

Courtney, M., Edwards, H., Smith, S. and Finlayson, K. (2002) The impact of a rural clinical placement on student nurses employment intentions. *The Collegian*, 9(1), 12-18.

### ABSTRACT

Commonwealth Government health policy and professional organisations have indicated that successful recruitment and retention strategies are crucial to address the shortage of health professionals in rural and remote areas. This research study aimed to evaluate the effectiveness of a Clinical Placement Support Scheme for nursing students as a recruitment strategy for rural and remote health care services, and to develop an increased awareness of the employment opportunities available in these areas. The population consisted of final year Bachelor of Nursing students enrolled in either a rural or metropolitan clinical placement in 2000. A pre-post test survey design was used.

Analysis of pre and post test data found a 12% increase (to 89%) in the number of students intending to seek employment in a rural setting, compared to a 5% increase (to 46%) in students who undertook a metropolitan placement. One-third of the students who chose a rural placement had no previous experience of a rural lifestyle and over half of these students indicated their intention to work in a rural setting following their clinical placement. These results support the theory that undergraduate rural clinical experience can have a positive influence on the recruitment of health professionals to rural areas.

### INTRODUCTION

Over the last two decades in Australia a shortage of health professionals working in rural and remote areas has emerged. Commonwealth Government health policy clearly indicates that strategies to encourage health professionals to undertake their professional duties in rural and remote area health services are crucial to the health of those communities (Healthy Horizons 1999). Professional groups such as the National Rural Health Alliance (NRHA) have indicated that shortages of health personnel must be negated through recruitment and retention of all health care professionals. They have welcomed recent government initiatives to include nurses as well as medical practitioners in incentive schemes to practice in rural and remote areas (NRHA 2001). The health of communities outside of metropolitan areas is dependent on successful recruitment strategies being implemented.

A benefit of working in rural and remote areas is the autonomy and respect health professionals gain from not only other members of the health care team, but also the community (Hegney 1996). They are seen as valuable assets of the local community. Nurses often seek employment in areas that have characteristics of autonomy, variety and independence in nursing practice (Huntley 1995, McAllister et al 1998). Furthermore, nursing graduates are more likely to seek employment in a particular area if they have had a previous positive experience in that workplace (Collins et al 1993, Glover et al 1998).

In 1996, Queensland University of Technology School of Nursing established a rural undergraduate clinical nursing placement program which places over 200 students in rural and remote health care services. Increasingly over recent years students in the Bachelor of Nursing pre-registration course have expressed interest in undertaking a rural clinical placement as an alternative to a metropolitan clinical placement. It was hypothesised that students who have a positive experience whilst undertaking a rural or remote area clinical placement and value the autonomy and mutual respect offered in these health care services are more likely to seek employment in rural and remote areas after graduation.

## **LITERATURE REVIEW**

### **Recruitment and retention strategies**

The shortage of health professionals in rural and remote areas and the difficulties associated with recruitment and retention in this group have been documented in both Australian and overseas literature (McDonough et al 1992, Stratton et al 1992, Huntley 1995, Wood 1998, Stephenson et al 1999, Duffy et al 2000, Peach & Bath 2000). However, evaluations of the effectiveness of specific recruitment strategies are harder to find. From the literature it is possible to identify a number of explorative studies that have highlighted factors influencing health professionals' choice of employment setting (Collins et al 1993, Stratton et al 1993, Huntley 1995, Mitchell 1996, McAllister et al 1998). These factors include the unique clinical

experiences associated with rural practice, lifestyle issues, employer and community recognition, familiarity with the workplace and professional development and continuing education opportunities (Collins et al 1993, Huntley 1995, Mitchell 1996).

Promotion of the unique characteristics of rural practice, such as health professionals enjoying greater autonomy, the possibility of extended roles and the rewards of living in a small community is one strategy recommended to foster recruitment and retention of health professionals in rural and remote areas (Stratton et al 1993, Mitchell 1996, Wolfenden et al 1996). Surveys of registered nurses and allied health professionals working in rural and remote areas have confirmed some nurses are indeed attracted to rural settings because of the broader clinical role, the greater responsibilities involved with rural practice and increased professional autonomy (Huntley 1995, McAllister et al 1998). Also included are a liking for country lifestyles, family benefits, a sense of belonging and familiarity with patients and the high status given to health professionals in small communities (Huntley 1995, Mitchell 1996, McAllister et al 1998).

Familiarity with the workplace (such as exposure during student clinical placements) has been suggested as contributing to graduate health professionals' decisions regarding their future place of employment (Stratton et al 1992, Hays et al 1993, Glover et al 1998, Talbot & Ward 2000). The nursing graduates surveyed by Collins et al (1993) nominated their site of clinical practice as an important influence on their choice of employment, with 28% beginning their careers in the same workplace. Student teachers too have identified familiarity or proximity as the commonest reason for preferring a specific geographical area for future employment (Watson et al 1987). Thus, establishing undergraduate rural clinical placement scheme options for nursing programs has the advantage of providing familiarity with the work practices and employment opportunities in rural and remote settings in order to encourage future employment of health professionals.

Similarly, there is strong support for the view that a rural background influences the choice of a future employment site. Educational, medical, nursing and other health professional literature has reported positive associations between previous experience of a rural lifestyle and employment in rural areas (Huntley 1995, Boylan & McSwan 1998, Wood 1998, Easterbrook et al 1999, Rabinowitz et al 1999, Duffy et al 2000).

Also critical to future employment intentions are employer support, professional continuing education opportunities, good collegial relationships and adequate staffing (Huntley 1995). The lack of professional opportunities, provision of appropriate continuing education, access to professional development or interaction and limited resources have been cited by a number of authors as problems which may negatively influence health professionals' desire to practice in rural or remote areas (Thornton 1992, Wolfenden et al 1996, Anderson 1997, Foster Harvey 1998, McAllister et al 1998, Stratton et al 1998). In one study graduate nurses listed the opportunity to increase nursing knowledge as the most important issue to consider when choosing a site of employment (Collins et al 1993).

It follows that strategies involving professional development programs may be attractive. One Australian management initiative incorporated a professional development program as part of a plan which successfully improved recruitment and retention of remote-area nurses in central Australia (van Haaren & Williams 2000). The education program was integrated with higher education courses and included pre-employment information, orientation, in-service education, workshops and skills maintenance opportunities (van Haaren & Williams 2000). The provision of education opportunities has been identified as the most successful strategy by a group of Directors of Nursing from rural hospitals in the USA when asked for their perceptions of recruitment methods for registered nurses (Stratton et al 1992).

### **Rural clinical placements as a recruitment strategy**

Evaluations of programs involving rural clinical practice in undergraduate education have been unable to consistently demonstrate an increase in postgraduate recruitment, although many studies have reported that students cite the experience as positive and of educational benefit (McAllister et al 1998, Armitage & McMaster 2000, Peach & Bath 2000, Talbot & Ward 2000). Wood (1998) found nursing students who attended a rural focused educational program (including preceptored clinical experience in rural areas) were twice as likely to practice in rural areas as nurses who attended an urban focused program, although the survey response rate was very poor. It was noted that the students' original place of residence also had an impact on their place of employment (Wood 1998). However, Butler and Sheppard (1999) found that exposure to undergraduate rural practice (for student physiotherapists) did not influence graduate recruitment, although the experience did help the students by providing more informed career choices.

Medical courses promoting rural practice have had mixed results. Moores, Woodhead-Lyons and Wilson(1998) described a rural based education program for both undergraduate medical students and postgraduate residents. The program provided more than 95% of medical students with clinical experience in rural areas and the authors reported the number of residents completing rural rotations doubled. Similarly, a survey of medical students undertaking rural clinical placements in Western Australia reported a significant increase in the number of participants who expressed interest in a rural career following their experience of a rural placement (Talbot & Ward 2000). In contrast, Easterbrook et al (1999) and Rabinowitz et al (1999) found there was no significant relationship between rural clinical placements and postgraduates' choice of area of employment, but rather a positive relationship between a rural background and subsequent employment in rural areas.

Positive student attitudes towards rural practice and a greater awareness of rural career possibilities have been reported as a result of trialing rural clinical placements. An evaluation of

a rural attachment program for 156 undergraduate multidisciplinary health professionals (including nurses) reported that students gained greater insight into social and cultural issues, and thirty-one students (34%) voluntarily commented on the possibility and feasibility of future rural careers for themselves as a result of their rural attachment experience (McAllister et al 1998). Student nurses who experienced a rural and remote mental health placement in outback New South Wales or the Northern Territory also wrote of their greater professional and cultural awareness of working in rural and remote areas (Armitage & McMaster 2000). The variety of clinical experiences available and the opportunity to practice multiple skills have been noted as another positive feature of rural clinical placements (Barney et al 1998, Peach & Bath 2000, Talbot & Ward 2000).

Although studies evaluating the effect of rural clinical placements as a recruitment strategy have had conflicting results, many have reported positive changes in attitudes towards rural practice and lifestyles. Offering a rural clinical placement option may also provide students lacking a rural background with an opportunity to become familiar with a rural work environment.

The major purpose of this research study was to undertake an extensive evaluation of the impact rural clinical placement has on career intentions and its effectiveness as a recruitment strategy.

## **AIMS**

The aims of the project were to:

- Evaluate the effectiveness of the Clinical Placement Support Scheme for final year Bachelor of Nursing students as a recruitment strategy for rural and remote health care services; and
- Develop an increasing awareness in final year nursing students of the employment opportunities available for new graduates in rural and remote areas.

The following research questions were explored:

1. Did the location of clinical placement have any impact on the intention to seek work in a rural area?
2. Which aspects of health care agencies encourage student nurses to seek future employment?

## **METHODS**

### **Design**

This study used a quasi-experimental pre-post test survey design.

### **Data Collection**

#### Definitions

Rural and remote area health services are defined as per the Association of Australian Rural Nurses (AARN), Council of Remote Area Nurses Association (CRANA) and National Rural Health Alliance (NRHA), based on a definition of rural as any area outside a capital city or major urban area with a population over 100,000 (NRHA 1998).

#### Population and Sampling Method

The population under study consisted of all final year Bachelor of Nursing students at Queensland University of Technology who were enrolled in a clinical placement program in 2000 (n = 212). The study surveyed all the population to ensure the avoidance of sampling bias and sampling error. A student list was generated from the normal School of Nursing clinical placement listings.

#### Data Collection

The questionnaire, consisting of 38 items: 16 Likert scale questions, 15 closed (yes/no) and 7 open ended questions; was trialed on a similar group of students prior to distribution and

modifications made where necessary. Each individual student was handed the questionnaire and duplicate Consent Forms prior to their clinical placement. A copy of the Consent Form was retained by each participant. A second questionnaire was given to participants after the completion of their clinical unit. The questionnaires were coded to assist in the identification of non-respondents and to match the pre and post questionnaire respondents. Ethical approval was obtained from QUT Human Research Ethics Committee prior to commencement of the study.

The data collected from the questionnaire included:

- Demographic data
- Student clinical venue description data
- Career path data
- Work pattern data
- Professional attitude data
- Work environment data
- Professional needs data

### **Data analysis**

An SPSS database was constructed and used for compilation and analysis of the quantitative data. Nominal data were described and expressed in percentages, with Chi-Square analysis used to analyse pre and post data. Ordinal and interval data were described by means and standard deviations. ANOVA and t-tests were used to analyse pre and post data. A content analysis of the qualitative data was conducted and themes drawn from the text.

## **RESULTS**

### **Sample**

The sample consisted of 212 undergraduate third year nursing students who undertook either a rural or metropolitan clinical placement. A 65% response rate was obtained for the pre-test (137 questionnaires returned) and a 57% response rate for the post-test (121 questionnaires returned).



Thirty (22%) students chose a rural clinical placement, and 107 students (78%) selected a metropolitan placement.

### **Demographics**

Eighty-four percent of the respondents were female, and 16% male. Over one-third of the students (36%) were either married or living in a de-facto relationship, and 30% reported they had primary responsibility for one or more dependants. The majority of students were committed to both full time study and outside paid employment, with 78% working more than 8 hours / week.

Forty-three percent of the students had lived previously in a rural community and 24% had some work experience in the rural setting. Eleven of the group of students who undertook a rural clinical placement (37%) had neither lived nor worked previously in a rural community. Table 1 provides further demographic information.

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### **Future employment intentions**

In the pre-test responses 49% of the students indicated their intention to seek work in a rural setting at some time in the future, 38% as a 1<sup>st</sup> year graduate nurse, 34% in 3 years time and 28% in 5 years time.

A significantly higher proportion of the students who chose a rural clinical placement (77%) intended to seek work in a rural area than those who selected a metropolitan placement ( $p < 0.0001$ ), but it was notable that quite a number of students who chose a metropolitan clinical placement (42%) also stated they planned to seek work in a rural community.

Over half (56%) of the rural clinical placement students indicated in their pre-test responses they would seek work in a rural setting in one year's time, compared to 29% of the metropolitan placement students. This difference increased in the post-test results, with 63% of rural clinical placement students wishing to work in a rural area in one year's time and only 13% of the metropolitan placement students wanting to do so.

Following their clinical placement, the proportion of students who undertook a rural clinical placement and intended to seek work in a rural setting rose by 12% (although not significantly), from 77% pre clinical experience to 89% post clinical experience. Nearly two-thirds of this group of students (63%) indicated in their post-test responses they would seek work in a rural setting in the first year following graduation. A smaller increase of 5% (from 41% to 46%) was found in the number of students who undertook a metropolitan clinical placement and intended to work in a rural area in the future. Over half of the students who had no previous background or work experience in a rural area and attended a rural clinical placement stated their intention to seek future employment in a rural area. Table 2 provides information on the number of students who intended to seek future employment in a rural area.

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Reasons given for not applying for a post graduate position in rural areas included family issues (57%) and the desire to obtain the clinical experience offered by large metropolitan hospitals (16%). A few respondents (3%) noted there was no training support in the rural setting.

The majority of students wished to apply for a Graduate Nurse Program, with 93% of rural clinical placement students and 89% of metropolitan clinical placement students intending to apply, a small increase from pre clinical responses.

### **Aspects of health care agencies encouraging students to seek future employment**

Students identified many issues that would positively influence their future employment intentions. These included:

- the presence of friendly, approachable, supportive staff (43%),
- an environment supportive of learning and continuing education (36%),
- diversity of case mix and availability of desired specialities (31%),
- the presence of good teamwork relationships (20%),
- a graduate program and/or preceptor support (16%) and
- professional working conditions and environment (staffing levels, facilities) (15%).

Aspects of health care agencies that would discourage students from seeking employment included:

- unfriendly, unsupportive staff (45%),
- poor working conditions such as poor staffing ratios, rostering practices and resources (22%),
- distant location or poor accessibility of the health care agency (16%),
- an unsupportive professional environment and/or management policies (16%) and
- lack of diversity or choice in clinical practice areas (15%).

The students also identified that it was important for employers to provide:

- access to information resources and continuing education (44%),
- regular feedback on their progress (16%),
- multiple opportunities and challenges for learning clinical skills (13%),
- an identified resource person / preceptor / mentor (13%) and
- understanding of new graduates' limited experience (12%).

Whilst the importance of some of the issues raised did not change from pre-test to post-test (the presence of friendly, supportive staff; access to continuing education and educational resources;

a close, accessible location), other aspects had increased in importance in the post clinical responses. These included:

- the availability of a diverse case mix and desired specialities,
- providing regular helpful feedback,
- the provision of flexible working conditions / management policies,
- the availability of graduate programs or special support for new graduates,
- provision of skilled, experienced and willing preceptors and
- opportunities for career advancement.

## **DISCUSSION**

### **Demographics**

The demographic profile of this sample reveals a diverse group of students, with approximately half of the students >24 years of age (20% >35 years), one-third in a stable marital relationship and 30% responsible for dependents. Previous studies have noted that family commitments and issues are an important influence on recruitment to rural areas (Stephenson et al 1999, Duffy et al 2000). The vast majority of students were combining full time studies with paid employment, with 77% working more than 8 hrs/week (33% working > 16 hrs/week). Financial and employment commitments may also restrict students' choice of area of placement, as has been reported in evaluations of programs offering the choice of rural clinical placements for nursing and occupational therapy students (McDonough et al 1992, Barney et al 1998).

### **Did the location of clinical placement have any impact on the intention to seek work in a rural area?**

The findings of this study support the view that a rural clinical placement can have a positive effect on the intention to seek future employment in a rural setting. Eighty-nine percent of students who undertook a rural clinical placement intended to seek work in a rural setting following their placement, compared with 46% of the students who undertook a metropolitan placement. This was an increase of 12% in the number of students who undertook a rural

placement and intended to seek rural work in the future compared to pre clinical placement numbers. Students who undertook a metropolitan placement had a smaller increase of 5% in the number of students intending to work in a rural setting. These findings support the results of studies by Wood (1998), Moores et al (1998) and Talbot and Ward (2000). Talbot and Ward (2000) described positive increases in medical students' intention to work in a rural area following a rural attachment, while Moores et al (1998) and Wood (1998) both reported higher rates of post graduation employment in rural areas for students who undertook rural orientated education programs including rural clinical experience.

A considerable proportion of students (37%) who undertook a rural clinical placement had no previous rural background or work experience and were therefore exposed to new employment opportunities in rural areas. Over half of this group indicated their intention to seek future employment in a rural area in the post-test following their rural placement. These figures support the view that health professionals without any previous rural background may still be interested in working in rural areas if offered the opportunity to experience this area of practice during their undergraduate training.

### **Which aspects of health care agencies encourage student nurses to seek future employment?**

The most frequently identified aspects encouraging students to seek future employment were the presence of friendly, supportive staff, an environment supportive of learning and continuing education, diversity of case mix and availability of desired specialities, good teamwork, supportive, flexible management policies, an identified resource person and support for new graduates.

The importance of providing an environment supportive for learning and continuing education is strongly supported in the literature (Stratton et al 1993, Huntley 1995, Wolfenden et al 1996, Anderson 1997, Foster & Harvey 1998, McAllister et al 1998). As noted previously, Collins et

al (1993) found graduate nurses in Georgia identified the provision of opportunities to increase nursing knowledge as the most important factor influencing their choice of site of employment. A national survey of rural nurses in Australia also reported that the lack of further study or educational opportunities would inhibit recruitment and retention (Stephenson et al 1999).

The issues of diversity of case mix and availability of desired specialities have not been discussed as frequently. McDonough et al (1992) reported that nursing students in Georgia identified some professional constraints preventing their selection of a rural clinical placement site, including the desire to undertake clinical experience in highly specialised areas such as neonatal care, intensive care, paediatrics and emergency. Some of these students felt that rural placements would provide only limited clinical experience, while others felt that rural practice would be too diverse or complex and they wouldn't have the required independence or experience (McDonough et al 1992).

## **CONCLUSION**

The aims of the project were to evaluate the effectiveness of the Clinical Placement Support Scheme for 3<sup>rd</sup> year Bachelor of Nursing Students as a recruitment strategy for rural and remote health care services and develop an increasing awareness in final year nursing students of the employment opportunities available for new graduates in rural and remote areas. The findings of this study support the literature showing rural clinical placements can positively influence health professionals' intention to seek employment in rural areas. There is a need for a comprehensive study focusing on factors contributing to a positive rural clinical experience and the support structures needed for both student and newly graduated nurses working in these settings. It would also be useful to investigate the preparation needed in undergraduate programs to equip nurses for rural practice in Australia.

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## REFERENCES

- Anderson J 1997 1997/98 Budget: Rural and remote health initiatives and other programs. *Australian Journal of Rural Health* 5:209-212
- Armitage S, McMaster R 2000 Rural and remote mental health placements for nursing students. *Australian Journal of Rural Health* 8(3):175-179
- Barney T, Russell M, Clark M 1998 Evaluation of the provision of fieldwork training through a rural student unit. *Australian Journal of Rural Health* 6:202-207
- Boylan C, McSwan D 1998 Long-staying rural teachers: Who are they? *Australian Journal of Education* 42(1):49
- Collins P, Hilde E, Shriver C 1993 Recruiting factors: Rural and urban settings. *Nursing Management* 24(4):97-8
- Duffy E, Siegloff L H, Siegloff L M F, McGrail M 2000 *Victorian Rural Nurse Project: Workforce Database Final Report - December 1999*. Monash University Centre for Rural Health, Traralgon, Victoria
- Easterbrook M, Godwin M, Wilson R, Hodgetts G, Brown G, Pong R, Najgebauer E 1999 Rural background and clinical rural rotations during medical training: Effect on practice location. *Canadian Medical Association Journal* 160(8):1159-64
- Foster F, Harvey B 1998 The recruitment and retention of speech language pathologists in rural Canada. *Guidance and Counselling* 13(2):22-8

- Glover P, Clare J, Longston D, De Bellis A 1998 Should I take my first offer? A graduate survey. *Australian Journal of Advanced Nursing* 15(2):17-25
- Hays R B, Acklin F, Chan P, Davis A, McAllister L, Murphy B, Romanini J, Williams V, McEwen E 1993 The University of Sydney Rural Careers Project. *The Australian Journal of Rural Health* 1(3):23-25
- Healthy Horizons 1999 *Healthy Horizons: A framework for improving the health of rural, regional and remote Australians*. National Rural Health Policy Forum and the National Rural Health Alliance
- Hegney D 1996 The status of rural nursing in Australia: A review. *Australian Journal of Rural Health* 4:1-10
- Huntley B 1995 Factors influencing recruitment and retention: Why RNs work in rural and remote area hospitals. *The Australian Journal of Advanced Nursing* 12(2):14-19
- McAllister L, McEwen E, Williams V, Frost N 1998 Rural attachments for students in the health professions: Are they worthwhile? *Australian Journal of Rural Health* 6:194-201
- McDonough J-E, Lambert V A, Billue J S 1992 A rural nursing practicum: Making it work. *Nurse Educator* 17(4):30-34
- Mitchell R 1996 Perceived inhibitors to rural practice among physiotherapy students. *Australian Journal of Physiotherapy* 42(1):47-52
- Moore D G, Woodhead-Lyons S C, Wilson D R 1998 Preparing for rural practice: Enhanced experience for medical students and residents. *Canadian Family Physician* 44:1045-50
- National Rural Health Alliance 2001 Budget Reaction. *National Rural Health Alliance E-Forum* 8 June 2001. Retrieved September 17 2001 from the World Wide Web: <http://www.ruralhealth.org.au/eforum8601.txt>
- National Rural Health Alliance 1998 *Rural Health Information Paper No 5: A Blueprint for Rural Development - Discussion Paper*. Retrieved September 21 from the World Wide Web: <http://www.ruralhealth.org.au/rhip5.htm>
- Peach H G, Bath N E 2000 Comparison of rural and non-rural students undertaking a voluntary rural placement in the early years of a medical course. *Medical Education* 34:231-233



- Rabinowitz H K, Diamond J J, Hojat M, Hazelwood C E 1999 Demographic, educational and economic factors related to recruitment and retention of physicians in rural Pennsylvania. *Journal of Rural Health* 15(2):210-1
- Stephenson J, Blue I, Petkov J 1999 *A National Survey of Australian Rural Nurses*. The Association for Australian Rural Nurses Inc., Whyalla Norrie, South Australia
- Stratton T D, Dunkin J W, Juhl N, Geller J M 1993 Recruiting registered nurses to rural practice settings: An assessment of strategies and barriers. *Applied Nursing Research* 6(2):64-70
- Stratton T D, Dunkin J W, Szigeti E, Muus K J 1998 Recruitment barriers in rural community hospitals: A comparison of nursing and nonnursing factors. *Applied Nursing Research* 11(4):183-189
- Stratton T D, Juhl N, Dunkin J W, Ludtke R L, Geller J M 1992 Recruitment and retention of registered nurses in rural hospitals and skilled nursing facilities: A comparison of strategies and barriers. *Nursing Administration Quarterly* 16(4):49-56
- Talbot J, Ward A 2000 Alternative curricular options in rural networks (ACORNS): Impact of early rural clinical exposure in the University of West Australia medical course. *Australian Journal of Rural Health* 8(1):17-21
- Thornton B 1992 The Remote Area Nurse: Problems of preparing for the role. *The Australian Nurses Journal*:10
- van Haaren M, Williams G 2000 Central Australian Nurse Management Model (CAN Model): A strategic approach to the recruitment and retention of remote-area nurses. *Australian Journal of Rural Health* 8(1):1-5
- Watson A, Hatton N, Squires D, Grundy S 1987 Graduating teachers and their attitudes towards rural appointments. *The South Pacific Journal of Teacher Education* 15(2):1-17
- Wolfenden K, Blanchard P, Probst S 1996 Recruitment and retention: Perceptions of rural mental health workers. *Australian Journal of Rural Health* 4:89-95
- Wood D 1998 Effects of educational focus on a graduate nurse's initial choice of practice area. *Journal of Professional Nursing* 14(4):214-9

## TABLES

Table 1: Demographic information

Demographic characteristic	Total sample		Rural clinical placement students	
	Number of students	Percent (%)	Number of students	Percent (%)
Age: 19 – 23 years	66	49	16	53
Age: >23 years	70	51	14	47
Married / De-facto relationship	49	36	9	30
Primary carer for dependants at home	41	30	8	27
Lived previously in a rural area	58	43	19	63
Worked previously in a rural area	32	23	11	37
Full time study	129	94	30	100
Outside paid employment (8 – 16 hours / week)	57	45	10	36
Outside paid employment ( >16 hours / week)	42	33	10	36
Previous experience in nursing	44	33	11	38

Table 2: Intention to seek employment in a rural area

Region of clinical placement	Pre-test	Post-test	P value
Rural	20 (77%)	24 (89%)	p = 0.37
Metropolitan	39 (42%)	40 (46%)	p = 0.50
Difference in intention between rural / metropolitan	p < 0.0001*	p < 0.0001*	

\* Significant

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