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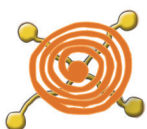
M8 Alliance

Understanding the Decision to Relocate Rural Amongst Urban Nursing and Allied Health Students and Recent Graduates

June 2016

Centre for Remote Health
A joint centre of Flinders University and Charles Darwin University

THE UNIVERSITY OF NEWCASTLE AUSTRALIA | DEPARTMENT OF RURAL HEALTH

Acknowledgements

Cover Design

Special thanks to Marillyn Harkness for her assistance with the design of the front and back covers. The photograph on the cover is one of the winning entries to the 2015 Australian Health Education Network University Student Photo Competition. The photographs on the back cover were provided by each of the University Departments of Rural Health involved in this project. The photographs include:

> Top: Centre for Remote Health – heading west on the road to Kintore

> Middle: Monash University Department of Rural Health – students visiting a community health service in Gippsland.

> Bottom: University of Newcastle Department of Rural Health – students undertaking cultural awareness training on Goomeri Country.

Project Team

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Acronyms

ABS   Australian Bureau of Statistics

AHP   Allied Health Professional

AIHW   Australian Institute of Health and Welfare

ASGS-RA   Australian Statistical Geography Standard – Remoteness Area

ASGC-RA   Australian Standard Geographical Classification – Remoteness Area

CRH   Centre for Remote Health

FTE   Full Time Equivalent

HWA   Health Workforce Australia

MMM   Modified Monash Model

MU   Monash University

MUDRH   Monash University Department of Rural Health

RHMT   Rural Health Multidisciplinary Training

SD   Standard Deviation

UDRH   University Department of Rural Health

UON   University of Newcastle

UONDRH   University of Newcastle Department of Rural Health

Executive Summary

Purpose

Access to quality health care providers continues to be challenging in rural and remote regions of Australia with resultant gaps in health outcomes and life expectancy. There has been some focus on medical practitioner shortages in these areas, however there is limited understandings of how nursing and allied health students and early career practitioners choose locations to practice. This study aimed to provide additional information about the decision making process nursing and allied health students and recent graduates undertake when they consider rural and remote practice.

This study extends an earlier exploration of medical students and junior doctors practice location decision making commissioned in 2014 by the RHWA, namely *Understanding the decision to relocate rural amongst Australian trained urban medical students and junior doctors.* This study was also informed by a review of the Australian nursing and allied health rural and remote recruitment literature of past 10 years.

Methodology

The study used semi-structured interviews with 85 participants (36 Students, 34 recent graduates and 15 industry stakeholders). Student participants were from both urban (58%) and rural backgrounds. Students were studying either nursing of one of 5 allied health professions at 7 different urban based universities. Seventy five percent of the recent graduates came from urban areas and were employed in nursing, midwifery or one of 8 allied health professions. Fifteen industry stakeholders were interviewed including professionals from health services, peak bodies, professional associations and government departments.

The student and early career interviews focused on perceptions of rural and remote, the impact of clinical experiences in deciding work location as a health professional, the advantages and challenges of working in rural and remote locations, when location decisions are made, factors which influence decision making, future practice intentions, locations that wouldn't be considered and things outside of student/recent graduate's control that would impact on deciding where to go to work. Stakeholder interviews focused on differences in recruiting to rural and remote areas as opposed to metropolitan areas, policies / strategies to attract recent graduates to work in rural and remote locations, factors that impact on the decision making of recent graduates, the impact of placements in rural and remote locations, factors in retention of recent graduates, supports that positively influence recent graduates to take up positions.

Results

Urban-based allied health and nursing students begin to think about employment from the middle years of their studies. Location decision making within these professional groups is influenced by a complex interplay of many influencing elements, non-professional and professional. For urban trained allied health and nursing students and graduates connectedness to people, place and community, seeing a career pathway and having an opportunity to experience living and working in a rural or remote area are central to their practice location decision making. However, all participant groups commented on how the generally negative portrayal of rural and remote practice mitigates against relocating to non-metropolitan areas.

Connectedness to people, place and community

Interviewees indicated connection to people, places and communities was important, but the degree of importance and how they viewed connections varied greatly. While some participants were reluctant to leave family, friends and known communities, others saw this as an opportunity to leave familiarity and do something different. It may appear in some locations there are long term established social networks that may be difficult to "break into". Other communities welcomed newcomers and become an alternate support to family. There was the fear of the unknown, or wrongly informed perceptions of what rural and remote might be like that influenced some. However, others expressed a sense of adventure and were keen to explore the unknown. The idea of a good work-life balance was appealing and seen by many to be an advantage over a metropolitan lifestyle, although there were those who were concerned they may not have as many options to socialise. These individual and varied responses are important to take into account when developing placements and recruiting new graduates.

Seeing a career pathway

Having a clear understanding of what rural and remote practice can offer in terms of career progressions, as well as developing clear pathways is critical to attract recent graduates to non-metropolitan settings. Some interviewees clearly viewed their experiences in their locations as positively influencing their career, with many having practice opportunities they would not have had in a city. They were able to experience a broader scope of practice, not being confined to one specific area of practice and were therefore challenged to learn new skills. In areas where there were fewer senior positions or a higher turnover of staff, participants saw they could progress both clinically and managerially at a faster rate than in metro locations. Conversely, there were some locations where the turnover was very low and it was difficult to get permanent work, and some were concerned that working in a non-metro areas would be detrimental to their career. Attention to these factors by universities, workplaces and peak bodies can assist in ensuring remote and rural practice is seen as valuable and pathways are developed and promoted for early career professionals.

Importance of experiencing rural and remote clinical practice

Rural clinical experiences are an integral part of the decision-making process for students and new graduates that may be considering relocating to rural or remote areas for work opportunities. For students, having the option to attend a non-metropolitan placement offered the benefit of being able to experience firsthand the lifestyle and work environment in a rural setting. Rural placements also allowed students to be more autonomous in their practice, which expanded their knowledge and clinical capabilities. For new graduates, being offered a graduate program position with multiple rotations was attractive because of the opportunity to diversify their exposure and upskill their clinical competencies. Having the option to attend rotations in both metropolitan and non-metropolitan settings was the most enticing aspect of these rotations.

The positive experience as a student on a rural placement had a great impact on influencing new graduates to seek out rural graduate programs. These rewarding experiences as a student relied on the support that was offered to them including financial aid, logistics, availability of placements, access to supervision, direct support from their university and support from the community. Available and subsidised accommodation and access to a vehicle were appreciated incentives which facilitated the uptake of rural and remote placements. These experiences also serve to change the negative perceptions of some about non-metropolitan placements and practice.

New graduates required support when relocating to a rural location for work. Assistance with accommodation needs and the cost of relocation were very important to graduates seeking out opportunities in rural settings. Health services and organisations being able to offer this support would be very worthwhile incentives for new graduates considering a rural position.   Besides the logistics of relocation assistance, support to help prepare recent graduates for actual rural or remote practice was essential in the decision process to consider rural positions.

Both students and new graduates were very interested in the prospect of time-limited opportunities in rural or remote locations. A placement as a student or new graduate was more likely to be considered if the position was short term and also if there would be an option to split the work between a non-metropolitan and a metropolitan setting. Creating positive experiences, providing the necessary support and offering incentives to students and new graduates for rural exposure would be key components for influencing participants to stay longer in a rural or remote setting.

Making rural and remote attractive.

There was almost unanimous agreement across the informant categories that nursing and allied health are disadvantaged in comparison with medicine and that there is a pervading perception that recruitment and retention of nursing and allied health practitioners in rural and remote locations is somehow less important. While the recruitment and retention of a rural and remote medical workforce is nonetheless extremely important, an increased emphasis upon recruiting and retaining a highly skilled nursing and allied health practitioners is strongly recommended.

Attracting people to rural and remote practice requires a whole of health sector approach. The focus of promoting and marketing should be on professional career prospects, lifestyle opportunities and benefits that rural practice offers. A consistent message should be provided to school students, health profession students, new practitioners and the broader health workforce. Marketing campaigns should utilise personal stories and testimonials through in-person process, peer-to-peer platforms and other platforms (e.g. web sites). Incentives to undertake non-metropolitan placements or relocate to rural or remote areas should be promoted to students and new graduates, especially financial and training opportunities.

When considering where to work after graduation students' decision making is informed by personal, professional and practical factors that was balanced by their past and current knowledge about work in rural and remote locations. Attention to the personal needs of new recruits in terms of support to maintain family connections and connect with a new community, as well as provide clear and supported career pathways will positively enhance the decision to move to non-metropolitan locations. Supportive workplaces with access to professional development and supervision will also increase attraction.

Positive marketing about remote and rural practice and providing quality student placements in mid to late training may help to change perceptions and norms and increase students' intention to work in rural and remote locations. Although some participants viewed a lack of new graduate positions in metropolitan locations as one reason for considering alternate options, there is definite readiness and intention of some students, of both urban and rural backgrounds to pursue a career in remote or rural health.

While the 11 key recommendations are outlined below it is clear that large gains can be quickly achieved in attracting nurses and allied health professionals by increasing awareness of non-urban practice. Most participants in this study reported little awareness of initiatives and incentives aimed at increasing rural recruitment. Consequently, a key recommendation centres upon better promotion and marketing of rural and remote practice, providing and supporting rural practice experiences for students and early career professionals, supporting the transition to rural and remote practice, and developing clear career pathways in rural and remote Australia. As a result there is a strong need for focused positive marketing of opportunities in rural and remote areas for these professions, both during their undergraduate training and in their early career employment. This marketing would focus upon increasing awareness that a rural or remote career can be very rewarding, and offers opportunities and advantages that are not available in the urban setting.

Recommendations

Recommendation 1:

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. Marketing messages should focus upon increasing awareness that a rural career is not second class, does not limit future opportunities, can be highly rewarding, and provides a solid 'generalist' foundation for clinical practice.

Recommendation 2:

Participants in this study, both of rural and urban origin, were largely unaware of incentives and initiatives supporting rural recruitment and many urban origin students expressed a need for more information about rural practice. There is a need for a strong positive marketing and targeted dissemination of information about rural and remote practice and supports, available to facilitate recruitment, at all points along the rural career pathway. This includes making information about placement supports more accessible to students through university allied health and nursing placement coordinators, as well as rural health clubs. Providing information to allied health and nursing students in their final years of their studies about rural and remote employment opportunities and relocation and transition supports.

Recommendation 3:

Develop career pathways for AHPs and nurses working in rural and remote settings. A potential career structure could extend beyond the acute sector and into primary health and community and for allied health professionals commencing with a structured graduate program, as is established practice in nursing and medicine. Greater emphasis should be placed on making higher grade positions available in rural and remote health care environments, which would encourage professionally mature and more senior allied practitioners to stay in rural practice, rather than migrating back to the city to seek a higher grade position.

Recommendation 4:

Ensure that urban based allied health and nursing students are exposed to positively framed rural health practice content in their curricula. The content should express rural and remote practice in a positive manner including highlighting the value of rural and remote placements for the broad and diverse experience offered to students. Universities should encourage rural and remote career aspirations by involving input from rural health clubs and advertising career information.

Recommendation 5:

It was apparent from this and other previous studies that rural origin is an important determinant of future rural practice. Therefore, universities should increase targeted enrolment and quota supported places in nursing and allied health at urban universities for rural and remote students.

Recommendation 6:

Provide financial support for accommodation and transport (aligned with that offered to medical students) to support rural and remote placements along with bursaries to compensate students for income loss while on rural or remote placement.

Recommendation 7:

Develop opportunities for rural exposure in all settings where nurses and allied health professionals practice and innovative placements experiences that focus on the care pathways in rural and remote settings.

Recommendation 8:

Early career allied health employment opportunities in rural and remote settings should be supported. For this to be succeed rural and remote health service agencies, particularly smaller organisations, require secure funding and policy support.

Additionally, support for use of technology and collaboration of services to offer blended learning for professional development and supervision requires commitment from rural and remote health services. Innovations to offer support for new graduates must be emphasised in recruitment information as this support for professional development was expressed as important to participants in their decision making process.

Recommendation 9:

Develop pathways (e.g. staff exchange, graduate rotation) for urban allied health and nursing graduates to have exposure to rural and remote practice. The pathway should aim to offer increased opportunities for a positive experience of living and working in rural and/or remote settings.

Recommendation 10:

Increased emphasis upon 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. Such role development opportunities would be attractive to new graduate practitioners and it is recommended that students and graduates are informed about these innovations through positive marketing in multiple forums.

Recommendation 11:

Increase student and graduate awareness of the increasingly competitive job market and the opportunities that increased rural exposure during the undergraduate years might offer to ensure job readiness.

Background

The geographical maldistribution of health workers is a significant problem faced by many of the world's countries, including Australia. The shortage of qualified health workers in rural and remote areas disadvantages a large section of the population in terms of both availability of qualified health professionals and timely access to effective health care services. Sufficient numbers of well-prepared health professionals at the right time in the right place, with the right skills are integral to improved health outcomes in rural areas. This is particularly problematic for people in rural and remote locations accessing comprehensive primary health care, and these problems are exacerbated by the ageing rural population with a disproportionately high burden of chronic disease. Over the past sixty years, a great deal of research has been undertaken in attempts to inform policy development; however, the evidence to date is predominately from studies of the medical workforce.

Nationally allied health professionals (AHPs) account for approximately 25 percent of the health workforce and this group has grown by almost 8,000 registered practitioners from 2012 to 2013 (AIHW, 2014). Currently there are 16 AHP disciplines registered through the National Registration and Accreditation Scheme, including: psychologists, pharmacists, physiotherapists, dentists, dental hygienists, dental prosthetists, dental therapists, oral health therapists, occupational therapists, medical radiation practitioners, chiropractors, optometrists, Chinese medicine practitioners, podiatrists, osteopaths and Aboriginal and Torres Strait Islander health practitioners (AIHW, 2014). However, other AHP disciplines are yet to attain national registration and accreditation. These include audiologists, social workers, orthoptists, speech therapists, orthotists and prosthetists, dietitians and radiographers. Reliable workforce data in respect to these disciplines is not currently available, therefore the distribution of these groups of AHPs are not considered in this study.

Figures 1 to 7 below illustrate changes in health service provider-population rates for registered psychologists, physiotherapists, pharmacists, medical radiation practitioners, occupational therapists, optometrists, and podiatrists, and differences according to Australian Standard Geographical Classification – Remoteness Areas (RSGC-RA), over the three or four year periods up to and including 2014. In almost all of the professions and across each category of geographical location there has been an increase in health service provider practitioner rates.

In general, the variation in distribution by geographical location has lessened over time, however this varies by discipline. In 2014 the distribution of the Australian workforce indicates that pharmacists and occupational therapists have the least variation by geographical location; however, the Full Time Equivalent (FTE) rate in metropolitan areas is nevertheless over one and half times that of remote and very remote locations (AIHW, 2016e; AIHW, 2016c). Medical radiation practitioners had the greatest disparity in supply variance between metropolitan and remote/very remote areas, with a metropolitan FTE

rate almost three times that of remote/very remote areas (AIHW, 2016a). Overall, however, psychologists have the greatest overall disparity in supply metropolitan FTE rates and those of rural and remote areas (AIHW, 2016h).
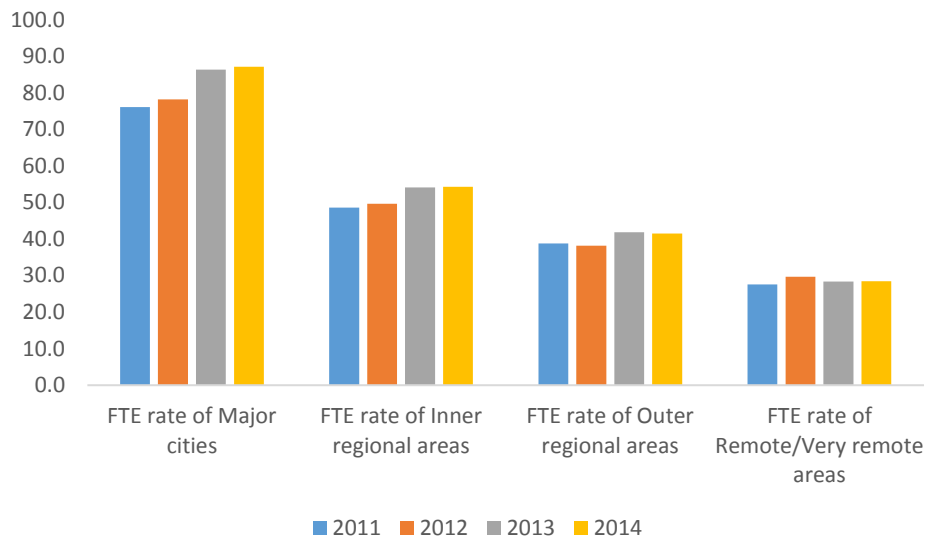
Figure 1: Registered Psychologists – FTE rate per 100,000 population by ASGC-RA Remoteness Categories from 2011 to 2014 (AIHW, 2016h)
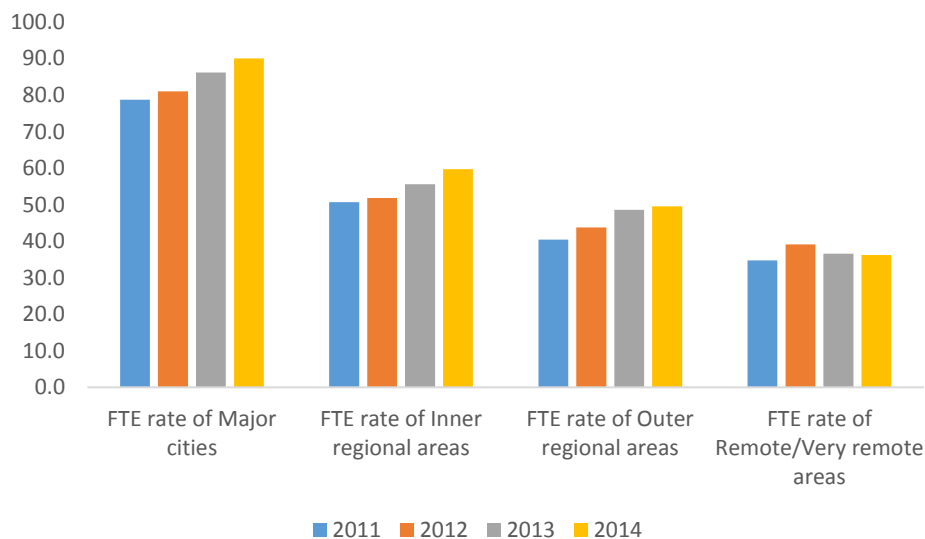
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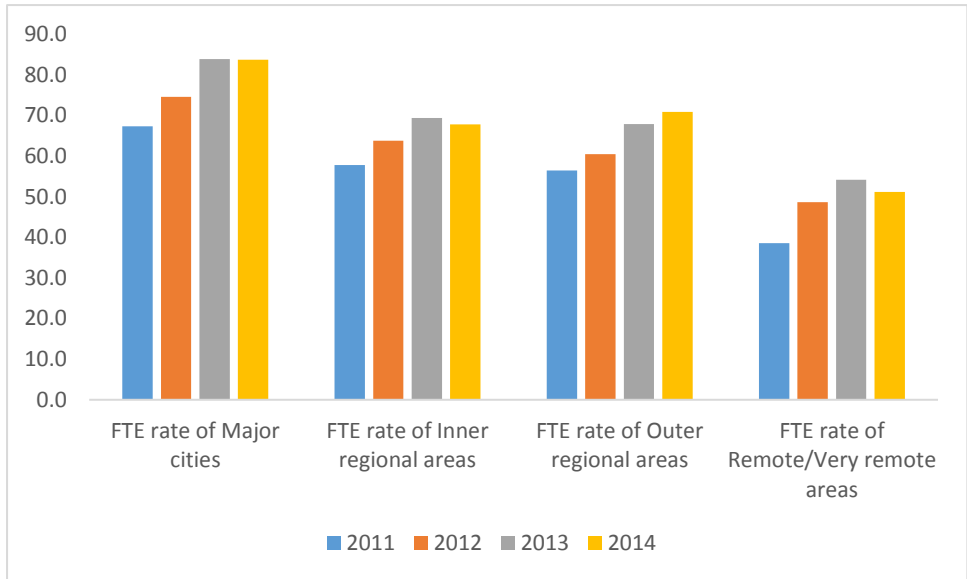
Figure 3: Registered Pharmacists – FTE rate per 100,000 population by ASGC-RA Remoteness Categories from 2011 to 2014 (AIHW, 2016e)
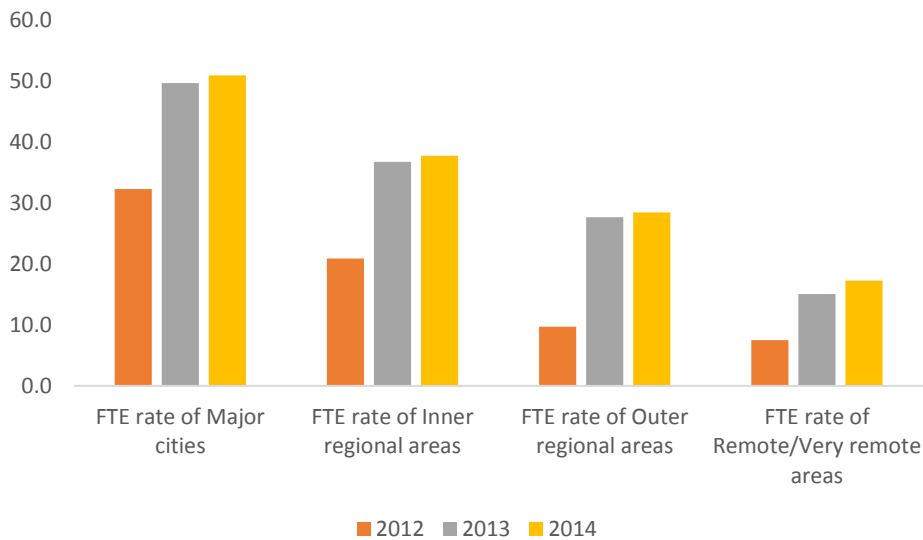
Figure 4: Registered Medical Radiation Practitioners – FTE rate per 100,000 population by ASGC-RA Remoteness Categories from 2012 to 2014 (AIHW, 2016a)
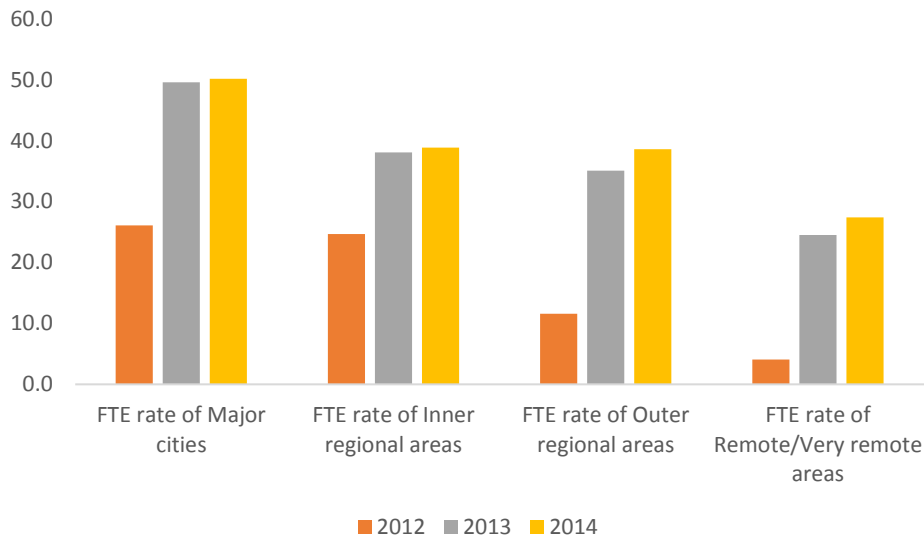
Figure 5: Registered Occupational Therapists – FTE rate per 100,000 population by ASGC-RA Remoteness Categories from 2012 to 2014 (AIHW, 2016c)
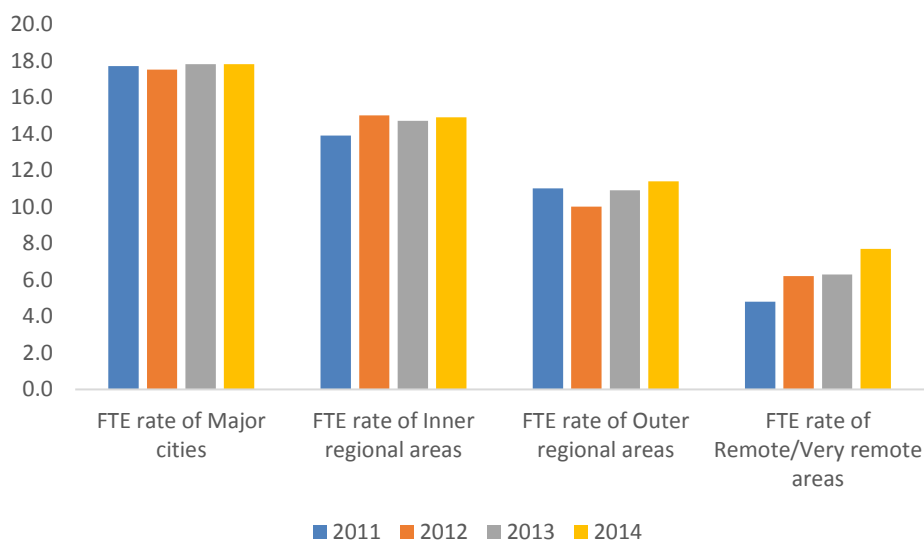
Figure 6: Registered Optometrists – FTE rate per 100,000 population by ASGC-RA Remoteness Categories from 2011 to 2014 (AIHW, 2016d)
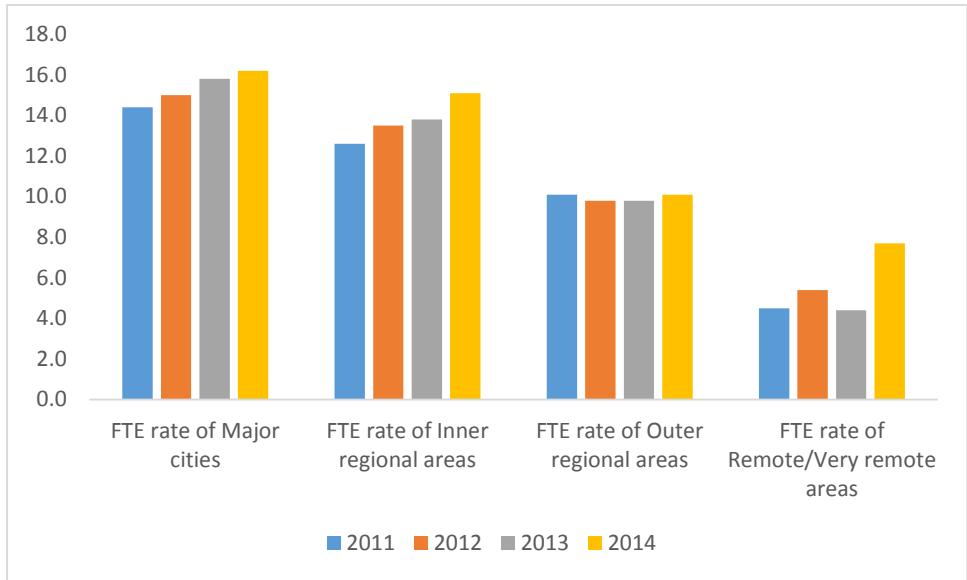
Figure 7: Registered Podiatrists – FTE rate per 100,000 population by ASGC-RA Remoteness Categories from 2011 to 2014 (AIHW, 2016g)
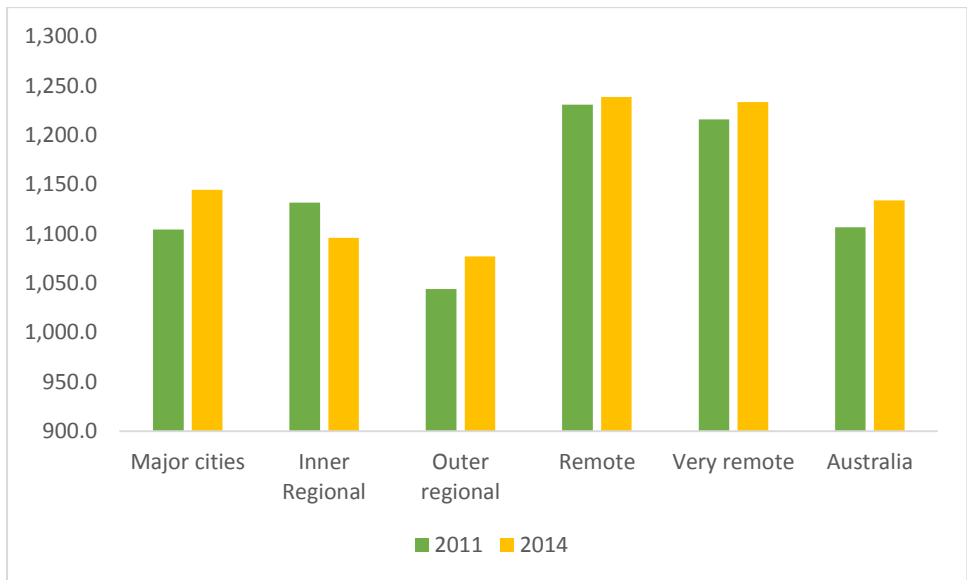
Figure 8: Employed Nurses and Midwives – FTE rate per 100,000 population by ASGC-RA Remoteness Categories from 2011 and 2014 (AIHW, 2016b)

Nurses and midwives are the largest health profession with approximately 58% of the registered health workforce in 2014 (AIHW, 2016b). As illustrated in Figure 8, nurses and

midwives are distributed relatively evenly according to ASGC-RA categories. Remote/very remote areas have the highest employed FTE rates for nurses and midwives, reflecting the increased and important role of Remote area Nurses and Midwives in providing primary health care to populations living in these regions. While geographical distribution inequities are perhaps less of a national issue for nurses compared to AHPs, issues relating to the age profile of the nursing workforce may be more problematic. Almost 40 percent of the nursing workforce is now over 50 and a large percentage of the workforce will either retire or leave the profession in the next decade (AIHW, 2013).

Coupled with a national trend toward falling interest in nursing as a career, with many universities seeing declining application numbers, this presents an alarming pattern for the future of the nursing workforce (HWA, 2014). The nursing workforce is aging and many nurses will be reaching retirement in the next decade (AIHW, 2012). Compared to metropolitan locations, nurses work longer hours in rural areas (AIHW, 2012). They are often integral to the first line of care in rural hospitals where there may be shortages of other health professionals. As the older nurse leaves the workforce, the challenge with attracting graduate nurses is becoming an imperative.

The Commonwealth Government instituted many programs to encourage students and early career health professionals to consider rural and remote practice from the early 1990s. The majority of these programs targeted the medical workforce, although some programs have sought to address disparities for nurses and the AHPs. Rural and remote health workforce research has also principally focused on addressing the maldistribution of the medical workforce. A recent review of the rural health workforce literature concluded that in the main, 'strong' evidence for factors known to influence practice location decision making only related to the medical profession (Rural Health West, 2013). The review also highlighted that only evidence related to 'rural origin' and 'rural career aspiration' was generalisable to nurses. For all other factors, evidence that was generalisable to nurses and AHPs was of 'moderate' strength, at best, or 'not available' (Rural Health West, 2013).

An important aspect of addressing the maldistribution of the health workforce in Australia is understanding factors that influence urban trained health practitioners' decisions to practice in an urban, rural or remote setting. Zadoronznyj, Brodribb and Martin (2014) found that urban trained medical students and junior doctors decisions to relocate rural were influenced by embedding rural practice during training and early practice, personal characteristics and orientations, rural experience during training, post-graduation rural placements, specialisation, work/family balance, exposure to information about rural practice and financial incentives.

This project aimed to better understand the practice location decision making process of urban trained nursing and allied health students and recent graduates, specifically when considering rural and remote practice.

Rural and Remote Context

The Modified Monash Model (MMM) classification system was utilised for the study. As illustrated in Table 1, the system is a refinement of the ASGC-RA typology[1], that differentiates Inner and Outer Regional Australia based upon local town size and proximity to population centres.

Table 1: Modified Monash Model Categories (Australian Department of Health, 2016)

Modified Monash Model Category	Inclusions
MMM 1	All areas catgorised ASGC – RA1
MMM 2	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are in, or within 20km road distance, of a town with population >50,000.
MMM 3	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are not in MMM 2 and are in, or within 15km road distance, of a town with population between 15,000 and 50,000.
MMM 4	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are not in MMM 2 or MMM 3, and are in, or within 10km road distance, of a town with population between 5,000 and 15,000.
MMM 5	All other areas in ASGS-RA 2 and 3.
MMM 6	All areas categorised ASGS-RA 4 that are not on a populated island that is separated from the mainland in the ABS geography and is more than 5km offshore.
MMM 7	All other areas – that being ASGS-RA 5 and areas on a populated island that is separated from the mainland in the ABS geography and is more than 5km offshore.

For this study 'urban' includes MMM categories 1 and 2. MMM categories 3, 4 and 5 are considered as 'rural' and categories 6 and 7 are defined as 'remote'.

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[1] The MMM classification, defined in 2015, is built upon the most recent remoteness typology (ASGS-RA, ABS 2011). Prior to the MMM classification, remoteness was most commonly defined by the ASGC-RA classification (ABS 2001 & ABS 2006)

Literature Review

The aim of the literature review is to inform this study by first updating the medical literature since the 2014 report commissioned to understand medical students and junior doctors' decisions to relocate rurally (Zadoroznji et al, 2014). Second and most importantly, the Australian allied health and nursing literature from the last 10 years was reviewed to support the design, analysis and recommendations of the present study.

In this review we have chosen a pathway approach informed by factors identified in the literature. Australian literature from 2005 – 2016 was identified through searches of the following databases: CINAHL-Plus, PsychInfo, Medline, EMBASE, Web of Knowledge, and Scopus. Other relevant literature were identified through manual searches of reference sections of papers reviewed for this report.

Factors important to understanding rural recruitment and retention decisions of the health workforce have previously been identified. Furthermore, many authors have proposed different models which consider factors according to their modifiability and group 'like' factors together. One such useful conceptual model groups factors as financial and economic, professional and organisational, educational and regulatory, social (family and personal) and external (locational and community) and may inform an interview format to explore decision-making processes with participants (Humphreys, Wakerman, Kuipers, Wells, Russell, Siegloff & Homer, 2009). The analysis of this study's review was informed by a modified version of the framework developed by Humphreys' et al, detailed in "Critical success factors for recruiting and retaining health professionals to primary health care in rural and remote locations: contemporary review of the literature" (Rural Health West, 2013, p 14).

Medical Literature

In the past few years there have been several reviews of the Australian rural and remote medical workforce literature including those by Rural Health West in 2013 and Zadoroznyj et al in 2014. These, along with Farmer, Kenny, McKinstry & Huysmans's (2015) scoping review, have highlighted associations between rural practice location and both rural origin and rural training (including specific rural curricula, rural placements and other types of rural exposures for medical students and vocational trainees), with the effect strength varying according to the level of student choice. Existing reviews also provide evidence of associations of location decisions with rural health service organisational factors, professional factors, personality and altruism. Rather than provide details of the specific empirical studies relating to rural medical workforce which have been captured by earlier reviews, this section of the literature review instead provides a brief update (since 2014) on recent additions to the literature on factors associated with actual rural uptake by doctors.

There have been a number of publications in the past 3 years from various Australian Rural Clinical Schools, building on what is known about associations between rural training

exposures and subsequent uptake of rural internships and rural practice location in the early postgraduate years (Kitchener, 2013; Isaac, Walters & McLachlan 2015; Woolley, Sen Gupta, & Murray, 2016; Kondalsamy-Chennakesavan et al, 2015; Playford, Nicholson, Riley & Puddey, 2015; Shires, Allen, Cheek & Wilson, 2015; Isaac, Watts, Forster, & McLachlan, 2014; Woolley, Sen Gupta, Murray, & Hays, 2014). We now have evidence of an interaction between rural background and rural clinical exposures as medical students (Kondalsamy-Chennakesavan et al, 2015), and of associations between the length of time spent in rural locations as a child, the length of student exposures to rural clinical practice and subsequent rural practice choice (Kondalsamy-Chennakesavan, 2015). Additionally, associations have been detected between locality of rural background, locality of student training exposures and subsequent locality of internship uptake and locality of practice in postgraduate year 5 (Woolley et al, 2014; Woolley et al, 2016). Evidence has also emerged indicating that certain personality traits are associated with selecting the Australian College of Rural and Remote Medicine rural generalist pathway (Eley, Laurence, Cloninger & Walters, 2015). Registrars on rural generalist vocational training pathways are likely to have lower assessment for harm avoidance, and higher assessment for persistence, self-directedness and resilience compared with registrars on other training pathways. It is already known that these personality attributes are likely to be important for rural retention (Kamien, 1998). Finally, there have been several recent publications on the mobility patterns of Australian doctors (McGrail & Humphreys, 2015; Mu, 2015), which although not specifically focusing on rural uptake by recent graduates, have suggested that younger GPs in general are more prepared to relocate to rural and remote areas, but subsequently tend to move back to metropolitan areas; however, this varies by gender.

The aforementioned 2014 commissioned report of medical students and junior doctors (by Zadoroznyj et al) found that a decision to relocate from urban to rural is a dynamic interplay of personal characteristics, rural experience during training and post-graduation, specialisation aspirations and rural training pathway options, work and life balance, exposure to stories and information about rural experiences, and incentives. Modifiable factors in this decision-making process related to rural placement experiences, specialisation pathways, information availability and incentives. The decision to work rurally or in an urban location was shaped dynamically, evolving at various critical time points and influenced by a complex interplay of multiple factors. Whether these specific factors and their complex interactions are common to the allied health and nursing sector has not yet been explored in detail.

Allied health and Nursing Literature

This section of the literature review examines Australian evidence from the past 10 years of what is known about location practice push and pull factors for allied health and nursing students and early career graduates. Key identified factors will provide a scaffold for the study's findings to support analysis and inform recommendations.

Introduction

Fisher and Fraser (2010) propose extending the concept of a 'rural pipeline' approach, developed in relation to the medical profession, to nursing and allied health disciplines. Using the pipeline as a 'template' can strengthen current approaches to recruitment and retention and allow the development of a solid base of evidence. Early exposure for school students to the variety of opportunities to work in rural health and positive role models would presage that awareness that may be built on in undergraduate courses. Establishment of quotas for rural origin students in AHP programs particularly those located regionally, would be strengthened by rural content in the curriculum and a mandatory requirement for rural placement experience. It appears that these measures may support an increased readiness to consider rural employment provided graduates are seeking that generalist experience and are confident that opportunities for personal and professional growth are available and supported. However, a pipeline requires support and policy recognition of the very real limitations and inequities experienced by allied health students who undertake rural clinical placements and consider rural relocation for employment (Mason, 2013).

Educational

Selection of rural students to training institution

A number of recent studies aimed at identifying drivers to recruitment and retention have found rural origin to be a strong indicator of rural recruitment, (Spiers & Harris 2015, Fleming & Spark 2011, Whitford, Smith & Newbury 2012, Smith, Cooper, Brown, Hemmings & Greaves, 2008, Playford, Larson & Wheatland 2006).

Spiers & Harris (2015) proposed a rural pathway from education to the workforce with stronger representation of rural origin students in allied health programs. A need to target current rural high school students and undergraduate allied health students with marketing of the positive aspects of allied health careers in rural locations has also been identified in the literature (Keane, Smith, Lincoln & Fisher, 2011).

Fisher and Fraser (2010) also highlight the need for greater understanding of health career aspirations that can vary between some rural communities, such as the role of gender and class. This is largely unexplored in the literature however the expectations of families and communities where education is not seen as being important will possibly influence the career aspirations of young people. Early exposure of students to health professionals from a range of socioeconomic backgrounds, such as through the Rural Health Clubs, may be beneficial in influencing career choices but is an understudied area (Turner & Scott, 2007). Recommendations related to recruitment drawn from the survey of New South Wales rural AHPs (Keane et al 2011) include increasing the scholarships for rural origin and indigenous students, although research on US physicians suggests that loan repayment schemes and direct financial incentives have the potential to be more effective than scholarships (Pathman, Konrad, King, Taylor and Koch, 2004). The literature indicates that multi-faceted

or bundled approaches may be more successful, at least for physicians, than strategies targeting a single aspect of rural recruitment (Sempowski, 2004). Creating a quota requirement similar to medical programs, is now considered to have a positive effect on establishing the pathway with the recent Rural Health Multidisciplinary Training (RHMT) funding to University Departments of Rural Health (UDRHs) now including rural origin enrolment targets for nursing and allied health courses from 2016.

Rural location of study

Locating training opportunities closer to rural areas has also had some impact on the enrolments of rural students into courses, as well as giving students the opportunities to live and study in rural areas. In the initial phase of a longitudinal study of nursing students in Victoria, Birks, Al-Motlaq and Mills (2010) found the location of residence of nursing students when studying influenced work location intentions. Students living in rural areas were more likely to report intention to work in non-metropolitan settings and those living in metropolitan settings were more likely to report intention to work in a metropolitan area (Birks et al, 2010).

Fleming & Spark (2011) found that pharmacy students with a rural background were more likely to work in a rural setting. Those of rural origin who studied at a rural university were four times more likely to choose a rural internship than students who studied at a metropolitan university (Fleming & Spark, 2011). In contrast, Western Australian nursing students who studied at a metropolitan campus, compared with those from a rural campus found that rural origin did not influence nursing students participants work location, irrespective of their university location (Playford, Wheatland & Larson, 2010).

Bacopanus and Edgar (2015) surveyed physiotherapy graduates from the Notre Dame course in Western Australia. This course was specifically set up to prepare students for workforce areas such as rural health with targeted curriculum content and mandatory rural placements. It was found that the proportion of physiotherapists working rurally was higher than national and state average; however, over half of those who initially relocated rural subsequently returned to urban practice within 2 - 7 years (Bacopanus & Edgar, 2015). The link between curriculum, clinical placements and workforce may have potential to positively influence decision making regarding rural relocation. This is in contrast to a study by McAuliffe and Barnett (2010) who found that occupational therapy students in a regional university reported the academics and placement supervisors had significantly positively influenced their perceptions about working in a rural location. The strongest influence though was found in those with a family background in a rural area and it was recommended that this be identified early in any program aimed at promoting rural recruitment (McAuliffe & Barnett, 2010).

Brown, Williams and Capra (2010) reported that the establishment of a dietetics program at the University of Newcastle, with rural based placements had a positive impact on rural recruitment. However, part-time positions remained challenging to fill due to distance

required to travel. New graduate dietitians found issues related to professional isolation, lack of adequate support and access to professional development impacted negatively on their decision to relocate or stay rural. In contrast, Brown and Green (2009) reported that the establishment of a regional social work program had led to increased staffing and zero vacancies chiefly because recruitment occurred directly from clinical placements in a regional hospital.

Smith and colleagues in a national survey of rural and remote pharmacists found that the advent of new courses in regional areas and competition for positions in urban locations was increasing the recruitment of pharmacists in rural areas (Smith, White, Roufeil, Veitch, Pont, Patel, Battye, Luetsch & Mitchell, 2013). However, Kemp and Spark (2010) found that the rural focus of the pharmacy course of the regionally located program of La Trobe University, did not lead to additional urban origin students taking up rural positions in pharmacy.

A study in Western Australia found that rural exposure through studying at a rural campus had a significant effect upon nurses practice location behaviour (Playford et al, 2010). Nursing graduates from a rurally located campus were twice as likely to practice in rural locations as students who studied at a metropolitan campus (Odds Ratio = 2.3 (1.1 - 4.8) (Playford et al, 2010).

Courses for Indigenous students

Usher, Lindsay and Mackay (2005) describe the establishment of a university undergraduate nursing course delivered by mixed mode to students living in the Torres Strait Islands. Supported by a local consultative committee and using local nurses appointed as lecturers, the program designed to improve Indigenous student recruitment, retention and likelihood of graduation. Specific strategies included the use of the Aboriginal Tertiary Assistance Scheme tutors and a mentoring mentor (Usher et al, 2005). Another approach is *Tjirtamai*, a model designed to assist students overcome the educational challenges known to face Aboriginal and Torres Strait Islander students (West, West, West & Usher, 2010). The authors describe the development of a pathway to nursing qualifications for Aboriginal people in rural and remote Queensland. The program was developed as a partnership between the local Aboriginal communities and tertiary institutions (West et al, 2010).

Rural placements

Rural clinical placements are offered by a number of universities as a way of exposing students to rural settings (Dalton, Routley & Peek, 2008). Khalil, Leversha and Walker (2015) found that rural clinical placements altered students' perceptions by raising their awareness of employment opportunities and exposing them to broader aspects of rural pharmacy practice. Playford et al (2006) report similar findings for allied health and nursing students, although they highlight that placements may be more beneficial if they are voluntary rather than mandatory. Lea and Cruickshank (2007) reported similar trends for

nursing students on completion of a rural placement. Interestingly, Schoo, McNamara & Stagnetti (2008) found in their post-placement survey (N=28) that of those who remained in an urban area after graduation, many indicated they would consider commencing rural practice within 10 years. Schofield et al reported similar findings with many survey respondents indicating they were more open to considering working in a rural location later in life after experiencing a rural undergraduate placement (Schofield, Fletcher, Fuller, Birden & Page, 2009a). Of note in this study was that older students (aged over 30) were also more likely to state they would never work in a capital city following graduation, although many of these were nursing students who had a rural background. Schofield et al (2009a) also caution against generalising findings across all rural areas because under the term 'rural' there are many different areas which may or may not be attractive to different people for different reasons.

Over half of the nursing student participants from a NSW rural university campus reported that choice of a rural placement was influenced by "the learning experiences available in rural health services, the culture of rural environments, financial considerations, and the students' rural origins" (Lea, Cruickshank, Paliadelis, Parmenter, Sanderson & Thormberry, 2008). Lea and Cruickshank (2005) reported that undergraduate nursing rural placement experience played an important part of the decision to apply for a graduate program in a rural setting. Factors that influenced the decision included: familiarity with the service and what the service offered, a belief that the rural placement had provided them with a broad range of experiences, and that the student had enjoyed the broad scope of rural practice (Lea & Cruickshank, 2005). However, a later study found that some nursing students reported that their final rural placement experience had discouraged them from applying to a rurally based graduate program (Lea et al, 2008).

Lea et al (2008) found that aspects of rural clinical placements that positively influenced rural work location intentions included relaxed and friendly work environment and proximity to family and friends. In contrast factors that mitigated against rural practice intentions included lack of resources and technology, increased patient acuity and lack of support from available staff (Lea et al, 2008). Pront and colleagues found that rural nursing students who study and learn in the same rural environment were influenced by "the environment itself, the complex relationships unique to living and studying in a rural community along with the capacity to link theory to practice" (Pront, Kelton, Munt & Hutton, 2013: p 281).

Currently the optimal period of rural exposure required to influence a health profession students' practice location intention and behavior is unknown (Wright, Bourke, Waite, Holden, Goodwin, Marmo, Wilson, Malcolm & Pierce, 2014). However, Sutton, Maybery and Moore (2012) found that even brief periods of rural exposure of under 4 weeks can have an impact upon students' practice location intentions. Monash UDRH developed the Gippsland Mental Health Vacation School project, a five-day program aimed at orientating, informing and immersing future mental health professionals in Gippsland, as a strategy to

recruit staff (Sutton et al, 2012). Exposure through this program showed a significant increase in the interest of allied health and nursing students in rural mental health work, although the increase in interest diminished over time (Sutton, Patrick, Maybery & Eaton, 2015; Sutton, Maybery & Patrick, 2015).

Whilst many studies demonstrated an increase in rural intention, or an increase in uptake of rural jobs after graduation, there is little data which looks at this effect over time and more longitudinal studies are required. Schofield et al (2009a), along with Schoo et al (2008) highlight that student practice location intentions change over time. Similarly, short term practice location intentions may differ from longer term practice location intentions (Schofield et al 2009a).

Increasing rural placements

The nursing literature also includes studies that explored initiatives designed to increase nursing student placements in rural health services and others that describe the implementation of nurse educational pathways for Aboriginal and Torres Strait Islander people in rural and remote areas. Two studies reported increasing capacity of rural health services to support clinical placements of nursing students, one focused upon a medium sized regional hospital in Tasmania (Barnett, Cross, Shahwan-Akl & Jacob, 2010) and the other working with small rural health services in South Australia (Smith, Lloyd, Lobzin, Bartel & Medlicott, 2015). Features common to both initiatives include partnership between health service/s and university, dedicated clinical facilitator role, using different shifts and weekends for placements and the facilitation of interprofessional education opportunities (Barnett et al, 2010; Smith et al, 2015). A feature of the small rural health services model was the use of centralised orientation and debriefing sessions (Smith et al, 2015). Barnett and colleagues (2010) also highlighted the need for collaboration from all stakeholders, a common philosophy of learning, a common supported and rewarded preceptorship program, a shared clinical calendar, common clinical objectives, skills set and student evaluation tool, and regular face-to-face communication between the stakeholders. Smith et al (2015) highlighted the need for ongoing funding to sustain the approach.

Clinical and logistical support during placement

Despite consistent findings regarding the influence of rural placements, Spiers & Harris (2015) found that rural placements are undersupplied and there are logistical barriers for students who choose to complete rural placements. Schofield et al conducted a survey of medical, nursing and allied health students on rural placements to quantify the financial challenges of undergoing a rural placement, recognising that financial hardship may be a common reason why students withdraw from university (Schofield, Keane, Fletcher, Shrestha & Percival, 2009b). Nursing and allied health students, who tended to undertake more paid employment as students than medical students, experienced significant loss of income while on a rural placement. While on a rural placement they also faced increased costs associated with accommodation, travel, as public transport is not often available in

rural areas, and in some cases, loss of employment altogether. Having insufficient funds while on placement can also increase social isolation if students are unable to access social activities. The report makes a number of recommendations to support rural placements, such as increasing scholarships for nursing and allied health students, providing opportunities for students to work while on placement, developing casual employment registers or small grants where employment may not be available (Schofield et al., 2009b). Playford et al (2006) found shorter placements to be more likely to increase students' rural intentions, citing loss of income as one possible reason for urban based allied health and nursing students to respond negatively to longer times away.

A broad review of the learning experiences for nursing students on rural placements found that "students face political, environmental, community-based, nursing-related, organisational, relational, and personal challenges" (Killam & Carter, 2010 p1). Disincentives to nurses undertaking rural and remote placements were found to include: long travel distances, severe weather conditions, poor road conditions, lack and cost of transport, higher fuel prices, higher living expenses and difficulties accessing suitable accommodation (Killam & Carter, 2010).

Challenges that nursing students may encounter during a rural/remote placement include: learning about the community, particularly Aboriginal culture; dealing with gossip and racism; overlapping/dual relationships; one's private life may be scrutinised; limited resources; internet access; hard copy educational resources limited and outdated; limited access to qualified clinical educators; students can be seen as part of workforce; task completion can over-ride learning and reflective practice; the breadth of and size of case load a student may be allocated; and the wider scope of practice in remote settings (Killam & Carter, 2010).

Educational implications of undertaking a rural/remote clinical placement were found to include: the need for orientation; the administrative aspects organising a rural/ remote placement; isolation from the main nursing school and lack of access to interactive lectures (Killam & Carter, 2010).

Relational implications of a rural/remote clinical placement include: isolation from family, friends and peers; lack of social activities; mature students challenges of being separated from partners and children; and the need to integrate into health care team (Killam & Carter, 2010). Personal qualities and dispositions that were helpful to students when experiencing a rural/remote placement included; being prepared for increased autonomy and diverse responsibilities, demonstrating initiative, maturity, confidence and independence (Killam & Carter, 2010). However, poor attitude, negative perceptions of clinical venue, and lack of enthusiasm, motivation or initiative were found to be barriers to learning whilst in a rural area (Killam & Carter, 2010).

Economic barriers such as financial disincentives of lost urban work commitments and need to maintain urban accommodation are compounded by social isolation and inadequate

administrative and organisational support for rural clinical placements (Spiers & Harris, 2015). There has been much less financial support for travel and accommodation for allied health students compared to medical students (Spiers & Harris, 2015).

Placements in rural areas are intended to be associated with an increased intention of rural practice, however a number of studies have highlighted that this increase in intention is strongly correlated with the quality of the placement. The need for a positive experience and understanding of the rural context was reiterated in the review by Spiers and Harris (2015) who found a deficit in exposure of students to positive local role models. Playford et al (2006) found placement quality to be a "highly significant factor associated with workplace choice" (Playford et al, 2006: p14). Lea et al (2008) found some study participants decreased their intention to work in rural areas as a result of their experiences. The realities of rural practice such as lack of support, demanding workloads and staff shortages discouraged nursing students from considering applying for a rural graduate program (Lea et al, 2008).

The new RHMT program funding to UDRHs (2016 -2018) has a specific reporting requirement for the number of placement weeks in a rural area, as well as expansion funding to support doubling the number of total student placement weeks in rural areas. This additional funding is yet to be distributed, however it is anticipated that each UDRH will develop programs to meet placement requirements in their unique locations.

Professional/organisational

A problem within the reviewed literature is that recruitment and retention are commonly undifferentiated, despite good evidence that the factors affecting recruitment and retention are equivocal. Further understanding on the influences to decision-making process of senior students and early career graduates from urban campuses contemplating relocating to rural and remote areas is required. This knowledge gap informs questions central to this research. In their review of barriers and enablers of allied health student transition to rural and remote workplace, Spiers and Harris (2015) conclude that what is required is knowledge of the perceptions and experiences of the target population, allied health students and new graduates themselves.

Support

The literature related to AHP workforce in rural and remote settings mostly focuses on the highly intertwined issues of recruitment and retention, and as Shoo et al (2005) state "recruitment is likely to be enhanced when retention is optimal" p13. To enable a recruitment lens, factors that contribute to improved retention require connection to factors that will influence successful recruitment. Professional development for AHPs is one such issue. It is reported that AHPs are dissatisfied with access to continuing professional development and this access is limited by location (usually urban based), funding to attend and support for back fill (Ducat, Burge & Kumar, 2014). Campbell, McAllister and Eley

(2012) found in a review of the literature on recruitment and retention of AHPs that although many practitioners were intrinsically motivated by rural work itself, the most significant element commonly lacking in many workplaces was support for professional development. A review of a recently discontinued AHP support program highlighted the importance of organisational support for professional development and the need for flexibility of access as important enablers of uptake (Ducat et al, 2014). Capacity to offer access to continuing professional development would be a key recruitment driver for AHP graduates in any setting; however, it may have greater importance in a rural or remote context.

Williams, D'Amore & Meekan (2007) in their survey of regional physiotherapists point out that there is a need to strengthen workforce capacity in rural areas to enable quality rural placement experiences and consequently attract new graduates to rural locations. Where there is a lack of career path and scarce support for professional development and supervision, physiotherapy graduates are unlikely to choose to relocate rurally (Williams et al, 2007). However, more positive perceptions may develop when students experience a constructive and supportive link between universities and rural health services. Croker, Fisher & Smith (2015) found that co-location of students in the clinical placement program at the University of Newcastle Department of Rural Health fostered interprofessional rapport that was valued by participants. They also concluded that such positive experiences may support rural recruitment (Croker et al, 2015).

In a meta-synthesis of qualitative literature on recruitment and retention of occupational therapists and physiotherapist in rural areas, Roots and Li (2013) found that AHPs sought opportunities after graduation for professional growth and that the decision to locate rurally was influenced by having an understanding of the rural contexts and the availability of professional support. The authors found that for new graduate occupational therapists and physiotherapists, professional support was a significant indicator of successful rural recruitment.

McAuliffe, Chenoweth & Stehlik (2007) found that social work students were open to work in rural locations provided that the right opportunity was offered. Incentives suggested included higher salaries, support for relocation and suitable supervision (McAuliffe et al, 2007). McAuliffe et al (2007) concluded that the onus was on the employer to capitalise on these findings by offering attractive incentives.

McAuliffe and Barnett (2009) reviewed the literature on factors that contribute to occupational therapists' decision-making to seek rural employment. Factors that positively influenced relocation included rural lifestyle, clinical placement and supervisors, and university educators. Interestingly, desire to work as a specialist was cited as valued in metropolitan settings (McAuliffe & Barnett, 2009) and therefore may negatively influence rural relocation. Health professionals working in rural and remote locations are considered specialists or specialist generalists because of the diversity of their experience but this is yet

to be formally recognised. Potentially, the interest expressed in specialisation may actually be available to AHPs and nurses who go rural, so it would be interesting to explore this influence on the graduate's decision-making process.

Lea and Cruickshank (2005) found that nurses increasingly chose to undertake a graduate year in a rural setting if their partner lived and worked in a rural location, they had an affiliation with rural, wished to return home or remain in a rural area. Additionally, some wished to experience rural life, while others were attracted to particular geographical locations. Rural nursing graduate programs were also attractive for professional reasons including the generalist specialist role and range of health care challenges remote nursing offers (Hart, Black, Hillery & Smith, 2014) and the acquisition of clinical and non-clinical skills in a supportive learning environment (Bennett, Barlow, Brown & Jones, 2012). Furthermore, student nurses consider that rural practice requires broad knowledge and skill base, good interpersonal skills and effective time management (Lea et al, 2008).

Ostini and Bonner (2012) found graduate nurses thought rural located graduate positions offered a range of advantages over urban positions, including: people are friendly; there are opportunities to experience variety in nursing practice; support is available; programs are flexible; rural services accept new graduates from non-English speaking backgrounds: the pace of life is slower; and learning opportunities are available. Nurses undertaking a graduate program in a rural area also considered that program was more rewarding than they had anticipated, that the transition from student to practising nurse was less stressful than in a metropolitan setting, that rural health service offered a positive graduate experience, and that there were more opportunities for employment after the graduate year (Ostini & Bonner, 2012). However, Lea and Cruickshank (2005) found that nurses undertaking rural graduate programs were frustrated when staffing and financial constraints limited the range of elective rotation options and when the program is not delivered in the manner it was promoted. Additionally cliques of long serving staff can negatively impact upon the graduate nurse experience in small rural health services (Lea & Cruickshank, 2007).

To ensure rural practice is attractive to students and new graduates, Schoo and colleagues propose supportive changes to the workplace which include preceptorship, training to support preceptors, consideration of promotion as well as actively linking students with local groups in the community (Schoo, Stagnitti, Mercer & Dunbar, 2005).

Nature of work

An informal private public partnership succeeded in the Bega Valley in NSW to attract urban origin new graduate physiotherapists (Schmidt & Dmytryk, 2014). The potential to develop the skills required for private practice alongside having the supervision and professional socialisation offered by a rural public health service presents a model that may be used in other areas and professions where rural recruitment to either workplace is challenging but the partnership offers the strengths of both (Schmidt & Dmytryk, 2014). Brown et al (2010) propose that workforce issues require collaborative solutions and where dietitians may not

find part-time rural positions attractive and lead to unfilled positions in various locations, by combining unfilled part-time positions into a full-time caseload across a region may enable recruitment.

Other influences

Campbell, McAllister and Eley (2012) reviewed the literature with a focus on motivation of AHPs to work in a rural or remote setting, found incentives and disincentives could be represented in an extrinsic- intrinsic framework. Positive intrinsic incentives included autonomy and community connectedness while positive extrinsic incentives cited most often were rural lifestyle and a varied caseload. The review concluded that organisations that highlight these incentives are more likely to attract AHPs to rural locations, but this relies on mitigation of known disincentives (Campbell et al, 2012).

Intrinsic

Fleming and Spark (2011) found that pharmacists were more likely to practice in a rural location if they had had a partner with a rural background (Fleming & Spark, 2011). Similarly, Lea and Cruickshank (2005) found that decisions to apply for rural graduate nurse programs where influenced by having a partner living and working in a rural setting. However, other nursing graduates wished to return home or remain in a rural setting (Lea & Cruickshank, 2005)

Extrinsic

A number of studies highlight the positive perception of "rural lifestyle" in the decision to move to a rural area although this was not consistently defined. McAuliffe and Barnett (2009) reviewed the literature on factors that contribute to occupational therapists' decision-making to seek rural employment. Positive factors relating to rural lifestyle include welcoming communities with friendly people as well as a relaxed atmosphere. Lea and Cruickshank (2005) found that some graduate nurses were attracted to live and work in specific geographical locations.

Perceptions of rural health practice

Gorton's (2015) research indicates that children in primary school are forming perceptions about career path and that information and images they are exposed to may potentially impact positively on later career choice. However, some negative images of health professionals were found in Australian distance education curricular materials analysed. Modifying these materials may potentially have a positive impact on children's' early career perceptions (Gorton, 2015). Efforts have been made to improve visual representation of rural health practice. A DVD has been produced for inclusion into Australian Schools of Pharmacy curriculum, which 37% of students report increased awareness of rural employment opportunities (Peterson, Fitzmaurice, Rasiah & Kruup, 2010).

A brief 5 day intervention, the Gippsland Mental Health Vacation School, demonstrated a significant change in participants' interest in rural work and a career in a rural setting (Sutton, Patrick, Maybery & Eaton 2015). The program orientates allied health and nursing students study from Melbourne to employment and career in the behavioural health sector in the region.

Summary of the allied health and nursing literature

Nursing and allied health professionals together constitute the largest sectors of the health workforce and contribute to the continuum of care which, together with medical practice, enables a quality and sustainable health service. The literature highlights points along the student pathway where investment has shown to increase the likelihood of recruitment to rural potions. These have included:

- reinforcing positive messages about rural communities and lifestyle at all stages of education
- targeting students from rural areas to undertake nursing and allied health study
- providing rural content in the curriculum
- supported and positive placement opportunities in rural areas and
- increasing support for the existing workforce both in terms of the ability to host students, but also so students experience a positive workplace environment while on placement

Rationale and project aims

Within the broad context of health system reform efforts are being mounted to address the maldistribution of health professionals in rural and remote Australia. An important component of these efforts is understanding the reasoning of health professionals that either promotes or prevents their relocation to nonmetropolitan centres to live and work. With a better understanding of the decision-making processes of health professionals, strategies to correct the maldistribution could be focussed and targeted for greater impact. In the absence of an informed understanding of such processes it is difficult to develop effective policies and to apply interventions in a systematic way. This project, therefore, is an important step in developing the required knowledge of the decision-making processes of health professionals.

The broad aim of the project is to obtain an understanding of the decision-making processes to seek employment in, and relocate to, rural areas undertaken by Australian-trained urban nursing and allied health students and recent graduates.

Specifically, the project aims to:

1) 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;

2) Better understand the factors that negatively impact on the decision-making of early career nurses and AHP's about rural and remote practice;

3) 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; and

4) 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.

Methodology

The target groups of respondents for this study were:

- Pre-registration Allied Health and Nursing students studying at urban based institutions within two years of finishing;
- Urban and rural based early career (within 2 years of employment) Allied Health and Nursing Graduates; and
- Rural and remote health industry stakeholders.

Each group provided information (see **Data Collection** for specific methods) about issues impacting on the geographic maldistribution of the allied health and nursing workforce and potential strategies to address this problem.

Ethics clearance for the study was initially obtained from the University of Newcastle Human Research Committee (Approval number: H-2016-0060; Effective 18th March 2016). Clearance was subsequently received from Monash University Human Research Ethics Committee (CF16/859 – 2016000432; 1st April) and Central Australian Human Research Ethics Committee (HREC-16-379; 11th May 2016). Copies of the participant information statements for each study group are shown in **Appendix 1**.

Recruitment and Induction

Potential student and new graduate participants were invited to participate in a multidisciplinary focus group or an in-depth, semi-structured, one-on-one interview. They could volunteer by replying to an email sent via student and university alumni networks, the text of which is shown in **Appendix 2**.

The initial invitation and contact with potential participants was made by administrative staff from the three UDRHs undertaking this research, so that the researchers remained at a distance from the recruitment and consent process. When a potential participant volunteered they were sent and returned a consent form via email. Participants also completed a brief online induction questionnaire that they accessed using a direct link sent by email. The questions are shown in Box 1, below).

Using the considerable knowledge and experience of the researchers, a list was made of prospective participants who were then contacted directly via email, using similar text to that given above, and invited to attend an interview, either face-to-face or on the telephone. No background data was collected from those participants

> **Box 1: Induction questions for students and recent graduates**
>
> **Students:**
> - Please provide your surname and first initial
> - Up until you commenced your health professional studies, had you spent 5 years or more living in a population of 50,000 people or less?
> - I identify my gender as: Male; Female; Other
> - How old were you in years at your last birthday?
> - In which health professional discipline are you currently studying?
> - What is the title of the course you are currently enrolled in?
> - What year of study are you in this year?
> - What is the name of the University you are studying at?
>
> **Recent Graduates:**
> - Please provide your surname and first initial
> - Up until you commenced your health professional studies, had you spent 5 years or more living in a population of 50,000 people or less?
> - I identify my gender as: Male; Female; Other
> - How old were you in years at your last birthday?
> - Did you graduate in a health professional discipline within the last 24 months?
> - In which health professional discipline did you graduate within the last 2 years?
> - What is the name of the main town or city in which your current employment is based?

The Sample

Although the three partner UDRHs undertaking this project are rurally based, each is a School/Department of an urban based University. These affiliations provide a direct link to Schools/Departments that provide allied health and nursing programs and strong links to major health services. The inclusion of participants from Melbourne, Adelaide, Darwin and Newcastle provided differences in geographic distribution of the population, jurisdictional differences and the extent to which the health services are centralised.

Selection criteria definitions were:

- 'Urban' refers to MMM Categories 1 -2 and 'rural' refers to MMM Categories 3 – 7 (see Table 1).
- 'Allied health' includes: Aboriginal and Torres Strait Islander Health; audiology; Chinese medicine; chiropractic; dietetics/nutrition; exercise physiology; medical imaging (radiology,/radiography/sonography); occupational therapy; ophthalmology; optometry; oral health; orthotics/prosthetics; osteopathy; paramedicine; pharmacy; physiotherapy; podiatry; psychology; social work; and speech pathology.
- 'Recent graduate' is someone who has graduated from a recognised nursing or allied health qualifying course within the last 2 years.

- 'Industry stakeholders' includes managers and senior staff from public and private health services, professional associations, peak bodies and state government health departments.

Participant selection inclusion criteria included:

- 'Australian-trained' students and recent graduates of nursing or allied health qualifying courses provided at an urban Australian tertiary education institution.
- Students may or may not be currently undertaking a placement or clinical rotation in a rural setting.
- Recent graduates may or may not be currently working in a rural area.
- No more than 30 percent of the student and recent graduate participants should be of rural origin.

Participant targets:

- 33 students, 33 recent graduates and 15 industry stakeholders
- Student and recent graduate sample to include nurses and a minimum of six allied health professions.
- Industry stakeholder sample to include representatives from health services, peak bodies and professional associations.

The rural and remote health industry stakeholders included interviewees from rurally-based health services, professional associations, peak bodies and a state government departments of health. The total proposed sample size was 81 participants across the three UDRHs and the three categories of participants.

Data Collection

Focus groups and interviews were conducted at the UDRH education facilities where possible, although, as necessary, the researchers travelled to main university campuses or conducted interviews by telephone if informants were unable to attend in person. A topic guide and schedule of questions, shown in Appendix 3, for the interviews and focus groups was developed for each participant group, which was used by all researchers at each of the UDRHs.

Focus groups and interviews were conducted in a quiet location and facilitated by project team members experienced in qualitative research. Participants were encouraged to freely express their views and opinions about their experiences and the factors that influence young health professionals' decision whether or not to work in a rural location. Recordings of the interviews and focus groups were transcribed using professional transcription services and were returned to participants for member checking. A process that invites the interviewee to review and amend their transcript of interview to ensure that their views were accurately represented.

Data Analysis

Some baseline participant information (see Box 1) was analysed using descriptive statistics; however, the majority of the data collected was in the form of interview transcripts that required qualitative data analysis methods. The purpose was to provide in-depth perspectives on how allied health students, nursing students, and early career practitioners of these disciplines construct their understanding of rural practice and gain insight into how their lived experiences influenced their knowledge, perceptions, feelings towards, attitudes about rural and remote practice and, ultimately, about their behaviour in relation to taking up a rural and remote clinical position.

Interview data were analysed using thematic analysis techniques. However, given the short time frame for the project, the initial analysis of the transcripts was site-specific; that is, the researchers who had performed the interviews at each site also analysed their transcripts. Findings were then 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®.

Findings

Profile of participants

Data were collected from 85 participants, 36 students, 34 recent graduates and 15 industry stakeholders. Table 2 illustrates how the participants were recruited by each of the three UDRHs involved in the study.

Table 2: Participant profile by University Department of Rural Health

	CRH	MUDRH	UONDRH	Total
Students	8	14	14	36
Recent Graduates	9	17	8	34
Industry Stakeholders	3	5	7	15
Total	20	36	28	85

Students

The majority (83%) of the students were female. Fifty-eight percent reported that they came from an urban background. Student ages ranged from 20 – 50 years and the mean age was 22.5 (SD 7.4) years. Seventy-five percent were enrolled in undergraduate courses. Of the other, five were undertaking graduate entry qualifying courses, three completing graduate diplomas and one a masters. Almost 75 percent were in the third or fourth years of their course. As illustrated in Figure 9, over a third were nursing students and almost a fifth were studying physiotherapy.
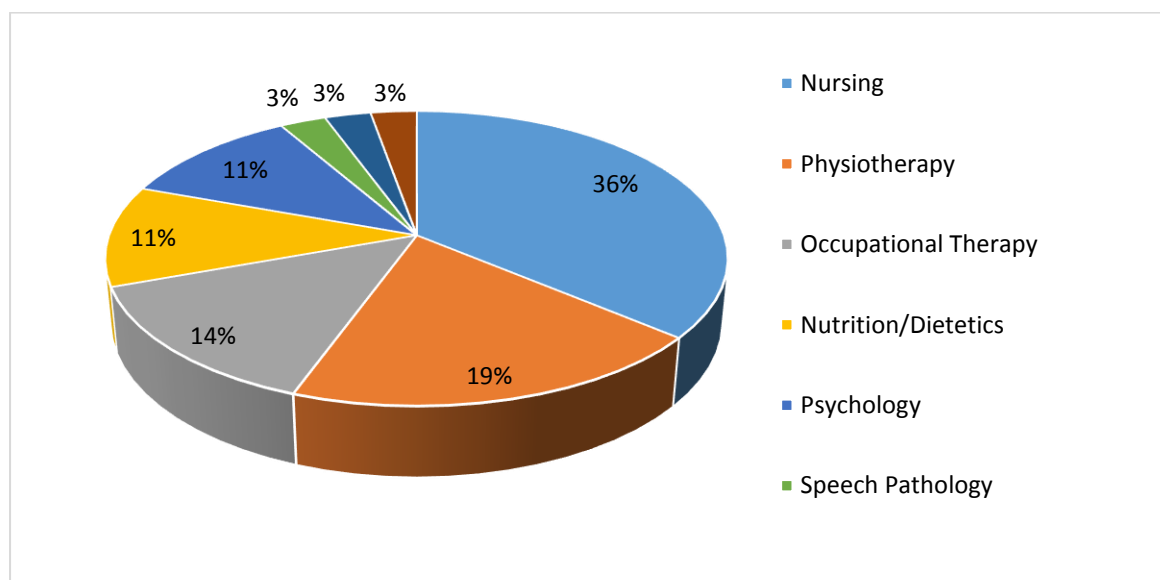
Figure 9: Student participants by health discipline
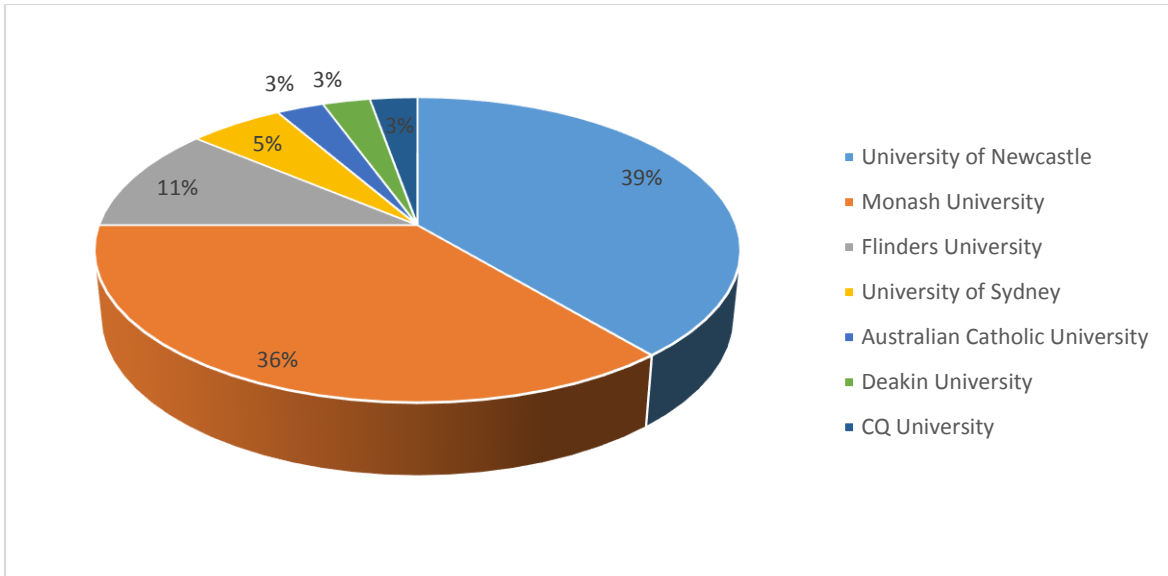
Figure 10: Student participants by university

As illustrated in Figure 10, three-quarters of the students interviewed were enrolled at the University of Newcastle and Monash University.

Recent Graduates

The majority (88%) of the recent graduates were female and 75% were of urban origin. Recent graduates ranged in age from 21- 44 years and the mean age was 24.8 (SD4.1) years. Recent graduates from ten different health disciplines were interviewed (see Figure 11).
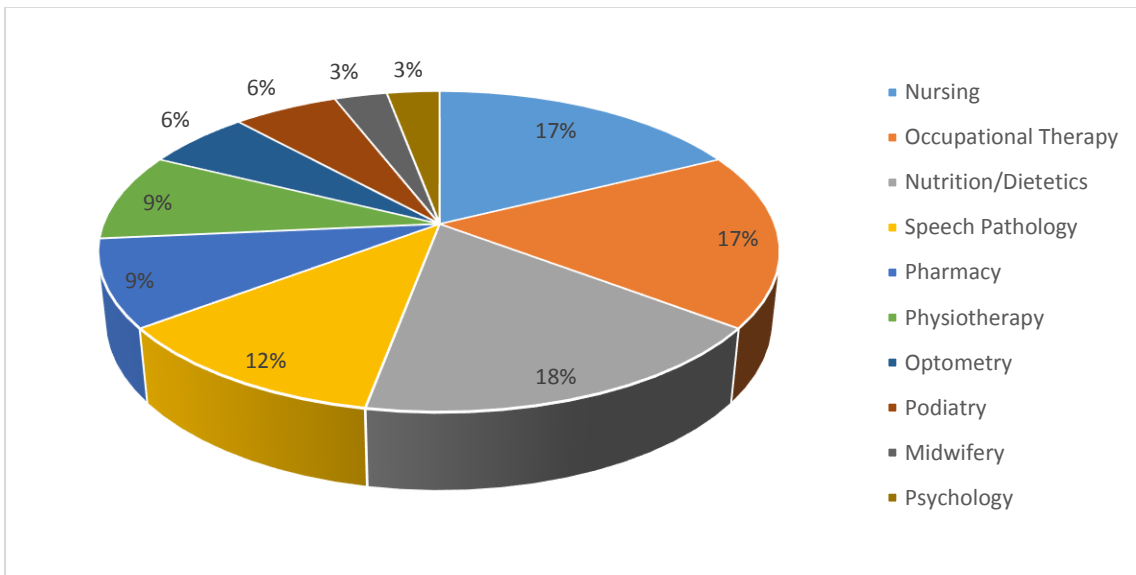
Figure 11: Recent graduates by health profession
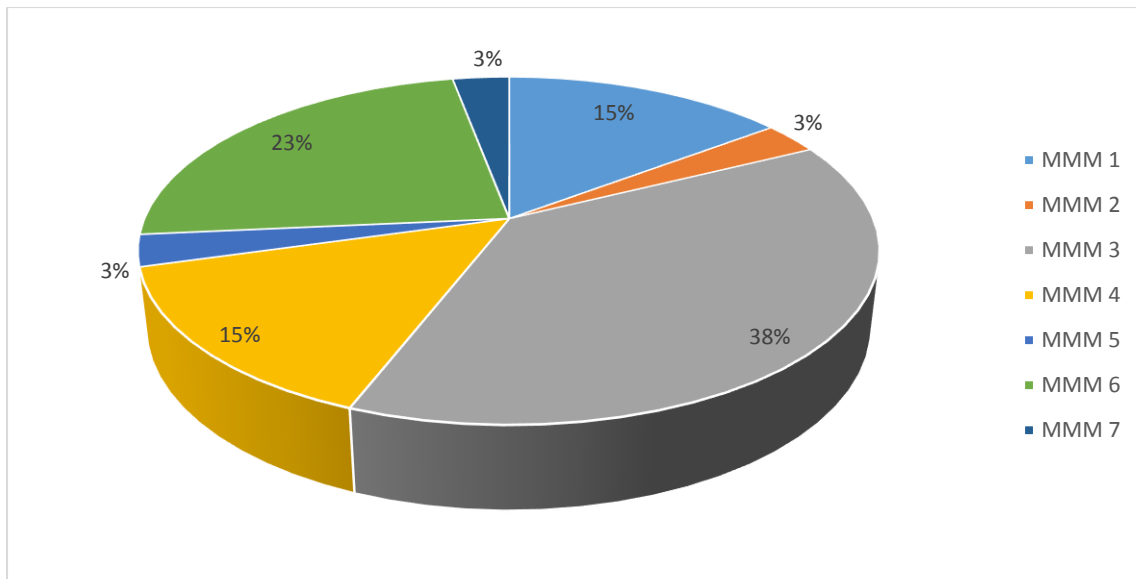
Figure 12: Recent graduates work location by Modified Monash Model (MMM) category

Figure 12 illustrates that 18% of the graduates were working in urban locations (MMM 1 or MMM 2), 56% were practicing in rural areas (MMM 3, 4 or 5) and 26% in remote settings (MMM 6 or 7).

Industry stakeholders

The 15 industry stakeholders included professionals from health services, peak bodies, professional associations and a state government department of health. The stakeholders included practising nurses and AHPs.

Interview Findings

Participants offered insights into the inherently personal process of deciding where to live and work. The majority of student and graduate participants began thinking about employment in the middle to latter years of their studies. Interviewees spoke of how practice location decision making is a complex interplay between an individuals' connections to people, place and community, their career aspirations and whether they have experienced living and working in rural and remote setting. However, participants also spoke of the need to, and importance of, promoting and marketing rural and remote allied health and nursing practice.

The following protocol was used to code participant quotes:
- Participant Group (S = Student; RG = Recent Graduate; IS = Industry Stakeholder)
- Health Discipline Group (N = Nurse; AH = Allied Health) [only applied Students and Recent Graduates]
- UDRH (CRH = Centre for Remote Health; MU = Monash University Department of Rural Health; UON = University of Newcastle Department of Rural Health)

Thinking about employment

Figure 13 provides a visual representation of the different stages when students and graduates begin to think about looking for employment. The majority (43%) of students and graduates began to think about employment during the mid-years (2nd and 3rd year) of their degree.
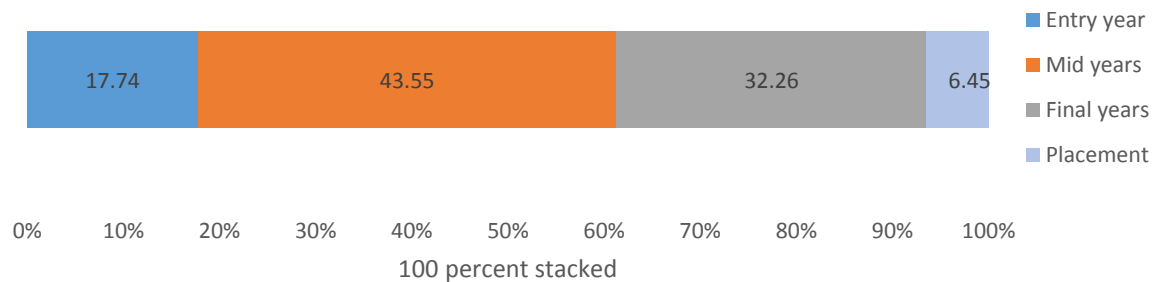
Figure 13: Stage when students and graduates start thinking about employment

The overwhelming majority of students and new graduates begin to think about employment from the middle through until end of their training. This period of an allied health and nursing students' education is an ideal period to raise awareness and promote rural and remote employment and career opportunities. Additionally, it may also be the optimal period in which to influence students' practice location decision through rural and remote placement experiences.

Connectedness to people, place and community

Making decisions about where to work and live following graduation was informed by connections to people, place and community creating a sense of belonging (rural or urban) and positive work life balance. These interrelated elements between individuals and influencing contexts were intrinsic and extrinsic in nature.

Connection to people

Connection to people such as significant others influence nursing and allied health students' and graduates' work location decisions (see Table 3). Family was cited as having the greatest influence over the decision to work in rural or remote areas, with concerns over health of parents and grandparents as well as easy access to family events back in urban areas. Many participants also stated they, or their potential new recruits, would be affected by their partner's consideration and willingness to also relocate to a rural or remote area.

Some participants noted that the distance from family and their responsibilities to the people in their lives at home would be an important aspect when deciding to work in a rural or remote area. Relocation has implications for partners, children, close and extended family as well as dislocation from one's social networks, as highlighted by a students, graduates and industry stakeholders.

I also sort of cemented a relationship more around that time in my personal life, which made me start thinking about where would I like to go and where would it suit my partner to live and work as well (SAHUON108)

… my partner is a doctor, so it's hard, depending on where he wants to go. He's in his last year, so he's nearly a doctor, he's in Newcastle. So depending where he goes influences where I go (RGAHUON1)

I have a lot of family burdens that it has kind of an impact on my transfer as well…Like my mum is sick at the moment so I don't plan to move too far out, just to help the family out in that sense rather than just leaving it all to my dad…. I just think at the point of time where I am needed I should be at home rather than travelling (SNUON110).

For some the desire to move back to a rural/remote area after graduating was to reconnect with family and friends and their place of origin.

I have a lot of friends still down in the area so one, one of the other reasons coming back. So I had and a lot of ties still to, I still play sport and that stuff too. my mum …..did encourage me definitely to look at work down here (RGAHMU1)

Disconnection from family and fear of the unknown influenced some participants. One graduate indicated that a job in a rural or remote area would have to offer sufficient advantages and flexibility for them to contemplate being dislocated from their social network.

Say if I got a remote job I mean moving away from family, partner, friends, yeah, I guess that fear of unknown too – not knowing anyone out there, although the advantages would be you'd probably have a fair bit of flexibility with what you wanted to do in the job (RGAHUON112)

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 (RGAHUON113)

However, some participants could not identify anyone who would influence their decision on where to practice.

I am not really bothered by leaving family and friends from home (SAHCRH2)

For some the nature of the population made it an attractive place to live because of the close connections that can be made in smaller remote locations.

…so many people come here [Alice Springs] from other states and don't have family, so you sort of – your friends may become your family…so you get a

really close knit support group that you might not have in your bigger city for example (SAHCRH3)

For other participants, working and living in rural settings meant that connections to people in their professional and personal life sometimes overlapped. Dual relationships were particularly challenging principally because there is no requirement for training programs to prepare students for managing overlapping relationships.

I think perhaps rural people find it a little bit more daunting. Some of them, the fact that the people you see at, in your professional life are the people you might be playing netball with or seeing down the street. So a rural person will say "oh isn't that nice" where a city person might go "oh my goodness" (ISMU4)

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 (RGNMU13)

…something we recognise at Indigenous Allied Health Australia that we're going to have to start working with our graduates and our students on because… when you're studying at University there is no preparation for that, about those dual relationships so that you're wearing your professional hat as an Allied Health person but you're also wearing a cultural hat and sometimes you're wearing your own personal hat in terms of where you want to go in terms of your own career or your family and your opportunities (ISMU3)

Some participants thought that moving to a rural/remote area can be challenging. The transition involves adjusting to an unfamiliar environment and a new set of social norms whilst also trying to integrate into long established networks. Feeling connected through a social network is important, as illustrated by a student who had not been able to develop any friends whilst on a rural placement.

Challenges being away from social supports, being in a very unfamiliar environment …sometimes you don't realise how much just moving to a different part of the state to a different kind of socio, not socio economic but a different social environment where you've got a lot of smaller groups who have known each other for longer and who have a real history, but it could be seen quite incomprehensible for someone who never really knows their neighbours back in Melbourne sort of thing. So I think that transition can be really quite tough and that would be something that would hinder me from possibly going for me going over to a rural environment (SNMU4)

Fortunately many students and new graduates experience a welcoming environment.

Everyone gets to know each other a lot faster, whereas in Newcastle you don't see anyone – you go to work, you go home, that's it. Whereas here you run

into people at the shops and say hello, so it's a lot friendlier and I really like that. I was a little worried coming here, because I'm living by myself, I thought I won't know anyone or talk to anyone, for ten weeks I'll be by myself. But it hasn't been like that at all, everyone has been really welcoming and supportive (RGAHUON1)

Some had found that opportunities to socialise were limited by the range of social activities available in rural/remote settings; however, social connectedness can develop over time.

… Also, trying to get people from a non-rural setting into a rural setting, to try and establish yourself and make friends and form a life can be a challenge because there's less available (RGAHUON2)

I think I haven't really realised until a week or two ago how much more that's made living in Tamworth a fun experience. So before that I was just at home on weekends doing my washing, watching movies and wasn't really getting out and meeting people but now of a weekend there's always something going on and it really makes you look forward to working and then getting to the weekend and then starting the working week again knowing that there's something coming up and there's always something to do (RGAHUON93)

Unfamiliar environments can be perceived as unsafe environments, particularly where a rural/remote community is perceived as different to your place of origin.

I am maybe a little bit concerned for my safety and security in areas where there's not many police stations and they are far away (SAHMU8)

I'm thinking more of the areas that I have been exposed to but there's just statistically …high rates of violence in the household, drug abuse or dependence, welfare, low socio-economic status, things like that …different to…what you'd be exposed to in urban areas (SAHMU7)

Perceptions that rural and remote locations are unsafe can be reinforced by both personal experiences when on a rural/remote placement and reports in the media.

When I was a student here we went to Trivia and actually won one night. I was with two other girls and two boys, we were all student … when we came out of the pub there was a group of men just waiting for us outside the pub and they started trying to talk to us and following us and things like that…it was scary but it was okay. And the other night when I went out to empty my bin there was some man walking down the street who started calling out to me and I just scuttled back into the house …things like that are a little bit scary about moving here at times....Being a female by yourself…it's a little bit scary (RGAHUON1)

You've got to be a special person to work one up. I sort of understand that because my Dad was the local policeman in a small country town. I think there are dangers inherently by working one up and I think that has been clearly demonstrated with the death of the nurse up in Queensland I think it was (RGNMU13)

For some urban origin students and graduates leaving the comfort and security of the place they know can be too daunting, particularly when a specific location is perceived as being unsafe. However, for those of rural background, returning home after graduation increased their sense of security.

So just because it is away from family and away from comfort zones, people need that extra push I think to want to move to the area (RGAHUON93)

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. Taree doesn't have the best reputation all the time – I know there are some safety issues that are well known in the community (RGAHUON 1)

I was lucky enough to move back in with my parents so saving money; not having to pay for rent or bills so I can actually – because I am thousands of dollars in debt at 22 and this is my first full time job, so saving money for a house that's really hard and also being within driving distance to them is really good because I can visit them whenever I like (RGAHMU4)

Generally, the choice of work location of allied health and nursing students and graduates is influenced by proximity to, and implications for, their relationships with partners, family and friends. However, for some closeness to significant others was less important, rather they were attracted by the opportunity to bring up a family or meet new people(see Table 3).

Table 3: Significant others who influence practice location decision making by UDRH

	CRH			MUDRH			UONDRH			Total
	S	RG	IS	S	RG	IS	S	RG	IS	
Family	4	9	2	5	9	1	8	6	2	46
Partner	6	3	2	6		2	5	1		25
Friends		2		5	4	1		1		13
Others		2		1	1		2		2	8
Colleagues /peers		3				2	1		2	8
Social network		1							1	2
No-one/ Self	1	2		3	4					10

S= Student; RG = Recent Graduate; IS = Industry Stakeholder

Connection to place and community

Participants articulated how their views of professional practice in rural and remote areas was influenced by their perceptions of particular characteristics of rural and remote locations.

Characteristics of rural

Rural was described in terms of population size, travel distance, limited options in respect to health care, other services and recreational activities, and the lifestyle being different to that in metropolitan centres. For others rural was defined by specific towns.

> *Generally I think of just a smaller population. You assume that there's not much to do at night. I mean I've been to Sale and I've been to Ballarat hospitals and I think just the lifestyle there's a lot different to the city as well (SAHMU7)*

> *I guess I kind of picture home – that's how I sort of think of it. Usually in terms of health care there's not a lot of options. You usually have to travel a little bit of a distance to get to them. The population is a lot lower (RGAHMU6)*

An allied health student spoke about the friendliness of people in rural towns, the ease getting around and rural living as less expensive than city life.

> *Everyone in rural areas just seems to - whenever I go on placement or into hospitals, everyone seems to be a bit more relaxed, a bit less uptight and everyone is really friendly. I guess getting around is always super easy, usually everything's quite close. You can usually walk to work or whatever and it tends to end up being a lot cheaper than being in the city, especially a city like Sydney (SAHUON109).*

For others *rural* was characterised by the size of health services and the number of allied health practitioners employed.

> *…generally think of big hospitals as having quite a large OT team whereas where I am now I'm the only one. So I would think rural as being quite a small hospital and a small amount of people. (RGAHUON97)*

See Appendix 4 for a visual representation of words participants associated with *rural.*

Characteristics of remote

Remote was defined in terms of distance from places one is familiar with and metropolitan centres, being inland and the vast distances between settlements.

> *I always just associated it with more inland because I've always been on the coast in Newcastle, so anywhere further in (SAH UON95[Focus GroupS3])*

…remote I would think you know two to four hours away from the next kind of Tamworth or the next regional hub or you know if you are on an island and you have to fly to services or that kind of thing. Like around the Northern Territory and in Indigenous communities around there or say like Uluru or very far off places (RGAHUON113)

I think rural practice, I mean you can be an hour and half I guess away from a major hospital centre like Melbourne Children's hospital or something but remote practice is very different when you're days of travel away from those places and I always think when somebody's in a rural setting and they can jump on a train, they have access to transport (ISMU3)

Others spoke of *remote* in terms of limited resources. A setting where access to acute care, technology and connectivity is limited and clinicians, by necessity, have to be resourceful.

I often think in terms of the resources that the place has so if they've got access to everything they need then diminishing resources means more and more rural. So whether or not they have treatment that's available to everyone or not (SAHUON95 [Focus Group S1])

…remote practice is very different and then you're reliant on technology…people are saying Telehealth is the way forward which when it works is fantastic but if you can't actually access or the connectivity is not there then you have to be very clever in how you work in those spaces and know how to work without relying on the technology stuff (ISMU3)

See Appendix 5 for a visual representation of words participants associated with *remote*.

Perceptions of specific locations

Specific aspects of rural and remote areas and towns influenced decision making. For example, proximity to Newcastle was an important factor for one recent graduate.

I like working here too because it is close enough to go back to Newcastle on the weekend if I want to, and the mid-North Coast is a really nice place, you can do amazing day-trips and things like that. (RGAHUON03)

However, in more remote locations access to the nearest capital city and its airport influenced some health workers.

I guess roads and access to roads and transport and things like that. That can always be an enticement as well. I know a lot of new graduates that I know that have come to Katherine have quite liked Katherine over say Tennant Creek because of its close proximity to Darwin. So it means it's only a 3 and a bit hour drive and they can be on an international flight if they want (ISMU3)

Some participants encountered stereotypical negative notions about some locations such as Alice Springs and other townships in rural and remote areas.

> *In October when I found out oh I'm going to Alice Springs-they would say 'is that all you could get?' Like it was really like you couldn't get a position in Victoria so you had to go there (RGAHCRH2)*

This may in fact be reinforced by the attitudes of staff who live in these locations.

> *I remember asking my female graduate that used to come down from New South Wales. Do you want some help finding somewhere to live thinking she's not going to know Morwell and she's not going to know Moe and, because she said oh I think I'll live in Morwell or Moe and I thought oh young girl, coming down from New South Wales. I was a bit worried about what area she would choose to live in from her safety perspective (ISMU5)*

Others were attracted to city life.

> *The city people just don't want to leave the comfort factor of a big urban place where all their friends are and all the things they do are centred (ISUON02)*

Locations student and graduates would not work

Some of the student and recent graduate participants would not consider living and working in rural and remote locations; however, others were not attracted to metropolitan cities. Some interviewees were open to where life may take them. One participant could not live overseas and others were unsure about where they would like to live. (See Appendix 6 for quotes).

Students and new graduates considering locations that they would not work varied based on personal reasons that were associated with specific places or locations. Many responses indicated that some rural and remote locations for long-term commitments would not be desirable. These particular locations were described as remote or tiny communities. The reasons associated with students not being interested in working in these locations on a long-term basis were safety concerns, geographical accessibility, isolation and food and job security.

Other participants referred to particular geographical locations that they were not prepared to live in. Participants in this group were also less willing to consider work in Western Australia, both rurally and in the metro setting of Perth. The reason for not pursuing work in Western Australia, including Perth, was personal and related to distance from where they considered home. Reasons for not wanting to work in particular urban or rural and remote centres relates to career opportunities, such as the availability of long-term employment and the type of position on offer.

Some urban locations, such as Sydney, were less appealing to students and new graduates because it represented a big city and many participants have shown interest in continuing to

work in rural and remote areas. For others, cities were familiar places and therefore did not offer new and different experiences.

> *As a Sydney girl born and bred in Sydney you can be quite sheltered in a big city like Sydney from what's going on in the rest of the country (SAHCRH2)*

> *Whereas Melbourne, I stayed there it could just become normal, mundane life (SAHCRH3)*

Other participants were concerned about the impact on their lifestyle and family ties. The size of the organisation was another reason for participants not to work in urban centres because it would compromise their preferred career options.

Some participants were open to going anywhere and did not have any intentions about working in a particular location or position. One participant was certain that he/she was not going to work overseas and another was unsure where he or she would like to work.

Participants spoke of the how the relaxed and friendly environment of rural/remote townships and their ability to make a real difference to clients as part of their professional service left them with a sense of belonging and connection to the community.

> *You really feel like you're part of a community as well, helping out and making a difference. I guess you actually get to see those changes taking place and what you're contributing towards as well …I can see that I'm making a difference and contributing in a positive way (SAHMU13)*

> *I think that the culture here is a little bit more relaxed and that is really nice. It's more friendly, welcoming, sort of environment to be in. And I've got some really good co-workers and colleagues that I don't think I would be able to make the same sort of connection with if I was in the city (RGAHMU11)*

There was a belief that rural locations were an ideal place to raise a family because it provided opportunities to meet new people and participate in new social activities.

> *It's just awesome because it's different and it's slower, there's always, there's activities to do and I feel like it's a great place for families (RGAHCRH4)*

> *(they think) that would be a sort of fun experience to do it in a rural place because you get so many people moving there that aren't from that place. So you get that new adventure with it – a group of people doing the same thing (SAHCRH3)*

Connection to place was particularly important for students with rural backgrounds who spoke of wanting to return to a rural area to practice. Some wished to return to where they had grown up, while for others this was not so important. Some students were aware of the professional opportunities that existed in specific locations.

> *I would consider coming back rural. I was from Coffs and yeah, I reckon it's different here but everyone's just really nice here. Everyone just got to know your name and that kind of stuff and treated you as part of the team rather*

> *than just as a student whereas I had placements on the Central Coast where they didn't really acknowledge anything I really had to say because I was a student, mainly that I was a student whereas here they listened to me and stuff (SAHFGUON95 [Focus Group Student])*

> *I'm from a country town, so rural, remote locations just really interest me (SAHCRH1)*

> *I definitely want to work in a rural area. I know the needs that are here, and I know the lack of professionals in the area. As far as I'm aware, there's only one child psychologist in Traralgon, and that's just what I've heard through networking. If you only have one psychologist, your choices are severely limited. If they're crap, what are you going to do? You can't just travel for an hour and a half to see a psychologist because that creates all these other issues with confidentiality, and things like - why do you travel for a three hour round trip every day? Yeah. So definitely. I want to help address the needs of my community (SAHMU6)*

For some recent graduates their connections with rural were strong and as such they did not enjoy city living.

> *I'm originally from a regional town Traralgon but whenever I visit the city it's never interested me. It's always too crowded and too many people and also the experience you get in a smaller town compared to metropolitan is huge. You get much more experience, just different clients in a regional area other than metropolitan (RGAHMU4)*

Industry stakeholders suggested that recruiting someone with a rural/remote background had advantages as the person understood rural life and were better prepared for the realities of living and working in a non-metropolitan setting.

> *Recruiting to regional areas you're invariably looking at someone who probably comes from a rural/regional area (ISUON1)*

> *…someone with a rural or remote background I think it's already innate in their nature. They already know, they already get what the struggles can be and sometimes they're prepared for that and I think there's probably already a passion inside them that they want to make changes…if a student wants to come a do a placement in Katherine under me as a supervisor and they come from a rural or remote town, I always know that they're going to have a commitment to that because they've lived that experience. So they've often got an attachment and a passion already (ISMU3)*

Even so, a non-metropolitan placement experience also provides urban origin students with an opportunity to develop a connection to a service and particular location. Additionally, not all rural origin practitioners wish to return to a non-metropolitan setting.

People who've had placements here before and who've come back to work, they all seem to have some other connection to this area hence they probably initiated the choice of placement because of their connection to the area. So yeah so hence, it's probably not specifically the placement, it's probably that they are somehow connected to the area. So they'd be, they wouldn't specifically want to work at LCHS because they want to work here. They want to come back to the area because they have some other, they've met a partner and they're going down this area or something (ISMU5)

I think that people who come from a rural background recognise that there is value in living in a rural place although sometimes they might find it not such an attractive proposition because they have lived in a rural environment I suppose (ISCRH2)

Some urban background students and recent graduates spoke of their connection to their city of origin that related to the familiarity of place as well as connection to family and friends.

I grew up . . . was born in the city, I think that would be too much of a culture shock, you know, a really small town compared to the city (SNCRH2)

Personally coming from – because I did come from the metropolitan area initially distance – you are sort of more separate from your family and friends not that it's that bad for me because I don't like too far – probably an hour or so compared to other people but then also it's trying to get integrated into the area that you're in and making social connections and things like that I think can be difficult (RGAHMU2)

A reluctance to consider relocating to a non-metropolitan setting may in part be due to the attitudes of others, trepidation about the unknown and clinical career aspirations.

There seems to be a real prejudice against leaving the city. And people would be like, 'you're crazy, why do you want to go out there (RGAHCRH2)

I think many of them who are from an urban setting for a start lack confidence in going out of Melbourne and obviously these are rash generalisations. Their experience of education, schooling and so on is largely urban based so there is not a particular I would say desire to look a field and in addition to that there's probably a lack of confidence or comfort in going out into an unknown (ISMU2)

If you're in urban I think often you are looking at that sort of clinical expertise but perhaps within a relatively narrow area of practice (ISMU2)

Some from urban backgrounds are interested in working and living in a rural or remote setting at some point, even if only for a short period

I…don't plan that far ahead, but I think the immediate plan when I finish is…to go rural, somewhere like Taree. Somewhere not too far from home - or Lismore, somewhere like that, in NSW but in the country and get a job, and try and hold that job for a while and then see where I'm at, after that…I guess I'm a bit inclined to get out, I grew up in Newcastle, went to school in Newcastle and then did uni in Newcastle. So I guess I'm ready to try something different. (SAHUON109)

I've met many urban people who, to go remote or rural for, on a six month contract and have stayed many years later because they've found their connection to their passion. (ISMU3)

Work life balance

Consideration of work life balance particularly issues outside work such as the relaxed lifestyle and recreational opportunities, housing affordability, the opportunity for new experiences played a part in practice location decision making. Relocating to rural was viewed by many informants as offering a more balanced life compared to metropolitan centres.

They wanted to get out of the Sydney rut, they wanted to be able to afford a house. They were planning on kids and this type of thing and they said they couldn't see it happening, being affordable with a reasonable quality of life in Sydney (ISUON1)

incentives I guess is just comfortable living and not stressing about money and I feel in Sydney a lot of people their lives are controlled around their income and I don't want to live that way (SAHCRH2)

In part, rural locations had a more relaxed lifestyle, a greater sense of community, less traffic and easy access to a wide range of amenities and recreational activities.

…metropolitan-based people find it a bit more difficult sometimes to integrate into the very rural and remote places. I always encouraged them to have a placement in the bush, as I'd call it, because they could see the importance of the social interaction, but I think people - if I put that question the other way - I think people from the country areas mix into the city placements easier (ISUON104)

They tend to value their life a little better or at least that's my perception. They're more focussed on what's happening around them, on family and their community. These towns have more of a community sense and I didn't get that in Melbourne (RGNMU13

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. (RGAHMU8)

For others rural and remote practice was attractive because the services are smaller and have friendly working environments.

> *I hear that it's more inclusive environment, people like working in a team environment in rural hospitals. I think people have mentioned work life balance, they get to do the – some people think that they live closer to their work so that they can do more stuff after work (SAHMU12)*

> *Even just professionally knowing people on a more personal level I've found it so much easier to work with them because you're often versing them in netball or you see them outside of work. It's so much nicer to have so many familiar faces in the hospital. It feels like a big community (RGAHMU8)*

Location and Environment

The environment and lifestyle experienced by students influenced their thoughts of relocating rural or remote. For some students limited amenities and distance did not detract from the attraction to a specific location.

> *There's not a great deal of things to do… the closest cinema is 40-50 minutes away, the nearest shopping centre is an hour away, there are few and far between places to go, if you do know people to do stuff with. There are opportunities to play weekend sport and that kind of stuff if that's what you're interested in, but there's not a great deal of things to do. I think that would be the major limiting factor (RGAHUON99)*

However, this was not so for all students and recent graduates.

> *… when you're young, there are no great restaurants, no shopping – the vibe of a city is not here, so it's the sea change that people are attracted to. It's a beautiful area, but for career prospects and social scene it's not very attractive if you're young (ISUON2)*

> *I don't feel that there are whole lot of personal opportunities here – lifestyle wise I'm very much an ocean person so again feeling isolated from the lifestyle I was brought up in but professionally is why I'm here and the opportunities professionally at the current moment being a new graduate come first …it's being a mature aged student and understanding the long term benefits – what it will do professionally for me and showing commitment to working in this space… eventually seek employment that may satisfy both aspects of the professional and personal sort of lifestyles (RGAHMU14)*

Financial considerations

Finances were viewed as a factor outside of an individual's control that would influence the decision to seek work in rural and remote areas. In particular, the cost of relocating from a metropolitan area and the living expenses in rural and remote areas are a major consideration in applying for jobs rurally and remotely. Some participants perceived the costs of living and the expense to travel home to the city as barriers in their decision to work in a rural or remote setting. Yet, other participants valued the cost of living when compared

with other larger metropolitan areas. There was a perception that housing is more affordable in non-metropolitan settings and was an attraction for a number of participants.

> *Availability of housing would be a big one, and the cost of living in those sort of areas (SAHUON108)*

> *I think personally having, just brought a house myself, it's certainly a good lifestyle and a good investment to work to buy houses and work rurally. I think it is difficult in the way of being away from extended family but in personal aspect it's certainly a good benefit to have a lifestyle out in the rural community knowing what community programs are usually around for a lot of professionals out that way as well (RGAHMU7)*

For others, it was the wish to own land.

> *My partner and I we want to get some land and so we thought better to move out to the country (RGAHMU12)*

However, some found that accommodation was difficult to find and that the price of housing in some centres is not a low as they had anticipated.

> *think cost would be one or just the expenses – I guess Sydney is expensive but I didn't realise how expensive it is to be in Alice Springs until I started sort of getting into it and looking for accommodation and that sort of thing so that – to be honest that's the main disadvantage for going rural (SAHCRH4)*

Adventure

For some relocating to a remote location was an opportunity for an adventure that offers new challenges and new opportunities. One recent graduate thought that remote practice attracted a particular group of health professionals, which added to the attraction of living and working in a remote location.

> *I love adventure and everything and travel so there's always like home is always going to be there so I can just go somewhere (SNCRH1)*

> *I think it's a really great opportunity for anyone to do because it just opens your eyes to a lot of different things and lots of experiences and you learn so much being in a rural area and it helps improve your independence as well (SNCRH1)*

> *That's what I like about here, I feel like it kind of attracts a certain type of person and they are cool people to be around (RGAHCRH2)*

Deciding where to work and live

The overwhelming factor that is outside of a student's and new graduate's control is the competitive job market in a metropolitan setting. Many participants stated that the decreasing job opportunities in an urban setting that are available to new graduates would have a significant influence on their decision to work in a rural or remote area. The lack of

opportunities creates a very competitive environment within the metropolitan area, therefore prompting job candidates to seek employment in rural and remote areas. Participants were asked whether there were any issues outside their control that would

	CRH			MUDRH			UONDRH			Total
	S	RG	IS	S	RG	IS	S	RG	IS	
Job availability	3	3	2	5	13		4	3	1	34
Finances	1	1	2	4	2		1			11
In control	2			2			1		1	6
Family responsibilities	1	2							2	5
Partner							1	2		3
Own health				1			1			2
Career			1							1
Job satisfaction	1									1
Nature of profession					1					1
Politics				1						1
Transport				1						1

S= Student; RG = Recent Graduate; IS = Industry Stakeholder

influence where they would live and work. Table 4 reports the frequency specific factors were mentioned in response to this question.

Table 4: Factors that influence student and recent graduate location decision making that are outside their control

Seeing a career pathway

Student and graduate participants' perceptions of how working rural or remote area impacted upon their career pathway opportunities significantly influenced their practice location decision making. Perceived difficulties in progressing one's career, limited opportunities to specialise and lack of access to support are factors that deterred participants from practising in a non-metropolitan setting. However, the broad scope of practice in rural and remote areas and increasing competition for employment in the health sector were reasons to consider relocating to a non-metropolitan area. Informants highlighted how political and policy decisions are negatively impacting upon rural and remote career pathways.

Nevertheless, if the student or early career health professionals prefers to specialise then relocation to rural and remote is not an option.

> *If you're looking at something like Physiotherapy then it's extremely hard to recruit Physiotherapist out in the rural areas, particularly if you're not a big rural hospital because if there's too many other options and in a city environment they can congregate with bigger teams and other practices. They're more medical model and so, and perhaps more likely to want to specialise and have that higher level intervention that perhaps we're not going to do, because we're not doing surgery here (ISMU4)*

Career Progression

For many lifestyle alone would not attract them to a non-metropolitan setting, they needed to be sure that relocating would offer them career opportunities also.

> *…if you were looking to go to a remote location you would know more so that what that would involve. I think that would be a big decision and no one would sort of just apply for jobs in remote locations if they weren't interested in it because it is quite out of someone's comfort zone…if they're not used to that sort of background, so maybe the barriers there would be options for career growth more so than what the change in lifestyle would be (SAHUON111).*

> *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 (SAHMU12).*

Some considered that career progression in rural and remote locations was stymied because health professionals remained with health services for long periods of time. While this may offer some level of stability, it restricts opportunities for new graduates.

> *… there are lots of nurses and allied health staff, but predominantly nurses, who have stayed in their positions for 20, 30, 40 years in this hospital. So those are fulltime positions on the wards and in specialised areas that don't move. They stay there because these nurses are waiting for retirement or they're happy in their work, they've got their home, they enjoy their lifestyle, they're not moving on…. they're not moving into different areas, they're not looking at career choices and saying they'd like to go into this, because there are no jobs because people aren't leaving (ISNUON2)*

> *I think it's very hard to grow professionally in rural areas. I'm realising now in my - just starting my second year out that I'm going to have to start scoping out things like maternity leave positions for higher grades because the chance of a higher grade permanent position becoming available is slim to none because these guys are settled here, often from the city, they've settled down for a lifestyle change so they're not going anywhere soon (RGAHMU8)*

A consequence of low staff turnover in some locations is that new graduates completing internships, graduate programs or employed in bases grade roles have to look for employment when their contract ends.

> *I actually have slightly too many staff, and come January of next year some of them may not get their contract renewed even though they desperately want to stay here, so because of that I haven't got a new grad position which is rather sad because I know that that is a good way of helping the new grads,*

but I guess my department comes first and so I've got good staff, I'm doing what I can to keep them (ISUON102)

Students were also concerned about the way rural practice is perceived and whether working in a rural setting would impact upon their future career prospects.

I think also just worried that possibly it might not be the best thing to have on my resume, I don't know are there career opportunities out in rural environments, is there a chance for promotion, are the services the same quality or does the fact that it's a small place influence the fact that this doctor's been around for fifty years and hasn't changed his practise (SNMU4)

Rural and remote services are perceived as offering recent graduates limited opportunities for progression to a higher grade, due in part to the size of health services and the nature of rural practice.

Yes – we have to provide generalist services overall without the necessary real specialisation in there which you get at the major centres and usually some sort of acknowledgement of your skills as well. But certainly up here where you're meant to provide a wide generalist service the gradings stay at Grade 2 (ISUON1)

Recent graduates also commented that there was increased competition for lower grade roles as a consequence of reductions in allied health management positions and downgrading of senior clinical positions.

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 (RGAHUON03)

Yeah and restructuring at the higher end of health across Australia would definitely impact on management jobs I've noticed in the last little while from being on placements that we're seeing a restructure across all state health that I've had exposure to of management and allied health being reduced and forcing senior dieticians to return to their clinical more hands on role which is putting a top down pressure on new graduates trying to get into the workforce. If they're having to return to work in that clinical hands on role which a lot of employment places are looking for the experienced dietician, then therefore by default the opportunities at the bottom end of the scale will be impacted (RGAHMU14)

The lack of opportunity for career progression inevitably results in early career health professionals leaving rural health services to seek opportunities elsewhere.

And also because they're, if they've been here for a couple of years they apply for a Grade 2 position potentially because as in most of these organisations your seniors often tend to stay more than the Grade 1's and so they're ready to apply for a higher level and so unless that Grade 2 comes up, but they also, if they come out to us they actually, it is better I think often for them, they need to have other experiences. So that, again, that they will move just to broaden their experience (ISMU4)

I think the prospect of early career progression could be a big one which is actually extrapolating – we did some work a while ago which showed the reason most people leave positions in small rural centres is that they can't go up to a grade – they have hit their career ceiling – the establishment is only at a grade 1. I think we need to change that. We need to have people be able to be progressed in place. That's maybe something to do with Victoria's particular employment structures but potentially people could progress more quickly. So at the moment it doesn't exist but if we were able to get people recognising that breadth of experience is just as valuable as that sort of increased clinical expertise in a narrow space through our grading classification then they would be progress quite quickly (ISMU2)

However, it can be difficult to recruit to senior grade positions in rural health services.

Sometimes the jobs are here but there is very little career progression pathway. There's certainly not that – we've been through that quite a bit in the last couple of years in trying to get a Grade 3 position here, which would reflect that someone could aspire to climb the tree a little bit more, but that hasn't happened despite several attempts (ISUON1)

In contrast, other participants thought that rural and remote practice offered opportunities for more rapid career progression than was available in metropolitan centres, particularly in relation to some allied health disciplines.

I've heard some people say that you need to go rural or remote to try and get a senior role, like those places where no one wants to go, way out west, and then you get the experience and when you come back and apply for something you can say you've done this elsewhere. That's an incentive to go rurally, definitely (RGAHUON03)

if they go rural they get the experience, they move up the ladder a lot quicker, and then they can progress their career in Melbourne a lot quicker than what they would have done if they stayed in Melbourne (SAHCRH3)

I know a few of my friends have worked in rural centres as radiographers and they've been able to train within the first six months of starting their new grad positions. They've been trained up in CT and theatre work and has the opportunity to do on-call positions and a few of them who were interested in

sonography have actually had their course paid for by the centres that they worked for but because they are so short on being able to find qualified staff members and qualified sonographers so they were happy to pay for the studies to do ultrasounds, so I think if I do go rural that that would be a real possibility for me to achieve those goals (SAHUON111)

I think that it seems that we can advance a lot faster especially in the field of radiography. Because I've been to a few metropolitan places and I've talked to the radiographers there and they've said that it's taken them about three, four years to go forward in different modalities. But then I've been to rural places where even after a year of being qualified they're able to go straight into that modality and learn a bit more (SAHMU7)

Professionally I have managed to move up a grade with only 1 year of work. I've met a lot of people and made connections out here. I have made pathways and developed skills beyond my profession (RGAHMU1)

Up here, we basically … grow our own because even for a specialist role you only get … less qualified or more junior staff…At the moment we've got an occupational therapist who started off with us in a level three clinical specialist role in rehab…because after numerous recruitment episodes we were unable to attract a senior and more qualified person to that role. So we employed a new graduate with a modified job description and I think she's been with us six years now, so she's now reached a level where she can now be classified as a level three clinical specialist (ISUON98)

In some locations this was true for nurses as well.

In a metro area there's no way in a million years I'd be a Director of Nursing, I'd be lucky to be a NUM, because the processes and the amount of applicants for these positions, they're very prestigious positions and they have all the qualifications and experience and it's a real battle to get to these positions. (In rural and remote areas) If you're good at what you do you can get into these roles without necessarily having all that experience, which is a good thing in one respect, but as a dynamic young person you want to experience and learn all this stuff from really experienced, knowledgeable people (ISUON2)

… a nurse who was two years out and came to the area, did her new grad program here, then did a nurse transitional program through oncology and palliative care, and she just excelled at everything she did. She's been here for three years now and she's a fulltime educator, she has just obtained that role. Now, to go from a new grad to an educator in such a short time is huge – in a metro area you wouldn't see that (ISUON2)

In some locations opportunities to progress one's career were related to high staff turnover.

There's a lot of scope for career progression here (Alice Springs) because there is such a high turnover of staff…Retention of staff is something that Central Australia struggles with (RGNCRH6)

Specialisation

Non-metropolitan practice offered only limited opportunities to work as a specialised practitioner and such roles were only available in larger health services located in major provincial centres. Specialist roles in rural/remote settings were also seen to offer a greater level of variety than those based in metropolitan centres.

The nursing workforce and allied health are attracted to the big metropolitan areas, primarily because there's more experience for education, more avenues to go down the career path, whereas in these smaller rural areas you tend to have less education, less senior and specialised areas - we do have some but in not in comparison to a metropolitan area (ISUON2)

If I decided I really wanted to specialise in neurology or paediatrics or anything, then I would have to go to a bigger hospital because where I am now, and even in like Wagga or Griffith, the slightly bigger hospitals, I wouldn't be able to specialise in an area because there's just not the OT power to have a specialist (RGAHUON97)

how big is the hospital . . . if you want to do a specific aspect of your nursing are you going to be able to do that at that hospital, whereas a completely general medical, you're not going to be able to see a lot, so I think that's probably a barrier in terms of the size (SNCRH2)

You can be very diverse in the way you treat or there is opportunity that if you are a specialist in a rural area, you are that specialist for a greater area than say if you're just in Newcastle, there'd be you and heaps of other specialists. Whereas if you were the specialist in Tamworth, you'd be the specialist for Tamworth and Barraba and Moree and all around if you were renowned because of what you did (SAHUON95 [Focus Group Student])

For some disciplines, some specialist roles were only located in major metropolitan hospitals.

So the more specialised … if you're a specialist paediatric following speechy then there's only about 20 of them in Australia so they're going to be in the big major paediatric hospitals. So it's hard to specialise when rurally you've got so many different types of clients. So if you have got just this one specialist field that narrows your scope of practice quite a lot and so you will have to move where there is a high demand for those clients and that's in the city (RGAHMU4)

The lack of access to specialist practitioners in rural/remote locations was seen as an opportunity to develop clinical knowledge and skills that would not be present in a metropolitan centre.

> *realising that there isn't the specialist to go straight to and ask, I have to work it out for myself. It's made me a lot more skilled at time management and prioritising to be able to realise that well this is something I haven't done before, I need to factor in time to research it, be confident before I actually go in and see the patients. So I think in other more metropolitan areas there is more scope to just ask someone and they'd be able to let you know exactly what to do, whereas out here in Tamworth the staffing is quite limited and even though it is the biggest area within the west of NSW, you need to be able to think quickly and adapt as things come up (RGUON93)*

However, the lack of opportunities to specialise and the 'less cutting edge' professional culture in non-metropolitan settings was thought to be a less appealing to new health professionals.

> *But because there are no specialty areas here and there isn't that abundance of young, dynamic people, they can tend to get a bit bored. This is a personal view, but when I was young I wanted to experience everything, I wanted the knowledge from everyone from experienced to peak people who know their stuff – that's not necessarily here (ISUON2)*

> *or they want to specialise more. That they've done, they've been working in the rural area and so here they're ready to then, I know I want to work with kids or I'd really like to go back to a bigger hospital or, they're ready for something and Physios are looking for a bigger challenge, more specific higher level stuff (ISMU4)*

In the absence of opportunities to progress and specialise in non-metropolitan settings, creating roles with extended scopes of practice was seen to both address local clinical needs while also meeting the career aspirations of early career health professionals. Such opportunities were attractive to new graduates.

> *So I suppose it's something what over the years it's noted that within our community there was a, a lack of care in terms of wounds and, and our high risk clients. So it's something we focussed on, focussed on and see if we could fill in the hole and not have to refer patients down to Melbourne based care. And it seems like across Vic or across the country or Victoria, there's a lot, lot more happening in terms of that. And we're talking to a lot of the other, well your Councils and that, Community Health Centres in the area they're, they're looking at it too. There is currently the advance scope role in terms of high risk care and at the moment or more chronic disease care is probably the focus at the moment (RGAHMU1).*

… there are definitely lower numbers of people heading to rural areas, so they want to try and grab on and give you the incentive to stay. But I think it's a need base as well – if you can get a young pharmacist and train them to specialise in something that's needed in a rural area, that's improving the health of everyone, it's improving the development of the young pharmacist and it's improving your business, so it's like three aspects really. Some metro areas won't need a young pharmacist to go out and do all these extra things (RGAHUON2)

… in rural or remote Australia because the patient hasn't got the choice; there is no choice. There may be areas where an allied health professional in rural or remote Australia might be putting his or her big toe over a scope of practice boundary. But at the end of the day there may not be any other choice because they might be the only person there (ISUON01)

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 (RGAHMU7)

In the last group, interestingly enough I've got a young man who travels 1½ hours each way to come down here in Podiatry and he, last year I put in a submission to the Department of Health to develop a Podiatry lead high risk foot clinic under their Advanced Allied Health Practitioner role to develop an Advanced role, so a Grade 3 in Podiatry and that's what attracted him is the ability to work in a higher level clinical environment. So to actually have seniors, senior positions and when you talk to them, the other people, they actually, where they see in Allied Health particularly there are seniors in there they see it as a career opportunity for themselves and they also deem your organisation to be at a slightly higher level. So they seem to be attracted to either bigger organisations or where there seems to be a bit of a career path for them or some sort of experience that they are seeking and in this case – I did say to him wow that's amazing you're travelling 1½ hours each way and especially when we had that Gippsland train issue. He said yep well I really wanted experience in complex management of, complex clients in my profession and that was that he could only get that here (ISMU5)

Support

Access to professional development, clinical supervision, peer and personal supports influenced students and new graduates practice location decisions.

Access to professional development was an important issue for some participants. Professional development opportunities ranged from formal training programs and conferences, through to informal processes such as informal mentoring, shadowing, opportunities to interact with other disciplines and fostering a supportive working environment.

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 access professional development that would help them as a new graduate (ISMU3)

We do provide some ongoing professional support for attendance at conferences or training sessions and things like that but it's all as we can manage within our budget. A lot of it's informal. A lot of it is your other colleagues offering support and guidance when they can. A lot of it is that team building and informal mentoring, where someone will take that new person under their wing a little bit and try and teach them things that I guess are not so obvious, "Here we're a supportive team. We help each other with groups and we have team lunches and morning teas and things like that and it's a great place to work and you should stay because we're nice," kind of incentives (ISUON98)

one of my professional development things I talk to people about is a shadowing. So sometimes instead of going to a course, can we link up with one of the metro people and they can shadow somebody there and from time to time, I have some good relationships with metro. They always fall over after a period of time but basically allowing Clinicians to actually shadow somebody or go and talk to somebody at Dandenong Community Health and what is it like for you and how do you deal with this and create those linkages with other people (ISMU5)

One recent graduate thought that working in a rural service provided them with access to professional development opportunities that would not be available in a metropolitan service.

I got to pick an area that I liked and pursue that area within the bounds of what I was doing at work. I had quite a supportive boss who allowed me to go to lots of professional development events and courses so I could continue to learn. I didn't see any majorly acute people because they often get sent to a larger hospital to be treated there, but I did have quite a good relationship with lots of medical professionals and different allied health staff throughout the hospital, you knew all of them. So I think that gave me confidence in that people listened to what I had to say and even if I made some mistakes at some point you pick up and keep going and try again. A lot of the time I was the person there on the spot so I had to do things and try to help people, so I met lots of amazing people and did lots of work on different areas of physio and different scopes of practice that I might not necessarily have had the opportunity to do at a metropolitan hospital in their allocation program where you rotate around four or five specific areas that you're allocated during that year and you do exactly what every other new graduate has done in those areas and you learn exactly the same thing as every other person. So I think

my education in my first year out of uni was individual and different and I got to learn different things to what other people were doing, which I feel differentiated me when I applied for other jobs and tried to do other things after my first year (RGAHUON99)

Access to professional development is an important consideration for students when contemplating where to apply for work.

Actually the incentives for me would be the ability to access that kind of further learning, that professional development … (SAHCRH5)

Access to clinical supervision was a significant issue for many participants.

Formally, they are offered a clinical supervisor and then that pretty much … recommended is probably as strong as it gets but to ensure that they're following practice, particularly if they're new graduates. I guess that's the clinical governance, to ensure the safety of the patients but also the staff member and for their own learning and development (ISUON98)

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 (ISMU3)

However, providing access to clinical supervision in non-metropolitan settings can be challenging due to the low numbers of appropriately qualified practitioners and the tyranny of distance.

I think not really having access to that support would be really difficult. So here at least I'm lucky to have other speech pathologists around that I can talk to, who can supervise me, and to give me advice when I need it, whereas in those more remote locations you don't really have that as an option. And I guess you have to seek out that sort of mentorship, and that sort of stuff on your own. But particular as you're going through day to day for me, I really like having a session and being able to come back and discuss things with my co-workers, whereas I think in remote location that wouldn't be as much as of an option. And then I guess also access to resources that would be I guess more difficult to get in a more remote location (RGAHMU11)

Probably things like thinking at my organisation the highest sort of OTs I have are grade 2s so I'm always just learning from grade 2 OTs rather than say being in a big hospital where there might be grade 3 or grade 4 – those people with a wealth of knowledge and things like that not that – the other girls there are great and they are teaching me so much but I guess there's that sort of – that could be a barrier (RGAHMU6)

Supervision is a massive issue for psychologists. It's mostly about access. So part of psychology is that you - because there's so many - there's so much potential for ethical issues and boundary violations, and things, you always have to confer with somebody that is either a peer or a superior. If you live by

yourself, 100 kilometres away from somebody that you could talk to, you're limited in how you're able to get that supervision. As I said before, technology does help with that, because you're able to have a conversation with them over Skype. But you lack the intricacies of sitting in a face-to-face conversation with them, yeah. There's also the issue of not being able to get the help that you need, the peer support that you might need at that time, because you can't just ring somebody up and be like, hey, "Can we have a chat?" (SAHMU6)

Access to clinical supervision is an important consideration for students when contemplating where to apply for work. Concerns regarding the availability of appropriate clinical supervision in a non-metropolitan may lessen the attractiveness of rural/remote practice to student health professionals.

Actually the incentives for me would be …. having good supervision would definitely be one (SAHCRH5)

I think it would be difficult to be trained in the remote areas, in smaller areas, because you wouldn't have the staff members to be supervised, and you might find yourself working alone a lot, which might be difficult as a new grad because you may not feel fully competent or confident in your knowledge and it might be difficult to sort of have someone there to guide you and supervise your training and development and teach you what they sort of know (SAHUON111)

Interestingly, some students considered that restricted access to supervision in a non-metropolitan setting may offer some advantages.

I think that you get to develop more professional skills [rurally], as in personal professional skills, so you have more responsibility in your time management, managing your workload, developing, like your sort of identity by yourself without having to rely on a supervisor. I just, I think that its good to be able to do things on your own, like its about taking initiative early on and being able to be self-sufficient and research things by yourself and not having to rely on others (SAHMU13)

Some participants suggested that access to clinical supervision and mentoring could be facilitated through regional, state and national initiatives. Some suggested that these type of initiatives should facilitated by rural and remote practitioners.

throughout Gippsland… the graduate clusters and did some work with the graduates..within those clusters (ISMU5)

there is not a national mentoring program for rural and remote allied health professionals. There needs to be and it needs to be run by allied health practitioners not organisations like Rural Health Workforce Australia or any other organisation (ISUON1)

one of the roles we're trying to do at IAHA (Indigenous Allied Health Association) is looking at those mentoring relationships and support mechanisms that our members can tap into …because it can be confronting. Particularly for those Allied Health people that are working in say the mental health space or social work or psychology. Where those have…more …challenging complex cases that you might be working with your own family members on (ISMU3)

Another option is to establish locally based peer support groups in rural and remote settings.

I think, particularly for those that are in remote and rural Australia, you do have to kind of be a bit clever in how you get your supports and how things work in terms of keeping you grounded and keeping you connected when you're feeling very isolated… We just have what we call a social peer getting together but what often will, can transpire from that is those one on one relationships where new Social Workers to town might connect with each other or you've got someone to connect to if you're working in an organisation where you're the sole Social Worker….I think that's what you need to do and in remote and rural Australia is find those ways of being able to keep you connected to your profession but also to people that are passionate about that work force, which is very unique (compared) to working in an urban setting (ISMU3)

Industry stakeholders emphasised the importance of supporting new practitioners to settle into their community and transition into their professional role.

Some years ago we ran a project that looked at a sort of orientation program to a community for new graduates and final year students when they came to a small town and it was run by a – the project was undertaken by a couple of occupational therapists but it included a whole lot of things that was around orientation into the community like introduction to local sports club; introduction to this and taking them to a couple of dinners and things – I can't remember it is quite a while ago and unfortunately the people who were – the main project lead got sick and was unable to see it through but seemed to have a really good – taking them to the – telling them where the supermarket was; having a couple of games of tennis; introducing them to the tennis club – you know that sort of stuff. I have talked at the start about a lack of confidence. I think if there was something like that in place that could help to allay that (ISMU2)

Yeah and I think those first 3 to 6 months can be quite testing and I think the true character of someone can be shown in those early days and that's when those supports need to be really in place. You really need good induction, good orientation, talking to people, letting them know who they can talk to if

they're struggling with things, letting them know about the different supports around even if it's not someone locally. What other services are around like the Bush Support Service or whoever else might be out there providing a support to Health Professionals. Making those links really clear for the workers because if they don't have that then they often do leave. And I also have met people that have come who have brought their partners and the partner might not be settling well into those small remote towns or rural communities and then of course there is the pressure then to leave because if the partner isn't happy and settled then of course that can be a strain on the relationship and they may have to leave. Same with children, if kids don't settle in small communities that can be really hard for professionals to stay if their children aren't happy and feeling connected and safe (ISMU3)

Assisting individual's access rural and remote relocation incentives is integral to this process.

Well it's that relocation allowance is part of it and that we immediately we're talking to them about options and offering support for looking at housing but that, that we also, we talk to them about that, that within our team that we are quite social and so we organise to do things. We make it really clear that we will have a welcome dinner when they start and that we do facilitate that linking in with things that they might like to do. Some people they may want to be looking at joining groups or whatever but I guess it's that, presenting a, rather than a purely professional thing like when you're interviewing people and talking to them when they ring about the positing that it's a really welcoming energy. That's a bit new agey but it is. It's a welcoming feel…..It doesn't mean you always get what you ask for but yeah we've been very lucky. Previously, I actually haven't asked RWAV, there was a limit of 3 applications per financial year with the previous people who ran that relocation scheme for rural and it's changed. The way it's done is change again as it's moved to RWAV, but yeah it means that anyone now moving out from a, from one area to a more rural area is eligible for this, to apply for funding. So we automatically do that (ISMU4)

Broad scope of practice

A factor that attracted participants to practice in a non-metropolitan setting is the broad scope of clinical practice in a rural and remote setting. Furthermore, early career practitioners are exposed to health conditions specific to the rural or remote location where they are working.

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 (RGAHMU12)

I really like acute care and seeing those really niche unique conditions, but at the same time I like working in a rural hospital because you get a broader aspect, like being on the medical wards like I am at the moment, you see a bit of everything, whereas in the John Hunter you're usually just doing Neurology, or just Intensive Care, or just Orthopaedics, where here you get exposed to a greater range of things (RGAHUON11)

guess the caseload will be – I've heard that if you go into city hospitals you get the more boring straight forward caseload, which can be I think really good for a new grad just to cement those skills. But if you go to a remote area or rural area you get really complex patients and you're not just doing hips and knees, you're doing strokes, you're doing amputations, you're doing dementia, you're doing a lot of …. However, that might appeal for some people (SAHCRH3)

I mean also when you're working in the health space you see all sorts of things. Each day is a different space. So if you're working in an acute care setting you're getting exposed to one day you might have major traffic accident on the highway with trauma and things like that, the next day you might have something that's related to the environment you work in. So you're seeing mango burns from mango sap, because its mango season and people are picking mangos and overseas tourists injuring themselves without travel insurance. So you're having to sort out all of those kinds of things that come with that. So every day can be a different challenge (ISMU3)

Additionally, rural and remote practice was attractive because high demand for services exposed students and graduates to a diverse range of clients and greater degree of autonomy.

The array of clients that I'm seeing – so medical conditions, personalities, backgrounds, social status are very different. Being in rural areas it's a lot broader in every respect, from the client's social status through to what they do every day through to their diagnosis, why I might be seeing them; whereas in this more city-based placement it's a lot more streamlined (SAHUON108)

I think the caseload is different….I think you get your skills are really sharpened working in a rural setting because you get to see a bigger range of clients because you are the only speech pathologist or OT or physio for that area, so there's a really high demand for your services (SAHMU1)

I think you get a lot broader experience. You would get – as a nurse you would have to do a lot more – have a lot more responsibility (SNMU5)

you've got that greater flexibility and you've got that greater kind of opportunity to build on more skills, because you don't have people to just kind of do it for you, you know, you kind of have to learn or you sink (SNCRH2)

Generalist role

The 'generalist' nature of rural/remote practice and the non-metropolitan working environment was also attractive to some participants.

> *Yes, because in the city you're most likely to specialise in something, whereas in the country you have to be a bit more generalist because there's not as many people for you to be able to specialise. So more generalist, you get a wider range of experiences in your career (SAHUON101)*

> *you have to be a generalist I think too. Your scope of practice is very different. I know when I talk to my counterparts that live in metropolitan areas there, they don't often get exposed to a lot of the different things that come across your way if you're in remote Australia (ISMU3)*

> *You get opportunities to try lots of different things, you can be more of a generalist and do bits of everything as opposed to having to having to specialise in a specific area (RGAHUON99)*

> *in our allied health award, we're called generalist specialists. That's not a paradox. I mean, the understanding of the award is that even though you might have a vast amount of skills in different areas you're still a specialist in rural practice (ISUON98)*

The broad scope of practice and generalist role was seen as providing a solid foundation for a long term career in the health sector. Some participants reported being encouraged to work in non-metropolitan setting early in their career, as the experience was viewed positively by metropolitan services.

> *people have said there's benefits to getting out of the system in Adelaide to show that you've gone and you've done something, and you've made the effort to kind of, I guess do something different, they look favourably upon it (SNCRH2)*

> *Like I feel like from what I was always told is that go out rural the first couple of years, go out and explore, make mistakes, do it – learn as much as you can, and then after that, then you can come back. And then you – once you know what you want to do and know how good you are at certain areas, then you can come back and do things in a mall or something, once you've done it all. Because you can't go the other way (RGAHMU16)*

> *Yeah, so you're not really specialising in anything but you get to dabble in a lot of things and then if you want to, you can specialise in one of them (SAHUON95 [Focus Group Student])*

While opportunities to specialise in non-metropolitan setting are limited, extended scope of practice role in rural/remote areas are attractive to new graduates.

Competitiveness for available positions

Increasing competition for graduate, intern and base grade positions in metropolitan centres was seen as a reason to consider relocating to a rural or remote setting.

> *I think as well just the direction of limited opportunities and high competition for jobs. So applying for a job at say like a John Hunter or a Sydney Children's of course is going to be 50+ people applying for the job, whereas if you're applying in Tamworth there might be five or ten. So the success rate of employment is a lot higher. I think that's one thing that's not really in my control but it helped me (RGAHUON93).*

> *obviously people in the city need help as well, but it's such a competitive sort of industry in there, where else places like this are a little bit relaxed and a little bit flexible like that, so it's good (SAHCRH1)*

> *Going rural, it would probably be opportunities to gain experience. That's a huge advantage. I think, from the way I see things, I think it's a lot more competitive in urban areas. That would definitely be it for me (SAHMU13)*

However, for some allied health disciplines there is a dearth of employment opportunities, new graduates are happy to start their career wherever the first opportunity arises.

> *I don't know that there is such a lack of jobs availability and nutrition and dietetics I wouldn't say that there is an abundance of opportunities at all to actually find a specific nutrition and dietetic job at any one time across Australia there might only be 5-10 jobs advertised. Too many graduates not enough jobs. I had been knocked back from at least 10-15 jobs and number #1 reason why was an overwhelming response from candidates (RGAHMU14)*

> *… getting a job as a new graduate physiotherapist is hard to begin with, so I was happy to go anywhere really just to get a job. I wasn't fussy with that. (RGAHUON1)*

Even so, such opportunities only offer short-term security.

> *For one year – fulltime. Then I have to reapply, if there's a job going, so they'll advertise internally first, and there are ten new graduates, so ten of us probably applying for the one job. So it's really quite hard to stay on (RGAHUON1)*

Political and policy Issues

The fiscal environment and policy decisions impact upon rural and remote health services capacity to maintain and create viable allied health positions and provide support to both students and recent graduates. Health workforce policy is piecemeal and lacks cohesion across settings and health disciplines. This is exacerbated by a lack of data for many of the allied health workforce disciplines.

When it comes to rural or remote Australia industry sectors work in isolation and there needs to be a collaborative approach, whether it be in health, whether it be housing, whether it be whatever, picking up those components in terms of the sustainability of rural and remote Australian communities and the social determinants of health. … it's a bit like the doctors getting the first lick of the ice cream, then nursing and then allied health, in that order. It needs to have a holistic approach. It can't be segregated (ISUON1)

… there is a lack of economic data available for allied health. Now there's a load of universities and there's a load of projects and programs that people present at conferences but they are not worth a cold pie until such time as there's some economic modelling centred around… People continue to bang on to say that there is evidence, well there is not evidence. There may be evidence, but there's no in the economic analysis of that evidence (ISUON1)

This is exemplified by the level of competition and entry requirements to study physiotherapy serve as a barrier to young people with a rural background entering the course.

for a lot of universities, it is very hard to get into physiotherapy for instance, and I certainly know of students who've gone off and done a year of dietetics and then transferred over to get in. It is harder for rural students and I know they do get those extra few points but in order to fulfil the rural need I really believe that rural students are far more likely to come back into the rural setting and they don't need an ATAR of 99 to be a physio. Maybe there needs to be, if we know that there's X physios required rurally or 20% need to go rural, maybe 20% of the students have to be rural coming into courses and ATAR is set accordingly, depending on rurality. I just think this ridiculous ATAR of crazy numbers does eliminate rural students for a lot of reasons. We certainly don't have the educational facilities; I don't think that the city does sometimes (ISUON102).

Furthermore, government fiscal policies that result in funding changes to small rural and remote health services can affect their capacity to offer realistic and meaningful employment opportunities. Furthermore, the capacity of small health services to support professional development is greatly reduced.

what you need to be able to do is provide something that they are wanting to stay here with and as they're cutting funding across the Health Sector and Community Services Sector at the moment, from a cost cutting measure they're looking at reducing position. So they're saying well let's see if we can recruit to .9 or .8 or .4 rather than just bumping it up to a full time position when something was better but that really increases your retention issues because when they can get a full time position elsewhere they'll leave (ISMU4)

Professional development support, also becoming thinner on the ground as they're cutting funding across the agencies (ISMU4)

Policy priorities change over time which results in a series of initiatives that cease to exist after a period of time. However, policy change enables innovation as illustrated by an initiative designed to attract, recruit, support and retain AHPs in rural Victoria.

they are all in a bit of varying state of flux at the moment. Yes sure so if we think maybe three years ago – further – six years ago, we had a state wide regional what was it called CPD works. CPD works which was a sort of state wide program that provided both online and regular face to face education that was interdisciplinary allied health. That actually ceased to exist now (ISMU2)

We also provide a regional allied health capacity building service in the form of a – in Victoria until very recently we've had five rural regions and each of those has a program manager that's there from an allied health perspective to try and build capacity and that was in recognition of the fact that often nursing and medical establishments have those sorts of roles within their staffing profiles. People who have a bit of extra space/time to do things outside their own organisation but it's allied health very bare bones and that's probably been the most successful of those programs I've just talked about and they've been successful through doing something like things like having a regional allied health conference every 1-2 years; having allied health assistant conferences; developing regional allied health leaders groups and since we stopped we doing the CPD works at a state wide level each of those regional allied health leaders groups has access to some funds to think what could happen on a regional basis so it might be supervision; delegation training or developing leadership capacity or those sorts of things (ISMU2)

Participants from peak bodies suggested that their organisations had an important role in advocating on behalf of the rural and remote workforce.

we sit on council for the National Rural Health Alliance because we recognise that being part of a bigger alliance means that we can advocate for Workforce support issues and Allied Health in remote and rural Australia (ISMU3)

The other thing that we're doing at IAHA is we've setup a bit of a reference group or a committee made up of remote and rural Allied Health members of IAHA that can feed things from the ground directly to our organisation on that National level. So we're able to recognise what's happening for our members across the country. So, I mean for example that, what was happening last year in WA with the closures of communities, we were able to tap into our members who work in Western Australia in those affected areas who were able to feed from the ground level what the issue for them, so that we can lobby and advocate at that higher level (ISMU3)

One of the other things that IAHA does is we work closely with the other peak Aboriginal Torres Strait Islander bodies. So AIDA which is the Australian Indigenous Doctors Association, CATSINAM which is the Congress of Aboriginal and Torres Strait Islander Nurses and Midwifes and NATSIHWA National Aboriginal and Torres Strait Islander Aboriginal Health Workers Association. So we kind of work together as peak bodies to look at the Workforce issues. Particularly, well nationally but we are starting to get more of a focus for remote and rural Australia and I think that's come from both our members and also from my employment with IAHA is because I am a remote and rural practitioner and advocate strongly for the workforce in those spaces (ISMU3)

The importance of experiencing rural and remote clinical practice

Opportunities to experience living and working in a non–metropolitan environment were viewed as important for both students and new graduates. Importantly, rural and remote placements and early career employment opportunities informed students' and new graduates' practice location decision making. However, positive rural and remote experiences were dependent upon financial and logistical supports being made available. Students and recent graduates were interested in time-limited rural/remote practice and thought that incentives to relocate to a non-metropolitan setting would influence their decision making.

Student placements provided students the opportunity to experience living and working in a rural environment. For urban based students, access to a range of placement supports made rural and remote placements both attractive and viable. For some participants the benefits related to the size of the organisation and the working environment, while for others it was dependent upon the programs available through the local UDRH. Remote placements offered students the opportunity to practice more autonomously because of the smaller teams in clinical settings. Students were given more responsibility, which expanded their competencies in clinical skills and critical thinking. The experiences as students had a positive impact on recent graduates returning to work in rural services where they had undertaken their placements. Familiarity with the service and personnel made the relocations and transition somewhat easier. Expanding on students returning to work rurally after a successful placement, there is also evidence that developing rurally based health profession training could influence new graduates to practice in rural or remote settings

Experience of working and living in a rural and remote environment.

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 (SAHUON109)

Remote placements offered students the opportunity to practice more autonomously.

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 (SNCRH2)

Rural and remote experiences also have the potential to change students' perceptions of living and working in remote areas. This is one student's impression of a remote area without ever having visited:

I think of the middle of Australia, like Alice Springs is remote. There would be less tools and instruments out there so harder to nurse. There's probably less opportunity there. There's not many jobs out there and we don't really have many rural placements, so I don't think people sort of think about going out to those places to be nurses. There wouldn't be many shops around and you would be far away from your family. You probably wouldn't have as many medications out there as we do (SNMU1)

Another commented that she found peers who hadn't experienced remote placements also had stereotypical ideas:

I think people that haven't been here just assume it's a barren desert (RGAHCRH4)

Some talked about how the experienced did change their ideas:

(I was) . . . completely ignorant to the fact that actually there's a whole chunk of the population who live not in towns…makes you aware of this whole world that as a city person you don't even think about (RGAHCRH2)

I never considered going I guess rural ever, or going to Tasmania or Alice Springs, and it was only because of the opportunity that arose from University that I considered going. . . but after spending time now here, in Tasmania where I did one last year, I found that it's really social and there's actually a lot of benefits from living here (SAHCRH3)

Recent graduates chose to work in rural services where they had undertaken clinical placements.

I had such a good time that when I saw the job come up…I jumped straight on it because I was really familiar with the area. I already knew there were people who I'd met. who were working here and it was really easy to come back

'cause I knew I'd already sort of established myself…and I could make friends easily and it's really been good (RGAHUON93)

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 (ISUON1)

I think there is a lot in the – there's quite a lot of evidence that suggests that people who've grown up in the country are far more likely to return and work in the country and I think there's a big place for more rural universities or rural campuses (ISMU2)

Successful rural or remote student placements are dependent upon a range of supports. Students reported that non-metropolitan health services, particularly smaller services, provided more personal and supportive learning environments. Students valued the experience gained from time-limited placements in non-metropolitan settings. These time-limited placements enabled students to experience working in a variety of rural and remote settings without being committed to the location long-term.

Support for student placements

My rural placements have been really supportive and small…I think the small team, the interesting caseload, the potentially friendlier environment and smaller hospital that appeals to me (SAHCRH3)

you're a bit more, maybe supported because you're not part of an enormous food chain, you know, you're kind of part of a smaller food chain (SNCRH2)

Time-limited placements enabled students to experience working in a variety of rural and remote settings.

I think the opportunity to work in a rural or remote location was a bit exciting for me and being that it was only 8 weeks for something that I could deal with for a little bit just sort of experience the new way of life (SNCRH1)

While on placements, students appreciated being able to remain connected with their school/faculty through the use of technology, especially for those spending extended periods of time in a rural/remote setting. Staying connected as a means of support was particularly important for students on placement because accessing supervision can be problematic. Being in a clinical working environment where most of the staff was older than the majority of students was also seen as a challenge for adjusting to the work setting. Providing support to students by linking them to mentors, colleagues and locals that they can connect with was suggested as a potential solution.

Enabling students to maintain contact with their school/faculty through the use of technology was important to participants.

> *…having education sessions done by video link so you don't have to travel to the location. Not scheduling things on a mid-weekday, like a Wednesday lunchtime where you have to get there and back, that makes things difficult. (SNUON100)*

Even so, accessing discipline supervision for students on placement can be problematic.

> *I mean even just student placements. I think with Nursing and Allied Health, I mean accessing supervisors anywhere for student placement I know urban, rural, remote everywhere it can be a challenge but I think that is an extra challenge for Allied Health and Nursing to get supervision for student placements and for new graduates. That's a big area (ISMU3)*

Supporting students on placement to link to people of their own age group was suggested as a solution.

> *I suppose having some young people there makes other young people more likely to come…because if you go into a workplace where everyone is your mother's age or older or have kids, not anyone in the same generation as you at the same stage of their life, it's very hard to make friends and associate with people and do things outside of work. So that can make socialising harder. So maybe having time allocated where new and young people can meet each other between disciplines, not just in the area that they work, so that you have a bit more of a social network to support you while you're living probably very far away from everyone you know (SNUON100)*

Students studying at metropolitan-based institutions face a number of logistical challenges when they undertake a rural/remote placement. They may have to keep paying rent in the city or take time off from work (and risk losing their job). These challenges require support from the student's university to overcome and help accommodate this placement and increase the chances of success of the placement. Incentives that would encourage students to complete a rural or remote placement would be assistance with organising accommodation, the provision of accommodation and access to a vehicle. However, some metropolitan-based universities were perceived as not supportive of student's who wanted to pursue a rural or remote placement and would be less likely to provide any additional incentives to complete a non-metropolitan placement.

Students studying at metropolitan based institutions face a number of logistical challenges when they undertake a rural/remote placement.

> *The great difficulty is that many of them have jobs... And rent yeah that's right and to be able to take time off from those can be quite difficult (ISMU2)*

Accommodation and transportation – if we weren't expected to pay for our own accommodation and maybe have some transport – help with transport to the locations then it would be a lot more enticing. It's just at the moment I wouldn't be able to – because I've got a month of placement coming up so if I was placed in a rural area I wouldn't be able to work for a month and that would be financially crippling (SNMU5)

Support is also required from the university the student is enrolled in.

it's often problematic – well for a lot of reasons I think. It's quite a complex space but in the first instance I don't believe that a lot of the universities that train undergraduates are particularly interested – they are not interested in making much of an effort to assist students to get out there. That's one thing that's a real barrier and I have had many students over many years talk about that. It takes a very motivated, driven student a lot of the time to make it happen. So I think there are a lot of barriers but I think that's critical – we know that if we can give students a really good well supported clinical placement that has quite an influence on them going out to remote or rural practice and that's across the disciplines – that's not just nursing (ISMU1)

The number of students studying health sciences is increasing the demand for student placements. Innovative student placement pathways have been created to meet the discipline-specific requirements for the expanding student population. These inventive placements include rotations to non-metropolitan settings. One such program has been difficult to introduce due to the reluctance of the universities involved and that support is critical for making placements successful.

The increasing number of students studying health sciences is increasing the demand for student placements.

We've had this burgeoning number of students and trying to increase our clinical training capacity and it's particularly within some of our allied health science groups. …and so in order to do that we've created clusters so that you can bring in possibly a private practice; possibly a smaller centre and if they're coupled with a larger centre that has say MRI or whatever then the cluster can be accredited, and that's been really good but also as part of that we've made it that people have to have a rotation – so they rotate around services and one of those has to be rural. It's been quite hard to enforce. The universities don't want to enforce it (ISMU2)

Providing adequate support to students on placements could be improved with a more efficient selection process for students who wish to undertake a clinical placement in a rural/remote community. The application process would be designed to select students who are committed to and demonstrate attributes required for remote practice. The involvement of the community is designed to enable active community support for students

while they are on placement. The application process would also allow the health service to individually tailor their support of the student whilst on placement.

An industry stakeholder from a remote setting described how the community is involved in a selection process for students who wish to undertake a clinical placement in the township.

> *I started something a bit unique because I was thinking we don't actually screen the students we're getting in those rural and remote areas. So somebody can tick the box and say yeah I'm keen to go but are they the right student to get in those spaces for lots of reasons but I also look at it from a community perspective. What's the community going to get out of having this student because community does invest in the student placement, particularly in a small remote space. They're teaching them, they're showing them different things and you want the community to feel like they're getting something out of a student placement. So we trialled interviewing students before we actually took them which was something that had never been done before and we actually put our students through sort of 3 rounds. So they actually had to put an expression of interest in to the University and the University culled that down. We then did an interview with them from a UDRH perspective and we culled that down and then we had a final interview where it was community members and one, and also on that panel was a local traditional owner and then they decided which Social Work student I would take and they were the final choice of students we had and I think by doing that we actually got the right mix of students, the motivated students. The students that were passionate and willing to and I think that is a good way of doing it, a recruitment strategy (ISMU3)*

The application process allows the health service to individually tailor their support of the student whilst on placement.

> *also what I've found too (name researcher) that is useful in terms of getting students to think about, thinking about their life in this space, of their career and they can picture themselves living in a rural, remote or rural area, is introducing to them to the other professions in the town, not just remaining in the Health sector. So if there's teachers in the community or lawyers or tradies or whatever so that they're getting a sense of what life would be like here and then they're able to make friendships and can see things. So sort of, oh when I've taken on students I've sort of got to know them as a person, as an individual. Asking lots of questions about who they are and where they see themselves because then when they come on placement I can purposefully introduce them to different people (ISMU3)*

Post-graduate rural/remote placements

Graduate programs and base grade positions offer new graduates the opportunity to experience living and working in a rural environment. Student nurses were aware of and interested in graduate programs offered in non-metropolitan settings. Nursing students were attracted by the opportunity and choice of rotations offered to them to consolidate and further develop their clinical skills. Structured graduate programs in rural and remote areas are principally only available to nurses. Support of base grade allied health graduates in non-metropolitan settings is less-structured and may lack access to support.

> *I think Ballarat Hospital does four or three rotations, some only do two, a lot of the ones in the city only do two. At the start it is really attractive to have the opportunity to do four different rotations (SNMU4)*

> *A big factor for me was the rotation of the graduate program. So I wanted to get as much experience as I can. So Latrobe Regional Hospital has a graduate program where you do four months in three different areas. So I really liked the idea that I could get experience in three different areas and one of those areas could be something that you want to specialise in so I'm interested in oncology and renal. So I'm hoping that I can get four months in one of those areas and then I'll work on a medical ward and also probably a rehabilitation or a geriatric ward (SNMU9)*

Structured graduate programs in rural and remote areas are principally only available to nurses.

> *With Ramsay Healthcare we're lucky to have our own postgraduate program. It's mainly for nurses so it's a 12 month postgraduate program. With the allied health there isn't a structured placement program but at this facility we offer them support and semi-structured days as well and we buddy them up. For example, the occupational therapist, we buddy up with the regional occupational therapist so we have a good relationship with the public health so we maintain that good relationship with public health in the rural areas because I think that's really important to have that connection for a broader community to support them as new grads (ISUON104)*

Graduate programs that offer rotations in metropolitan and non-metropolitan settings were attractive to new graduates because of the range of experiences gained in the different work settings. This type of rotation would encourage new graduates to try a rural work experience while still being able to have the experience of a metropolitan setting as well. In one jurisdiction, such programs are being undermined because some of the larger regional hospitals would like to establish their own cluster-rotation programs. It is feared that rurally based cluster-rotations will ultimately reduce the number of urban origin graduates exposed to rural practice.

Students were also attracted to graduate programs that involved rotations in metropolitan and non-metropolitan settings.

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 (SNUON100)

I think that there should be more rotations between metropolitan and rural areas. It would be great if, say, Liverpool Hospital or Royal Prince Alfred Hospital sent someone up here to do a work for six months or something like that and that rotated that position. Obviously, that requires an increase in staffing and funding and there is no extra money…I find, but that a person rotating in this area has to be an extra (ISUON98)

New graduates that had a positive experience as a student on placement at a rural/remote health service were influenced to apply for work in these same locations. New graduates become familiar with the location and the work environment as a student and are more likely to return based on their experience. They feel more confident in committing to a work position in a rural or remote location that may have been outside of the norm or their comfort zone before completing a placement as a student.

A positive experience as a student on placement at a rural/remote health service influenced the attraction of these programs.

I did placement in Ballarat Base Hospital. I found the environment really very welcoming, very friendly. So I think right now that one is probably my top pick (SAHMU7)

I think just having the opportunity for early grads or new grads to come out there so actually having positions open that are rotating or expose you to a few different things while you're there, has a support program in place whether it's mentoring, whether it's a debriefing on a monthly basis or something just to provide incentive and make sure that you're well supported for the transition from university to work but also from living in a metro or a large area to a smaller area, to a new town where you might not know anyone (RGAHMU8)

In one jurisdiction, such programs are being undermined because some of the larger regional hospitals would like to establish their own cluster rotation programs. It is feared that rurally based cluster rotations will ultimately reduce the number of urban origin graduates exposed to rural practice.

some of the larger regional hospitals have rather than continuing to participate in the cluster with city things, they would rather just set up their own cluster because they sort of feel that they would rather invest their time in effort in people who are already rurally focussed…rather than engaging in a wider cluster they would rather cluster with each other because they want to invest their training time into making people who they think will come back to

them work ready rather than providing that experience to a whole range of people of whom may or not come back. So that reduces the number of people who can be exposed and become comfortable with working in the country (ISMU2)

New graduates in non-metropolitan areas for work placements require support. These supports ranged from adequate preparation for the realities of rural or remote practice through to assistance with accommodation and the cost of relocation. Support in the clinical setting is especially important for new graduates entering their field of health care but the assistance that is needed to enable these new graduates to move to rural and remote areas is also vital.

Support for new graduates

the things that pulls them into it but then it pushes them away because of the lack of perhaps adequate supports and preparation so I think we hope that they do and we've had some really good feedback particularly around the preparation for remote practice...it's also about their personal preparation as well for that practice (ISMU1)

I found the Rural Health Practitioners Program run by the NSW Rural Doctors' Network. I found out about that not long after I got offered the job and called them and they were really lovely and I spoke to them and I'm a recipient of that, which is really awesome. I haven't actually claimed anything back yet but I am a recipient of that (RGAHUON97)

Recent graduates that are considering rural and remote work experience were interested in time limited opportunities in non-metropolitan environments. Not having to commit to long term contracts in a rural and remote setting is attractive to many new graduates that may be relocating from a metropolitan setting. New graduates would be more willing to work rurally and remotely if they were able to have the option to be on shorter term commitments or have a rotation in a metropolitan setting.

Some recent graduates were interested in time limited opportunities to work in non-metropolitan environments.

I mean I think there are opportunities around work, and around being able to really diversify your skills. And I guess we get a lot of support here to do that from the workplace, both in terms of time and financially and all that sort of thing. I think – I don't know how many opportunities there are in terms of family life and all that kind of thing. And – yeah I think probably I would have to say that staying rural for me I think with most people isn't something that I would particularly want to do long term (RGAHMU11)

Only as a temporary type of thing. I've considered a locum style, to maybe do that as an option to travel (RGAHUON2)

Incentives to work in a non-metropolitan setting experience included assistance with travel, organising accommodation and financial aid for relocation costs and accommodation.

> *if you're not looking for your own accommodation and if you're not trying to sort through all that sort of stuff from so far away it would be really easy to sort of fit in and that sort of thing (SAHCRH1)*

> *like incentives like getting a car or giving you subsidised accommodation or something like that that's probably something that would help so I did choose Alice Springs and knew that it was more civilised than lots of our country towns in South Australia so it wouldn't be so confronting and everything but I mean I have loved it so far (SNCRH1)*

Rural clinical experiences are an integral part of the decision-making process for students and new graduates that may be considering relocating to rural or remote areas for work opportunities. For students, having the option to attend a non-metropolitan placement offered a benefit of being able to experience the lifestyle and work environment in a rural setting. Rural placements also allowed students to be more autonomous in their practice, which expanded their knowledge and clinical abilities. For new graduates, being offered a graduate program position with multiple rotations was attractive because of the opportunity to diversify their exposure and upskill their clinical competencies. Having the option to attend rotations in both metropolitan and non-metropolitan settings was the most enticing aspect of these rotations.

The positive experience as a student on a rural placement had a great impact on influencing new graduates to seek out rural graduate programs. These rewarding experiences as a student relied on the support that was offered to them including financial aid, logistics, availability of placements, access to supervision, direct support from their university and support from the community. Available and subsidised accommodation and access to a vehicle were appreciated incentives which facilitated the uptake of rural and remote placements.

New graduates required support when relocating to a rural location for work. Assistance with accommodation needs and the cost of relocation was very important to graduates seeking out opportunities in rural settings. Health services and organisations being able to offer this support would be very worthwhile incentives for new graduates considering a rural position.   Besides the logistics of relocation assistance, support to help prepare recent graduates for actual rural or remote practice was essential in the decision process to consider rural positions.

Both students and new graduates were very interested in the prospect of time-limited opportunities in rural or remote locations. A placement as a student or new graduate was more likely to be considered if the position was short term and also if there would be an

option to split the work between a non-metropolitan and a metropolitan setting. Creating positive experiences, providing the necessary support and offering incentives to students and new graduates for rural exposure would be key components for influencing participants to stay longer in a rural or remote setting.

Future aspirations

Student and recent graduate participants spoke of their future in terms of being dependent upon their life decisions, their career aspirations, rural/remote or urban location and a desire for travel. (See Appendix 7 for participants' quotes)

Some students and recent graduates were unable to articulate where they would be in five years because it was dependent on life decisions that centred on job availability. For others there was an intention to undertake future career orientated education but was reliant on their future personal circumstances.

Some students and new graduates considered that keeping an open mind about job availability and location was something that would help them to decide about their future career. There was an intention by some to focus on their career in their chosen discipline. This ranged from ward work, community work, specialised clinics, and private practice and discipline specialisation. For other students and recent graduates, career focus was in relation to undertaking further education.

The overwhelming answer for students and new graduates with regard to where they might see themselves in 5 years' time, is working in a rural or remote area. Many participants' responses indicated that they would like to stay in a rural or remote location. A few participants mentioned specific locations, such as rural Victoria, Alice Springs and rural towns closer to Sydney. However, most participants referred to rural and remote as a generalised place that they would prefer to be continuing their work as healthcare professionals. While for others, there was a preference for working rurally in a specialist area. Some students and new graduates preferred the option of working in an urban area in five years' time.

Other common answers for where participants could see themselves in 5 years' time focused on the availability of jobs and the stability of these jobs. Participants are aware that where they may be in 5 years could be dependent on where they are able to find an opportunity. Also, that the job opportunity would be a more stable, long-term option.

Participants considered traveling to be an important experience in the coming years. As many of these participants are younger students and new graduates, they consider this time to be the best opportunity to travel to different places before they decide where they may settle in the future. Many participants intended to travel and work overseas.

The short term aspirations of student and graduate participants were shaped by uncertainties about their life circumstances, the availability of work and whether they had specific career intentions, particularly in relation to where they might be working (rural, urban or overseas), how they will be working (private practice, specialised practice, status quo) and what they intend to do to get their career where they would like (undertaking further education). These aspirations reflect the interplay between connections to people, place and communities, career ambitions and experiences of living and working in rural and remote settings.

Making rural and remote attractive

Participants highlighted the need to, and importance of, promoting and marketing non-metropolitan practice. Marketing campaigns should focus upon the positive aspects of rural and remote practice. Personal stories and testimonials are influential ways by which rural and remote placements, early career employment opportunities and the advantages of practicing in non-metropolitan settings can be promoted.

Focus on positives, not negatives

Participants thought that the benefits of non-metropolitan practice were not promoted and that the rural and remote health discourse is focused upon problems and not opportunities.

> *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 (ISUON1)*

> *I think maybe just a positive reinforcement of rural services and actually highlighting the strengths of those services because …we don't get the feedback from other students about was this place good, was that place adequate ….we only ever kind of hear people having to come in from rural services or not being able to access rural services or having to travel really far to get to rural services and so this gives a very negative image… we only see the way it's reported in the media or just amongst health professionals (SNMU4)*

Furthermore, there were opportunities to market rural and remote practice in a very positive way especially how rural practice was different and the career opportunities available.

> *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
(ISMU2)*

*…market the practice a little bit as you don't really know what is out there. A
lot of people don't know places around Victoria and they just stay in the city
because it is easier. You need to know the scope of practice and maybe even
figures and statistics in what sort of things you would be seeing compared to
the city (RGAHMU12)*

Non-metropolitan practice offers a range of professional advantages such as breadth
of experience, a chance to enhance your skills and interdisciplinary practice as
highlighted by some of the recent graduate and industry stakeholder participants.

*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 (RGAHUON97)*

*…specially for new grads, that's one thing we all really look for, to know that
that training's there and that there's someone who's going to be there to help
us in situations we're not sure of and I guess for remote areas it would just be,
again, initiative to promote people to come….So just helping and guiding that
would make it a lot more appealing for people to come to these areas I think
(RGAHUON93)*

*If you want to go more into a holistic interdisciplinary practice sort of model
then you should be choosing a rural or community health base versus the other
because they both have got real strengths but I don't think that sort of
knowledge or insight is made clear (ISMU2)*

However, participants found it very difficult to access information that helped them
understand what they need to do to work in a remote setting.

*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 (RGNMU13)*

Some participants were interested in know what specialist role opportunities existed
in rural and remote settings.

*I think if there were opportunities 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 (RGAHMU7)*

The process also involves promoting the lifestyle, local area and links to professional networks.

> *It's the fact that we're close to Wilsons Promontory, we're close to really nice bush walking, beaches. So it's that, people who are outdoors focussed they find that really attractive (ISMU4)*

> *also we promote our links in that regional area as well in terms of that we're not isolated professionally and that we do support attendance at regional meetings, working groups or interest groups, professional groups if they're meeting, which Physio and OT are it I think, or OT certainly is. Speech isn't, but that, and that we liaise and link in and we certainly talk about that so that they realise it's not an isolated place (ISMU4)*

An important starting point is promoting rural and remote practice to children living in non-metropolitan areas.

> *I also know here in the Territory they do high school visits where they're trying to encourage kids to think about careers in Health and I've been trying to work closely with the PHNs (Primary Health Networks) over a number of years now when they were Medicare Locals and whatever they were before that, to actually link in with local Allied Health and Nursing people that already live in those towns when they visit because I think it's good for students, high schools students to actually meet people in their community that maybe already study that degree and have now got a job and they can ask some real questions like how is it working as a professional (ISMU3)*

For a marketing strategy to be successful, all sections of the health workforce education and training sector need to be promoting the advantages of rural and remote practice. However, currently sections of the health care sector, some health professions and some universities actively discourage rural and remote practice.

> *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 (ISMU1)*

> *the Universities could promote the benefits of it a lot more but I don't know that they see, seems like they don't prepare students particularly well for the actual application and practice part, you know the nuts and bolts of it of getting started (ISMU4)*

Rural and remote practice should be positively promoted and marketed. The focus should be on the professional, career and lifestyle opportunities and benefits that rural practice offer. This positive message should start in rural and remote schools, be consistently reinforced in university and through professional bodies and associations. Additionally, the

development of rural and remote career pathways would assist students and early career professionals understand the employment and career opportunities available to them in non-metropolitan settings.

Spreading the word

Participants' perceptions of, and interest in, rural and remote practice was influenced by hearing the experiences of their peers and colleagues. These personal accounts were principally shared by word-of-mouth; however, such stories can be disseminated through testimonials posted on web-sites, posts on social media and social-networking sites. These approaches can also be utilised to promote rural and remote employment opportunities to students and new graduates.

Word-of-Mouth

Students and recent graduates were keen to share their experiences of rural and remote practice and promote the services and areas they had been to with their peers.

> *I will definitely spread the word and tell everyone else (SNCRH2)*

> *But the people here are so nice, like I'd encourage anybody to come up here (SAHCRH1)*

> *when I got back to the John Hunter I'll definitely tell all the other new graduates that it's all really great, that they're really supportive and a great team, great environment, great place to be. So definitely by word of mouth (RGAHUON1)*

Students' practice location decisions are influenced by what they hear from their peers, even when they have not been on a rural placement themselves.

> *…at this point even now you're thinking about what kind of place you want to work in placement next year so that hopefully you can get a job there. But I just have heard from a lot of people that there's a good chance that if there is a job position available and you set a good standard for yourself then you can become employed…word of mouth from other students and a lot of my supervisors have told me. They've said that that's a possibility (SAHUON109)*

> *I think they're (placements) really, really useful. Not necessarily always just for the person who comes but they go back and talk about it. So we have recruited from people who came for placement but we've been more likely to recruit from someone who, who someone they knew had been here who has spoken positively and they realise (ISMU4)*

However, word-of-mouth promotion need not be from a peer, it may be a significant other as illustrated by a recent graduate.

One of my cousins got a job up in one of the schools in Barraba and he was a big influence. He said "Tamworth's a really nice place. You'll love it up there. So many young people working and just starting out there" and to hear that he'd experienced that as well and he knew that it would be a good place really helped me to settle in and be more confident with my decision and family as well (RGAHUON93)

Students and graduates highlighted the influential power resulting from sharing rural and remote experiences and personal stories. The practice location decision making of peers who have no experience of rural and remote practice was influenced by the personal stories of their peers.

Testimonials

Testimonials available on university of health service websites are another avenue to promote and educate about the benefits of non-metropolitan placements to students.

I suppose it has to be some sort of educational type of thing, they have to have an awareness that it's out here. Maybe a few more testimonials from people who have been here or are here ... Testimonials might be helpful, because most people, whether they're city or rural based, report it as a good experience (ISBPUON1)

Testimonials could also be used to promote graduate programs and early career employment opportunities in non-metropolitan settings.

Going directly to the Uni's if you're looking at Grade 1 positions it really assists being able to ... the Uni's have their, the site you can go through ... University's actually send emails directly to all their final year students ... some they just post it on their, an area where they can all look in terms of their websites ... that's really good in terms of going directly if you, you might have a position where a graduate would be suitable (ISMU4)

Testimonials are another mechanism to share experiences and promote rural and remote placements and rural practice.

Promoting rural and remote employment opportunities

Some participants suggested that universities should have a role in promoting employment opportunities to students, while others thought that this should organised across a number of platforms.

...jobs were posted (on university site) and that is how I found out where to apply (RGAHMU12)

..being able to know what's available and like…I've signed up to a few sort of physiotherapy job things that sort of send out like what's available, but you know, if there was something that, actually a network that you could put your interest in and they'd sort of throw positions that are coming up and that sort of thing….it'd be good to know if something's coming up or anything like that is potentially available if you showed an expression of interest (SAHCRH1)

Testimonials from students and recent graduates are another mechanism for individuals to share their experiences of studying, working and living in a rural and remote setting. Testimonials can be used to promote rural and remote placements, graduate programs, internships and base grade employment opportunities. A range of platforms can be used to host testimonials and promote rural and remote employment opportunities (e.g. health services, universities, special interest groups and government department web sites).

Providing and supporting opportunities to experience rural and remote practice

A key component of promoting non-metropolitan practice is ensuring that students and new graduates experience high quality and well supported placements and graduate programs. This is particularly true for students and new graduates who have never lived in a rural or remote location. Participants acknowledged that it was very difficult to consider rural relocation in the absence of exposure what such a move entailed.

I think we need to focus on that – it's about giving them good clinical placement as well; supportive placement; give them good experiences; give them graduate programs again that are out there – well supported is – yeah and focus on all that positive stuff (ISMU1)

Those participants who experienced a rural clinical placement expressed that this was not always an option and also may not have been perceived to have been supported enough by the university. Industry stakeholders also mentioned the need for universities to support rural placements in order to support greater exposure to increase students understanding of rural health resources and opportunities.

I think that it needs to be maybe a little bit more promoted while we're at uni. So I guess when I was at uni going on rural placement always seemed like a bit of a punishment. People have never really wanted to do, and people would always would complain about it, and all that sort of thing. So I think there needs to be I guess a better idea of what rural work has to offer for us as clinicians, and how that kind of differs, or what I gives you that you wouldn't get within a metro location (RGAHMU11)

This was not the experience of all students. Those who had been on placements supported by a UDRH championed the support that had been provided and spoke glowingly of the experience.

> *My experience with Newcastle University's Rural Health Department in Tamworth definitely changed my views on working rurally, so yeah, it is a great program (RGAHMU15)*

> *There is a Department of Rural Health in Tamworth that we are outside of Newcastle but again that's quite a large rural place but that is I guess the university's attempt to encourage students to go out there. It is well supported. I did spend five weeks out at that site on one of my placements and it was really enjoyable. There was lots of opportunities and lots of support there so I think in terms of that it was really great but there's definitely – there could be more opportunities in that space (RGAHMU14)*

As with rural relocation for employment, participants spoke of the costs associated with rural clinical placements. For many students this meant double costs for accommodation in order to maintain their urban residence but also loss of earnings if they had an urban located part time job. The support of the UDRH was appreciated for the accommodation offered, administrative and educational support.

> *Having to live away from home to study it was quite expensive to pay for accommodation for placement and pay for accommodation in Melbourne as well. So I chose to do the rural placement in my 3rd year because the block was shorter. I couldn't do a longer place and pay double rent (RGAHMU9)*

> *all of the girls have been extremely happy with what we've been able to be offered and everything . . . we're very appreciative. Especially like the housing and the car and everything . . . especially (name) done all of our kind of facilitating, and she's been fantastic, you know, when we've got something, you know, a question or whatever, she's replied straight away with the answer and everything, so I think that kind of, that good relationship really kind of helps (SNCRH2)*

Nursing graduates relied heavily on their structured graduate programs to offer them appropriate and timely professional development and socialisation in the workplace. For many allied health participants this support was not as well established or structured but where available, was seen as useful in supporting transition to work. Most participants spoke of the need for support networks in the workplace and mentioned this as a factor in their decision making.

> *I think there needs to be more support networks setup in each of the Allied Health disciplines and they all need to sort of work out of a central location so*

that they can use a multi-disciplinary approach to their care and coordinate their services as best as they can (RGAHMU9)

I would be looking for is how well supported a role is in terms of the network within my own profession. That's something that if I was looking to go to another area especially being a recent graduate was something that I would look as being either a positive or negative to see that – I think having some senior clinicians in my specific network or that were supported (RGAHMU14)

Both recent graduates and industry stakeholders suggested that collaborations between urban and rural health services may enable opportunities for urban origin graduates to be exposed to rural practice as part of a graduate rotation position. This would enable rural exposure that may not have occurred earlier in the career pathway.

I think that there should be more rotations between metropolitan and rural areas. It would be great if, say, Liverpool Hospital or Royal Prince Alfred Hospital sent someone up here to do a work for six months or something like that and that rotated that position. Obviously, that requires an increase in staffing and funding and there's no extra money…but that person rotating in this area has to be an extra. It can't just be the only person here for six months. Otherwise, the service has every six months a new staff member and there's no one to provide supervision or support to that person. It has to be an additional person, which carries a huge additional financial cost (M98UON)

Providing opportunities for students and new graduates to experience rural and remote practice is integral to attracting urban trained health professionals to work in non-metropolitan areas. Health services and universities need to promote the benefits of placements in rural and remote settings. To undertake rural and remote placements, urban based students require a range of supports. The UDRH program is an exemplar of how rural and remote student placements should be supported.

Opportunities for recent graduates to experience rural and remote practice includes graduate programs, internships, base grade employment opportunities and rural/remote rotations linked to urban based health services. Nurse participants spoke about the influence of the graduate program on their decision making processes. For some, the opportunity offered by smaller rural hospitals for several rotations was more attractive than those offered by urban hospitals.

Generally students and graduates sought supervision and mentoring to support the development of graduate competencies and capabilities. Mentors were particularly important in welcoming new graduates and ensuring that they were oriented to the workplace and the wider community.

Promoting incentives

Student and graduate participants indicated that their practice location decision making was influenced by incentives linked to rural and remote practice. Incentives ranged from scholarships, assistance with relocation costs and assistance with accessing professional development and clinical supervision. Some suggested that incentives could also retain practitioners in non-metropolitan settings. However, few of the students and recent graduates interviewed were aware of the currently available incentives.

Financial support during undergraduate training could be tied to a rural health practice commitment but students and graduates also suggested limited time appointments.

> *I think if you had the financial input as you were going through uni and you knew that at the end of it you would need to do 12 or 18 months in a rural location that would make a bit more sense (RGAHUON105)*

Both students and new graduates spoke of the debt they had due to study and the difficulty of moving away from supportive parents and costs of relocation. For rural relocation to be a viable option for urban origin students and graduates, financial support may be a positive influence.

> *I said, I don't know of anything like that ,any sort of schemes or anything that can support me, but it also would have been a good thing to be aware of, so yeah, greater awareness of those sorts of things it would definitely help (RGAHMU3)*

Relocation rurally was costly for urban origin students and graduates who had existing debts and it was suggested that financial support would positively influence their decision making. For the one participant who had received a significant relocation allowance, the move to the rural location had been much less stressful and made transition smoother.

> *If there was like a scholarship or something. Lots of people don't want to move away from home especially if you live in the city you can commute by train or tram, but rurally you need to have a car so if there was like a scholarship or some financial aid that could assist with that might help as well (RGAHMU4)*

> *Advertising those incentives and maybe making the funding models in the health services for rural/regional a bit more readily available to make that decision a bit easier for people who are deciding (RGAHMU8)*

Students, graduates and stakeholders were concerned about retention and a perceived high turnover of staff in rural areas because there were supports needed to strengthen retention.

I'm not sure what they would do to attract more people to start with because maybe making it more competitive options. I guess if you wanted more people to purposely choose rural but I think from what I've experienced we've had quite a high turnover at my work of people who have sort of stayed for about a year maybe two before returning to a more metro location (RGAHMU2)

a free trip back home once a year (SNCRH1)

maybe subsidies and cost of living more than more pay I would care about (SNCRH3)

Participants were mostly unaware of incentives or initiatives available for supporting nursing and allied health students and graduates to consider rural or remote practice, it is recommended that future schemes are given a higher profile through a strategic advertising plan.

Attracting people to rural and remote practice requires a whole of health sector approach. The focus of promoting and marketing should be on professional career prospects, lifestyle opportunities and benefits that rural practice offer. A consistent message should be provided to school students, health profession students, new practitioners and the broader health workforce. Marketing campaigns should utilise personal stories and testimonials through in-person process, peer-to-peer platforms and other platforms (e.g. web sites). Incentives to undertake non-metropolitan placements or relocate to rural or remote areas should be promoted to students and new graduates especially financial and training opportunities.

Summary of findings

When considering where to work after graduation students' decision making is informed by personal, professional and practical factors that are impacted on by their past and current knowledge about work in rural and remote locations. Rural and/or remote exposure through placement is essential for urban-based students to understand the non-metropolitan context and develop an awareness of the opportunities and challenges offered by rural relocation.

Support for rural and remote placements requires a joined up approach from universities, governments, peak bodies and health services to enable students to manage their conflicting interests and potentiate the rural exposure. The Rural Multidisciplinary Training Program with a renewed focus on nursing and allied health students is poised to afford a strengthened platform for a more collaborative approach to a rural and remote career pathway.

Attention to the personal needs of new recruits in terms of support to maintain family connections and connect with a new community, as well as provide clear and supported career pathways will positively enhance the decision to move to non-metropolitan locations. Supportive workplaces with access to professional development and supervision will also increase attraction. Connectedness is vital in ensuring a positive transition and all supports need to consider this for recent graduates.

Positive marketing about remote and rural practice and providing quality student placements in mid to late training may help to change perceptions and norms and increase students' intention to work in rural and remote locations. Although some participants perceived a lack of new graduate positions in metropolitan locations as one reason for considering alternate options, there was definite readiness and intention of many participants to relocate to a rural or remote location either as a graduate or in the next five years.

Understanding the decision of urban trained nursing and allied health students and recent graduates to relocate to a rural or remote location requires recognition of the contribution and influence of connection, the vision of one's career pathway and the experience of rural and remote exposure. These factors are all important in the strategy to make rural and remote employment attractive.

Conclusion and recommendations

This qualitative study drew on the experiences of 85 participants. They comprised 36 allied health and nursing students studying at urban based universities, 34 allied health and nursing graduates of urban based programs who qualified in the past two years and 15 health industry and professional association stakeholders who have an interest in health workforce capacity building. Allied health participants included students and graduates who were studying or had studied nutrition/dietetics, occupational therapy, optometry, pharmacy, physiotherapy, podiatry, psychology and speech pathology. The industry stakeholder interviewees included managers of rural and remote health services and representatives from peak bodies, professional associations and a State Government Department of Health.

This study provides important information with regard to the practice location decision-making processes of urban trained allied health and nursing students and new graduates. It offers qualitative insights into what attracts and deters allied health and nursing students and new graduates from practicing in rural and remote areas.

Our findings confirm that pathways are complex to both increased propensity and increased participation in rural practice by allied health professionals and nurses. Location decision making within these professional groups is influenced by many key components, both professional and non-professional, including connectedness to people, place and community, seeing a career pathway and opportunities to experience living and working in a rural or remote area.

First and foremost, decisions about where to work and live following graduation were informed by connections to people, place and community creating a sense of belonging (rural or urban) and positive work life balance. These interrelated elements between individuals and influencing contexts were intrinsic and extrinsic in nature.

Another consideration influenced student and graduate participants' perceptions of relocating rural or remote, was how this impacted upon their career pathway opportunities. Perceived difficulties in progressing their career, limited opportunities to specialise and lack of access to support are factors that deterred participants from practising in non-metropolitan settings. However, the broad scope of practice in rural and remote areas and increasing competition for employment in the health sector were reasons to consider relocating to a non-metropolitan area. Informants also highlighted how political and policy decisions are negatively impacting upon rural and remote career opportunities, as funding decisions impact upon small health services capacity to offer allied health positions and their capacity to support professional development and clinical supervision is reduced.

Opportunities to experience living and working in a non–metropolitan environment were viewed as important for both students and new graduates. Importantly, rural and remote placements and early career employment opportunities informed students' and new graduates' practice location decision making. However, positive rural and remote

experiences were dependent upon financial and logistical supports being made available. Students spoke positively about the role UDRHs have in supporting rural and remote placements.

A key finding highlights the need for greater support for nursing and allied health student and new graduate engagement in rural and remote settings. There was almost unanimous agreement across the informant categories that nursing and allied health are disadvantaged in comparison with medicine and that there is a pervading perception that recruitment and retention of nursing and allied health practitioners in rural and remote locations is somehow less important. While the recruitment and retention of a rural and remote medical workforce is nonetheless extremely important, an increased emphasis upon recruiting and retaining a highly skilled nursing and allied health practitioners is strongly recommended.

While the 11 key recommendations are outlined below, it is clear that large gains can be quickly achieved in attracting nurses and allied health professionals by increasing awareness of non-urban practice. Most participants in this study reported little awareness of initiatives and incentives aimed at increasing rural recruitment. Consequently, a key recommendation centres upon better promoting and marketing rural and remote practice, providing and supporting rural practice experiences to students and early career professionals, supporting the transition to rural and remote practice, and developing career pathways in rural and remote Australia. As a result there is a strong need for focused and positive marketing of opportunities in rural and remote areas for these professions, both during their undergraduate training and in their early career employment. This marketing would focus upon increasing awareness that a rural or remote career can be very rewarding, not limiting and that it offers opportunities and advantages that are not available in the urban setting.

Another very important factor is that childhood origin contributes to an increased interest and awareness in rural employment of these professions. Alternatively, urban background participants expressed strong concerns, perceived or otherwise, of their likely poorer social connectedness in the non-urban environment. Consequently, increased rural exposure opportunities appear to be important with such opportunities focusing upon both quantity and quality of the experience. More attention is needed to provide rural clinical experience opportunities, particularly of those with little previous rural exposure. Once again, however, these experiences, both professionally and non-professionally, need to be of high quality and promote the positive aspects of rural and remote practice. Increased placement support may be valuable to enhance the quality of the experience.

Recommendations arising from the study are focused around promoting and marketing rural and remote practice, providing and supporting rural practice experiences to students and early career professionals, supporting the transition to rural and remote practice, and developing career pathways in rural and remote Australia. This can best be achieved if a rural pathway approach captures opportunities at critical times to influence those

modifiable decision making factors found in the literature and reported by the study participants.

Recommendation 1:

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. Marketing messages should focus upon increasing awareness that a rural career is not second class, does not limit future opportunities, can be highly rewarding, and provides a solid 'generalist' foundation for clinical practice.

Recommendation 2:

Participants in this study, both of rural and urban origin, were largely unaware of incentives and initiatives supporting rural recruitment and many urban origin students expressed a need for more information about rural practice. There is a need for a strong positive marketing and targeted dissemination of information about rural and remote practice and supports, available to facilitate recruitment, at all points along the rural career pathway. This includes making information about placement supports more accessible to students through university allied health and nursing placement coordinators, as well as rural health clubs. Providing information to allied health and nursing students in their final years of their studies about rural and remote employment opportunities and relocation and transition supports.

Recommendation 3:

Develop career pathways for AHPs and nurses working in rural and remote settings. A potential career structure could extend beyond the acute sector and into primary health and community and for allied health professionals commencing with a structured graduate program, as is established practice in nursing and medicine. Greater emphasis should be placed on making higher grade positions available in rural and remote health care environments, which would encourage professionally mature and more senior allied practitioners to stay in rural practice, rather than migrating back to the city to seek a higher grade position.

Recommendation 4:

Ensure that urban based allied health and nursing students are exposed to positively framed rural health practice content in their curricula. The content should express rural and remote practice in a positive manner including highlighting the value of rural and remote placements for the broad and diverse experience offered to students. Universities should

encourage rural and remote career aspirations by involving input from rural health clubs and advertising career information.

Recommendation 5:

It was apparent from this and other previous studies that rural origin is an important determinant of future rural practice. Therefore, universities should increase targeted enrolment and quota supported places in nursing and allied health at urban universities for rural and remote students.

Recommendation 6:

Provide financial support for accommodation and transport (aligned with that offered to medical students) to support rural and remote placements along with bursaries to compensate students for income loss while on rural or remote placement.

Recommendation 7:

Develop opportunities for rural exposure in all settings where nurses and allied health professionals practice and innovative placements experiences that focus on the care pathways in rural and remote settings.

Recommendation 8:

Early career allied health employment opportunities in rural and remote settings should be supported. For this to be succeed rural and remote health service agencies, particularly smaller organisations, require secure funding and policy support.

Additionally, support for use of technology and collaboration of services to offer blended learning for professional development and supervision requires commitment from rural and remote health services. Innovations to offer support for new graduates must be emphasised in recruitment information as this support for professional development was expressed as important to participants in their decision making process.

Recommendation 9:

Develop pathways (e.g. staff exchange, graduate rotation) for urban allied health and nursing graduates to have exposure to rural and remote practice. The pathway should aim to offer increased opportunities for a positive experience of living and working in rural and/or remote settings.

Recommendation 10:

Increased emphasis upon 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. Such role development opportunities would be attractive to new graduate practitioners and it is recommended that students and graduates are informed about these innovations through positive marketing in multiple forums. For further information, see the following links about specialist generalist rural and remote practice roles:

http://sarrah.org.au/content/scope-practice

http://www.gnartn.org.au/wp-content/uploads/2013/09/WORKPLAN-SUMMARY-Allied-Healthx.pdf

Recommendation 11:

Increase student and graduate awareness of the increasingly competitive job market and the opportunities that increased rural exposure during the undergraduate years might offer to ensure job readiness.

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Appendices

Appendix 1A: Participant Information Statement - Students

Information Statement for the Research Project:

Understanding the Decision to Relocate Rural amongst Urban

Nursing and Allied Health Students and Recent Graduates

A/Prof Tony Smith and Dr Leanne Brown, University of Newcastle Department of Rural Health

Dr Keith Sutton, Prof Darryl Maybery, Dr Susan Waller, Dr Deborah Russell, Dr Matthew McGrail, Monash University School of Rural Health

Prof Tim Carey, Ms Annie Farthing, Ms Katharine McAnnally, Centre for Remote Health

You are invited to participate in the research project identified above, which is being conducted by the team of researchers from three University Departments of Rural Health (UDRHs), as listed above.

The research project is funded by Rural Health Workforce Australia: http://www.rhwa.org.au/

Why is the research being done?

The purpose is to undertake research that provides insights into decision-making amongst Australian-trained, urban nursing and allied health students and recent graduates to consider employment in or relocation to rural and remote Australia.

Who can participate in the research?

We are seeking input into this research from three different categories of participants:

1. Senior nursing and allied health students, in their final two years of study at a metropolitan university;
2. Nurses and allied health professionals who have graduated from a metropolitan university within the last two years; and
3. Health industry stakeholders, who have an institutional perspective on nursing and allied health workforce distribution.

You have been identified as falling into the **first category** and have been identified through a university student database.

What would you be asked to do?

If you agree to participate, you will volunteer to:

- Complete a short questionnaire, providing basic demographic and background information, as follows:
  - Gender
  - Age
  - Health care discipline
  - Year of study
  - Rural background
- Elect to participate in either:

- a multidisciplinary focus group with other student participants or
- a one-on-one interview with one of the research team, either in person or on the telephone.

As explained below, to volunteer you need to send a 'Reply' email indicating your interest to the project administrative staff.

It is possible that, if you are going to be on a placement in the region covered by one of the UDRHs, you can take part in the research while on placement. A mutually agreeable date, time and venue will be negotiated with you in due course.

Note that if a large number of potential participants volunteer, it may be necessary to selectively sample the volunteers on the basis of the demographic and background information supplied, in which case you may not be selected. If that happens, however, you will be notified as soon as possible.

What choice do you have?

Participation in this research is entirely your choice. Only those people who express interest and subsequently give their informed consent will be included in the project. Whether or not you decide to participate, your decision will not disadvantage you in anyway.

If you do decide to participate, you may withdraw from the project at any time without giving a reason and have the option of withdrawing any data that identifies you.

How much time will it take?

It is expected that participation in this research study, whether via a focus group or interview will take long than 60 minutes, excluding any travel time.

What are the risks and benefits of participating?

There are no identifiable risks of participating in this research, nor are there any identifiable short-term benefits. It is, however, possible that some students may be influenced in some way in their decision making about where they wish to work in the future, which may be of benefit to them.

How will your privacy be protected?

Focus groups and interviews will be conducted in privacy behind closed doors and all data collected in the course of focus groups or interviews will be treated with the utmost confidentially. Participants in focus group discussions will be advised to maintain the confidentiality of other group members and not to discuss or divulge specific content with outside parties.

How will the information collected be used?

Focus groups and interviews will be audio-recorded and transcribed by a professional transcribing service with which the university concerned has a privacy and confidentiality agreement. Raw data of recordings and transcripts will only be access by members of the research team for the purpose of data analysis, at which time all identifiers of persons or places will be permanently anonymised. Should a participant retrospectively wish to withdraw a comment, they may contact the researchers and have that comment or comments deleted from either or both the recoding and transcription.

At the stage of reporting, publication or presentation of the findings, where quotations from participants are used, they will be deidentified so that they cannot be traced to individual participants.

What do you need to do to participate?

Please read this Information Statement and be sure you understand its contents before you consent to participate. If there is anything you do not understand, or you have questions, please feel free to contact the member of the research team who sent you this document via email.

If you would like to participate, please send a 'Reply' email. You will then be sent the demographic and background questionnaire and the consent form to complete and return, after which a date, time and venue for the focus group or interview will be arranged.

Further information

If you would like further information please contact either the investigator whose details appear on the letterhead or:

Dr Keith Sutton
Chief Investigator, RHWA Study
Monash School of Rural Health
Ph: 03 5128 1031
E-mail: keith.sutton@monash.edu
Thank you for taking time to consider this invitation to participate in this research.

Signed,

Dr Keith Sutton

Lecturer in Rural Mental Health Monash School of Rural Health

Complaints about this research

This project has been approved by the University's Human Research Ethics Committee, Approval No. H- [insert the protocol reference number].

Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au.

Appendix 1B: Participant Information Statement – Recent Graduates

Information Statement for the Research Project:

Understanding the Decision to Relocate Rural amongst Urban

Nursing and Allied Health Students and Recent Graduates

A/Prof Tony Smith and Dr Leanne Brown, University of Newcastle Department of Rural Health

Dr Keith Sutton, Prof Darryl Maybery, Dr Susan Waller, Dr Deborah Russell, Dr Matthew McGrail, Monash University School of Rural Health

Prof Tim Carey, Ms Annie Farthing, Ms Katharine McAnnally, Centre for Remote Health

You are invited to participate in the research project identified above, which is being conducted by the team of researchers from three University Departments of Rural Health (UDRHs), as listed above.

The research project is funded by Rural Health Workforce Australia: http://www.rhwa.org.au/

Why is the research being done?

The purpose is to undertake research that provides insights into decision-making amongst Australian-trained, urban nursing and allied health students and recent graduates to consider employment in or relocation to rural and remote Australia.

Who can participate in the research?

We are seeking input into this research from three different categories of participants:

4. Senior nursing and allied health students, in their final two years of study at a metropolitan university;
5. Nurses and allied health professionals who have graduated from a metropolitan university within the last two years; and
6. Health industry stakeholders, who have an institutional perspective on nursing and allied health workforce distribution.

You have been identified as falling into the **second category** and have been identified through a university alumni database.

What would you be asked to do?

If you agree to participate, you will volunteer to:

- Complete a short questionnaire, providing basic demographic and background information, as follows:
  - Gender
  - Age
  - Health care discipline
  - Years of post-qualification service
  - Rural background
  - Current work location
- Elect to participate in either:
  - a multidisciplinary focus group with other student participants or
  - a one-on-one interview with one of the research team, either in person or on the telephone.

As explained below, to volunteer you need to send a 'Reply' email indicating your interest to the project administrative staff. A mutually agreeable date, time and venue will be negotiated with you in due course.

Note that if a large number of potential participants volunteer, it may be necessary to selectively sample the volunteers on the basis of the demographic and background information supplied, in which case you may not be selected. If that happens, however, you will be notified as soon as possible.

What choice do you have?

Participation in this research is entirely your choice. Only those people who express interest and subsequently give their informed consent will be included in the project. Whether or not you decide to participate, your decision will not disadvantage you in anyway.

If you do decide to participate, you may withdraw from the project at any time without giving a reason and have the option of withdrawing any data that identifies you.

How much time will it take?

It is expected that participation in this research study, whether via a focus group or interview will take long than 60 minutes, excluding any travel time.

What are the risks and benefits of participating?

There are no identifiable risks of participating in this research, nor are there any identifiable short-term benefits. It is, however, possible that some recent graduates may be influenced in some way in their decision making about where they wish to work in the future, which may be of benefit to them.

How will your privacy be protected?

Focus groups and interviews will be conducted in privacy behind closed doors and all data collected in the course of focus groups or interviews will be treated with the utmost confidentially. Participants in focus group discussions will be advised to maintain the confidentiality of other group members and not to discuss or divulge specific content with outside parties.

How will the information collected be used?

Focus groups and interviews will be audio-recorded and transcribed by a professional transcribing service with which the university concerned has a privacy and confidentiality agreement. Raw data of recordings and transcripts will only be access by members of the research team for the purpose of data analysis, at which time all identifiers of persons or places will be permanently anonymised. Should a participant retrospectively wish to withdraw a comment, they may contact the researchers and have that comment or comments deleted from either or both the recoding and transcription.

At the stage of reporting, publication or presentation of the findings, where quotations from participants are used they will be deidentified so that they cannot be traced to individual participants.

What do you need to do to participate?

Please read this Information Statement and be sure you understand its contents before you consent to participate. If there is anything you do not understand, or you have questions, please feel free to contact the member of the research team who sent you this document via email.

If you would like to participate, please send a 'Reply' email. You will then be sent the demographic and background questionnaire and the consent form to complete and return, after which a date, time and venue for the focus group or interview will be arranged.

Further information

If you would like further information please contact either the investigator whose details appear on the letterhead or:

Dr Keith Sutton
Chief Investigator, RHWA Study
Monash School of Rural Health
Ph: 03 5128 1031
E-mail: keith.sutton@monash.edu

Thank you for taking time to consider this invitation to participate in this research.

Signed,

Dr Keith Sutton

Lecturer in Rural Mental Health Monash School of Rural Health

Complaints about this research

This project has been approved by the University's Human Research Ethics Committee, Approval No. H- [insert the protocol reference number].

Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au.

Appendix 1C: Participant Information Statement – Industry Stakeholders

Information Statement for the Research Project:

Understanding the Decision to Relocate Rural amongst Urban

Nursing and Allied Health Students and Recent Graduates

A/Prof Tony Smith and Dr Leanne Brown, University of Newcastle Department of Rural Health

Dr Keith Sutton, Prof Darryl Maybery, Dr Susan Waller, Dr Deborah Russell, Dr Matthew McGrail, Monash University School of Rural Health

Prof Tim Carey, Ms Annie Farthing, Ms Katharine McAnnally, Centre for Remote Health

You are invited to participate in the research project identified above, which is being conducted by the team of researchers from three University Departments of Rural Health (UDRHs), as listed above.

The research project is funded by Rural Health Workforce Australia: http://www.rhwa.org.au/

Why is the research being done?

The purpose is to undertake research that provides insights into decision-making amongst Australian-trained, urban nursing and allied health students and recent graduates to consider employment in or relocation to rural and remote Australia.

Who can participate in the research?

We are seeking input into this research from three different categories of participants:

1. Senior nursing and allied health students, in their final two years of study at a metropolitan university;
2. Nurses and allied health professionals who have graduated from a metropolitan university within the last two years; and
3. Health industry stakeholders, who have an institutional perspective on nursing and allied health workforce distribution.

You have been identified as falling into the **third category** and by the research team as a potential participant.

What would you be asked to do?

If you agree to participate, you will volunteer to participate in a one-on-one interview with one of the research team, either in person or on the telephone.

As explained below, to volunteer you need to send a 'Reply' email indicating your interest to the project administrative staff. A mutually agreeable date, time and venue will be negotiated with you in due course.

What choice do you have?

Participation in this research is entirely your choice. Only those people who express interest and subsequently give their informed consent will be included in the project. Whether or not you decide to participate, your decision will not disadvantage you or the organisation you work for in anyway.

If you do decide to participate, you may withdraw from the project at any time without giving a reason and have the option of withdrawing any data that identifies you or your organisation.

How much time will it take?

It is expected that participation in this research study will take long than 60 minutes, excluding any travel time.

What are the risks and benefits of participating?

There are no identifiable risks of participating in this research, nor are there any identifiable short-term benefits to either yourself, personally or to you organisation.

How will your privacy be protected?

Interviews will be conducted in privacy behind closed doors and all data collected will be treated with the utmost confidentially. Participants will be advised to maintain the confidentiality and not to discuss or divulge specific content with outside parties.

How will the information collected be used?

Interviews will be audio-recorded and transcribed by a professional transcribing service with which the university concerned has a privacy and confidentiality agreement. Raw data of recordings and transcripts will only be access by members of the research team for the purpose of data analysis, at which time all identifiers of persons or places will be permanently anonymised. Should a participant retrospectively wish to withdraw a comment, they may contact the researchers and have that comment or comments deleted from either or both the recoding and transcription.

At the stage of reporting, publication or presentation of the findings, where quotations from participants are used they will be deidentified so that they cannot be traced to individuals.

What do you need to do to participate?

Please read this Information Statement and be sure you understand its contents before you consent to participate. If there is anything you do not understand, or you have questions, please feel free to contact the member of the research team who sent you this document via email.

If you would like to participate, please send a 'Reply' email. You will then be sent the demographic and background questionnaire and the consent form to complete and return, after which a date, time and venue for the focus group or interview will be arranged.

Further information

If you would like further information please contact either the investigator whose details appear on the letterhead or:

Dr Keith Sutton
Chief Investigator, RHWA Study
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Ph: 03 5128 1031
E-mail: keith.sutton@monash.edu

Thank you for taking time to consider this invitation to participate in this research.

Signed,

Dr Keith Sutton

Lecturer in Rural Mental Health Monash School of Rural Health

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Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au.

Appendix 2: **Invitation to participate email script**

To: [Students/Recent Graduates] (as applicable)

From: [Administrative staff member of the relevant UDRH]

Subject: Invitation to participate in a research project

Dear [student/recent graduate] (as applicable),

You are invited to participate in a qualitative research project titled *Understanding the Decision to Relocate Rural amongst Urban Nursing and Allied Health Students and Recent Graduates*. The project is being undertaken across three University Departments of Rural Health:

- • Monash University Department of Rural and Indigenous Health

- • University of Newcastle Department of Rural Health

- • Centre for Remote Health

Briefly, the aims are to explore the factors that influence the decision-making of student and new graduate nurses and allied health professionals about whether or not to practice in a rural or remote location. To achieve this requires consultation with:

- • Senior students

- • Recent graduates

- • Health workforce industry stakeholders

If you think you would like to take part in this study, which involves participation in either a focus group or an interview, please read the attached participant information sheet. Having read that, if you wish to volunteer simply send a 'Reply' to this email indicating your willingness to be involved. You will then be sent a consent form prior to arrangements being made for the focus group or interview. If you require further information, please see the contact details below.

Thank you.

Relevant signature, including: Phone. Fax. Email.

Appendix 3: Topic Guide for Focus Groups and Interviews

The overall aim of the project is to obtain an understanding of the decision-making process to seek employment in/relocate rural and remote amongst Australian-trained urban university educated nursing and allied health students and recent graduates.

Participants will initially be given an explanatory statement and consent form for signing. The interviewer briefly discusses issues arising from the explanatory statement.

This will be followed by all participants being given an explanation of the aims of the study that builds upon the explanatory statement and consent process. They will be specifically informed that the focus of interviews (particularly for stakeholders) will be about allied health and nursing recruitment to rural and remote areas.

Preamble that defines rural and remote locations (outline to participants)

Rural areas are synonymous with being non-metropolitan, defined as MMM 3-7, that is all population centres of < 50,000. All such areas are further separated into rural and remote locations.

Description of rural location

Rural locations are towns/localities that have reduced population size but are only moderately isolated from metropolitan areas, defined as MMM 3-5.

Description of remote location

Remote locations are towns/localities that are physically remote (isolated) from metropolitan areas and other larger population centres, defined as MMM 6-7

Schedule of Questions for *Students*

1. When you think of a rural location where people in your health profession work what place do you think of?

2. When you think of a remote location where people in your health profession work what place do you think of?

3. Will your clinical placement experience impact on your decision making process about work location after you graduate? If yes, how? If no, why?

4. What do you think are the advantages of working in a rural area? Any specific rural area? Why that one and not other rural location? Are there any differences in advantages if you consider a remote location?

5. What would you see are the barriers to employment in a rural and remote areas? Any specific rural area? Why that one and not other rural location? Are there any differences in barriers when you consider a remote location?

6. At which stage of your course (training) do you begin to consider where you would work after graduation?

7. Do you know of any incentives that would positively influence your decision to work in a rural area? Any differences when you consider a remote location?

8. What do you perceive to be the challenges of working in a rural location? What about a remote area?

9. What are the factors that influence your decision making process concerning job location following graduation?

10. Where do you see yourself working in 5 years time? Are you thinking of relocating from one

place to another?

11. What do you see as your future career path?

12. What location wouldn't you go to for employment?

13. Are any of your friends or other students you know considering going rural or remote? If yes, what is their motivation to do so?

Normative beliefs

Would anyone else in your life influence your decision-making to work in a rural or remote area? Who would this be? How would they influence?

Control factors

Are there any things outside of your control that might influence your decision-making to work in a rural or remote area? If so what?

Schedule of Questions for *Early Career Nurses and Allied Health Professionals*

1. When you think of a rural location where people in your health profession work what place do you think of?

2. When you think of a remote location where people in your health profession work what place do you think of?

3. How did you decide whether to work in a metro or rural/ remote location?

4. At what stage of your training/education did you begin to consider job location after graduation?

5. What do you think are the advantages of working in a rural area? Any specific rural area? Why that one and not other rural location? Are there any differences in advantages if you consider a remote location?

6. What would you see are the barriers to employment in a rural and remote areas? Any specific rural area? Why that one and not other rural? Are there any differences in barriers when you consider a remote location?

7. Were you aware of, and did you access any workforce initiatives that support rural or remote employment? (if you were unaware, would such initiatives have influenced your decision making process?)

8. In what way could health service models change to enable more nursing and allied health professionals to work in a rural or remote locations?

9. What are the opportunities (e.g. professional, lifestyle, family) of working in a rural or remote location?

10. What do you think the challenges are of working in a rural or remote location?

11. Where do you see yourself working in 5 year's time?

12. What location wouldn't you go to for employment?

13. Would developing a specialisation impact upon the location that you worked? If yes how?

14. Have you undertaken a rural or remote placement and did this impact upon your career decision making?

Normative beliefs

Did anyone else in your life influence your decision-making to work in your current position? Would they have an influence on you working in a rural or remote area? Who and how would they influence?

Control factors

Are there any things outside of your control that influenced your current choice of employment location? Anything out of your control that might influence your decision-making to work in a rural or remote area? If so what?

Schedule of Questions for *Industry Stakeholders*

Professional Organisations

1. Do you perceive any difference in recruiting Nurses or Allied Health practitioners in a rural location compared to an urban location? What about a remote location?

2. Do you have policies and procedures that support rural and remote recruitment and what is the position of your organisation in this area?

3. What workforce development activities are you aware of and how do they impact of rural and remote recruitment of nursing and allied health professionals?

4. What do you think attracts new graduates to work in a rural or remote location?

5. What factors do you consider impact positively of new graduates' decisions to seek employment in a rural or remote location? Are these different for graduates who have and urban background compared to those who had a rural background (ie grew up in a rural area?)

6. What do you think are the barriers for graduates seeking employment in a rural or remote locations? Are these different for graduates who have and urban background compared to those who had a rural background (ie grew up in a rural area?)

7. How useful do you think placements are as a recruitment strategy/approach?

8. What have you found to be helpful for uptake of workforce initiatives and successful recruitment in rural and remote areas?

9. Why do you think students and new graduates don't stay?

Health Services

1. Do you perceive any difference in recruiting Nurses or Allied Health staff in a rural/remote location compared to an urban location?

2. What strategies do you have in place to attract nursing and allied health graduates to your locations?

3. What do you think attracts new graduates to work in your location?

4. What factors do you think graduates consider when contemplating relocation to…? Are these different for graduates who have and urban background compared to those who had a rural background (ie grew up in a rural area?)

5. What do you perceive are the barriers for graduates seeking work in your location? Are these different for graduates who have an urban background compared to those who had a rural background (ie grew up in a rural area?)

6. Are you aware, and do you access, any workforce initiatives that support the employment of graduates in your location?

7. What support and resources do you offer graduates to positively influence their recruitment to your organisation?

8. How useful do you think placements are as a recruitment strategy/approach?

9. Why do you think students and new graduates don't stay?

10. What have you found to be helpful for successful recruitment?

Normative beliefs

Would anyone else in a graduate's life influence their decision-making to work in a rural or remote area? Who and how would they influence?

Control factors

Are there any things outside a graduate's control that might influence their decision-making to work in a rural or remote area? If so what?

Appendix 4:   **Visual representation of words related to 'Rural'**

When describing rural students, recent graduates and industry stakeholders used words as they related to locations, context, environment, industry, population or geography. The following image highlights the most common words used. The size of the word indicates the frequency occurrence.

Appendix 5:   **Visual representation of words related to 'Remote'**

When referring to *remote,* students, recent graduates and industry stakeholders used words as they related to locations, context, environment, industry, population or geography. The following image highlights the most common words used. The size of the word indicates the frequency of each word.

Appendix 6:   Participants' quotes: Is there any where you wouldn't go?.

Rural and Remote

> *I suppose long term I probably wouldn't go to a tiny, tiny community, because of that isolation factor, it's pretty important not to be isolated. I mean I'd go there for a month or two, but I probably wouldn't stay there long term.(RGNCRH1)*

> *Anywhere west of my current location – I'm in Narrabri, so any further than that it's getting a bit too remote for me. I'd be happy to do outreach out there but I wouldn't want to live there (RGAHUON105)*

> *I'm not really interested in the tropics. So anywhere super north I'm not really interested. I could go anywhere. (RGAHCRH4)*

> *Well the Torres Strait, I think that one was a bit too quiet. So yeah I don't know what I think, definitely access to transport is like a big factor because here you are quite lucky. We've got an airport-I mean it's expensive but it's good so I think that would be a massive factor in choosing where I live maybe-I don't know-we'll see. (RGAHCRH9)*

> *Perth in particular would probably be low on the list just because it is so far from New South – from Sydney where I'm from so that's that whole sort of travel time and that sort of thing coming into play. And I guess Tasmania is probably on the same sort of par as that as well because of that travel time; but other than that I mean not really. (SAHCRH4)*

> *Yes there probably would be. I probably wouldn't go like to the middle of Australia. There's nothing I'd completely rule out but I wouldn't want to go… I guess I would be very apprehensive. I wouldn't not go to different places but I would be apprehensive to go to a remote location and I'd be apprehensive to say move to WA, yeah I guess to WA because it is just far from home and far away from where my family are and family are very important. (RGAHUON113)*

> *I probably wouldn't go for a location where it was a sole practitioner role, just because I like the thought of having someone else there. But realistically, if the job came up and it was something I wanted to do or somewhere I really wanted to live I would probably still give it a go. I probably wouldn't go up near the northern border of NSW or in Far North Queensland because I really hate humidity, but there's nothing really about a location that would stop me from living there. (RGAHUON99)*

Urban

> *Yeah I've always said this. It might be that I end up doing it anyway, but I really don't enjoy Sydney for some reason. I don't know what it is about it. There are some nice things, some of my friends are there, but I think if I was going to work in a major city, maybe move to Melbourne over Sydney. Just Sydney for me, I don't know what it is, the stress and not being able to drive or - everything's super expensive and no one's friendly. That's a bit of a generalisation but yeah, I don't*

really like the vibe in Sydney. I guess that's the only place I could think of that straight out of uni I wouldn't get a job there. (SAHUON109)

I don't think I could deal with metro Sydney. I don't think I could do a big hospital in the middle of the city. I wouldn't like if there was any driving, I wouldn't like to drive in the city, I wouldn't like to try and get there every day from wherever I was staying. I wouldn't like the busyness if you're in the hospital or walking around. (RGAHUON97)

Probably Sydney. Too busy, too expensive. Yeah, that's probably the only place. Every other place I wouldn't be against. Yeah, and I probably wouldn't go rural, rural like 100 or 200 people in the town. (RGAHUON112)

I'm not willing to spend or spend time travelling that distance to work, you know . . . to me it's not worth it it's just like it's a burden, it's a stress, . . . to get accommodation around, say, North Adelaide is so expensive, so you're working to pay for your rent, so you can live, but you . . . it almost feels like you're paying to work at some stage. (SNCRH2)

So because I'd ideally work rural, the only reason I would go back to Melbourne is because that's where my family and friends are. So I don't really see myself working in a big city that's not Melbourne. (RGAHCRH3)

I don't think I would be able to work in a major hospital after doing my pracs. I think after the exposure and being able to be independent and have those skills, it would be harder to go back after being able to do that, to then have to palm it off to different areas, even though you're still competent in that. So I don't think I would be able to work in a big hospital (RGNCRH7)

Open to anywhere: Nothing is out of the question

Nowhere really. I wouldn't want to not go anywhere, unless it was like North Korea or something. I'd be happy to go overseas. But there wouldn't be anywhere that I wouldn't be happy with I don't think.(SAHUON101)

Not really. I'm pretty open to go to any area as long as I sort of get what I want to be doing and I like it, then I'm pretty open to going anywhere yeah. (SNUON103)

No. I haven't found or come across somewhere that I wouldn't go (SAHCRH5)

Look I never thought I would be thinking of Alice Springs, and I am considering Alice Springs. (SAHCRH3)

Not overseas

Well because I've got the dogs I wouldn't go overseas. (RGAHCRH3)

Unsure

Oh. That's a bit... I don't know. I don't think I could... Until I'd actually been to the location I don't think I could say I wouldn't go there. (RGAHUON93)

Appendix 7: Participants' quotes: Where do you see yourself in 5 years-time?

Dependent upon life decisions

Honestly I have no idea – I have found a whole bunch of areas within my field that I'm interested in I enjoy, but I am kind of waiting for my path to be chosen for me kind of based on where I get my first job really (SAHCRH2)

I have no idea. I would think wherever I can get a job – I think that's the best answer I can give you. (SAHUON101)

I have no idea to be honest. I think I'll probably have an idea after doing at least

I was planning to do a certificate in mental health, community work, and then maybe do masters or something. It all depends how is my home situation of course (SNMU3)

Career focused

I've mentioned community nursing. I think that's something that I would really enjoy doing, or also clinic nursing, so in doctor's clinics (SNMU2)

I'd love to be working in a clinical setting with either a team of psychologists, or part of a team of medical practitioners as a psychologist. Yeah. That's where I'd like to be. In another 10 years, I'd like to have my own private clinic or something like that. But as a new psychologist, I'd love to be gaining experience from people around me and having that opportunity for heaps of support for myself (SAHMU6)

I think I would like to go into ultrasound as well, do some further study to get to ultrasound. I would like to be a sonographer (SAHMU7)

Hopefully in a community-based practice, working with children. Location-wise I would probably see myself in a rural area by five years. (SAHUON108)

In five years' time probably in private practice, hopefully, working with a range of people with different issues (SAHMU8)

Hopefully in an Emergency and IC unit. Yeah that's what I'm hoping for and hopefully in between that I'll have also travelled for work and for pleasure. One day I would like to work on one of those Mercy Ships (SNMU9)

In five years' time either hopefully as a midwife trying to see if I can do further study for midwifery or just doing general wards in a hospital (SNMU1)

I've always struggled with that one but definitely upskilled-I was considering and still am considering doing medicine but I want to travel next year for a little while and then I would like to come back and if I don't do medicine I would definitely go and do another post graduate degree (RGNCRH8)

Working in a rural and remote area

In 5 years' time, I"d love to be working somewhere, yeah rural or remote, yeah. Specifically where I couldn't tell you-but definitely I would see myself in a town that say under 40,000 people and hopefully a work role that involved travel to more remote locations. (SAHCRH5)

Would still like it to be rural, remote, but I would sort of have had done a couple of graduate diplomas, primary healthcare, community care, family, those sorts of things (RGNCRH1)

In five years time I think I'd still like to be down somewhere like Traralgon, Bairnsdale. I would like to do hand therapy or even community rehab.(SAHMU14)

…good question. Hopefully in five years' time I would not have to work in the city because I'm not particularly fond of living in the city. I would like to have a job in my specialist area, which is paediatrics, in a hospital where I could live somewhere. I don't mind if I'm in a hospital like Lithgow where I had a mixed job and did some generalist stuff and some paeds stuff, that would be perfectly fine with me. I'd be pretty happy if I had a fulltime permanent job in NSW Health – I'm not too picky about where it is. (RGAHUON99)

Working in an urban area

Either neuro or muscular skeletal. So that could be either in hospital, or in private practice, or clinics somewhere in outer Melbourne (SAHMU12)

I think in about five years I'd like to maybe come back to Newcastle and put my skills into here. Like I would like to stay up in rural for at least three to four years - that's my plan - so I would probably be coming back down here and sort of staying and setting up sort of a home and doing that. (SNUON103)

Travelling and working overseas

I have a lot of interest in traveling and that sort of thing and working overseas at some stage. (SAHCRH1)

…it would be either in a rural or remote location somewhere, or possibly, I guess overseas, I have a lot of interest in travelling and that sort of thing and working overseas at some stage (SAHCRH1)

I'm not sure where. Well my partner is Canadian so I think that's in my back of my mind, that we'll probably move back to Canada at some point. SAHCRH3

Honestly I'm not too sure. I've always been interested in travelling with nursing just because I went to China for a healthcare cultural tour just to see what their system was like. So I was thinking maybe even go up to travelling around Australia possibly, working as a nurse in the U.S. or something and just continuing until I'm ready to come back (SNUON110)

I will be working overseas in England or Scotland or New Zealand; Canada – somewhere I could see and maybe work in a remote hospital there and work a ski season or something like that over there just for a bit of a life experience – not permanently but for a year or two but more permanently I would see myself working somewhere like the Alfred or Frankston Hospital; Monash Health because they are all very close to my house – you know family and friends (SNMU5)