How significant is rural background to recruiting and retaining rural and remote area nurses?

Kerry Taylor, Julie Henderson, Jane Neill, School of Nursing and Midwifery, Flinders University

Attracting and retaining nurses to rural and remote Australia remains an ongoing challenge. Flinders University offers undergraduate nursing students the opportunity to experience rural and remote clinical placements with the dual aims of influencing career choices and/or enhancing the understanding of the care needs of rural and remote populations who may require medical treatment in metropolitan settings. This paper describes preliminary findings of a career progression survey that examined the factors registered nurses saw as significant to their chosen career paths since graduation. Specifically it asked participants in the Flinders University School of Nursing & Midwifery’s (SON&M) undergraduate program about their clinical experiences in remote and rural areas of Central Australia and South Australia over an eight year period from 1998 to 2005.

Much of the literature to date reinforces a widely held belief that rural background is a major contributing factor to health professionals’ propensity to seek and remain employed in rural areas.1–3 This has not been conclusively demonstrated in the case of remote health practice which is rarely examined independently to rural issues. So strong is the belief in the significance of rural backgrounds that scholarships, bursaries and other incentives are offered almost exclusively to this population in an effort to address the characteristic staff shortages of rural and remote health services. In the process, a larger pool of potential recruits originating from urban areas have been overlooked for support in the largely untested assumption that they will be less likely to return to rural or remote practice.

This paper follows earlier publications on the implications of providing undergraduate clinical experiences in rural and remote areas.4,5 It presents preliminary findings of current research suggesting that rural background is only one factor influencing career choices for nurses. The authors advocate for an expansion of current supports and incentives to be made available to urban-backgrounded persons as well as those of rural background, as undergraduate clinical experience is showing to be highly influential to the uptake of rural and remote practice. Furthermore, qualitative data obtained in this research suggests that encouraging urban-backgrounded students to experience rural and remote practice can have broader benefits than for health workforces alone. Potentially transferable skills, knowledge and awareness of rural and remote issues among urban based health professionals can enhance the care and co-ordination of services and improve patient outcomes in a variety of practice settings.

Rural and remote health

Attracting professional staff to and retaining them in rural & remote areas is an ongoing issue. Data from the 2001 census show that while there is variation across the health professions, most are underrepresented in rural regions. The nursing workforce provides an exception as 1318/100 000 people were employed as nurses in the rural Australia in 2001 compared with 1246/100 000 in the capital cities. These numbers are largely comprised of Enrolled Nurses and personal carers. The proportion of Registered Nurses was higher in the capital cities.6 Remote areas, with the exception of the Northern Territory, generally receive poorest services. Remote areas in the Northern Territory are generally better serviced than other remote areas but the very remote areas of Northern Territory experience the poorest supply of health workers in Australia with 1117 health workers/100 000 people.7

The Federal government has established a number of schemes to manage the shortfall of nurses in rural Australia. Among these have been scholarships for Enrolled Nurses and care workers to: retrain as Registered Nurses; for Registered Nurses to undertake postgraduate studies; for the training of practice nurses to work with General Practitioners (GPs); and for conference attendance. There appears to be little distinction in strategies between rural and remote areas even though the distinction is made both in definition of, and issues relating to rural and remote practice. Attracting health professionals to rural
Australia is one thing, but it is our contention that the motivations and responses of those choosing remote practice are significantly different and require differing approaches for recruitment and retention. These differences may also be apparent between disciplines, with the challenges of remote practice potentially having greater appeal to nursing professionals in terms of job satisfaction and career development than for medical and allied health staff.

**Rural background and future rural practice**

There is little argument in the literature that rural background is significant among rural health workforces. A review of 12 international studies found that a rural background was associated with rural practice in 10 of 12 studies while rural schooling was associated with rural practice in all five studies reporting on it.8 Other factors identified include undergraduate or postgraduate experience in a rural area and having a partner from a rural region. In a questionnaire of 2414 General Practitioners (GPs) researchers found that rural GPs were more likely to report having rural and remote experience during either undergraduate or postgraduate training.8 The likelihood of practising in a rural area increased with the duration of rural postgraduate training. Attendance at a rural high school for the final year of secondary education was also associated with rural practice. Nichols et al10 undertook a national survey with the 107 junior doctors who participated in the RRAPP program between April 2001 and October 2003. This was followed by 54 semi-structured interviews. They found that involvement in the RRAPP influenced future training plans in 70% of the respondents. Sixty per cent were undertaking training options that involved a rural component while 45% chose general practice in a rural area. These factors have contributed to greater training opportunities for clinical practice in rural and remote area and to the development of rural medical schools. This, along with incentives for rural students, and changing entrance criteria for medical degrees, has seen the proportion of rural medical students increase from 10% in 1989 to 25.2% in 2000.3

**Disciplinary and context differences**

The literature exploring nurses’ incentives to undertake rural practice is more limited. Literature looking specifically at rural and remote practice is rare. Kenny and Duckett argue that rural nursing has been given low priority in recent years despite imminent shortages in rural nurses which “will dwarf the lack of doctors in the bush.”11 These shortages are exacerbated by the ageing of the rural nursing workforce. Up to 50% of the rural nursing workforce is older than 40 years.2 Hegney et al (2002)1 surveyed 146 Queensland nurses working in the rural area about the reasons they were initially attracted to rural nursing. They identified three central factors: previous exposure to a rural context eg: growing up in the country or previous rural work experience; secondly, attraction to rural lifestyle; and thirdly, professional issues including the availability of employment. Conversely, limited scope for advancement and lack of educational opportunities were identified as key reasons for nurses leaving rural practice.

Gibbs et al. (2003)12 addressed the recruitment and retention of rural nurses through the development of a scheme that allows rural workers to progress from Nursing Assistants to Enrolled Nurses and ultimately to Registered Nurses through distance education. They view the centralisation of training opportunities as placing a financial and emotional burden on rural students leading to difficulties in negotiating the university environment. Rural students also face limited opportunities for training and limited entry level positions for Registered Nurses. Nugent et al (2004)13 argue, given the assumption that rural education and training lead to rural practice, the shortage of Registered Nurses in rural regions can best be addressed through provision of nursing places in rural and remote campuses. Their research traces the number of students enrolled in undergraduate nursing courses in Australia in 2001 and 2002; the proportion of these who are enrolled at rural and remote campuses; and nursing completion rates in rural and remote campuses. They found a 5% increase in enrolment of nursing students across all campuses between 2001 and 2002, with the percentage of rural and remote students increasing from 25% to 27%. Completion rates from rural and remote campuses increased from 23% in 1999 to 28% of all student completions in 2002. In South Australia and Western Australia which have fewer rural campuses the rate increased from 6% in 1999 to 12% of all nursing graduates in 2002.
While there is substantial literature arguing that the most effective means of recruiting and retaining professional health staff to rural and remote areas is through training people with rural origins, the maximum potential numbers remain less than required. Ignoring or overlooking metropolitan backgrounded students may create ongoing shortfalls well into the future. It also overlooks the needs and aspirations of some rural backgrounded people to experience life and employment beyond their familiar surroundings.

**Methodology**

The present study explores the impact of rural and remote training opportunities upon nurses’ decision to work in rural and remote areas. It tests the assumption that a rural background and experience are necessarily associated with future rural or remote practice. The participants in this research were students who have undertaken regional and remote experience as part of their undergraduate nursing degree at Flinders University. The Flinders University School of Nursing and Midwifery established a rural and remote placement program in 1998 in conjunction with the Northern Territory Department of Health and Community Services, which allowed senior nursing students to undertake a clinical placement in remote health centres in Central Australia. This was expanded in 2001 to include placements on the Eyre Peninsula and northern South Australia.\(^4\),\(^5\) Informal tracking of the students who completed prior to 2002 showed that 21% of participants returned to Central Australia for at least 12 months or more while another 26% worked in other rural areas.\(^5\)

This study undertakes a more formal survey evaluation of work history for 7 cohorts of Registered Nurses who completed rural and remote undergraduate clinical placements between 1998 and 2004. Its aims are 1) to determine whether graduates have in the past or currently work in a rural and remote setting, and whether they intend doing so in the future; and 2) to explore the factors influencing graduates’ choice to return to a rural or remote setting. The study was approved by the Flinders University Social & Behavioural Research Ethics Committee.

Respondents were asked to complete anonymously, a questionnaire outlining their work experiences and the factors affecting their decision to work in a rural setting. Questionnaires were sent to 251 graduates who had undertaken a rural or remote clinical placement at Flinders University SON&M. Eighty-five surveys were returned after one reminder letter, giving a total response rate of 34%. The poor response rate reflects difficulties in obtaining current addresses. Respondents were contacted from addresses obtained through the Flinders University Alumni Association, which maintains a list of graduates’ addresses, but this list is updated only when graduates provide new addresses. Consequently, 20 surveys were returned unopened.

**Results**

Results analysed to date reveal some interesting trends in regard to the influence of undergraduate experience on future practice. Of the 85 respondents, 28 (32.9%) currently work in either a rural or remote area, with 11 (12.9%) of these working in regional cities; 12 (14.1%) in rural areas; and 5 (5.9%) in remote areas. Our study confirms previous findings that rural background influences the decision to work in a rural setting, since the majority of graduates currently working in a rural setting (72.5%) had spent more than 10 years in rural settings. A number of these respondents did not originate in rural areas and would not strictly meet the criteria of rural background, but had spent significant periods during schooling or earlier employment in rural areas. Exposure to a rural area therefore, might be a factor that should be given consideration. Of the graduates working in a rural setting, those with 10 or fewer years exposure to rural life were most likely to work in regional cities, comprising 50% of all people with 10 or fewer years experience in a rural setting (see table 1). Further, a number of graduates who undertook their degree from a rural campus strongly indicated their intention to remain in rural practice, reinforcing the significance of rural background.
Table 1  Rural background by current work location

<table>
<thead>
<tr>
<th>Regional city</th>
<th>Rural</th>
<th>Remote</th>
<th>All Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–10 years</td>
<td>4 (36%)</td>
<td>3 (25%)</td>
<td>1 (20%)</td>
</tr>
<tr>
<td>More than 11 years</td>
<td>7 (64%)</td>
<td>9 (75%)</td>
<td>4 (80%)</td>
</tr>
<tr>
<td></td>
<td>11 (100%)</td>
<td>12 (100%)</td>
<td>5 (100%)</td>
</tr>
</tbody>
</table>

When it comes to the question of intention to work in more remote and/or Indigenous health contexts, there is a difference in the motivation to practice seen among many of the graduates from a rural background. Table 2 compares mean scores on the impact of a rural and remote clinical placement on the decision to work in either a rural and remote or Aboriginal health setting. This data demonstrates that respondents were more inclined to work in a rural and remote setting and in Aboriginal health after they had experienced these areas during clinical placement as undergraduates.

Table 2  Data comparing mean scores on the impact of clinical placement on decision to work in a rural and remote setting

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Regional city</th>
<th>Rural</th>
<th>Remote</th>
</tr>
</thead>
<tbody>
<tr>
<td>I considered working in a rural or remote setting prior to clinical placement</td>
<td>5.52</td>
<td>6.09</td>
<td>5.75</td>
<td>5.40</td>
</tr>
<tr>
<td>I considered working in a rural or remote setting after clinical placement</td>
<td>5.77</td>
<td>6.27</td>
<td>6.00</td>
<td>6.60</td>
</tr>
<tr>
<td>I considered working in Aboriginal health prior to clinical placement</td>
<td>4.52</td>
<td>4.27</td>
<td>4.00</td>
<td>5.20</td>
</tr>
<tr>
<td>I considered working in Aboriginal health after clinical placement</td>
<td>4.90</td>
<td>4.82</td>
<td>4.50</td>
<td>6.40</td>
</tr>
</tbody>
</table>

Rating: 1 = no intention to undertake practice in this setting, to 7 = strong intention.

This may be related to exposure to Indigenous health theory and practice during their undergraduate studies. Respondents who had undertaken such a placement generally expressed a strong intention to pursue this field in the future, irrespective of background. Those working in a remote location experienced the greatest increase in commitment to working in both a rural and remote settings (5.40 to 6.60) and Aboriginal health (5.20 to 6.40) after placement, suggesting that clinical placements impact positively upon the decision to work in remote settings. In fact, many urban backgrounded students found their clinical placement experiences to be more influential than other factors on future intentions.

Table 3 compares the factors affecting current job choice for people working in rural and remote areas.

Table 3  Factors affecting current job choice by rural practice

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Regional city</th>
<th>Rural</th>
<th>Remote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate experience</td>
<td>2.49</td>
<td>2.09</td>
<td>2.33</td>
<td>1.60</td>
</tr>
<tr>
<td>GNP offer</td>
<td>3.19</td>
<td>3.10</td>
<td>1.63</td>
<td>3.40</td>
</tr>
<tr>
<td>Partner’s job</td>
<td>4.31</td>
<td>3.40</td>
<td>3.33</td>
<td>5.00</td>
</tr>
<tr>
<td>Better life</td>
<td>2.39</td>
<td>2.36</td>
<td>1.44</td>
<td>4.00</td>
</tr>
<tr>
<td>Better life for family</td>
<td>3.85</td>
<td>3.55</td>
<td>2.63</td>
<td>4.80</td>
</tr>
<tr>
<td>Conditions of scholarship</td>
<td>5.25</td>
<td>5.55</td>
<td>5.29</td>
<td>5.60</td>
</tr>
<tr>
<td>Opportunity for varied practice</td>
<td>1.96</td>
<td>2.09</td>
<td>1.50</td>
<td>2.60</td>
</tr>
<tr>
<td>Opportunity for career advancement</td>
<td>2.26</td>
<td>2.64</td>
<td>2.25</td>
<td>2.60</td>
</tr>
<tr>
<td>Opportunity for autonomous practice</td>
<td>2.53</td>
<td>2.82</td>
<td>1.89</td>
<td>3.80</td>
</tr>
</tbody>
</table>

Rating: 1 = factors indicating greatest influence, to 7 = least influence.

The most influential factor for the respondents as a whole, were opportunities for varied practice. This trend held for all graduates except those working in a remote setting. The most important factor identified by respondents currently working in a remote setting was their undergraduate experience, which was also nominated as being important by graduates in regional cities. For these respondents,
the provision of a quality, well supported undergraduate experience was more influential, even when the actual experiences were difficult and challenging. People working in rural settings nominated their Graduate Nurse Placement (GNP) offer and a better life as factors determining their current employment location. This may reflect the extent to which those currently working in rural areas have a rural background Interestingly, scholarship support was not seen as a particularly important influence for any group, respondents as a whole nominating it as the least important consideration in current job choice. This may be due to the lack of scholarships available to students from urban backgrounds to undertake rural and remote clinical placements.

The importance of rural and remote placements is confirmed by the responses to open questions. One respondent noted that “the experience would make me consider working in the rural and remote setting”, while another stated that:

My rural and remote undergraduate clinical experience exposed me to a specialised and different area of nursing which I have chosen to work in after graduation. If I had not had my exposure in my undergraduate placement I don’t think it would have occurred to me to work in these locations. I would have probably gone with the flow and sought a metropolitan GNP.

Others indicated an interest in working in a rural and remote placement on completion of the nursing degree or in future.

Undertaking these placements played a significant role in changing my plans about future career direction. Prior to placement in rural/remote regions I fully thought I would enter a position in metropolitan… nursing. However once undertaking these placements I realised I had a real passion for working in remote/rural areas with a particular interest in Indigenous health issues. In summary these placements completely changed my future plans for nursing.

…Without this opportunity I may well have stayed in Adelaide and missed the chance to be exposed to such new and important experiences.

A rural and remote undergraduate clinical placement also had a positive influence on the decision to work in Aboriginal health.

The success of my placement was certainly fundamental to my decision to complete my GNP in the same location. It was an amazing and privileged insight into Aboriginal health where I was well supported, leading me to discover the love of Aboriginal health work which was lurking somewhere inside…

[My] rural placements reinforced my desire to work in a rural area and made me know I would be comfortable working in Aboriginal health—something I had never previously considered…

A number of respondents noted that a clinical placement in Aboriginal health also broadened their outlook on Aboriginal health and the role of the Registered Nurse, specifically the Remote Area Nurse.

As a[n] undergraduate you come to an understanding of how and why Aboriginal people are marginalised through text books, lectures, essays, etc, I found the practical experience far more educating.

I would highly recommend these experiences as I can think of no other placements which provide such broad opportunities for personal and professional development. While challenging at times it was also a lot of fun. It was also great to see the role of Registered Nurse in a more dynamic function than perhaps other metropolitan settings might portray.

Without doing my rural/remote undergraduate placement, I would NEVER have applied for a job in Central Australia nor considered or had an interest in Aboriginal health.

The reason why I am currently working in a rural/remote location is 100% due to my rural/remote clinical experience as an undergraduate. I have always been interested in possibly one day, working remote work, but didn’t consider it a possibility this early in my career—until undergrad experience.
These and other narrative responses provided by respondents were of considerable interest to the authors. The qualitative data highlights some important trends and views that may have implications for recruitment and retention strategies for rural and remote practice. To date, much of the attention has been on providing supports and incentive to those of rural background. Whilst appropriate and important to continue to do so, this and other research suggest that similar encouragement to those of urban background may significantly increase the pool of potential employees interested in rural or remote practice.

Discussion

Preliminary analysis suggests that undertaking a rural and remote clinical placement had a positive impact upon the willingness and decision to work in a rural or remote setting. Qualitative data suggests that this is particularly evident for graduates undertaking a remote placement or a placement in Aboriginal health, while respondents currently working in remote settings and rural cities nominated their undergraduate experience as the key factor in deciding to work in a remote setting.

Within the seven cohorts surveyed, there were substantial numbers of Norwegian students who had completed two years of their undergraduate degree at Flinders University, Adelaide. In the first years of the rural/remote program, Norwegian students were bonded to return to practice in Norway for a period of several years. This affected the data on participants who returned to rural and remote areas following graduation, and when they were removed from the analysis, the numbers returning to rural/remote areas were higher.

It was interesting that there was some initial reluctance from certain venues to support Norwegian students for clinical placement because it was believed there would be no benefits returned to the rural/remote communities from their participation. This was a short-sighted view given the global exposure these students offered when sharing their experiences of nursing in ‘outback’ Australia. It is also important to note that since the end of bonded places, there are a valued number of Norwegian graduates who have returned or expressed their intent to work in remote or regional centres in Australia, as indicated by the following respondents, identified as Norwegian and primarily urban backgrounded in their surveys:

Australia is far away from Norway but I’m coming back. I want to work out in one of the Aboriginal communities….I’m now planning to work in a rural place and I think my experience from Central Australia will help me.

Just good memories from (remote Aboriginal community) …have got myself a skilled migration visa. One day I’ll knock on your office door asking for a job.

At the moment I am in (a developing country) responsible for emergency medical services in the International Security Assistance Force with NATO forces. When my tour of duty ends in July 2007 I am immigrating to South Australia and I am looking forward to going bush as an RN.

During clinical experiences, a number of nursing students shared their placements with medical students. From anecdotal feedback it seems that the motivations for nurses and medical officers differ, particularly in relation to remote health practice. This is an area that warrants further research as the strategies employed to date, should be informed by understandings of the different motivating factors across disciplines. From the preliminary findings in our survey, nursing students seemed to relish the autonomy of remote and rural practice.

Further research is also needed to establish just how many graduates recruited and trained locally, actually stay in their place of origin following completion of their studies. For some, the offer of local education is financially beneficial, but also opens up possibilities for employment elsewhere. There is no guarantee, unless bonded, that graduates will remain locally. For some rural backgrounded students, as indicated in their survey responses, the decision to undertake rural clinical experiences was financial or personnel rather than professional and not always an indicator of future career intentions.
Conclusion

Rural background is widely considered an important factor in the decision to undertake rural or remote practice as a health professional. This paper reports data from a survey of graduate nurses who have undertaken a rural or remote clinical placement to identify factors affecting their decision to work in a rural or remote setting as a Registered Nurse. The undergraduate clinical placement was nominated as a major factor in the decision to work in a rural or remote setting for those working in regional cities and remote settings, while people working in rural settings identified lifestyle factors as important. The difference in motivational factors between graduates from urban and rural backgrounds warrants deeper exploration. In particular, the role of clinical placements in encouraging urban backgrounded nurses to work in rural areas is worth investigating further.

References

Presenter

Kerry Taylor is a Lecturer of Nursing employed through Flinders University School of Nursing and Midwifery to co-ordinate its central and South Australian rural and remote programs. Kerry has been working in health and education fields in the Northern Territory for over 16 years, and is currently undertaking her PhD, examining communication within Indigenous health care contexts. In 2005 Kerry was a recipient of the Flinders University Vice Chancellor’s Award for Excellence in Teaching.