INFORMING RURAL PRACTICE DECISION-MAKING OF URBAN TRAINED ALLIED HEALTH AND NURSING STUDENTS

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OVERVIEW OF PRESENTATION

Background

Outline of the study

Method

Results
  - Profile of participants
  - Time when students and recent graduates start thinking about employment
  - Interview findings

Policy recommendations
2014 Registered Allied Health Professions - FTE rate per 100,000 population by ASGC-RA Categories
Understanding the decision to relocate rural amongst urban nursing and allied health students and recent graduates

Aims

- Explore the factors that influence the decision-making of senior student and new graduate nurses and allied health professionals (AHPs) to practice in a rural or remote location.
- Better understand the factors that negatively impact on the decision-making of early career nurses and AHP’s about rural and remote practice.
- Consult with health industry stakeholders to investigate issues impacting on the geographic maldistribution of the allied health and nursing workforces and potential strategies to address these.
- Propose strategies and interventions to positively influence modifiable aspects of the decision making processes of allied health and nursing graduates contemplating a rural or remote practice.
STUDY TEAM

Monash Rural Health
- Dr Keith Sutton, Dr Susan Waller, Professor Darryl Maybery, Dr Deborah Russell & Dr Matthew McGrail

Centre for Remote Health (a joint centre of Flinders University & Charles Darwin University)
- Ms Annie Farthing, Ms Kate McAnnally, Professor Tim Carey

University of Newcastle Department of Rural Health
- A/Professor Tony Smith, Dr Leanne Brown & Dr Karin Fisher

Meetings via Zoom cloud based conferencing service
METHOD

Review of the Australian literature from 2006 – 2016
  ▪ Informed the development of semi-structured interview schedule

Interviews
  ▪ Individual interviews or focus groups

Participant groups
  ▪ Students [33]
  ▪ Recent Graduates [33]
  ▪ Industry stakeholders [15]

Analysis
  ▪ Interviews recorded and transcribed by professional transcription services
  ▪ Thematic analysis

Ethics approval
  ▪ University of Newcastle HREC
  ▪ Monash University HREC
  ▪ Central Australian HREC
RECRUITMENT PROCESS

Students
- Email invitation distributed by course coordinators
- Email invitation distributed by UDRH administrative through placement networks
- Research team sent further information, link to brief demographic survey and consent form in response to contact by a student

Recent Graduates
- Email invitation distributed through Alumni bodies
- Email invitation distributed through service provider networks
- Research team sent further information, link to brief demographic survey and consent form in response to contact by a graduate

Industry Stakeholders
- Email invitation sent to identified industry stakeholders included consent form
# RESULTS – PROFILE OF STUDENT AND RECENT GRADUATE PARTICIPANTS

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<thead>
<tr>
<th></th>
<th>Students (N=36)</th>
<th>Recent Graduates (N=34)</th>
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</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female 83%</td>
<td>Female 88%</td>
</tr>
<tr>
<td>Age (Years)</td>
<td>Range 20-50 Mean 22.5 (SD 7.4)</td>
<td>Range 21-44 Mean 24.8 (SD 4.1)</td>
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<td>Discipline</td>
<td>Nursing, Physiotherapy, Occupational Therapy, Nutrition/Dietetics, Psychology &amp; Speech Pathology</td>
<td>Nursing, Occupational Therapy, Nutrition/Dietetics, Speech Pathology, Pharmacy, Physiotherapy, Optometry, Podiatry, Midwifery &amp; Psychology</td>
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<td>University</td>
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<td>Modified Monash Model Categories</td>
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<td></td>
<td></td>
<td>MMM1 &amp; MMM2</td>
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<td>MMM3, MMM4 &amp; MMM5</td>
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<td>Modified Monash Model Categories</td>
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<td>56%</td>
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</table>
RESULTS – INTERVIEW FINDINGS

Time point when students and graduates reported that they began to think about looking for employment

- 17.70% Entry Year
- 43.60% Mid Years
- 32.30% Final Years
- 6.60% Placement
Connectedness to people, place and community

- I guess moving far away. I guess as far as being remote I’d be afraid of being disconnected. I think I’d be afraid of not able to reach family if I needed to so if something happened or if someone was unwell (Recent Graduate Allied Health)

- I don’t think you have down days unless you leave the environment because everyone knows that you are the nurse. People are going to talk to you when you are walking down the street in a pair of tracksuit pants and runners, without a uniform (Recent Graduate Nurse)
It’s hard leaving friends and family and relationships behind, that’s one of the hardest things I think – coming on your own and not knowing anyone is difficult. [Name of town] doesn’t have the best reputation all the time – I know there are some safety issues that are well known in the community (Recent Graduate Allied Health)

One of my main things was the work/life balance and not having to spend a long time commuting to work, the sense of community that comes with a smaller town as well like being able to get involved with…local sports clubs. (Recent Graduate Allied Health)
Seeing a career pathway

So career progression sort of stuff, that’s just people might think that if you go rural you’re kind of not progressing. If you do decide to return to the city you might be at a disadvantage compared to other, other workers, employees because of lack of PD [professional development] opportunities (Student Allied Health)

Like not being able to move up the ranks – so in rural places you’re less likely to go up. It’s hard at [major urban teaching hospital] too – at the moment it’s really hard to get a senior position there and if a senior resigns they usually change the position to a Level 1-2, so they don’t ever get a senior at Level 3 or 4 (Recent Graduate Allied Health)
RESULTS – INTERVIEW FINDINGS

Seeing a career pathway continued

I think if there were opportunities [rurally] in the specialty areas that I would be looking at, I think that I’d be more willing to travel further or relocate if the opportunities were there to develop my career further (Recent Graduate Allied Health)

I know that a lot of people if they think about coming back to the Territory and different things is what, are they able to … have access to quality supervision is a big thing as well (Industry Stakeholder)

Probably during Uni, (I decided to go rural) we actually had some country rotations and I felt the scope of practice was a lot broader than it was in the city. So I felt, especially for the first few years it would be a much better education for me (Recent Graduate Allied Health)
RESULTS – INTERVIEW FINDINGS

Importance of experiencing rural and remote clinical practice

People just want to try and get somewhere in Newcastle or in Sydney so it's normal for them, but I've found that going somewhere different away from the city has been really good. Then especially all the new stuff they're doing with the departments of rural health at uni, and that's been massive in my decision making for choosing these placements… But if you do it, in my opinion if you have the option to do it, it's really fun going and living somewhere different, especially how well they set you up. As opposed to in Sydney where you have no support and you've got to pay double rent than Newcastle, it gets a bit much (Student Allied Health)

Talking about remote practice: it's you're very on your own . . . you make the decisions and you don’t have those people to back you up . . . so you get very good at that whole critical thinking thing because you don't have things to back you up (Student Nurse)
Importance of experiencing rural and remote clinical practice continued

*Three of them this year were up here as students and they’re delighted to come back – we’re known to them, I’ve spoken to the odd one or two when they’ve rung me about issues coming up here, that type of thing, and they’re perfectly at ease back here, and they’ve been students doing undergraduate terms here* (Industry Stakeholder)

*I know that new grads can do six months in a regional and six months in a remote location. It’s a rotation, you can actually apply for a rural new grad position where you do six months somewhere and then back in the city for six months. So that appeals to me and I’m looking into that I do know there is some support for you if you want to go on a rural placement* (Student Nurse)
RESULTS - INTERVIEW FINDINGS

Making rural and remote attractive

We tend to focus on the negatives.. I think we need to turn it around and focus on the positives, outlining some clear examples of the benefits of working in a rural or remote community, and there's a bucket load of them. They get exposed to a broader range of scope of practice then what they would in the city. They get a sense of belonging in a rural community (Industry Stakeholder)

there’s a real opportunity to actually market …a different sort of career…. if you’re going into the rural regional community health space versus the acute setting space, and currently it’s seen as a second – as not people’s first choice largely and I think that’s wrong because it’s different choice but it’s not presented that way…. if you’re a particular sort of person and want to do a certain sort of work you would be far better off choosing this sort of location…. at the moment we don’t talk about being expert if you’re going into the country. … that’s the opportunity that I think is there that we haven’t done (Industry Stakeholder)
RESULTS – INTERVIEW FINDINGS

Making rural and remote attractive continued

*I think it’s just the breadth of experience. Just the chance of getting to see and experience all sorts of different things and…see clients from a variety of backgrounds, with a variety of conditions and to not be pigeonholed, you know, to just be working on the neuro ward or just be working with patients who have had knee replacements* (Recent Graduate Allied Health)

*There’s absolutely no planned out pathway for those who are looking to go remotely. I haven’t found a post graduate course for remote nurses. If there is one, I am having trouble finding it* (Recent Graduate Nursing)

*I’ve had enough people say to me it comes from their university – like they are actively discouraged from doing it and told that they need to have a consolidation in a metropolitan area. So I think a lot of it does come from unfortunately the universities but you hear it also from other health professionals giving that advice too and look as I say to students* (Industry Stakeholder)
POLICY RECOMMENDATIONS

Provide positive marketing of opportunities in rural and remote areas for AHPs and nurses, both during their undergraduate training and in their early career employment.

Develop career pathways for AHPs and nurses working in rural and remote settings.

Early career allied health employment opportunities in rural and remote settings should be supported.

Develop pathways (e.g. staff exchange, graduate rotation) for urban allied health and nursing graduates to have exposure to rural and remote practice.

Foster the planning and development of innovative, extended and expanded scope of practice roles which have potential to improve access and the continuum of care for rural and remote patients.
THANK YOU

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