EXPLORING WORKFORCE PREFERENCES OF ALLIED HEALTH PRACTITIONERS WORKING IN TELEHEALTH IN AUSTRALIA

Contributions

Both authors were involved in the design, data collection, data analysis and writing of this report. Dr Kristy Robson conducted the on-line semi-structured interviews with the participants.

Author conflict of Interest Statements

Dr Kristy Robson has no conflict of interest related to the project.

Stephanie Nelson has no conflict of interest related to the project.

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Contents

EXPLORING WORKFORCE PREFERENCES OF ALLIED HEALTH PRACTITIONERS WORKING IN TELEHEALTH IN AUSTRALIA.....	2
Contributions	2
Author conflict of Interest Statements	2
Acknowledgements	2
Contents	3
Executive Summary.....	5
Introduction.....	5
Purpose	5
Methodology.....	5
Recommendations.....	6
Conclusion.....	7
Background.....	8
Overview of the Exploring the Workforce Preferences of Allied Health Practitioners working in Telehealth in Australia project	10
Project name	10
Industry Partner.....	10
Aim	10
Objectives	10
Methodology:	11
Participants	11
Ethics.....	11
Survey	11
Interviews	11
Recruitment.....	11
Data Collection.....	12
Data Analysis	12
Findings 1 – Survey Responses	13
Years of practice	13
Location of clinicians	15
Other work and study	16
Place of work and carer responsibilities.....	18
Attraction and retention factors in telehealth.....	19
Attraction of working in telehealth	19
Attraction of working in telehealth by employment type	20

Retention factors for working in telehealth	21
Retention factors by employment type	23
Recommending telehealth to peers	25
Suggestions to improve working in telehealth	25
Findings 2 – Qualitative Analysis of Interviews	26
Strengths and Limitations	36
Key considerations for recruitment of allied health practitioners into telehealth roles	37
Key considerations for retention of allied health practitioners into telehealth roles	37
Conclusion	38
Appendix 1	41
Survey Questions	41
Appendix 2	46
Semi-structured interview questions.	46

Executive Summary

Introduction

In recent times there has been significant increase in the use of telehealth however, most workforce research to date has focused on the health practitioners' experiences of telehealth. Little is known about the factors that may attract allied health practitioners to online therapy delivery and how this service model may impact on workforce recruitment and retention. Additionally, there are no studies that focus on organisations that exclusively use a telehealth service delivery approach. Therapy Connect, part of the Kinela Group, is a provider of allied health services solely via a telehealth service delivery model, working with allied health practitioners from different locations across Australia to deliver on-line speech therapy, occupational therapy, dietetics, physiotherapy and psychology. Therapy Connect has a strong focus on providing early intervention services for children and adolescents. Allied health practitioners working with Therapy Connect may choose a full-time or part-time time employment or a contractor arrangement.

Purpose

To explore the perceptions of allied health practitioners choosing to engage with a telehealth-only allied health service provider and to explore the following questions:

1. What attracts allied health practitioners to work via telehealth?
2. What are some of the benefits and challenges of working via telehealth for allied health practitioners?
3. What factors are critical for allied health practitioners choosing to stay or leave telehealth?
4. What organisational supports/strategies are needed to assist with the recruitment and retention of allied health practitioners to telehealth?

Methodology

A mixed methods approach using an on-line survey and on-line semi-structured interviews was used. Permission to conduct this study was granted by Charles Sturt University Human Ethics Committee prior to commencement. Project protocol number H23750.

SURVEY

There were 30 participants in the survey: 14 employees and 16 independent contractors working with Therapy Connect.

70% of the study sample reported greater than 15 years clinical experience. Independent contractors reported higher numbers of clinicians with greater than 20 years of clinical experience and employees reported higher numbers with less than 5 years of clinical experience. The majority of clinicians in both employment groups were located in metropolitan areas of Australia (62%). There are greater numbers of independent contractors than employees in rural and remote areas. The majority of employees reported working solely with Therapy Connect (77%), whereas most independent contractors reported working in another paid role (63%). Self-employed private practice was the largest sector of other employment for all participants who indicated that they had additional employment beyond Therapy Connect. Most respondents indicated that they worked from home and just under half reported carer responsibilities. There were similar carer roles and responsibilities across both employment groups.

Attraction of working in telehealth:

As a group for all survey participants, the top 3 factors attracting them to work in telehealth were:

1. Flexibility of work hours
2. Ability to work from home
3. Work/life balance

When separated by employment type, the attraction factors of income, flexibility of work hours, professional support and development and the ability to work from home showed differences between employees and independent contractors, with greater proportions of independent contractors selecting these attraction factors when compared with employees.

Retention factors important for working in telehealth:

As a group for all survey participants the top 3 factors for continuing to work in telehealth were:

1. Flexibility of work hours
2. Having a reasonable workload
3. Feeling that work is valued by clients

There were some differences in the importance of retention factors when separated by employment groups with feeling that work is valued by clients, having a reasonable workload and flexibility of work hours being the most important factor for employees, whereas flexibility of work hours, the ability to work from home and income were rated as the most important retention factors for independent contractors.





INTERVIEWS

15 participants took part in on-line semi-structured interviews, 8 employees and 7 independent contractors working with Therapy Connect. Four overarching themes were identified by analysing interview transcripts. These themes were:

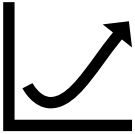

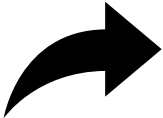


- Influencing factors to engage in telehealth
- Demystifying telehealth practice
- Setting clinicians up for success
- The opportunities and complexities of a telehealth-only organisation.

Recommendations

KEY CONSIDERATIONS FOR THE RECRUITMENT OF ALLIED HEALTH PRACTITIONERS INTO TELEHEALTH ROLES

	<p>Develop promotional strategies to increase the understanding of the delivery of allied health services via telehealth including:</p> <ul style="list-style-type: none">• Strengths and limitations of telehealth service delivery• Case studies of clinical telehealth scenarios• Short interviews with clinicians of their experiences working in telehealth• Short interviews with clients/parents of their experiences of receiving telehealth therapy.
	<p>Highlight factors of attraction to telehealth to interested clinicians such as:</p> <ul style="list-style-type: none">• Flexibility• Work/life balance• The ability to work from home <p>Clinicians with less experience may be more attracted to secure employment whereas those with greater experience and in other paid employment may consider part-time work as an independent contractor. Income and professional support and development are important considerations for contractors.</p>
	<p>Promote professional development opportunities of working in telehealth including access to clinicians with diverse skills and experience to build clinical capability.</p>
	<p>Consider short term allied health student observational placements.</p> <p>Supporting a greater understanding for allied health students of quality telehealth delivery, may support the future pipeline of clinicians engaging in telehealth.</p>

KEY CONSIDERATIONS FOR THE RETENTION OF ALLIED HEALTH PRACTITIONERS IN TELEHEALTH ROLES

	<p>The current approach to flexible work arrangements is a key retention driver for allied health practitioners to remain in telehealth.</p> <ul style="list-style-type: none"> • Having a reasonable workload and feeling that work is valued by clients are also key factors in retention for employees • Flexibility of workhours, the ability to work from home, and income were rated as the most important factors for independent contractors.
	<p>Implement leadership, performance, and management training for team supervisors to build skills and capabilities in supporting team building, connection, and work culture given the remote workplace setting.</p>
	<p>Drivers exist for independent clinicians to transition towards more permanent work including:</p> <ul style="list-style-type: none"> • A greater perceived sense of financial security • To pursue leadership opportunities within the organisation • To take advantage of wrap-around support systems and professional development
	<p>Implement opportunities to regularly connect with colleagues in a social context, outside of professional development, team and supervisor meetings. E.g., via virtual morning tea/afternoon tea to build connection within and across teams.</p> <p>Some clinicians may require more social connection than others.</p>
	<p>Evaluate salaries to incorporate bonuses for exceeding KPIs for the organisation to remain competitive in the employment market and retain independent contractors.</p>

Conclusion

Telehealth presents a promising avenue for the expansion of healthcare services, including allied health across Australia. Allied health practitioners who chose to engage with telehealth particularly value the flexibility of work hours, the ability to work from home and to achieve a work/life balance. Success in this area relies on the ability to create a supportive, flexible, and inclusive working environment for allied health practitioners who chose this mode of service delivery, sensitive to the specific needs of employees and independent contractors. The insights provided by this study may be used to enhance the efficacy and attractiveness of telehealth, paving the way for a more resilient and accessible healthcare system.

Background

In Australia, allied health practitioners make up the third largest health workforce after medical practitioners, nurses, and midwives (Australian Institute of Health and Welfare, 2022). Allied health practitioners play a critical role in supporting the health and wellbeing of both individuals and communities through prevention and management of health-related conditions, without referral from a doctor. Currently, there are approximately 200,000 registered allied health practitioners in Australia (Australian Government Department of Health and Aged Care, 2023).

Despite the rapid growth across most allied health professions, access to an allied health practitioner is largely dependent on location, with a greater proportion of allied health practitioners located in metropolitan areas rather than in regional, rural and remote locations (Australian Government Department of Health and Aged Care, 2023). Remote communities may not have the population base to support a broad range of allied health services to be located within their local community. This maldistribution has implications for the health of people living in rural and remote locations and the allied health workforce in these areas may be further challenged by the ageing population and expected increase in demand for allied health services in future years (Keane, Smith, Lincoln, Wagner, & Lowe, 2008). As such, alternative solutions need to be considered to support the demand and need for these services.

Telehealth is one such approach that is becoming popular within the health sector to support the disparity of services across geographic areas. Telehealth is the “delivery of health care services where distance is a critical factor, by health care practitioners using information and communication technologies (ICT) for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities” (World Health Organisation, 2009). It may be argued that telehealth offers a scalable solution to reducing challenges of accessibility to allied health services in rural and remote areas of Australia (Bradford, Caffery, & Smith, 2016), as it can enable timely access to specialist services with reduced travel costs for clients living in these locations (Services for Australian Rural and Remote Allied Health, 2012).

Telehealth played a critical role during the COVID-19 pandemic, allowing thousands of Australians to receive health assessments and care, including allied health services during periods of enforced stay-at-home orders and requirements for social distancing. Beyond the pandemic, telehealth is now broadly seen as a valid and scalable service model (Cotterell, et al., 2021). While enabling access to health services, telehealth may also offer greater flexibility to health practitioners, including allowing clinicians to live and work in geographically different locations to clients receiving their care, therefore increasing the reach of the workforce. The benefits of telehealth and the challenges in delivering telehealth are well described (Bradford, Caffery, & Smith, 2016; Scott Kruse, et al., 2018). Benefits include improved access to care, reduced cost and inconvenience to the client, reduced travel time, improved management of conditions, effectiveness of technology, increased support and increased patient involvement (LeBlanc, Petrie, Paskaran, Carson, & Peters, 2020; Bradford, Caffery, & Smith, 2016). However, some of the challenges include a preference for in-person consultations, privacy concerns, access to and availability of IT equipment, support and administration (Bradford, Caffery, & Smith, 2016; Scott Kruse, et al., 2018). However, there is limited understanding currently as to why an allied health practitioner may specifically choose to engage with on-line therapy delivery, as well as the opportunities and challenges they may personally experience when doing so. If we are to support telehealth options as an effective model of care, it is important to better understand the perspectives and work choices of allied health practitioners who choose to deliver their services via telehealth.

The research to date has mainly focused on the benefits and challenges associated with telehealth when engaging with clients, rather than exploring what drives allied health practitioners’ employment decisions to engage, or not engage, with an on-line service delivery approach. A recent scoping review of 22 studies

examined what is known in the literature about the challenges and opportunities of telehealth from the perspective of health care providers (Jonasdottir, Thordardottir, & Jonsdottir, 2022). The review found that the most commonly reported barriers to telehealth provision by healthcare providers was communication and rapport building with clients, barriers related to technology infrastructure, support systems and technology competency of both healthcare providers and their clients. Improved access to health care and the benefit of timely information sharing information were the most frequently identified opportunities for health care providers engaging in telehealth. While the review identified opportunities and challenges with telehealth service provision for health professionals, it did not identify benefits or challenges of working in telehealth from a workforce perspective.

A rapid review by Calleja, Job and Jackson (2022) evaluating models of off-site primary care telehealth to support rural and remote general practices, found that the ability to facilitate off-site primary care through telehealth was a possible solution to chronic workforce shortages (Calleja, Job, & Jackson, 2022). The outcomes of six studies were reported using the domains of patient experience, provider experience, health care costs and health outcomes. One included study reported largely positive provider experiences about a virtual pharmacy service supporting rural primary care and also reported a return on investment for rural practice and patients implementing this model (Murray, 2020). The rapid review highlighted that post the COVID-19 pandemic, telehealth may offer sustainable solutions for supporting rural and remote general practice. However, these findings relate to general practice rather than allied health services and no Australian studies were included in this rapid review.

Another recent systematic review examined the attitudes and perspectives of speech pathologists, occupational therapist and physiotherapists using telehealth to provide services to children with developmental delay (Grant, Jones, & Land, 2022). Fourteen studies were reviewed, including 10 Australian studies. While this review synthesised the perspectives on allied health telehealth service delivery, it mainly focused on facilitators and barriers to the adoption of telehealth, without exploring specific workforce related factors, such as the ability to work from home.

While considerable research has been done to investigate factors influencing recruitment and retention of the rural medical workforce, little has been done to examine these factors for allied health practitioners (Keane, Lincoln, & Smith, 2012). Health policy recommendations to improve recruitment and retention of rural medical professionals may not be transferrable to allied health practitioners (Keane, Lincoln, & Smith, 2012). A study of 30 rurally based allied health practitioners grouped findings from focus groups into “push” and “pull” factors (Keane, Lincoln, & Smith, 2012). Personal factors such as stage of life, a preference for living rurally, rural origin, integration into the local community, employment opportunities for spouses and the suitability of the environment for raising a family were found to be important factors in recruitment and retention of allied health practitioners in rural areas. Workloads, opportunities for advancement, access to continuing professional development, resources and management also were factors. Allied health practitioners were found to be attracted by advanced work roles in the context of generalist practice. This study helped to fill in gaps in knowledge about motivations and conditions that encourage allied health practitioners to work rurally but the findings may not be transferable to allied health practitioners delivering services via telehealth and did not examine whether telehealth may assist with allied health workforce challenges.

There is significant increase in the use of telehealth as an option since the COVID-19 pandemic, however, most of the research to date has focused on health practitioners' experiences of the use telehealth rather than factors attracting clinicians to a telehealth approach and how this may impact on recruitment and retention. Additionally, there are no studies that focus on organisations that exclusively use telehealth as a service delivery approach.

Overview of the Exploring the Workforce Preferences of Allied Health Practitioners working in Telehealth in Australia project

Project name

Exploring the Workforce Preferences of Allied Health Practitioners working in Telehealth in Australia

Industry Partner

Therapy Connect, part of the Kinela Group. Therapy Connect is an on-line allied health provider providing occupational and speech therapy, dietetics, physiotherapy, and psychology. Therapy Connect has a strong focus on providing early intervention services for National Disability Insurance Scheme participants however their client base includes all ages and conditions. Allied Health practitioners working with Therapy Connect are based across Australia.

Aim

To explore the perceptions of allied health practitioners choosing to engage with an on-line allied health service provider.

Objectives

The objectives of this project were to explore the following questions:

1. What attracts allied health practitioners to work in telehealth?
2. What are some of the benefits and challenges of working in telehealth for allied health practitioners?
3. What factors are critical for allied health practitioners choosing to stay or leave telehealth?
4. What organisational supports/strategies are needed to encourage allied health practitioner recruitment into telehealth allied health service delivery and maintain retainment?

Methodology:

A mixed methods approach using both surveys and semi-structured in-depth interviews was chosen to explore the attraction and retention factors for allied health practitioners who chose to work with a telehealth-only allied health service provider.

Participants

All allied health employees of Therapy Connect and independent contractors working with Therapy Connect were invited to complete the on-line survey. The survey included an invitation to participate in an on-line interview with a researcher and participants who indicated their interest in the interview were directly contacted by email to arrange an interview.

Ethics

Permission to conduct this study was granted by Charles Sturt University Human Ethics Committee prior to commencement. Project protocol number H23750.

Survey

An on-line survey was developed using the Qualtrics software platform (Appendix 1). The survey collected demographic information and work specific information. Participants were asked to reflect on a list of factors and select three which attracted them to work in telehealth. These factors were based on a study by Keane et al (2012) of recruitment and retention factors for allied health practitioners working rurally in Australia (Keane, Lincoln, & Smith, 2012). Five themes emerged from their focus groups with 30 allied health clinicians, as the main motives and conditions that attracted them to work rurally. The themes included personal factors, workload and type of work, continuing professional development, managerial considerations and the possibility of career progression. These factors were incorporated in our survey of allied health practitioners as well as factors which are relevant to working in telehealth such as the ability to work from home, technology and equipment. Furthermore, the survey participants were also asked to rate the importance of these factors for remaining employed in telehealth using a 5-point Likert scale. An open text box was included for suggestions to improve working in telehealth.

Interviews

Participants were asked if they would like to have an on-line interview via Zoom with a researcher to provide further insight into working in telehealth as an allied health provider. The interview was based on the guide provided in Appendix 2.

Recruitment

All allied health practitioners working with Therapy Connect were invited to participate in the project via email. Employees were emailed directly by Charles Sturt University researchers. The recruitment email was forwarded to independent contractors by Therapy Connect study investigators. The recruitment email included a link to the on-line survey. The on-line survey included a question asking participants if they would like to take part in an on-line interview with a Charles Sturt University researcher. Only those who responded "Yes" to this question and gave contact details were contacted by Charles Sturt University researchers to organise an on-line interview. Participants in the on-line interview were offered a \$50 e-gift card in recognition of their time and interest in the project.

Data Collection

Data was collected via on-line survey and on-line interviews took place from August - November 2023. The interviews were conducted via Zoom by one of the researchers (KR). The interviews were audio and video recorded and transcribed by a third-party transcribing service. All participants were offered the opportunity to review their interview transcripts prior to data analysis.

Data Analysis

Simple descriptive statistics were used to summarise the data including frequency and relative frequency. Due to the small numbers of employees and independent contractors, no comparative statistical tests were used.

Transcript data was analysed using a thematic analysis approach as described by Braun and Clarke (Braun & Clarke, 2013). The data analysis involved six stages:

- Becoming familiar with the data
- Generation of initial codes
- Identifying themes
- Reviewing the potential themes
- Defining the identified themes
- Writing up the findings

Findings 1 – Survey Responses

All allied health employees and independent contractors working with Therapy Connect were invited to complete the on-line survey. 14 employees and 16 independent contractors completed the survey, which represents a response rate of 42%. Data provided in this report provides overall responses and is also separated by employment type.

Years of practice

The respondents to the survey reported varying degrees of clinical experience. 70% of the study sample reported 15 or less years of clinical practice. 13% of respondents reported greater than 20 years of clinical practice.

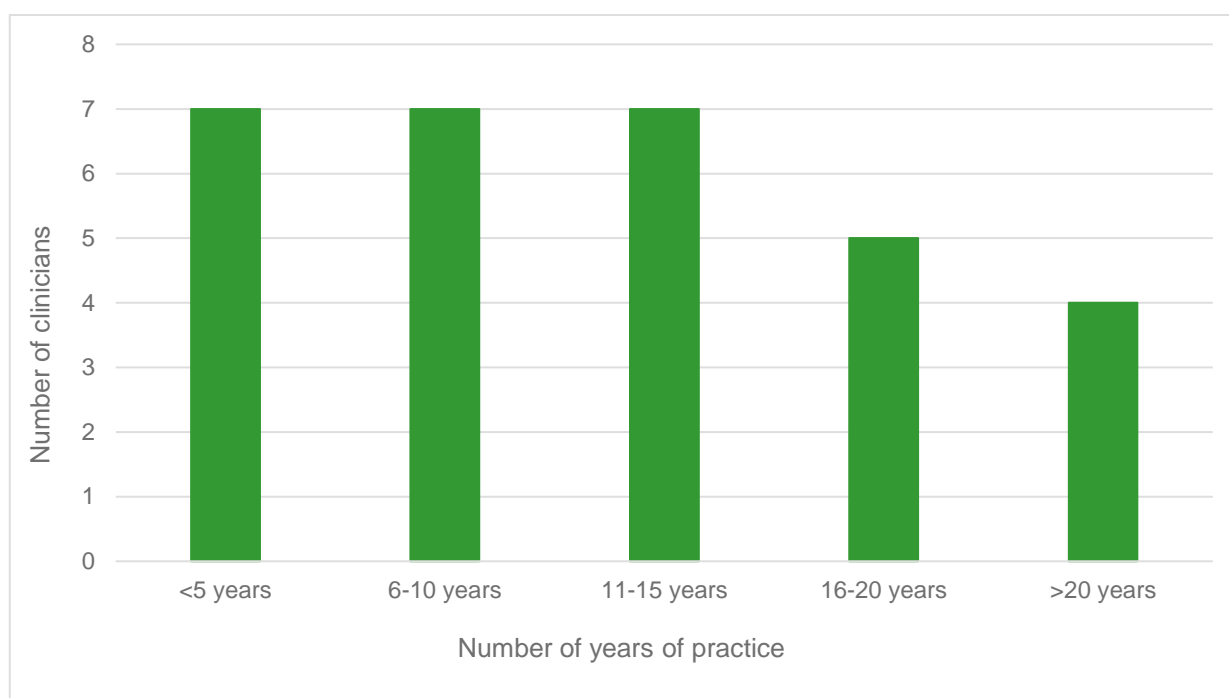


Figure 1. Years of practice of participants (n=30)

When separated by employment type, there are some differences between groups. Most employees reported less than 5 years of clinical practice (36%), followed by 11-15 years (29%), 16-20 years (21%) and 6-10 years of clinical practice (14%). In contrast, independent contractors reported higher numbers of clinicians with 6-10 years of practice (31%) and greater than 20 years of practice (25%) than employees.

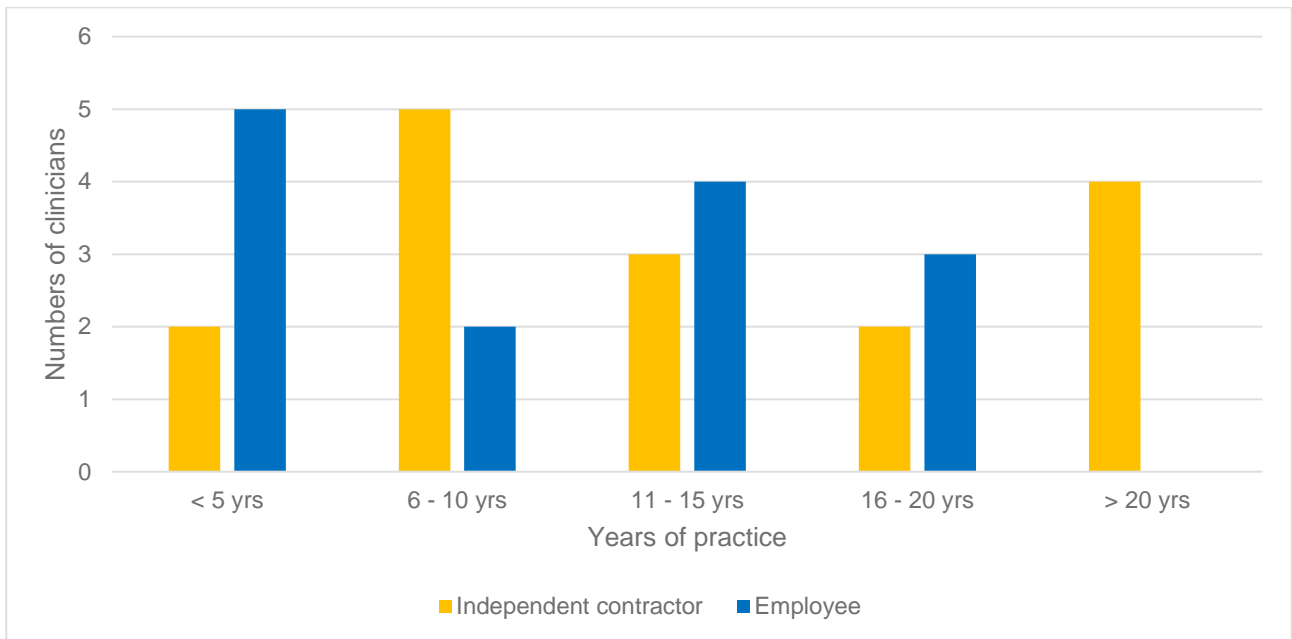


Figure 2. Years of practice of allied health practitioners separated by employment type (Independent contractors n=16, Employees n=14)

Location of clinicians

Clinicians were asked about their location of work and to indicate if they worked from a metropolitan, regional, rural, or remote area (n=29). Responses indicate that clinicians were located in various settings ranging from metropolitan centres to remote areas. The greatest number of clinicians were located in metropolitan areas (62%), with fewer clinicians in regional areas (24%), rural (10%) and remote locations (3%).

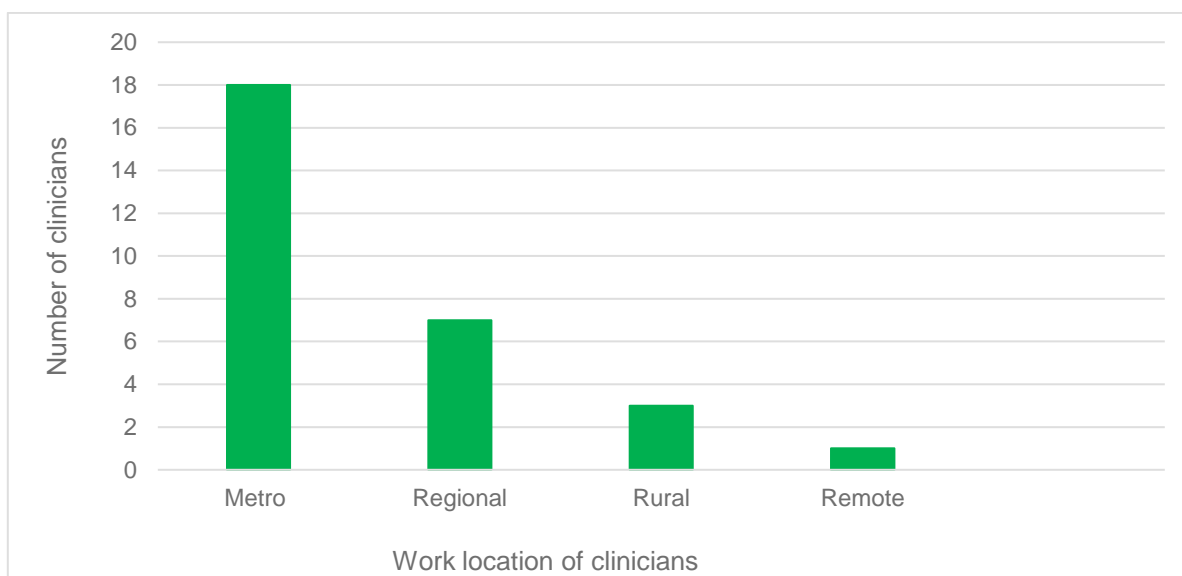


Figure 3. Location of work of allied health practitioners (n=29)

The majority of both employment groups resided in metropolitan areas (62% of employees and 63% of independent contractors). 31% of employees indicated that they lived in a regional area compared to 19% of independent contractors. 8% of employees resided in rural areas compared to 13% of independent contractors. 8% of independent contractors indicated that they lived in a remote location while no employees resided in a remote location.

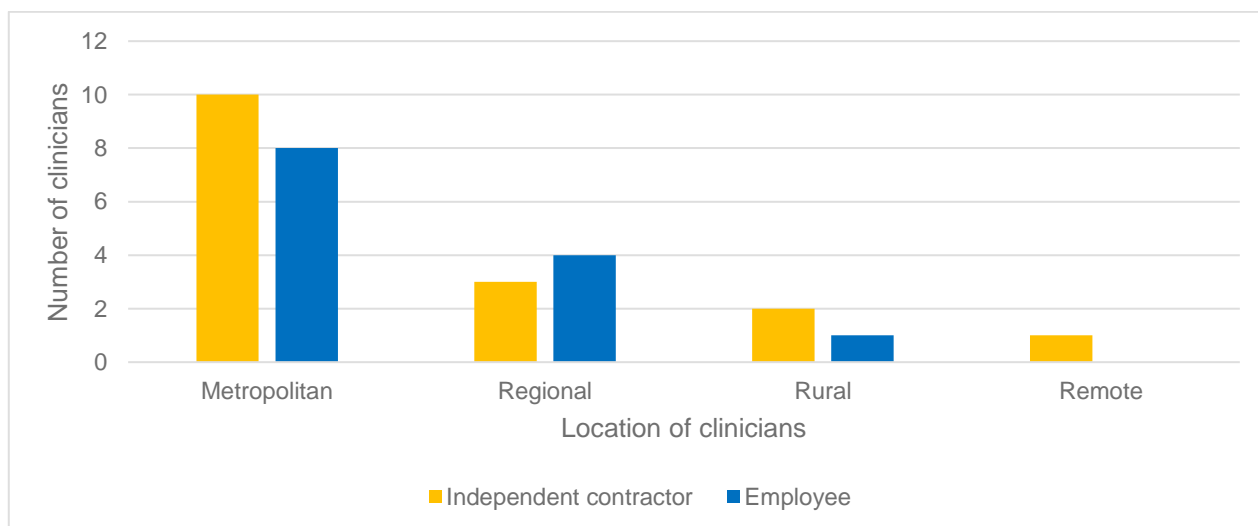


Figure 4. Location of work of allied health practitioners separated by employment type (Independent contractor n=16, Employee n=13)

Other work and study

55% of survey respondents reported working exclusively for Therapy Connect. 45% of respondents also worked between 1-38 hours in another paid role. The primary additional work role was self-employed private practitioner (40%). One respondent reported undertaking further study or qualifications.

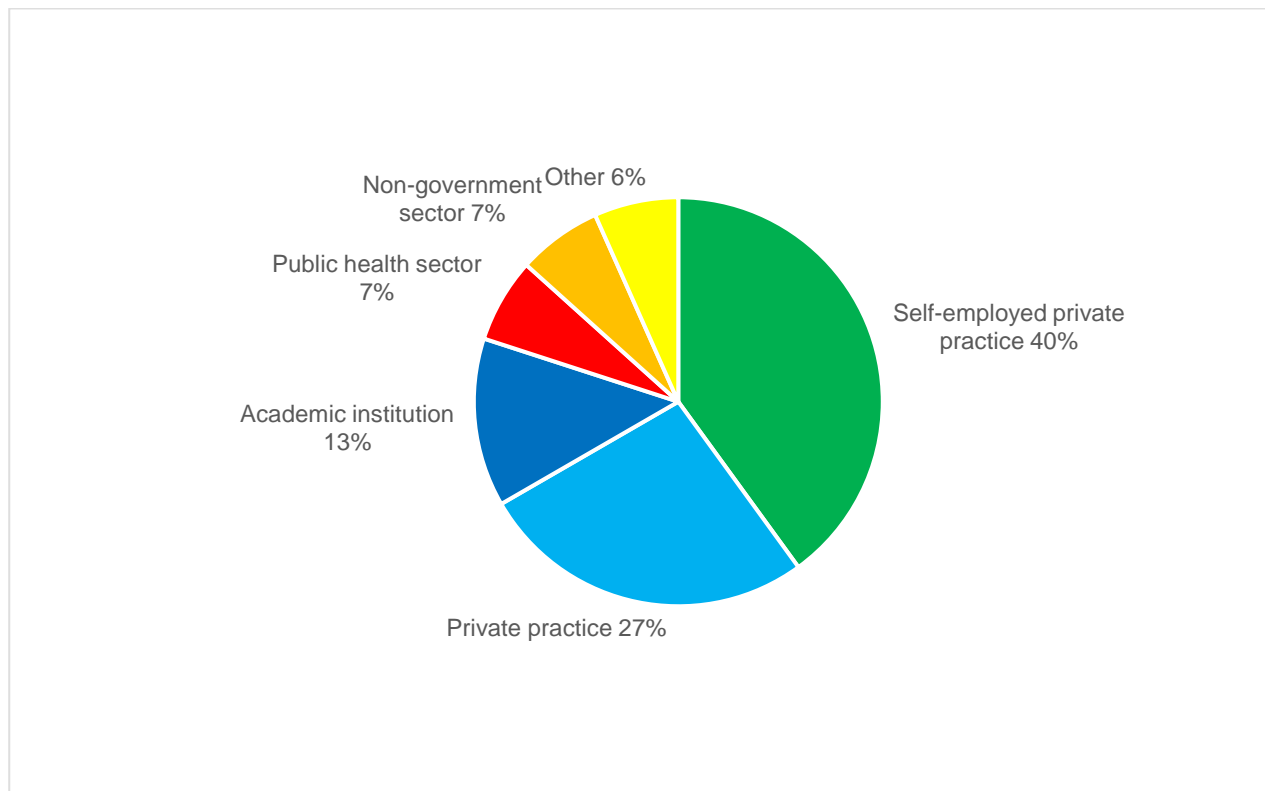


Figure 5. Additional paid work roles of allied health practitioners (n=29)



When separated by employment type, the majority of employee respondents (77%) reported that they had no other employment apart from with Therapy Connect. This is in contrast to 63% of independent contractor respondents who reported that they worked in another paid role.

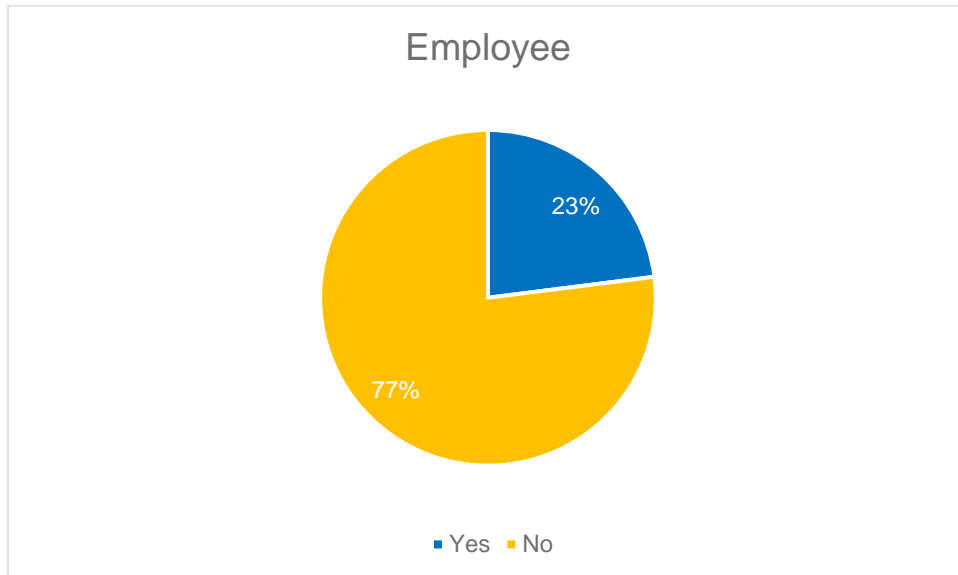


Figure 6. Percentage of Employees with additional paid work (n=13)

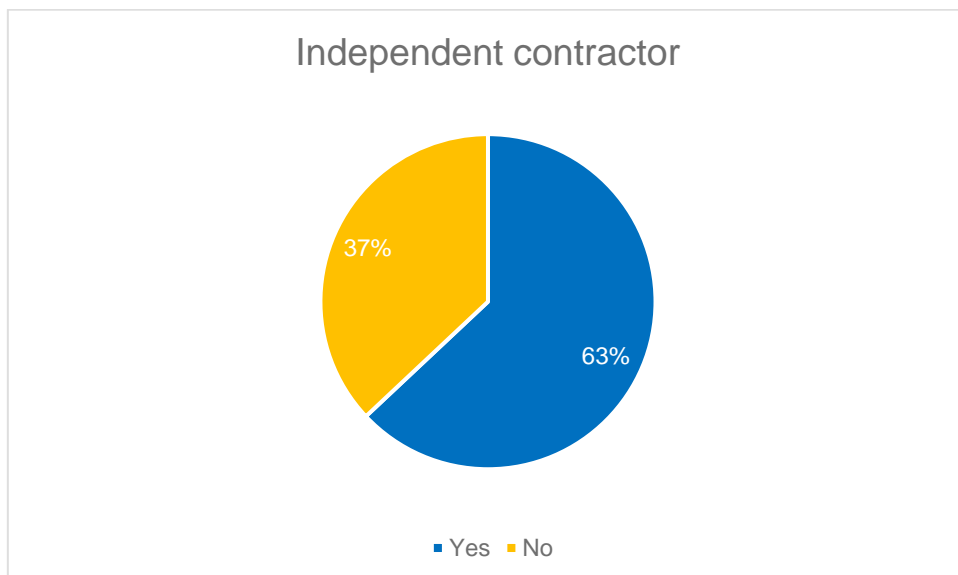


Figure 7. Percentage of Independent Contractors with additional paid work (n=16)

Place of work and carer responsibilities

All respondents who answered this question indicated that they worked from home (n=29). One employee also reported working from another location. Just under half of all respondents (46%) indicated they have carer responsibilities. These responsibilities included caring for babies and pre-school aged children (11%), primary and high school aged children (32%) and ageing family members (14%). When separated by employment types, there were similar types of carer responsibilities and percentages across categories noted between employees and independent contractors.



Attraction and retention factors in telehealth

In two separate questions, clinicians were asked to reflect on a list of factors and to rate how important they felt the factors were in their decision to try working in telehealth and to continue working in telehealth. Exploration of these factors were based on the study conducted by Keane et al (2012) of retention factors of allied health practitioners working rurally.

Attraction of working in telehealth

Clinicians were asked to select up to three factors that attracted them to work in telehealth. The top three factors attracting clinicians to work in telehealth that were selected by respondents were:

1. Flexibility of work hours with (71%)
2. Ability to work from home (54%)
3. Work/life balance (50%)

Limited time away from home or spent travelling (33%), income (25%), professional support and development (17%) and patient case mix (13%) were the next most frequently selected factors. Open text entries for "Other factors" included the ability to control the environment to suit personal needs and the desire to improve access to allied health care for rural populations.

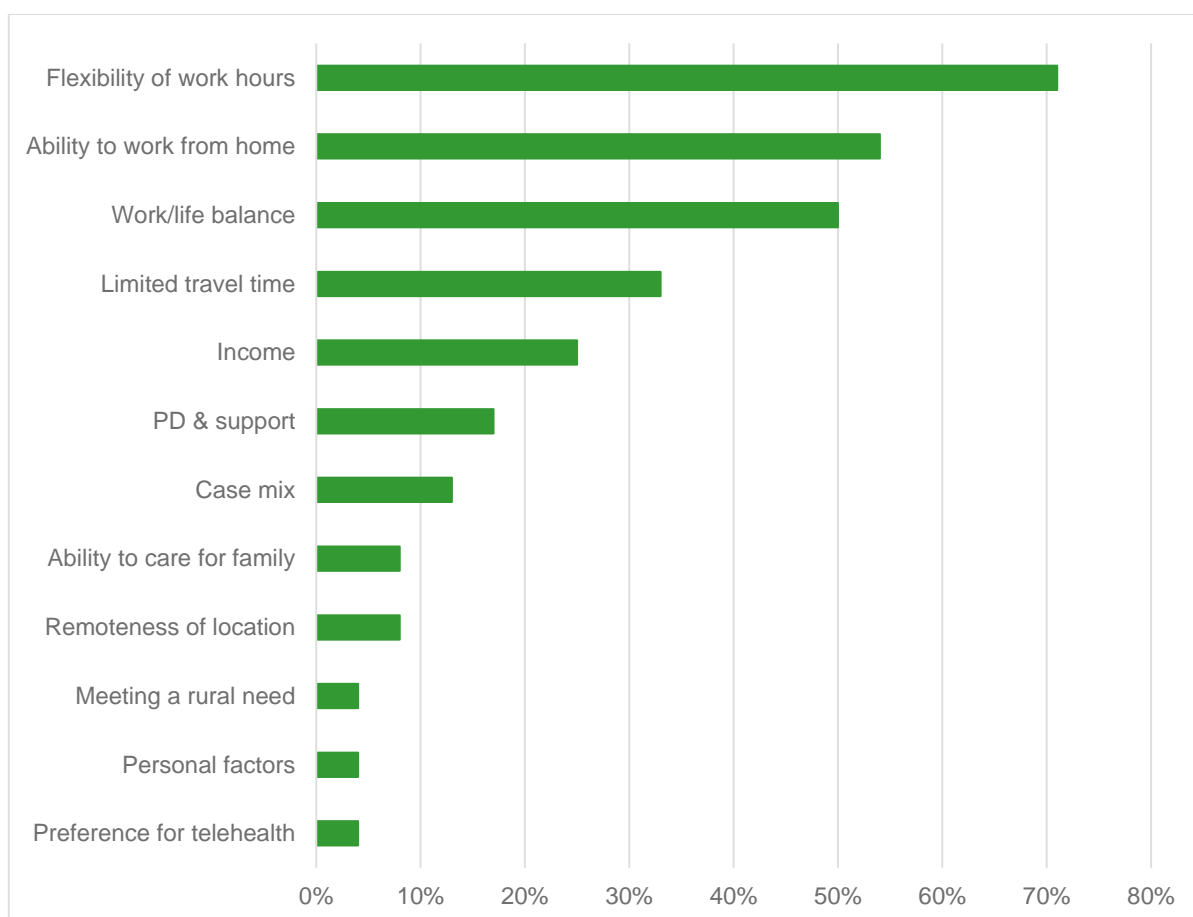


Figure 8. Factors attracting allied health practitioners to work in telehealth (n=24)

Attraction of working in telehealth by employment type

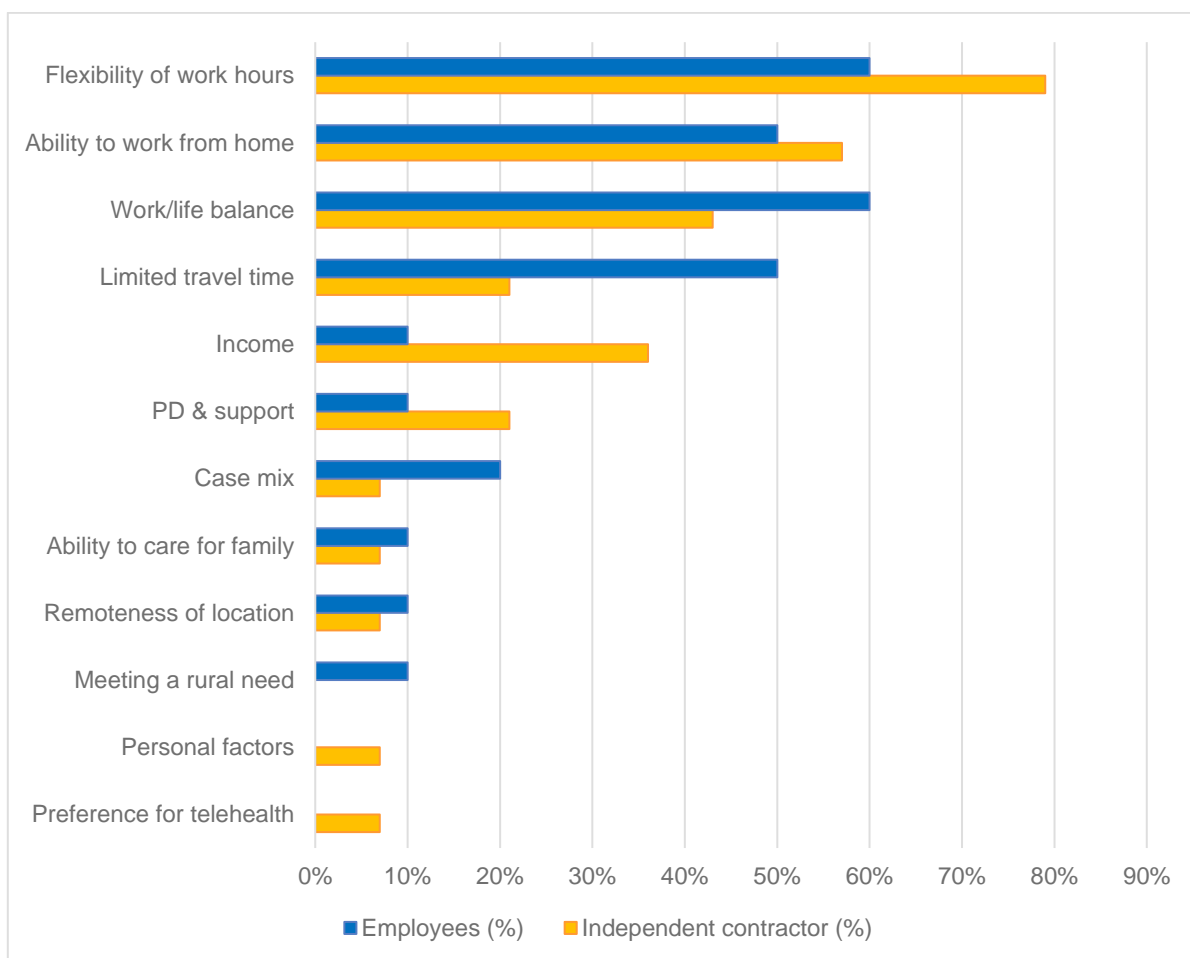


Figure 9. Factors attracting allied health practitioners to work in telehealth separated by employment type (Employees n=10, Independent Contractors n=14)

When separated by employment type, both groups show similar trends across most attraction factors with the exception of income, with 36% of independent contractors selecting this as an important factor in attracting them to work in telehealth, in contrast to 10% of employees who responded to this question. Flexibility of work hours, professional support and development and the ability to work from home also showed differences between the groups with greater numbers of independent contractors selecting these factors as important in attracting them to work in telehealth compared with employees.

For employees, the most important factors attracting them to work in telehealth are:

- Work/life balance (60%) and flexibility of work hours (60%)
- The ability to work from home (50%)

For independent contractors, the most important factors attracting them to work in telehealth are:

- Flexibility of work hours (79%)
- The ability to work from home (57%)
- Work/life balance (43%)

Retention factors for working in telehealth

Clinicians were also asked to reflect on a list of factors and to rate how important they felt the factors were in their decision to continue working in telehealth.

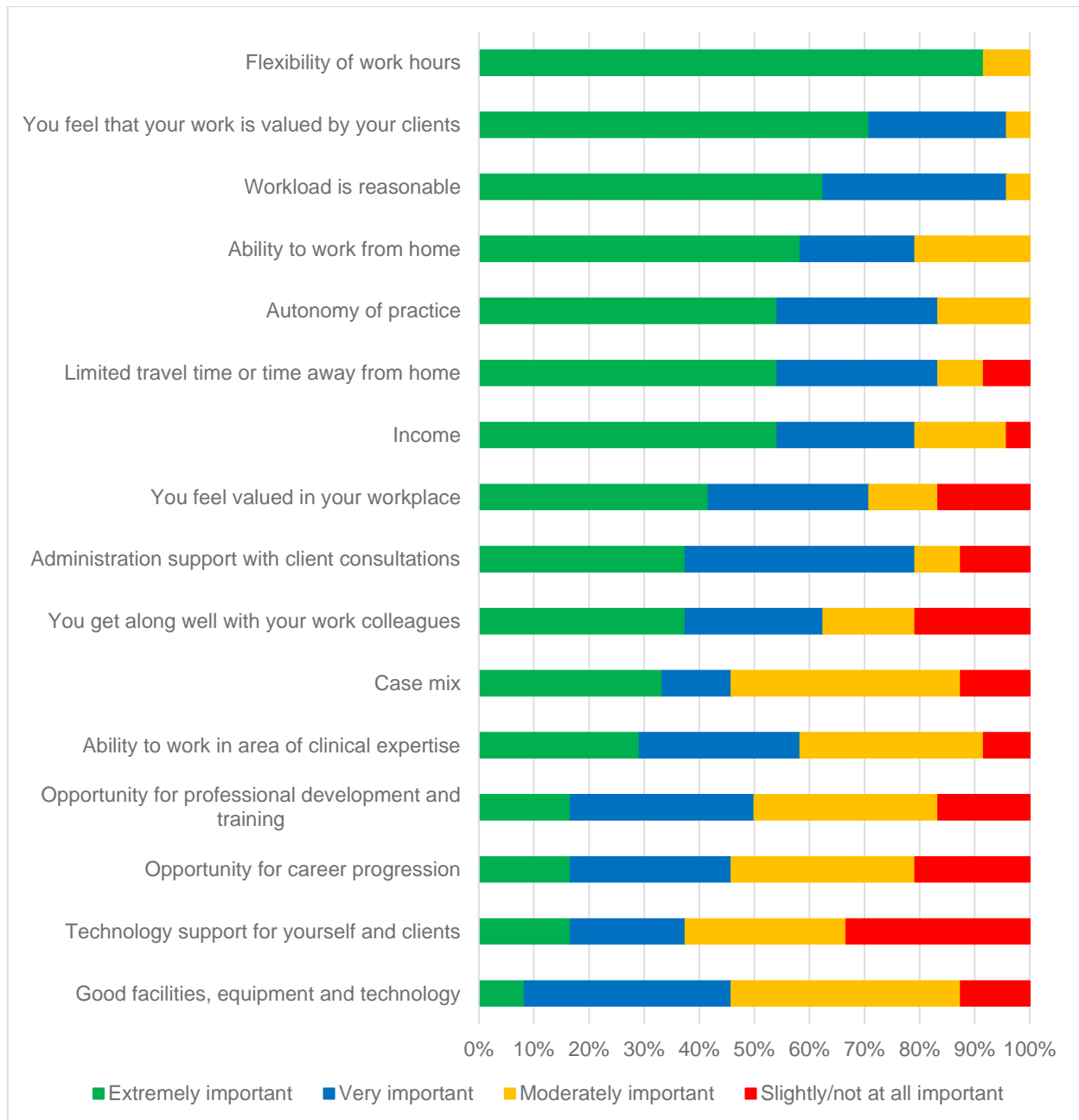


Figure 10. Factors retaining allied health practitioners in telehealth (n=24)

Flexibility of work hours was rated as the most important retention factor for all respondents, with 92% of respondents rating it as an extremely important retention factor. Having a reasonable workload and feeling that work is valued by clients were the next most important factors, with 96% of respondents rating these two factors as either extremely or very important retention factors. 83% of respondents rated autonomy of practice and limited time away from home or spent travelling as extremely or very important. Significant for telehealth service delivery, 80% of respondents rated administrative support with client consultations as

extremely or very important. Income and the ability to work from home was rated as extremely or very important by 79% of respondents.

Feeling valued in the workplace, getting along well with colleagues, the ability to work in an area of expertise, the opportunity for professional development and training were seen as either extremely or very important retention factors for the majority of respondents. The majority of respondents rated case mix as extremely important 33% or as moderately important 42%.

Factors which were considered the least important in retention were technology support for self and clients, with 33% of respondents rating it as slightly important, the opportunity for career progression with 21% rating it as slightly or not important at all, and getting along well with colleagues with 21% of respondents rating it as slightly important.

Retention factors by employment type

There were some differences in retention factors when separated by employment type as shown below.

EMPLOYEES

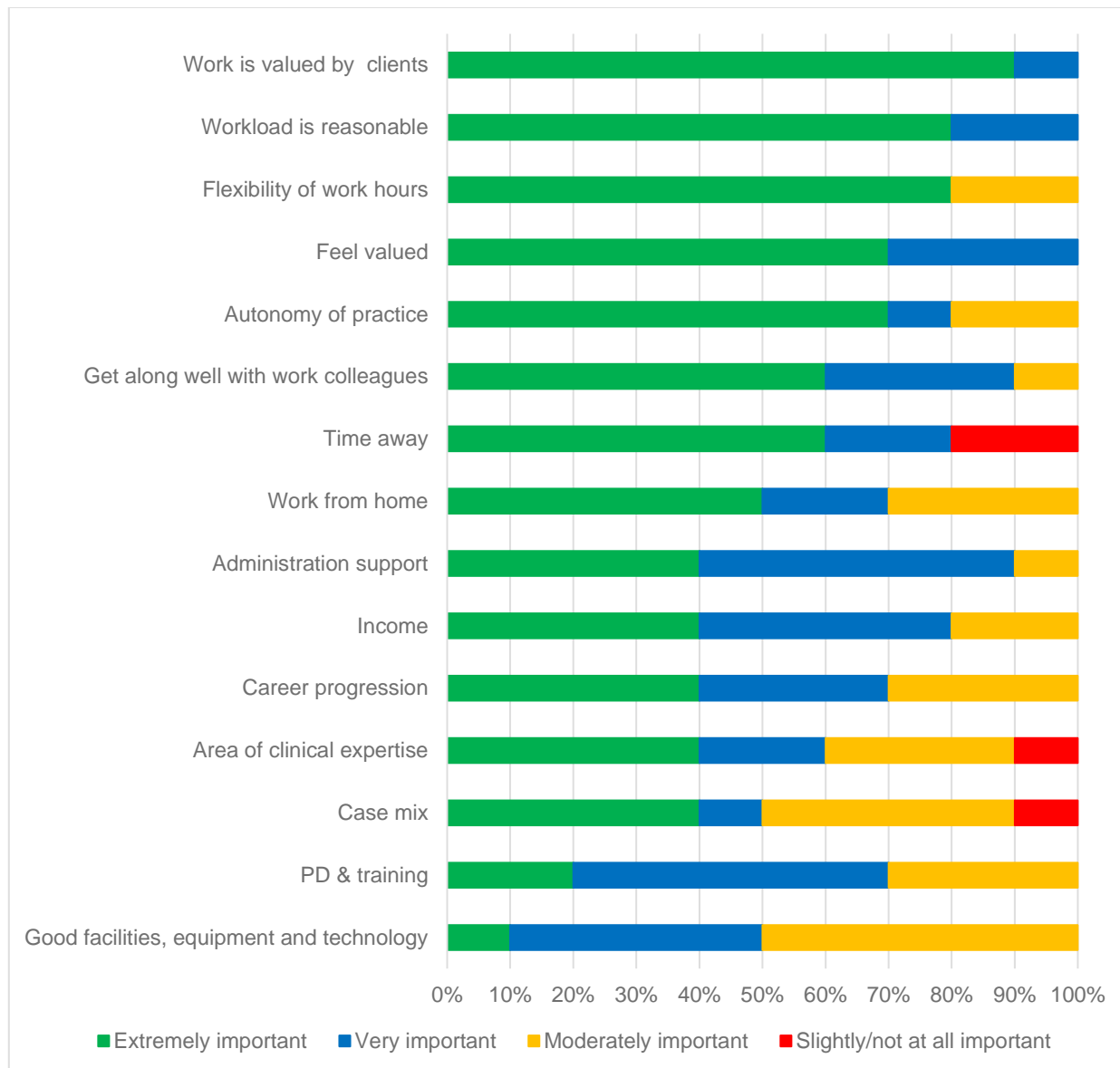


Figure 11. Factors retaining Employees in telehealth (n=10)

The most important retention factors for employees who answered this question were:

- Feeling that work is valued by clients, was rated either extremely or very important by 100% of employees
- Having a reasonable workload and flexibility of work hours were the next highest rating factors with 80% of respondents rating these factors as extremely important
- Feeling valued in the workplace and having autonomy of practice were rated as extremely important by 70% of respondents
- Getting on well with work colleagues and limited travel time or time away from home were also important retention factors with 60% of respondents rating these as extremely important.

INDEPENDENT CONTRACTORS

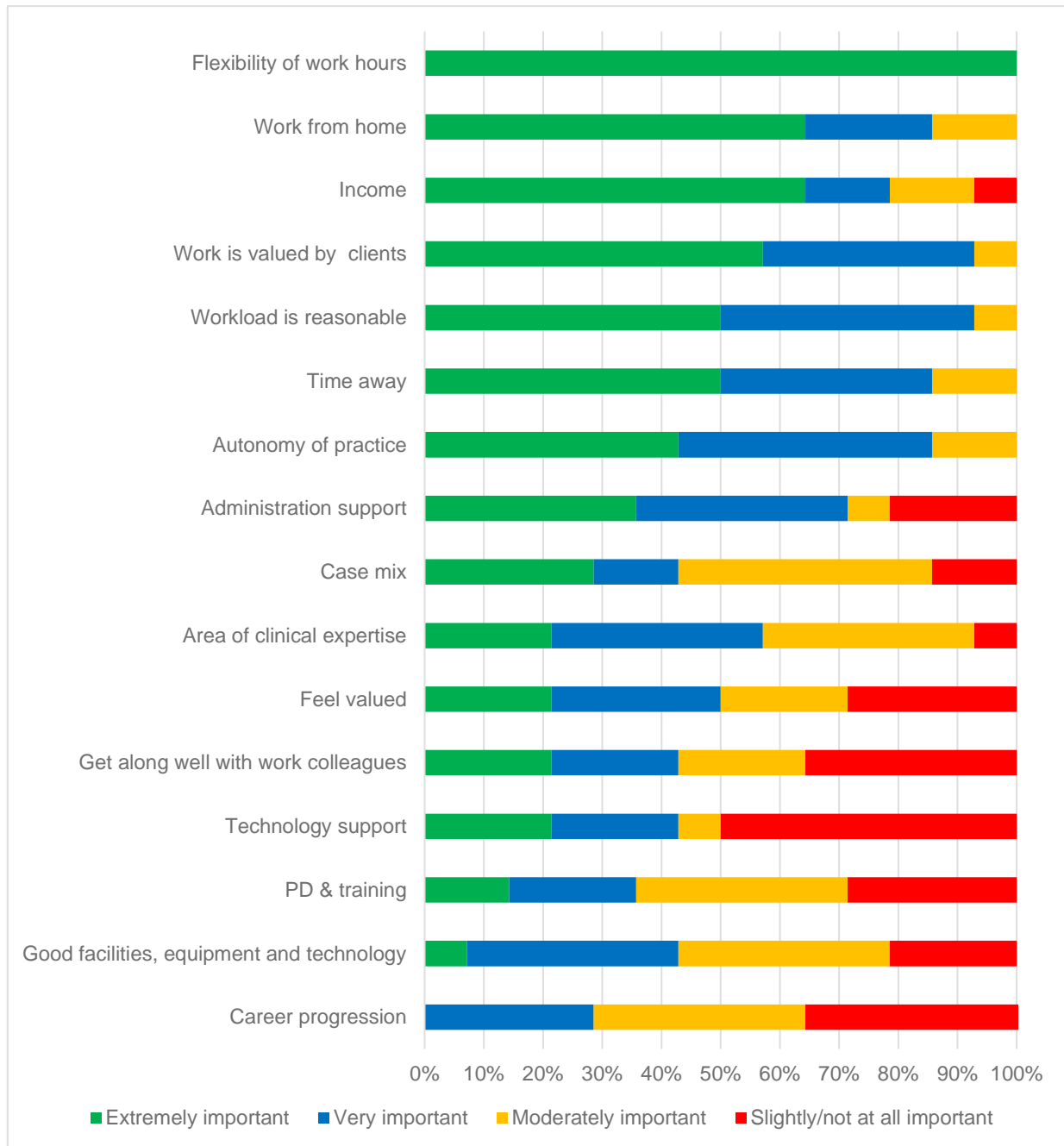


Figure 12. Factors retaining Independent Contractors in telehealth (n=14)

The most important retention factors for independent contractors who answered this question were:

- Flexibility of work hours is the highest rating retention factor for independent contractors, with 100% of respondents who answered this question rating it as extremely important.
- The ability to work from home is the next highest rating retention factors, with 86% of respondents rating it as either extremely important or very important
- Income is a significant retention factor for respondents with 79% of respondents rating it as extremely important or very important
- Feeling that workload is manageable and valued by clients are also highly rated retention factors for independent contractors who responded to this question

Recommending telehealth to peers

When asked how likely respondents were to recommend working in telehealth to an interested peer, the majority of respondents (71%), were extremely likely to recommend working in telehealth. 17% felt it was somewhat likely that they would recommend working in telehealth and 4% felt it was neither likely nor unlikely. 8% felt that it was somewhat or extremely unlikely that they would recommend working in telehealth to a peer who might be considering it (n=24).

When separated by employment types, 80% of employees who responded (n=10) and 64% of independent contractors who responded (n=14) felt it was extremely likely that they would recommend working in telehealth. 10% of employees who responded and 21% of independent contractors who responded felt it was somewhat likely that they would recommend working in telehealth to an interested peer. There were similar responses to the categories of neither likely nor unlikely and somewhat unlikely across employment types. No employee and only 7% of independent contractors felt that it was extremely unlikely that they would recommend working in telehealth.

Suggestions to improve working in telehealth

Allied health clinicians were asked for their suggestions to improve working in telehealth for themselves and colleagues via an open text box. 16 respondents provided feedback in the survey and a summary of their suggestions are presented below:

- More structured clinical support and training, particularly for clinicians who are new to telehealth including shadowing more experienced clinicians
- Increased communication between administrative staff and clinicians regarding roles and responsibilities to enhance efficiency of processes and client meetings
- Variety in case-mix and work opportunities
- Flexibility in role
- Promotion of pathways and scope for career progression
- Increased opportunities for informal catch-ups with colleagues, including outside of work, to increase feeling of connectedness
- Provision of an inventory and shared easy-to-use resources including templates and equipment for clients to assist with therapy
- Provision of IT equipment for clinicians to reduce initial set-up costs
- Ensure that independent contractor salaries remain competitive, taking into account the complexity of clients and professional development requirements essential for current telehealth practice
- Promote increased community awareness of the efficacy of telehealth

Several respondents used the open text suggestion box to report enjoying their work, feeling well connected and supported in the workplace, with a good variety of clients.

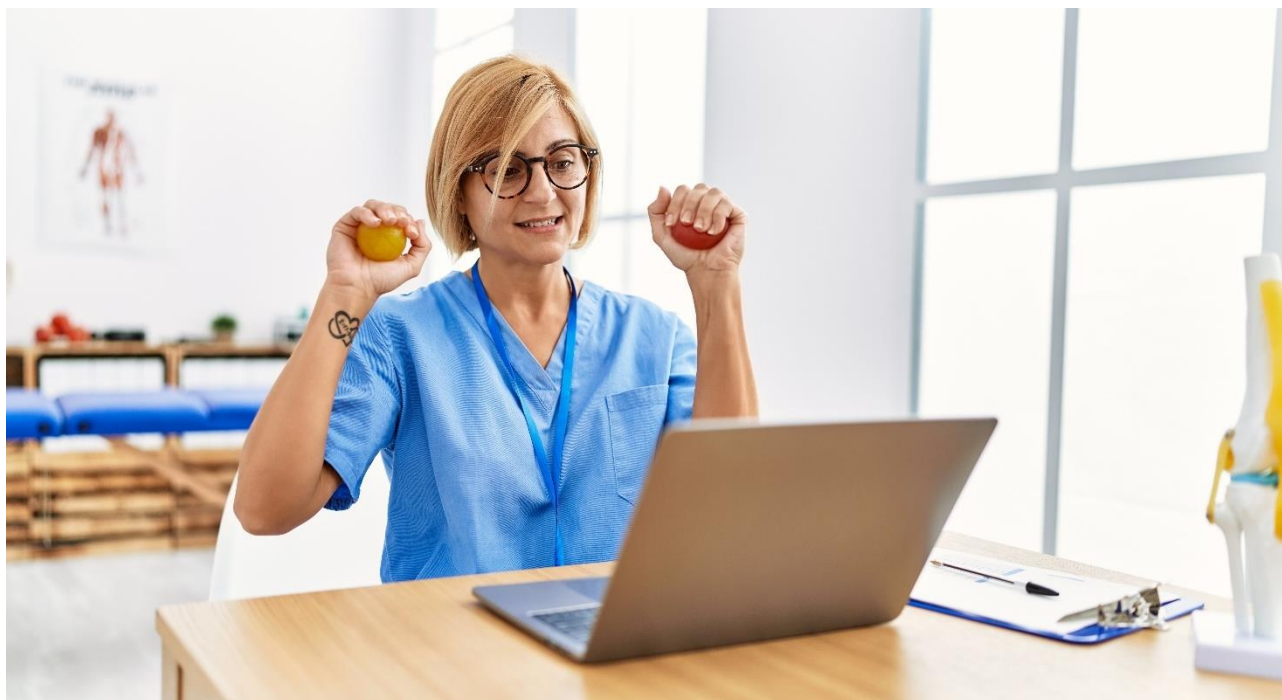
Findings 2 – Qualitative Analysis of Interviews

All allied health employees of Therapy Connect and independent contractors working with Therapy Connect were invited to complete the on-line survey which included an invitation to participate in an on-line interview with a Charles Sturt researcher about working in telehealth. 15 allied health practitioners including 8 employees and 7 independent contractors participated in a semi-structured on-line interview.

The overarching themes identified by analysing interview transcripts were:

- Influencing factors to engage in telehealth
- Demystifying telehealth practice
- Setting clinicians up for success
- The opportunities and complexities of a telehealth-only organisation.

THEME 1: INFLUENCING FACTORS TO ENGAGE IN VIRTUAL HEALTHCARE.



The first theme described the range of influencing factors contributing to allied health practitioners wanting to engage in telehealth, including the benefits of working flexibly and maintaining a positive work-life balance. Participants commonly discussed the ability to work from anywhere. Allied health practitioners also highlighted the value of providing greater access and availability of health services to clients regardless of geographic location. Interview participants identified several factors that supported their decision to either work as an independent contractor or employee, and there was recognition that each approach had benefits and challenges.

A key driver for engaging with an organisation that provides telehealth was the ability to have the flexibility to work from home.

My closest workplace is now at least half an hour. I was looking for some flexibility. That's where it was a fit from the early days being able to work really flexibly was my main driver and still is probably my main driver. (Participant 10 – Employee)

The ability to work from home enabled clinicians to set up their own workspace and arrange a schedule that suited their individual needs and lifestyles. The ability to choose the days and hours they worked was discussed as a benefit.

I can setup my own workspace; I can setup my positioning and everything; I can work in the hours that I need to work on the days that I prefer to work. (Participant 1 – Independent Contractor)

The flexibility provided by this approach enabled clinicians to be more efficient. They could use their non-client contact time to complete other tasks increasing work-life balance.

When I don't have a client, I can be flexible to leave. I don't have to be the whole day at a clinic and book them in back to back. It's just easy. [Working in a clinic] the days get really long for me. Often, I'm coming home or driving back in the dark at night. Just after a long day, it's quite exhausting. (Participant 3 – Independent Contractor)

The importance of flexible work hours and having a job that suited their lifestyle was particularly important to participants who were juggling family commitments.

I don't have to work full-time, so it gives me that part-time option. It's just such flexibility because my husband has a big corporate job, and I'm the one who's always home and running around after the kids, and I can be very flexible in my timing. I fit it around dropping the kids off to school and picking them up, but still feel like I'm doing something really productive. (Participant 6 – Independent Contractor)

Additionally, telehealth roles may be attractive to clinicians who describe themselves as introverts. Participants talked about the ability to have a role that didn't require constant social interaction, enabling them to put in place boundaries which enhanced wellbeing.

Well, as a massive introvert, that's why probably I love it. I used to be so drained from work, I couldn't do anything after work. I couldn't do other activities. Whereas, when I do this job, I can be seeing even more clients than I used to see and I can socialize afterwards. My cup is definitely not being drained as much. I used to work in an environment where if I put my elbow to the side I'd hit somebody else. It was so densely packed in and it was constantly noisy, constantly on the phones, constantly. People wouldn't have particularly good boundaries. They were constantly interrupting. Constant chats and things like that. I didn't realise how much that was actually draining me, so I can actually focus and concentrate. (Participant 1 – Independent Contractor)

The ability to work from any location was seen as a significant drawcard for participants and had significant benefits if families wanted to go on holidays or visit family interstate.

They've travelled with their families on the road while still working. Which is definitely a huge benefit as well, being able to take your work anywhere. (Participant 12 – Employee)

The ability to continue to work from anywhere was also beneficial for clinicians who had to relocate due to a partner's job as they did not have to find a new role. It provided a sense of consistency.

Myself and my husband, are considering moving again soon, so he's just doing some locum positions at the moment so I can just pick up at my office and go somewhere else, keep something that was a bit more consistent and familiar, which is really good. (Participant 7- Independent Contractor)

One of the main drivers for participants in considering a telehealth role was the perceived value of providing quality allied health services to clients with limited access to therapy, who would be required to travel significant distances for appointments. Many participants were from a rural background or had practised in rural locations, so they were well aware of the challenges for rural people.

It gives greater access to people in a time-efficient and also a resource-efficient way. Because if you live rurally and you have to drive for hours to get somewhere, there's your budget gone, which is

insane. To be able to just link in and just pay for your session is hugely important because not all the complex people live in the city. (Participant 8 – Employee)

While accessibility to allied health services was seen as important for rural clients, there was also an appreciation that telehealth may be just as beneficial for clients who were not as geographically isolated. These benefits included reduced time cost for parents and clients.

I've had quite a few patients that both parents work full-time, so they don't really have the capacity to then get their child to a therapy service between that nine to five period of time. (Participant 12 – Employee)

Additionally, participants talked about the value of being able to provide appointments regardless of other issues occurring in the family at the time, which in a face-to-face setting may require cancellation of the appointment.

I did a session in a park, because the family were meant to have been home the day before. They got held up. They were travelling home. They pulled up, and we did a session in a park. (Participant 15 – Employee)

Participants acknowledged that clinicians come to this type of role for many different reasons, and therefore, the ability to choose whether to be employed as an independent contractor or employee was highly valued. Independent contractors typically worked in more than one location, with many maintaining a face-to-face role in addition to their telehealth role.

I do really like the balance [of face-to-face and telehealth]. Having both is nice. I probably will be looking in the future to reduce the clinic and then pick up a little bit more contracting hours, just because I do like the flexibility of it. It just slots into your daily routine. It's just really flexible. (Participant 3 – Independent Contractor).

Independent contractors highly valued the flexibility to choose days and hours worked as this enabled them to schedule their work around lifestyle and other commitments. It also enabled these clinicians to set their own hours and capacity to see clients.

I suppose it was just due to the flexibility of it that I wouldn't have to feel like I have to sit at my desk from 8:30 to 4:30 Monday to Friday or whatever. I was like, I've done that full-time stuff, right now in my life I need to do something else and to look after myself and I only want to do four hours on Monday, and to be okay with that, if I go down the subcontractor path there's heaps more flexibility in that. (Participant 7 – Independent Contractor).

There were many drivers for becoming a permanent employee that the participants discussed. One of these drivers was the perceived greater financial security and structured routine that being an employee provided.

For me, that was a financial decision, purely financial. And as a subcontractor, your monthly pay would—it could vary so much, depending on holidays, cancellations, leave, whatever. To be able to move to a permanent position and have a regular income that didn't change much, yeah, just gave me that security that I need at the moment. (Participant 15 – Employee)

Another reason for becoming a permanent employee was the ability to pursue more leadership opportunities within the company and build career progression. This was particularly important for participants who were mid-career clinicians looking for additional challenges to complement their clinical practice.

I wouldn't have chosen to go into employment, but this role came up and I was like, "This is a perfect challenge for me, the next step in my career moving forward." (Participant 13 – Employee)

Employee participants also talked about the advantages of having structured support systems that fostered connection with other members of the teams, including during work time and the allocated time to attend professional development.

As a subcontractor, you don't do all the other meetings. You don't attend the PD sharing unless you want to, but it means that it's out of your own time, but as an employee, all of that is factored in. (Participant 9 – Employee)

THEME 2: DEMYSTIFYING TELEHEALTH PRACTICE



A broad range of misconceptions of telehealth by both health practitioners and clients was commonly discussed by participants. It was frequently mentioned by participants that the public and clinicians who do not use telehealth often consider face-to-face therapy to be the gold standard, with telehealth being a stop-gap measure. Participants described a range of benefits to telehealth practice for clinicians and clients in improving health outcomes. However, there was an appreciation that there are limitations with both telehealth and face-to-face sessions and understanding these limitations was important. It was also highlighted in the interviews with participants that while the Covid-19 pandemic dramatically increased the awareness of telehealth, it was not always a quality telehealth experience due to a rapid transition to telehealth and may have potentially impacted people's willingness to engage with this type of service post-pandemic.

Participants talked about the perception that face-to-face services are often the preferred option for clients, and they would access telehealth out of necessity when they wanted services, without necessarily understanding the potential effectiveness telehealth can provide.

There's a lot of attrition [from telehealth to] to face-to-face services where people... still perceive it to be better just because it's face-to-face. I'll say to them, "Well, tell me about that service that you're connecting with". [And they say] "Oh, well it's a junior mobile therapist", but the fact that they're face-to-face still trumps [the fact] that you've got 15 years' experience, and we're getting really good progress. (Participant 10 – Employee)

Equally, clinicians not experienced in using telehealth may perceive that providing telehealth services limits therapeutic options, which in turn may impact job satisfaction. However, participants highlighted that this may not necessarily be the case, and that clinicians need to think creatively about how to engage with clients.

A lot of them, the question I get all the time is, "How do you do that? How would you do that?" They just don't—I say, "Well, I would just play that game exactly like I would face-to-face. I'd just hold the cards up to the screen, and they go, "Oh" it just seems like they can't even conceptualise the role. (Participant 11 – Employee)

Participants described the benefits that telehealth can provide, particularly to clients that are neurodiverse. They often discussed that clients felt more at ease in their own homes rather than being in a clinic or school environment which enabled the clinician to better understand the home context in a less confronting way.

Whereas previously, they drive to an appointment, it takes them an hour to get there. They then do the appointment, and they might be masking in the session, putting on their best behaviour, because often they're quite anxious as well. And the parents say "Therapists never see the meltdowns and neither do the school," so it's really hard to understand what's going on at home. Whereas in therapy sessions via telehealth, you see it like, you get to see exactly what happens in the home, and then you can support the parent through that moment. (Participant 2 – Independent Contractor)

The use of telehealth to support clients and carers at whatever stage they were in their therapeutic journey, was also noted by participants as a real strength.

I think being in your own home definitely contributes to allowing them to just be, and those mothers to just be raw and open and if they're going to cry, they're going to cry because there's no one around to judge them. (Participant 11 – Employee)

Participants described the ability to better engage parents in therapy sessions as a key benefit of telehealth. They often felt they could get more interaction with parents and more effective outcomes in parent coaching through telehealth than face-to-face sessions, which often resulted in better outcomes for the child.

I think previously it's just been like, oh yeah, I'm here [the parent]. I'll sit on my phone while you guys are doing your session. It's up to you to fix my kid rather than being actively involved in the process as well. Whereas telehealth seems to get parental engagement. That's been a really nice change, I think. (Participant 7 – Independent Contractor)

The opportunity to provide continuity of care, regardless of what was happening for the client was also seen as a positive outcome for engaging in telehealth by participants.

They can still see me even if they're an inpatient in hospital at that particular time. The supreme flexibility makes it really accessible. (Participant 8 – Employee)

Participants also appreciated that telehealth practice has limitations and may not always suit every client. Understanding these limitations was seen as an important aspect of ensuring quality healthcare outcomes.

That said, it doesn't happen very often that I go, "Oh, God, I wish I was in the house with them or in that environment with them." I sort of have managed to work around it much of the time, but then maybe I also don't take on clients that I think I'll go, "No, I can't possibly do that." (Participant 4 – Independent Contractor)

By using telehealth, participants also described a number of benefits for the clinicians. The ability to access a vast array of resources on the web, meant that clinicians could easily switch to a different activity if the client wasn't engaged.

It takes off a lot of that pressure, I don't have to have a boot load of therapy activities. I can change things very quickly and easily because I've got access to the whole world on the worldwide web, on the internet right at the touch of my fingers. If one game's not working or one activity isn't particularly gelling with the child, then we can just move on to another thing very quickly. From that perspective, I think it's really beneficial actually and I find it easier to find the things to do. (Participant 13 – Employee)

Participants also discussed the efficiency achieved in working in a telehealth environment, which meant they were able to maximise their time with the clients.

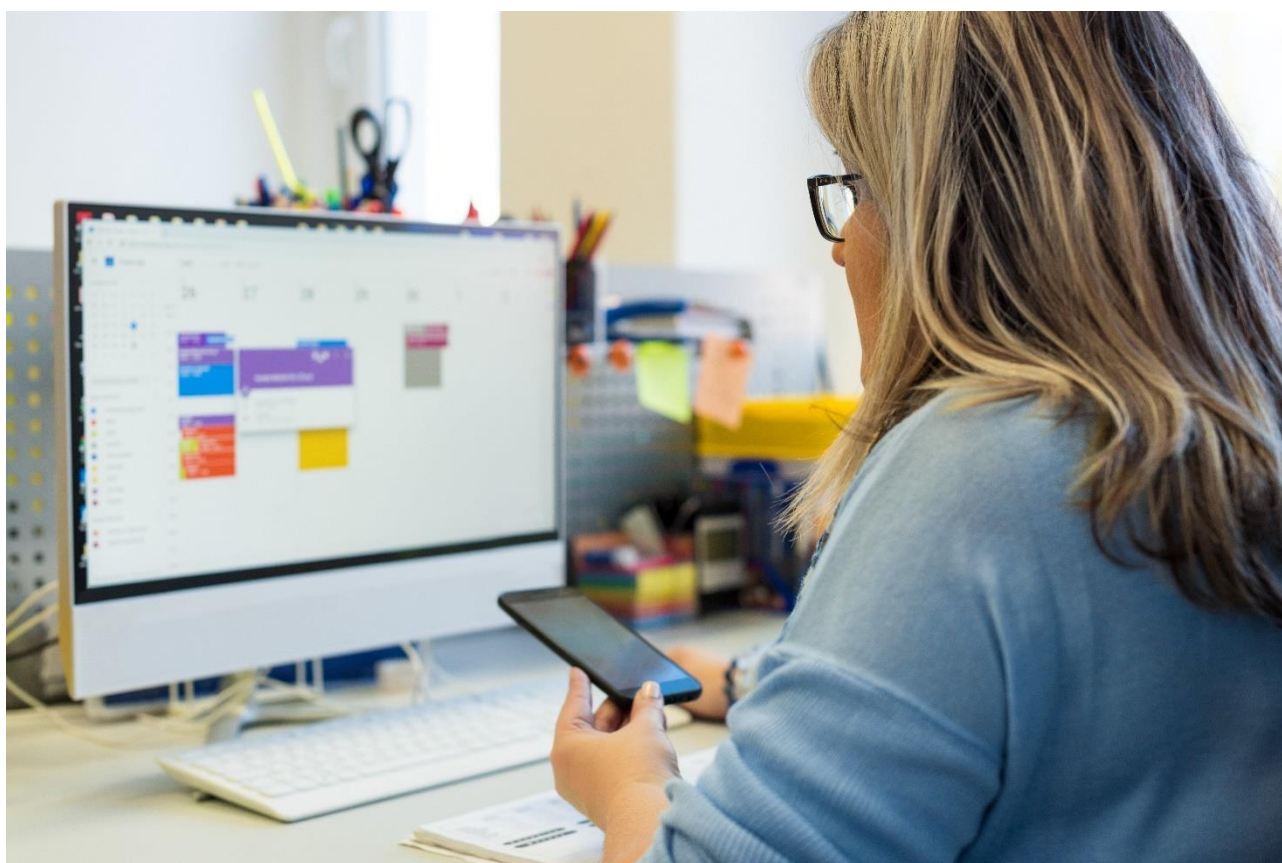
If you've got a 45-minute session face-to-face as a therapist, you're stopping something, picking something else up, packing something up, so you are actually just getting more one-on-one time in telehealth. It's definitely a better use of time. (Participant 14 – Employee)

It was also noted by participants that many people had perceptions of what telehealth was based on their experiences during the Covid-19 pandemic, which participants felt wasn't always a true representation of what quality virtual care can be. It was felt that while Covid increased awareness of telehealth options, in

some respects, it has also contributed to both clinicians and clients perceiving it to be a lesser quality therapeutic approach.

My experience of having the pandemic style telehealth it was just very—people just didn't know how to use Zoom. You wouldn't know how to do—let alone having access to different online resources, or even thinking about it as a different modality and that all of that type of stress—people were just like, "Oh, I just want to go back to what I know. Thank God for that, that's over. I never want to do that again," or something like that. Whereas, I think for me it's just [about] working differently. (Participant 1 – Independent Contractor)

THEME 3: SETTING CLINICIANS UP FOR SUCCESS



Participants highlighted that there was a range of skills and attributes suited for delivering quality telehealth outcomes and it was important that these were identified at the recruitment process. There was an appreciation that delivering telehealth can be very different from providing face-to-face health services, and even experienced clinicians must be set up for success when first starting with the organisation. Participants often talked about the importance of appreciating the fact that quality telehealth practice can take time to transition to. It was also commonly discussed by participants that access to relevant resources and professional development specifically designed for a telehealth environment was highly valued. They also highlighted that building social connections in a virtual employment environment was important. However, there was also an appreciation that every clinician had different ways of working and different needs regarding support and engagement so avoiding a one size fits all approach was important.

There were a number of skills and attributes that participants felt were required to deliver effective telehealth practice. These skills and attributes focused around being able to work independently and autonomously, as well as having confidence to “pivot in the moment” (Participant 11 – Employee) as things may not go to plan, so a need for flexibility and adaptability was essential.

Especially because you don't have anybody that's right next to you to be like, "Hey, what should I be doing now?" There is somebody on the other end of a phone call or on the end of an email, but it's just not the same as having someone next to you on a desk or in another room or something. That autonomy and independence and being able to really think yourself is really important. (Participant 7 – Independent Contractor)

Participants discussed how the transition to telehealth can take time, and initially, it can be overwhelming to appreciate the organisational structure of the service. However, having an understanding of the organisation may help develop confidence in delivering quality services in a virtual environment.

Getting my head around the systems and how everything worked, that was the biggest challenge for me. That was the biggest change and learning curve, but no, I don't think so. I think most of us come with those—that skillset really. It's just adapting it. (Participant 6 – Independent Contractor)

Resources to better understand how to effectively transition to telehealth and examples of how to undertake a telehealth consultation were highly valued by participants.

They've just released some training, some modules around teletherapy as part of the induction so when staff onboard what that looks like, how they can explain it to clients. I think that's a good step because it gives you almost like a script of how to best communicate it. (Participant 14 – Employee)

Accessing a range of telehealth-specific professional development was also seen as valuable to the participants.

This has been really good being able to access so much professional support. I actually feel like I'm feeling a bit more reinvigorated with the profession because I can access more information. (Participant 1 – Independent Contractor)

Additionally, sharing resources for specific areas of practice that had been used successfully was beneficial for participants, particularly if they were relatively new to the organisation or had less experience in the area.

One of the other clinicians might lead that session who has a fair bit of experience in that area and I can use that information to then create resources. Maybe they've made resources, they'll send it through to the Slack channel. (Participant 12 – Employee)

However, participants also highlighted that as the company grows, so do available resources, making it difficult to access these resources, particularly for newer team members.

The Google Drive is huge. This is the case in any organisation and there's lots of different folders. There's a lot of crossover with different things, which is why it can be a bit of a network of things to tap into, but you've just got to know where to go. "Oh, I didn't know that was there." It's just getting your head right on stuff all the time. (Participant 13 – Employee)

Many participants raised the issue of becoming socially isolated as an important consideration when undertaking telehealth practice. Participants talked about the benefit of proactively engaging with other clinicians regularly to minimise the impact of working from home.

I guess, possibly the only thing I'd say is that, at times, [it] can be a little bit isolating, but it's so well connected that I actually—yeah, if you seek it out, there are connections there, and I actually talk to people who are probably are at more similar career stages to me than I did in my previous role. (Participant 6 – Independent Contractor)

It was also identified by participants that social interactions need to be intentional. Clinicians may have different needs depending on individual circumstances, such as employment type and whether they have additional roles including in a face-to-face environment.

I think just all your interactions with colleagues have to be really intentional. Rather than bumping into someone at your office door, in the hallway or at a meeting, you have to intentionally reach out, send a message, hi, how are you? I think it changes the way you want to communicate and connect, but because I'm full-time, I want that connection, so I am naturally doing that. Whereas I feel like the subcontractors are happy to just dip in and out, they don't need that classic workplace as much. (Participant 11 – Employee)

However, some participants indicated that while social connection between colleagues was seen as important and acknowledged that the organisation has been trying to increase connection, there was a general lack of understanding around what the expectations and standards were.

But what I do really value is just I have a few people where every now and again we'll say, "Just want to have a coffee? Can we just chat?" It's not always about work, because that's what you would—but you know what? You feel really guilty doing that because—I think this is the thing, feeling like—working at home, you feel like you've got to—you're on all the time, whereas you wouldn't—it would be no problem if you working in a clinic, and you walked down the road to get a coffee, or sit in the lunchroom or whatever and have a chat with someone, 10-15-minute chat, or you walk by someone's desk, and you stop and you chat. (Participant 15 – Employee)

THEME 4: OPPORTUNITIES AND COMPLEXITIES OF A TELEHEALTH-ONLY ORGANISATION



Working for a telehealth-focused organisation had several opportunities that participants noted, but they highlighted that this came with levels of complexity. Participants appreciated the capacity to have structured organisational support, including dedicated administration staff. The ability to tap into diverse skills and expertise across the organisation provided pathways to build clinician capability in a broad range of areas. Participants highlighted the benefit of having clinicians and clients right across Australia, and are able to see clients that they preferred, and the ability to refer clients to other clinicians within the organisation better suited to them, to improve outcomes. They additionally discussed the factors they perceived as supporting retention. Being part of a large virtual organisation, it can be difficult to connect and keep everyone informed effectively. They also highlighted that further opportunities exist to promote awareness of quality telehealth practices to support clinician and client recruitment. Participants commonly talked about the benefits of being

part of an organisation that had the necessary structures in place to effectively support a focus on treating clients, which was highly valued.

It was just easy to join and have that everything set up for you. Someone managing the billing end, someone managing the clinical admin, and you just came in, did your work as a clinician, did your notes and you were out, which was amazing and is still a really great model. (Participant 10 – Employee)

While having an administration team supporting clinicians, participants also commonly discussed the benefit of having the flexibility to manage their own calendar which was seen as important.

I think it works really well, so we get to set up our calendar how we want it, so it's our choice if we want to have three back-to-back and then a break, or if you want to have half an hour between clients, you can block that out on your calendar. (Participant 2 – Independent Contractor)

Having relevant policies and procedures in place to support the effective delivery of virtual health care is essential.

I think, with all of the policies and procedures and just having someone to go to for this, oh, I need help with this, I can ask this person type of thing. (Participant 7 – Independent Contractor)

Accessing a broad range of professional development opportunities and peer support was seen as an advantage of being part of a large organisation for participants.

There's a meeting for everybody that's once a month. Then we run in-house professional development, like peer-led professional development once a month. Also an opportunity to get together and collaborate and problem solve on complex cases and professional issues as well, which is once a month. (Participant 10 – Employee)

The opportunity to easily tap into a diverse range of clinical expertise not only meant better outcomes for clients but also contributed to building the capacity and capability of clinicians through shared learning, which may not be available at a local in-person clinic.

I think there's benefits with each role certainly, and when it does come to this online work, certainly you can see that there are different clinicians who are more confident, or more well-versed in certain topics or certain areas to be able to better support different clients, It is really helpful that everyone's got their own little passion or little area, that they might be more specialist in, and that way we can also share knowledge amongst us. (Participant 9 – Employee)

Due to the diversity of clients across Australia, clinicians may choose their preferred caseloads and focus on the clinical area that they are most passionate about.

I think the way they match the practitioner profile to the patient to make sure you're satisfied with your caseload, that retains me because I'm happy. I love my caseload. (Participant 11 – Employee)

The ability to refer to another clinician within the same organisation that may provide an alternative approach more suited to the client or to a clinician with greater expertise was also seen as a significant benefit to the client.

We've definitely got those clients who will move across from a different therapist. I've had clients that I've passed on to a therapist who I think is more appropriately matched. There's access to a whole network of therapists as opposed to just the one or two that work in your area. (Participant 13 – Employee)

Participants also reported a number of factors as important for clinician retention. They commonly discussed the value of having the right culture, career opportunities, and ensuring that staff were well supported in their roles.

I guess, it depends on the workplace too and keeping it like a—I guess a supportive and positive workplace, and giving staff opportunities, and checking in on them and making sure they feel heard and supported I guess. (Participant 2 – Independent Contractor)

Culture and support also extended to ensuring a strong sense of a team and investing in staff in leadership positions to enable them to have the necessary skills and capabilities to foster effective virtual connections across teams.

For better retention, investing more into the supervising team, the team leaders, and the ratios of who they're looking after, and more time put into training so that staff feel valued and not isolated, or that they're another number because I don't work as closely with the subcontracting team, but I can say that everyone is, for yourself, you work very autonomously, and so there's no sense of team. (Participant 9 – Employee)

Maintaining flexibility was also highlighted as an important retention factor. The ability to choose where to work, the autonomy to decide days and times of work, and employment type – employee or independent contractor, were also highly valued.

If I wasn't allowed to work in the way I wanted to work, like put my hours in where I wanted and make up my time in my own way, then if it didn't have that flexibility, I wouldn't have wanted to stay. (Participant 13 – Employee)

Participants also discussed the factors and values that brought them to the organisation and the central importance of being part of a group of professionals that focused on helping people. Having clients as the central focus of business decisions was seen as a critical, aligning with participants' own values.

If there is a huge shift which is always going to be a difficult contention point as well, if there's a huge shift towards business, something that I struggle with is knowing that it's a profession that is a helping profession. Something that is of conflict in my own mind is, how can it be a helping profession and yet business-oriented. If there are going to be a lot of business-driven goals, that may or may not sit very well with some staff members that are more clinically inclined. (Participant 9 – Employee)

There was recognition by participants that they were receiving regular information from the organisation but communication comes via email which can be difficult for busy clinicians to easily read and understand.

There's a lot of communication that comes each week. It's making your way through it, I guess and it's digesting it. I think that when there's a lot of information, it can be hard, and a lot of text information because a lot of the emails can be very text heavy, it does make it hard. (Participant 13 – Employee)

Participants also acknowledged that with recent growth of the organisation, it can sometimes be difficult to keep abreast of changes and maintain connections with others across the organisation.

Everyone was close and connected, and I feel like I knew who was who, pretty much. Now it just does feel like it's a big NDIS business, KPIs and billing and billable hours, and all that sort of thing. I don't even know who's who anymore. It's amazing that it's grown, but it's so big. (Participant 15 – Employee)

Participants commonly discussed the need to better promote the advantages of working with a quality on-line therapy provider to counter commonly perceived misconceptions about telehealth.

Quotes and things like that from different families with different situations are actually using their own words to describe their experience. I think it really helps when you've got somebody who you see as a person who's similar to you saying that. I think if you're looking to have recruitment of staff, you actually need to have somebody who would be working in a face-to-face environment, has chosen to work in telehealth, with their own words saying what they like about it, and thinking about those particular benefits. (Participant 1 – Independent Contractor)

Better promotion of the flexibility of the allied health role, which was seen as an important drawcard, was perceived by participants as a key strategy for recruiting clinicians.

If they were able to continue to advertise the fact that you're working from home, take it with your traveling you can do it with you. I know quite a lot of the other [clinicians] have families and they're allowed to have a break to pick up their kids. That's their lunch break or whatever. Not many jobs can you just be able to pop out and pick up your kids or whatever. There is a lot of enticing factors in regards to lifestyle and those sorts of things. (Participant 12 – Employee)

Finally, many of the participants discussed potential opportunities to better inform students on how to undertake quality telehealth practice. While it was acknowledged that often the motivator for taking allied health students on clinical placement was a recruitment strategy for businesses and that employing new graduates was not necessarily appropriate in this case, the ability to undertake “*short observation blocks*” (Participant 11 – Employee) to ‘plant the seed’ for future employment opportunities down the track was seen as an opportunity to build the pipeline for recruitment over the medium to long term.

I think being able to have students, even if it's just like a day a week or something to be able to show students. I know that I definitely left uni thinking, yep, this is—I'm in a room with a child, the child is sitting at the table we are doing activities on the table in my head. They're not being exposed to what quality Telepractice looks like and just being like, "Oh yeah, there's other different ways that we can do things and have that as a potential career option down the track." I think would be amazing to have some students to see what it's like. (Participant 7 – Independent contractor)

In summary, four overarching themes were identified by analysing transcripts of 15 interviews with allied health professionals. These themes were:

- Influencing factors to engage in telehealth
- Demystifying telehealth practice
- Setting clinicians up for success
- The opportunities and complexities of a telehealth-only organisation.

Strengths and Limitations

The strength of this study is that it employed a mixed method approach using both surveys and semi-structured in-depth interviews to deeply explore the perceptions of allied health practitioners engaging in telehealth. All allied health clinicians at Therapy Connect were invited to participate in the survey. There was approximately equal representation of employees and independent contractors in the survey and interviews however numbers were small and some data was missing. Due to the small numbers, no comparative statistical analysis was performed to detect significant differences between employee and independent contractor responses. Larger numbers and more robust statistical testing would be useful to determine differences in the perceptions of these two groups. As the participants self-selected to complete the survey and interviews, the study sample is at risk of selection bias and the findings may not be representative of all employees and independent contractors at Therapy Connect or of allied health practitioners who choose telehealth as a means of delivering their services. Additionally, the survey and the subsequent interviews were undertaken in a discrete period of time during the second quarter of the 2023/2024 financial year. Some of the findings may not be reflective of the current experience given the transitioning of Therapy Connect under the Kinela Group was relatively current at the time.

Future Considerations

The following future considerations have been identified as potential options to further support recruitment and retention of allied health practitioners working with Therapy Connect.



Key considerations for recruitment of allied health practitioners into telehealth roles

- Develop promotional strategies and materials to increase the understanding of the role, effectiveness, and limitations of telehealth to create greater awareness through case studies of different clinical scenarios being managed by telehealth, short interviews with clinicians on their experiences working in telehealth, and short interviews with clients/parents of their experiences of receiving online therapy.
- Leverage off the key findings in this study to highlight the role flexibility and access to clinicians with diverse skills and experience to build clinicians capabilities in areas of interest to support recruitment strategies.
- While it is appreciated that the current approach is to recruit from allied health practitioners with minimum years of clinical experience, it was acknowledged that supporting a greater understanding of what quality telehealth looks like within allied health students through short term observational placements may support the future pipeline of clinicians wanting to engage in this type of practice.

Key considerations for retention of allied health practitioners into telehealth roles

- The current approaches to flexible work arrangements were a key retention factor for participants to remain in their role, and this should be maintained.
- Implementing leadership, performance and management training for team supervisors would build further skills and capabilities in supporting team building, connection, and work culture, given the remote workplace setting.
- Implementing opportunities and policies to regularly connect with colleagues within a social context, outside of professional development or team and supervisor meetings. For example, virtual coffee or lunch catchups may build an increase sense of connection with colleagues within and across teams. However, acknowledging that some clinicians may require more social contact given their unique circumstances than others.
- Remuneration structures could be evaluated to incorporate bonuses for exceeding KPI's for those clinicians that perceive wages as a key retention driver, for the organisation to remain competitive in the employment market.

Conclusion

The comprehensive analysis presented in this report has shed light on the evolving landscape of telehealth and its appeal to allied health practitioners in Australia. With the increasing shift toward digital healthcare platforms, and ongoing challenges with access and availability of allied health practitioners given the vast geographic nature of Australia, understanding the factors that attract and retain these clinicians is critical for optimising telehealth services and ensuring sustainable engagement.

One of the key attractions to telehealth for allied health practitioners is the flexibility this type of approach provides. The ability to work from home or from a variety of settings not only enhances work-life balance but also allows clinicians to manage personal commitments more effectively. This flexibility is particularly beneficial for those with caregiving responsibilities. Additionally, the reduced need for travel not only conserves time but also minimises the stress associated with commuting, thereby improving overall job satisfaction and overall wellbeing.

The ability to provide a service that is valued by clients and to serve a broader range of clients across diverse geographic areas, particularly in rural and remote communities which often face significant barriers to accessing healthcare services, was a key driver for many of the participants within this study. Additionally, given the virtual nature of the organisation, clinicians highly valued the opportunity to tap into a diverse range of skills and experience across the organisation to further support professional development and increase capabilities through sharing ideas and ways of approaching therapy.

However, participants highlighted there remains challenges with the perception of telehealth in the community and amongst other clinicians. The report identifies several areas that could improve the general understanding of the benefits of telehealth for both clinicians and clients, as well as appreciating that all approaches to therapy can have some limitations. Focusing on strategies that support greater awareness of quality telehealth experiences, including supporting the pipeline of allied health graduates, may supplement future recruitment strategies.

The sense of isolation sometimes experienced by clinicians working solely in telehealth, requires an ongoing commitment in organisations structured to be exclusively telehealth, to foster a connected and supportive community. However, appreciating that individual needs may vary across clinicians, so avoiding a 'one size fits' all approach is important. Creating more opportunities for informal catchups that are not necessarily focused on professional development or line manager support, may help mitigate feelings of isolation and promote a more inclusive and engaging work culture.

Ongoing commitment to career progression and providing clear pathways for advancement and personal development in areas of interest can significantly enhance job satisfaction and aid in retaining skilled allied health practitioners. As the telehealth sector continues to evolve, ongoing feedback loops and adaptability in policies and practices will be crucial in aligning with the evolving needs and expectations of the workforce.

There are differences in the factors that attract and retain allied health employees and independent contractors. Being sensitive of the attraction and retention factors of each group is important in aiding work force retention as well as to best tailor conditions and pathways which may support each group or facilitate the process for moving to more permanent roles.

In conclusion, while telehealth presents a promising avenue for the expansion of healthcare services across Australia, its success relies heavily on the ability to create a supportive, flexible, and inclusive working environment for allied health practitioners. The insights provided by this study may be used to enhance the efficacy and attractiveness of telehealth, paving the way for a more resilient and accessible healthcare system.

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Appendix 1

Survey Questions

Welcome! You are invited to participate in a research study exploring the preferences of allied health professionals using telehealth. The findings of the study will be used to inform future recruitment and retention strategies for allied health professionals working in telehealth. The study is conducted through Charles Sturt University. Before you commence the survey, please take the time to read through the Participant Information Sheet, to understand what participation in the study entails and how your information will be used. Some of the questions in the survey are personal. You may leave any question you wish unanswered.

The research team conducting the study are Dr Kristy Robson (Charles Sturt University), Stephanie Nelson (Charles Sturt University), Monika Lobejko (Therapy Connect) and Desleigh White (Therapy Connect). Only the researchers from Charles Sturt will be collecting and reviewing questionnaire information. The research team will take all measures necessary to maintain your confidentiality and identifying information will not be included in reports, presentations and publications. Researchers from Therapy Connect will have access to de-identified and analysed data only and will **not** have access to individual questionnaire responses.

By clicking on "Go to survey" below, you are providing consent to your participation in this study.

How many years have you been practicing as an allied health clinician?

- < 5 years
- 6-10 years
- 11-15 years
- 16-20 years
- >20 years

Regarding the work you do with Therapy Connect, are you an employee or a sub-contractor?

- Employee
- Sub-contractor

How many hours per week do you work with Therapy Connect?

Do you work from home with Therapy Connect?

- I work from home
- I work from another location
- I work from home and at another location
- Other (please provide a response in the box below)

Where are you based for your work with Therapy Connect?

- Metropolitan area
- Regional area
- Rural area
- Remote area

Do you have other paid work?

- No
- Yes

How many hours per week do you work in this other role?

What type of practice is your other work?

- Self-employed private practice Public health system Academic institution
- Private practice owned by someone else Non-government sector Other (please provide a response in the box below)
-

Are you undertaking any further study or qualifications at present?

- No
- Yes

Do you have dependent children or other carer responsibilities?

- No
- Yes

What carer responsibilities do you have?

- Baby, toddler, pre-school aged children
- Primary school aged children
- Secondary school aged children
- Aged parents
- Other (please provide a response in the box below)
-

What most attracted you to work in telehealth? (Please tick up to 3)

- Work/life balance
- Income
- Preference for telehealth practice
- Case mix
- Ability to work from home
- Ability to care for family members
- Flexibility of work hours
- Limited travel time
- Professional support and development
- Lack of other employment opportunities
- Remoteness of my location
- Other (please provide a response in the box below)

How likely are you to recommend working in telehealth to a peer who might be considering it?

- Extremely unlikely
- Somewhat unlikely
- Neither likely nor unlikely
- Somewhat likely
- Extremely likely

How important or unimportant are the following characteristics in your decision to continue working in telehealth? Please rate using the following scale.

	Extremely important	Very important	Moderately important	Slightly important	Not at all important
Flexibility of work hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case mix	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity for career progression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autonomy of practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workload is reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited travel time or time away from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work in area of clinical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity for professional development and training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good facilities, equipment and technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration support with client consultations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technology support for yourself and clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You feel valued in your workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You feel that your work is valued by your clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You get along well with your work colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We are keen to hear your ideas about ways to improve working in telehealth for yourself or your colleagues. Do you have any suggestions for improvement?

If you would like to participate in an on-line interview, please provide your email so that we may contact you to arrange a time for interview and send you a \$50 e-gift card for your participation.

Would you be interested in participating in a confidential on-line interview with Charles Sturt University research staff to talk about working in telehealth? Your decision to participate or not to participate in an interview is voluntary and will not be shared with Therapy Connect. If you choose to participate in the interview, we would like to offer you a \$50 e-gift card for your time and interest.

- No
- Yes

Appendix 2

Semi-structured interview questions.

1. Can you discuss what brought you to working in telehealth?
2. From your perspective what are the benefits for you working virtually?
3. From your perspective what are some of the challenges you have experienced working virtually?
4. Are there things about your job that make you want to stay working there?
5. From your perspective what sort of personal attributes are needed to engage with virtual healthcare?
6. From your perspective are there any factors that might make you or your colleagues want to leave your job? Are there any “deal breakers” for leaving”?
7. From your experience, what strategies can be used to increase recruitment and maintain retention of allied health professionals in undertaking telehealth?