Informing rural practice decision-making of urban trained allied health and nursing students

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Introduction

Despite a growing health workforce, the maldistribution of health care providers across Australia continues to disadvantage rural and remote communities’ access to qualified health professionals and timely access to effective health care services. Understanding the distribution of health professionals is limited to the registered workforce. Nurses and midwives, the largest health profession, are the most evenly distributed of the non-medical health professions¹. In 2014 the highest full-time equivalent (FTE) employment rate per 100,000 population rates by Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) are in Remote and Very Remote categories¹, perhaps reflecting the increased and important role of Remote Area Nurses and Midwives have in providing primary health care in remote and very remote areas. However, as illustrated in Figure 1, the distribution of registered allied health professionals varies by discipline, although in general the FTE rate declines with increasing remoteness.

Figure 1 2014 Registered Allied Health Professions—FTE rate per 100,000 population by ASGC-RA Categories²,³,⁴,⁵,⁶,⁷,⁸,⁹

To date research and policy initiatives designed to address rural and remote health practitioner shortages have principally focused on the medical profession. Consequently there is limited understanding of how nursing and allied health students and graduates choose locations to practice. Commissioned by Rural Health Workforce Australia, this qualitative study sought to understand the rural practice decision making process of urban trained allied health and nursing students and recent graduates¹⁰.
Method

Completed in 2016, the study was conducted through a collaboration that involved three University Departments of Rural Health, Monash University Department of Rural Health, Centre for Remote Health (a joint centre of Flinders University and Charles Darwin University) and University of Newcastle Department of Rural Health. A review of the last 10 years of Australian literature on nursing and allied health rural and remote recruitment informed the development of semi-structured interview schedule used for focus groups and individual interviews. Three groups of participants, students, graduates and industry stakeholders were interviewed. The student and graduate interviews focussed on perceptions of rural and remote, the impact of clinical placement experiences and the perceived advantages and challenges of working in a rural or remote location. Industry stakeholder interviews explored factors that impact on recruitment and retention, including policies and strategies that support or mitigate this process.

Focus groups and interviews were recorded and transcribed using professional transcription services and returned to participants for member checking. Data were analysed using thematic analysis techniques. The initial analysis of the transcripts was site-specific. Findings from the initial analysis were subsequently shared with the other researchers for the purpose of comparative analysis, permitting emergent themes to be further developed or merged together. This process was facilitated through two Zoom® cloud conferences and sharing documents via email and Dropbox®.

Ethics approval for the study was initially obtained from the University of Newcastle Human Research Committee (Approval number: H-2016-0060). Subsequently approval was received from Monash University Human Research Ethics Committee (CF16/859 – 2016000432) and Central Australian Human Research Ethics Committee (HREC-16-379).

Results

Profile of participants

Data were collected from 85 participants, 36 students, 34 recent graduates and 15 industry stakeholders. The mean age of students was 22.5 (SD = 7.4) years, the majority (83%) were female and 58% reported coming from an urban background. Students were enrolled at University of Newcastle (39%), Monash University (36%), Flinders University, University of Sydney, Australian Catholic University, Deakin University and Central Queensland University. Interviewees included students studying Nursing (36%), Physiotherapy (19%), Occupational Therapy, Nutrition and Dietetics, Psychology, Speech Pathology, Nursing and Emergency Health (Paramedicine) and Medical Imaging & Radiography.

The mean age of recent graduates was 24.8 (SD = 4.1) years. The majority (88%) were female and three-quarters reported having an urban background. Graduate interviewees came from ten disciplines, including Nursing (18%), Occupational Therapy (18%), Nutrition and Dietetics (18%), Speech Pathology, Pharmacy, Physiotherapy, Optometry, Podiatry, Midwifery and Psychology. The majority (56%) of graduates were practicing in rural areas (MMM 3, 4 or 5), 26 % in remote settings (MMM 6 or 7) and 18% in urban centres (MMM1 or MMM2).

Health industry stakeholders included interviewees from rurally-based health services, professional associations, peak bodies and a state government department of health.
Interview findings

Urban-based allied health and nursing students begin to think about employment from the middle years of their studies. Location decision making is influenced by a complex interplay of many influencing elements, non-professional and professional. Participants reported that connection to people, place and community influence their practice location decisions. However, the degree of importance and how they viewed connections varied greatly. While some participants expressed a reluctance to leave family, friends and known communities, others were attracted to the new experiences and opportunities that rural and remote practice provided. Students and new graduates indicated that having a clear understanding of what rural and remote practice can offer in terms of career progression is critical to attracting recent graduates to non-metropolitan settings. Interviewees also reported that opportunities for rural clinical experiences are an integral part of the rural practice decision-making process. Furthermore, all participant groups commented on how the generally negative portrayal of rural and remote practice is a disincentive to relocating to non-metropolitan areas.

Discussion and conclusion

This study confirms that both increasing interest in and increasing participation in rural practice by urban trained allied health professionals and nurses involves a complex interplay of personal and professional factors. Location decision making within these professional groups is influenced by many key components including connectedness to people, place and community, seeing a career pathway and opportunities to experience living and working in a rural or remote area. However, the largely negative portrayal of rural and remote practice discourages new graduates from relocating to non-metropolitan areas.

Key policy recommendations arising from the findings include:

- marketing rural and remote practice from a positive perspective, particularly the professional benefits
- providing financial and other support to nursing and allied health professionals to relocate from metropolitan locations
- developing clearer and professionally rewarding career development opportunities and pathways
- increasing the emphasis on innovative, extended scope of practice roles

References


Presenter

Keith Sutton is Lecturer in Rural Mental Health at Monash University Department of Rural and Indigenous Health. A Registered Psychiatric Nurse, he has extensive experience as a clinician, manager and bureaucrat in the mental health field. His PhD examined the impact of a short-term intervention designed to orientate allied health and nursing students to employment and career opportunities in rural behavioural health field. Keith’s subsequent research endeavours have principally focused upon rural allied health and nursing workforce issues.