A case study of factors influencing remote university nursing graduates and their decision to work in a remote hospital

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Chapter 5

Findings

Introduction

The findings of this study revealed multiple, complex and interrelated factors that influenced graduate nurses in their decision to work in a hospital in the Kimberley. In keeping with the principles of a case study approach to qualitative methodology there were multiple sources of data with the phenomenon and context being intertwined (Merriam, 2009; Stake, 1995; Stake 2005; Yin, 2014). These sources were organised into four distinct data sets. Graduates were labelled participant group 1. Group 2 were registered nurses employed in Kimberley hospitals, with nurse managers from hospitals and other healthcare agencies constituting participant group 3. A promotional DVD and archival documents that were used in supporting or refuting the findings were classed as the fourth data set. The sources of data collection are displayed in Figure 5.1.

Figure 5.1 Sources of data collection

In analysing the data gathered from the above multiple sources the researcher was cognisant of the case study proposition, which stated that: A graduate’s decision to work in a hospital in a remote area such as the Kimberley is influenced by both professional and personal circumstances. Data analysis was also guided by the
research question: “What are the factors that influence remote school of nursing graduates in their decision to work in a hospital in the Kimberley?”

This chapter will consist of two distinct parts. Part one will provide general demographics of group 1 and 2 and present a synopsis of findings from each data set, supported by the participant’s comments. The resultant findings from each group were not possible until all data had been collected.

Part two will portray the findings from juxtaposing data collected from the graduates (participant group 1) with all the other data sets. It was important to see if data from the other participant groups contradicted or concurred with the findings from the graduates. A synthesis of the findings, with evidence from archival documents, together with the final themes and sub-themes will conclude the chapter.

**Part one: Findings from all participants**

*Participant group 1 graduates.*

**General demographics**

The first set of potential participants chosen for this case study were the students who had completed either the BN or DN course at Notre Dame, Broome and studied at least one semester on the Broome Campus. The BN program was offered in both Fremantle and Broome providing a choice of location for students to study the whole, or part of the undergraduate program.

Between 2002 and 2011, there were 150 BN and 25 DN students who completed all or part of their undergraduate degree on the Broome campus. Broome campus commenced the Bachelor Program in 1999 but students did not complete their program until 2002. This number provided a population of 175 potential participants. Data in Table 5.1 identifies that 89 BN students completed a full program on the Broome campus. The DN program was only offered from the Broome campus, which meant that all students remained in Broome to complete their studies.
From the figures obtained from the Broome and Fremantle records, the population demographics in terms of gender and qualifications could be identified and are further detailed in Table 5.1. Females comprised the largest proportion of the population. This percentage (89%) is consistent with the National ratio of approximately 10% males to 90% females in nursing (AIHW, 2013, p. 11). This ratio differs for the DN participants, where there were a higher percentage (24%) of males. These statistics for the male DNs was markedly different to the national statistics provided by the National Health Workforce, which identified in 2008 and 2012 the number of employed male ENs was 8.7% and 9.2% respectively (AIHW, 2013, p. 11). There were six groups of DNs in the time frame of this study and one cohort in 2010 consisting of 38% males. This could have led to the higher than average percentage of males in the DN population.

Table 5.1 Graduate demographics

<table>
<thead>
<tr>
<th></th>
<th>Bachelor of Nursing</th>
<th>Diploma of Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed program</td>
<td>150</td>
<td>25</td>
</tr>
<tr>
<td>Full course Broome</td>
<td>89</td>
<td>25</td>
</tr>
<tr>
<td>Part course in Broome</td>
<td>61</td>
<td>0</td>
</tr>
<tr>
<td>Male</td>
<td>16 (11%)</td>
<td>6 (24%)</td>
</tr>
<tr>
<td>Female</td>
<td>134 (89%)</td>
<td>19 (76%)</td>
</tr>
</tbody>
</table>

Employment

The list of graduates from Notre Dame Broome Campus, was cross-referenced with the employment list at the WACHS Kimberley office. This organisation was the largest employer of registered and enrolled nurses in the region. The findings indicate that Notre Dame, Broome provided a sizable number of graduates for the local healthcare workforce.

The majority of graduates, however, chose to seek work outside the Kimberley. A total of 30% of the graduates had worked in the Kimberley since graduating. Just over half of this group (16%) still worked in the region at the time of data collection (see Figure 5.2). A number of these graduates had worked within
WACHS for greater than 10 years and two were currently undertaking further studies at Notre Dame, Broome.

There was a marked difference between the percentage of DN graduates and BN graduates who chose to stay and work in the Kimberley. Of the DN graduates 68% (17) stayed in the Kimberley, while only 25% (38) of the BNs stayed. Only two graduates were known to have worked for another employer in the Kimberley, one in aged care and one at BRAMS.

![Figure 5.2 Graduates employed in the Kimberley healthcare workforce](image)

**Participant group 1 graduates questionnaires.**

Due to discrepancies in contact details, it was not possible to contact all potential participants from the total population of 175 graduates. As depicted in Figure 5.3 one hundred and fifty nine (136 BN and 23 DN) questionnaires were distributed with 24 being completed and returned. This number constituted a 15% response rate. Seventeen of group 1 participants (12.5%) had completed a BN degree. A much higher percentage (29%) of the DNs responded. This percentage was not surprising since contact details of these potential participants were easier to
locate from the Broome campus records.

Table 5.2 Completion dates of participants

<table>
<thead>
<tr>
<th>Dates</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>BN</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>DN</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

The first cohort of BN students completed their studies in 2002 and the DN in 2010. As shown in table 5.2, the course completion dates for the 24 participants ranged between the years 2003 and 2011. As interviews for this study were undertaken in 2012 there was recent recall for some graduates, whilst for others it was nine years previous, which may have accounted for a memory lapse. Where relevant this length of time is noted during the display of the findings and in the analysis phase of the study.

Figure 5.3 Questionnaire response rate

The reason for a lower percentage of BN responses was probably associated with the discrepancy in contact details from the Office of Human Relations at Notre Dame in Fremantle. A further reason may have been the length of time since BN students had graduated, so their records might have been out of date. One other point of relevance could be that a number of the BN graduates may have completed only one semester on the Broome campus and, therefore, could not see the relevance of the study.
Distributing a questionnaire to group 1 participants, prior to conducting an interview, was designed to meet the objectives of the study and to assist the researcher in posing relevant questions during the interview. The last section of the questionnaire invited participants to make comments related to the study’s research question. The qualitative findings were then thematically analysed. These questions included exploring the background of nursing graduates and their work profile together with the factors that influenced their decision to work in the Kimberley. The ASGC system in the DoctorConnect® search map was used to label each town that a student had lived or worked (DoH, 2015). The results of the questionnaire can be seen in Table 5.3.
Table 5.3 Participant group 1 graduates demographics

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Number</th>
<th>Percentages of N</th>
</tr>
</thead>
<tbody>
<tr>
<td>T(BN)[DN]</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Bachelor of Nursing (12.5% of all BNs)</td>
<td>17</td>
<td>71%</td>
</tr>
<tr>
<td>Diploma of Nursing (29% of all DNs)</td>
<td>7</td>
<td>29%</td>
</tr>
<tr>
<td>Male</td>
<td>3 (1) [2]</td>
<td>12%</td>
</tr>
<tr>
<td>Female</td>
<td>21 (16) [5]</td>
<td>88%</td>
</tr>
<tr>
<td>Age group 20s</td>
<td>11 (10) [1]</td>
<td>46%</td>
</tr>
<tr>
<td>Age group 30s</td>
<td>6 (5) [1]</td>
<td>25%</td>
</tr>
<tr>
<td>Age group 40s</td>
<td>7 (2) [5]</td>
<td>29%</td>
</tr>
<tr>
<td>Lived remote prior to studying in Broome</td>
<td>13 (9) [4]</td>
<td>54%</td>
</tr>
<tr>
<td>&lt;1yr</td>
<td>1 (1) [0]</td>
<td>8%</td>
</tr>
<tr>
<td>&lt;10yr</td>
<td>8 (6) [2]</td>
<td>61%</td>
</tr>
<tr>
<td>&gt;10yr</td>
<td>4 (2) [2]</td>
<td>31%</td>
</tr>
<tr>
<td>Family or friends in Broome</td>
<td>16 (9) [7]</td>
<td>67%</td>
</tr>
<tr>
<td>Worked remote since graduating (all Kimberley)</td>
<td>14 (8) [6]</td>
<td>58%</td>
</tr>
<tr>
<td>Had family and friends there (of the 14 who worked remote)</td>
<td>12 (6) [6]</td>
<td>85%</td>
</tr>
<tr>
<td>Lived remote prior to study (of the 14 who had worked remote since graduating)</td>
<td>10 (6) [4]</td>
<td>71%</td>
</tr>
<tr>
<td>&lt;1yr</td>
<td>1 (1) [0]</td>
<td>10%</td>
</tr>
<tr>
<td>&lt;10yr</td>
<td>6 (4) [2]</td>
<td>60%</td>
</tr>
<tr>
<td>&gt;10yr</td>
<td>3 (1) [2]</td>
<td>30%</td>
</tr>
<tr>
<td>Not worked remote since graduation</td>
<td>10 (9) [1]</td>
<td>42%</td>
</tr>
<tr>
<td>Not worked remote or lived remote prior to study</td>
<td>3 (2) [1]</td>
<td>30%</td>
</tr>
<tr>
<td>BNs completed full course in Broome</td>
<td>6</td>
<td>35%</td>
</tr>
<tr>
<td>Completed a graduate program</td>
<td>15</td>
<td>62%</td>
</tr>
<tr>
<td>Completed graduate program in remote (of the 15 who completed a graduate program)</td>
<td>5</td>
<td>33%</td>
</tr>
<tr>
<td>Completed grad programs in other regions/cities</td>
<td>10</td>
<td>67%</td>
</tr>
<tr>
<td>Currently employed in a major city</td>
<td>12</td>
<td>50%</td>
</tr>
</tbody>
</table>
Responses from questionnaires

As displayed in Table 5.3 slightly more than half (54%) of group one participants, had lived in a remote area prior to studying in Broome. This finding was similar to both BN and DN participants. The majority of these (92%) had lived in a remote area for more than one year with 31% living in a remote area for more than 10 years. More than half (67%) of the participants had family and friends in Broome prior to enrolling in their studies. A large proportion of participants (71%) had worked in a Kimberley hospital since graduating (86% DN and 47% BN). Eighty five percent of the 14 respondents who had worked remote since graduating had family and friends living in the same area. All DN graduates had family or friends working in the Kimberley and all but one had worked in the Kimberley following graduating.

Of the 14 participants, who worked in a remote area since graduating, 71% had also lived remotely prior to studying in Broome. Of these, 90% had lived in a remote area for more than one year prior to studying in Broome. The remaining students, whilst not living remotely, had a history of living in an outer regional area in Australia prior to studying on the Broome campus.

It would appear that having a strong historical connection associated with family, friends and schooling in a remote region was a sufficient motive to remain in the Kimberley. There also appeared to be a strong connection with staying or moving remotely when family and friends were also living and working in the area.

Interestingly, nearly all BN graduates completed a graduate program: eight in a major city, five in the Kimberley and two in regional areas of WA. The remaining two BN graduates worked full time within WACHS Kimberley, but did not complete a Graduate Program. Six of the DNs had worked for WACHS at some point and one had moved to a major city in Queensland. It is worth noting that there were no Graduate Programs available to DNs in the Kimberley. At the time of this study half of the graduates were working in a major city.
Participant group 1 graduates interviews.

Participant group 1 had a wide range of demographics. It was, therefore, important to be aware of the potential bias when interviewing participants who had historical connections with living remotely, or who had decided not to work in the Kimberley after graduation. With such variances it was important to ensure that the interviews accounted for all aspects of the phenomenon (Morse, Barrett, Mayan, Olson & Spiers, 2002). The phenomenon was the factors that affected graduates decision to work in a Kimberley hospital.

Nineteen of the 24 participants were booked for an interview in the first three months of the study. Interviews for the remaining five participants were problematic to arrange due to ill health, work commitments and holidays. These particular participants were advised that they would be contacted should an interview be required. Owing to saturation of data, these participants were not required for interview.

Following the analysis of 10 transcripts, from the graduate participants, it was evident that the data was becoming repetitive. A review of the demographics revealed that participants with DN qualifications had not been coded. Thus, a further inclusion of five DN transcripts and one more BN were analysed. The BN transcript was included to see if there were any alternative interpretations of the factors that influenced graduates decision to work in the Kimberley. This latter participant was in her early 20s and had completed part of the course in Broome. She had no prior history of living remotely, had completed a graduate program in the city, with no intentions of moving back to a remote area. Data became repetitive with no new patterns emerging following the 16th transcript. At this stage data was considered saturated.

Data from transcripts were analysed, grouped and regrouped. Rival or alternative explanations were explored. The researcher made memos after each phase of analysis and coding to compare thoughts and findings. These were explored and discussed further with her supervisor to reduce the risk of personal bias. During second cycle pattern coding, 95 codes were grouped, clustered and collapsed into 13
sub categories. Codes were further sorted, resorted and clustered until it became apparent there were two categories: personal and professional influences, consistent with the study’s proposition. On further scrutiny of these categories, a third category emerged and was labeled ‘local exposure’. Whilst each of the categories could be delineated there was interplay between personal and professional factors and local exposure that ultimately influenced their decision to work in the Kimberley (see Figure 5.4).

**Local exposure**

The category, Local Exposure, was related to the graduates exposure or connection to Broome. The factors within this category were further grouped into four sub categories.

![Local exposure diagram](Image)

Figure 5.4 Participant group 1 graduates local exposure

The sub-categories of local exposure were titled: University, Learning extra skills, Cultural exposure, and Clinical placements (see Figure 5.4). Whilst each of these sub-categories were demarcated, there were linkages with possible factors that may have influenced graduates to work in the Kimberley. The following section provides details of these sub-categories, with commentary from the participants.
A number of graduates commented that having a university campus in Broome, provided them with an opportunity to study nursing. Living in Broome and being able to study was beneficial. Student’s who had never left home appreciated the opportunity to study in a remote region with locally provided support. More than one graduate said that if there had not been a university in Broome they would not have studied to be a nurse.

Interestingly two BN graduates commented that they had been offered a place in Broome. They had applied to the Fremantle campus and at interview made mention that they might be interested in studying in Broome. Rather than being given an option of location they were offered the Broome campus. These participants were not offended, but were thankful of the opportunity.

Other students chose to move to the Kimberley to study and experience life in Broome. Some did this for a ‘life change,’ others moved because they considered that creating a connection and moving to Broome to study might increase their opportunity to stay in the region after graduation. One DN participant said that, “being able to study in Broome definitely had a positive influence to remaining in the workforce”.

A large percentage of graduates (46%) were in their 20s, and had not lived in a remote area prior to moving to Broome. Moving over 2000 kilometers from home was daunting for most of the graduates as students. One of these participants a BN graduate commented:

Providing a long-term study opportunity rather than just clinical placement provided me with a safe base with which to explore the option of living in a remote environment and we had accommodation on campus, so its good that that’s all set up so you didn’t have to worry about looking up where to stay and all that… it’s a pretty good opportunity to do that sort of exploration from a safe place. You know you had the University there it wasn’t just like going up there for a clinical placement.

One more BN (from a town south of Perth) commented:
It’s fantastic to create that family feeling that you belong to someone you’re not the only one studying, and sometimes struggling. That was very rewarding for me, because I didn’t feel I got it here [previous place of study], but that’s a numbers factor, I think, and being a country girl at heart probably helps. So for me, that was – I mean, that may come down to not necessarily having a campus per se, but still trying to encourage that group team-building, whether it be a block week where everyone gets together. I don’t know. I mean, that doesn’t necessarily mean you need a campus, I suppose. But I did enjoy that factor.

Having a local university, which created a ‘welcoming community’ environment was important to these participants. Other participants commented on the connection between study, staying, and finding employment. For example one DN participant said, “yes and I think that [studying here] helped me get a job here. Being a small place and knowing people helped. Doing the clinical practicum placements up here certainly helped.”

One participant, when asked if they felt that their study and remote clinical experience assisted them with being able to walk in and do the job, responded by saying, “yes absolutely, I think it makes you a bit more independent and self manage your own study, and it gives you that, umm, I don’t know that autonomy to do things. I thought it was a good thing.”

The opportunity to study remotely through Notre Dame, Broome as well as being on clinical placement within the healthcare workforce, provided the requisite skills for working in a remote nursing workforce. Such nurses have been reported as: being resilient, resourceful, adaptable, and creative (Bushy, 2002). One participant’s comment confirmed this analysis:

I think it’s a lot to do with the fact that the University is more appreciative of the differences that you’ve got in the remote areas as opposed to just living and working in city areas and I liked the teaching up on the Broome campus. It taught you to be resourceful it taught you to utilise the people, utilise what you have available, think broadly, and I really liked that.

Students attended clinical placement throughout the Kimberley, which
enabled them to become familiar with the local healthcare context. It also provided an opportunity for local employers to observe the students at work. Studying locally however, did not mean that finding employment was guaranteed. One BN participant who did not secure a job in the Kimberley commented:

In the hope that having more of a remote education, a rural education would give me a better standing to be able to get a job within the hospital system their or outlying communities, which I didn’t find to be accurate. But anyway, the experience has certainly helped, the study and the prep experience [clinical placements] has certainly helped prepare you for when you did get the job.

Application to the local healthcare services, or the Kimberley Graduate Program did not always secure jobs for local students. The Director of Nursing, on a number of occasions, had commented that preference could not be made to local students. They were obliged to apply like all others and were shortlisted using the same criteria as other applicants. A number of graduates were amazed that local high school educated nurses, were not given priority in their application. It is the researcher’s opinion that local students should, through their local exposure and practice, be high on the list of applicants.

Learning extra skills

The Notre Dame Broome nursing program, offered students an opportunity to learn clinical skills relevant to rural and remote nursing practice. These specialist skills such as venepuncture and intravenous cannulation, supported the students in their endeavour to gain as much as possible from their clinical practicum. Tutors in the skills laboratory were employed at the Broome hospital and ensured clinical skills were relevant to the local workplace. Comments made from graduates who had moved to the metropolitan area, highlighted their appreciation for the extra skills they had learnt. As one BN who studied in both Broome and Fremantle and completed their course 5 years previously commented:

Broome was never about stepping outside your scope, but taking opportunity to broaden your scope. I found in Freo [Fremantle campus] it was more working within your scope of practice, don’t step out of your scope of practice. Instead of taking that opportunity to say to someone can you show me this, can you teach me that,
can you tell me more. It was almost like a fear of taking on new opportunities sort of stepping outside of that comfort zone for Freo students.

Another student felt that they were well prepared for clinical placements in a remote hospital setting. She had moved to the Fremantle campus to complete her studies so was in a position to make a comparison. She stated that, “At Broome they gave us a lot more information…another example is that in the crit. [critical] care unit in Freo we were doing ECGs [Electrocardiographs] and stuff and I was thinking we covered this already up in Broome.” A further participant felt that she, “Didn’t know if it was from necessity as in rural areas you need to be a lot more multi skilled and in Perth you needed to focus on the basics. I found rural places were a lot more comprehensive than the city place.” This comparison between the Fremantle and Broome campus students, was made by several participants, for example, they commented that being from Notre Dame they felt more advanced during their placements and got in there and did things a lot better and that preceptor’s said the same thing as well.

When asked to comment on differences between city and clinical placements in the Kimberley, graduates were very quick to comment that they thought they gained more from placements in the Kimberley with one graduate commenting that:

You are kind of made to think for yourself [in a remote placement]. In Murdoch [a city tertiary hospital] the doctor is the one that says do this, check bloods or do the urinalysis, do this do that…. Whereas when you’re in remote you sort have to put yourself out there to think for yourself before you have the doctor come in to assess.

In reference to the scope of clinical practice experienced by participants when they were students, one participant commented that:

Broome students would take on any opportunity that we had it was almost an adventure, they were more likely to be adventurous and I do remember someone saying that about Broome students as there was a bunch of us that went down together [to Perth] and there was that Broome students seemed to have a broader scope. I think that’s the best way to put it.

It was apparent from participants’ comments that they considered the clinical
skills experience they gained during their studies, prepared them well for their placements and work in remote hospitals. Clinical skills, clinical experience and workplace experience are all related so it was considered important to raise these concepts under local exposure rather than considering it was the locality of the experience that could prove the discerning factor for their decision to stay or leave the Kimberley. There were no rival propositions in this theme. No graduates, either BN or DN considered that exposure to clinical skills during their studies had influence on them leaving the Kimberley.

**Cultural exposure**

Central to the Broome campus is its mission to promote the process of reconciliation between the Indigenous and non-Indigenous peoples of Australia. Cultural skills are embedded into the everyday activities on the campus, as well as being reflected in the course curriculum and course design. Both the BN and DN curricula on the Broome campus provides cultural training in excess of the minimum required to address Aboriginal and Torres Strait Islander peoples’ culture, history, healthcare (ANMAC, 2012; ANMC, 2009). In relation to the cultural components of the curricula one participant made the following comments:

> I think firstly the University course, the Aboriginal healthcare … that was brilliant as an overview of the history. Just knowing the people just interacting with them and just seeing. … Just everyone sort of knows one another. That’s country again people just know people. I found Broome gave you that very much … better opportunity to learn about working with people and utilising them [non- Aboriginal people] as part of your team to help improve their healthcare… I think it largely came from that emphasis on cross cultural skills and actually really realising that these people, this person, may think very differently to me… I think Broome offered that experience particularly because of that cross cultural setting.

Cultural awareness training and exposure in the clinical environment was seen as highly valuable to graduates and positively influenced their nursing career. Even though this exposure may not have had a direct influence on a graduates decision to stay in Broome and work in a remote healthcare service, they felt their
ability to care for Indigenous people was improved. One participant, when asked whether they felt that the cultural awareness training had been a positive influence, said:

Yeh, absolutely I think you relate to things a lot more you’re more open minded about things. How do I say this...you see things a bit more openly in regards to. Before I went up to the Kimberley say for example I was oh the Aboriginal issues and that, but you see the real side of the Aboriginal issues up there its not just what you see and what the Greens [political group] like to present to us there is a another side to it all mmm. You can understand things a little bit better. And I think that gives you a better perspective I think and reality.

Another participant remarked:

I always remember that rural experience where you’ve always got to work with people particularly largely working with people cross culturally there is a lot more cross cultural experience being such a remote place. In a remote area having such a huge Indigenous population and working very hard with their culture and their cultural beliefs umm you didn’t get that in Freo even though Perth is a very multi cultural city there isn’t that same emphasis on cross cultural skills and I think because of that emphasis in Broome of cross cultural skills of working with people to get a desired result, you know full well you couldn’t stand there and preach to people and say if you don’t eat 3 times a day and take your insulin your diabetes is going to get out of control and that’s very very bad and you’ll get sick, and it just goes over someone’s head and you’ve sort of got to look at the cultural influences and say what have these people got available to them.

Cultural awareness training is a pre-requisite for any student attending clinical placement. The students undertake two online cultural awareness packages within their first two semesters on campus. They also attend a locally provided cultural awareness workshop (Appendix R).

Even though the theme of cultural awareness was a positive influence on participants nursing experience, rarely did it appear to being a reason to stay and work in the remote healthcare workforce. The exception was where one participant who had a history of living in remote areas wanted to spend some time learning and
working within the Aboriginal healthcare sector following graduation.

**Clinical placements**

While following up on one conversation with a participant about what it was that the University provided that encouraged students to stay. The participant commented that, “it was more than what the University offered during the course it included the clinical exposure provided during the course”.

As student nurses, BN and DN graduates had been placed in a variety of remote locations and healthcare settings. One participant said she took up the opportunity of requesting clinical placements choosing, “a broad range of clinical placements to be prepared for country”.

Most participants felt that the clinical practice experience was definitely a significant factor for them to stay in the remote healthcare workforce. Such comments included, “doing the prac definitely… because I loved Kununurra so doing the rural thing was awesome and I’m actually looking to move up to Darwin, so well hopefully it will work out.” A DN graduate commented that, “Yeah, I’d say the [clinical placement experience] did, yeah. I can’t think of any significant factor that was like I really want to come back and work here, but I know that I really did enjoy my time in Derby and here in Broome and in Carnarvon”.

One BN graduate while discussing the differences she had found between city and remote placements commented, “it [remote] was more you know lets have a look at the people, it [city] was not very people focused”.

Graduates comments revolved around their extra experience and exposure. Some commented that their mentors, in the remote placements, were much keener to have students explore more opportunities than the allocated patient load could provide. In contrast students who attended placements in the city felt they were too protected and their opportunities to see more were restricted by their mentors. It is interesting to note that a number of graduates used the term rural in their interviews. All placements provided to students were mostly in the Kimberley. Some students,
however, were placed in large urban hospitals such as Geraldton and in the Perth metropolitan area. A BN student who had experienced placements in Kununurra and Derby commented:

Comparing metro places and rural places. Rural places give you a little bit more freedom if you like. People are a little bit more willing to let you do things. In the city they’re like oh no maybe you had better not, they seem worried that a patient will sue, or they are a private patient…I don’t want a student. Up in the country people [patients] don’t seem to care so much they are much more willing to let you be hands on and do things…I think I felt like I had more involvement with the nurses and doctors up there because even the doctors knew I was a student there and they would come and find me if there was something going on they would come and get me, like if there was a resus [resuscitation] or something they would come or they’d get one of the nurses and say come down and check it out.

A number of participants talked about a sense of belonging, which they gained from placements, “Yeah, I think just that feeling, that belonging” it was a definite pull for some participants. From practicum to practicum [clinical placement] and then to employment, “Having nurses acknowledge on your familiarity with the work environment was a very positive and enriching feeling.” One other participant commented, “You know, after all these years I feel that I do belong… a good, strong feeling of belonging. And seeing what we all face, like the girls that have been through Notre Dame with me and after me.” One participant remarked it was the nurses that she had worked with that drew her back. This participant had been on placements in Perth and commented:

Sometimes it was a bit disheartening when they had even second and third-year nurses who really didn’t like their job at all down in the city, whereas up here [in the Kimberley] I found the nurses enjoyed their job a lot more. It was a very supportive workplace.

Whilst it is clear that having a local exposure provided graduates with an association and a familiarity to the region, it was not the only factor that influenced their decision-making. It was the additional interplay of personal and professional factors that ultimately influenced their decision.
Personal

Factors grouped as personal were those that had a connection with the person on an individual level; they were factors that sat outside of the workplace and contributed to the enjoyment of the graduates’ life. These factors (see Figure 5.5) were grouped into sub-categories entitled: lifestyle, family connections, and facilities. Graduates were often not prepared to compromise if the region was not going to provide for their personal needs or family they chose to go. The following section elaborates on these sub-categories

![Figure 5.5 Participant group 1 graduates personal factors]

**Lifestyle**

A number of comments from participants in relation to staying in the Kimberley, related to lifestyle factors. Lifestyle was a term originally used by Alfred Adler (Vujisic, 2013). It was a composite of motivations, needs, and wants that was seen to assist a person to create, or build a particular way of life. There were a number of factors in the data, which were categorised to lifestyle. These factors were extrapolated from the following comments when graduates were asked what influenced them to work in the Kimberley. One particular graduate who did not stay and work in the Kimberley after graduating due to family commitments in Perth, chose a metropolitan graduate program which had a “country feel to it”. She added:

I don’t know I think it is just the lifestyle for me mainly that sticks out. But like I said before with Kununurra just to get exposed to everything and then studying in Broome
it was something new and the lifestyle I really enjoyed that.

This same participant’s goal was to move back to the Kimberley and she commented:

I just liked the fact that you’re not stuck in the traffic it’s so much more laid back and chilled out than what it is down here. So for me it was about lifestyle as well as getting the experience. I wasn’t prepared to just get my certificate and then go somewhere small and just plod along. It was about consolidating, but being comfortable too. If I’d gone to Royal Perth or somewhere you probably would have just gone to a cardiac ward or just done a bowel ward.

Making friends was important for one graduate who felt this was easier in a remote area. It was the local people and their friendly attitude that attracted her to stay in the region and she commented:

You know having no understanding of the local Indigenous culture and no understanding of anything and I think that the only thing that ever saved me is that I’m a friendly person who’ll make friends with anybody and I was very open to anyone and you know walking into a country town they don’t care who you are. I walked into Derby wearing knee high silver boots and still managed to make friends, I don’t know how that happened.

Sometimes lifestyle factors were linked to the topography, as one participant said, “I like the remoteness. I know lots of people complain and whinge about it, but I like it.” One participant who was positively influenced by the lifestyle commented that “the country is in you.” Probing for clarification brought the following comment:

Ummm I don’t know I just think it makes me open minded I like being out in the country air like I said I had to get to the city and then I got here and I went away again and then when I got back I realised it was just hustle and bustle and lights. Lots of people doing the same thing and it made me realise more and more that they’re sheep. I say to Mark they’re sheep they’re sheep they all want to do the same thing. So I love just being out [in the country] and being creative and being unique and doing our own thing and not sort following the trend. And our friends from down here our city friends yeh they think we’re country bumpkins I
suppose but they admire that uniqueness yeh I don’t know yeh its hard to explain what the country is I just know I love it.

One BN graduate who had lived in Broome prior to studying was very clear that she wanted to remain, making the statement, “If I wasn’t successful [in applying to Broome hospital]…I would have gone back to drug and alcohol [working in community health]”.

Although comments about family were interwoven in other participants’ comments it was clear that it was the lifestyle that attracted graduates to the Kimberley. One participant planned her move around family travel and commented:

We took that long service leave and we moved up here because of the attraction to Broome for me and for the family. And it was an agreement between the three of us that if any one of us, after that three months, had any misgivings, that we’d just go back to our comfortable old home in Bunbury. But in that three months, we got a taste of what it would be like to actually live here. It was just going into the wet season then, so we thought we’d be able to cope with that as well. And business opportunities came along. I was able to do a little bit of work in three different places. I think I was making cappuccinos at a café, making ice creams at Wendy’s [a local ice creamery] and doing the odd shift at the hospital on the permanent care unit. And that’s how it stayed until the degree first came along. So that’s basically what drew me to Broome, it was more about probably Broome itself and family, my younger sister [who lived in Broome] being my only sister, and having three little kids.

There were no participants who commented negatively on the lifestyle or what could affect them from a lifestyle point of view. Many commented on the positive aspects of the weather and the ability to experience the outdoors for many months of the year. There were no negative comments about the extremes in weather or that the weather played a part in them not working in the Kimberley.

This finding was particularly interesting considering the extreme weather conditions at specific times of the year and the lifestyle hinging on outside sporting and camping activities. Even though a number of participants interviewed had not
stayed or moved back to the Kimberley they did not consider the weather as an impediment to returning. From experience there are a number of people I have met that would not consider moving to the Kimberley because of the extreme weather, particularly the heat and humidity in the wet season.

**Family connections**

Family connections were associated with the graduates’ reasons to stay or leave the area. Some of the participants comments on lifestyle were interwoven with family connections others mentioned family specifically. For example one participant was very clear in her opinion and commented, “A husband or boyfriend finding a partner, that’s definitely one significant factor to stay in the region”.

The following comment from another graduate when asked what keeps them from moving back to a remote area highlights the family connection by saying “not having had a 7-year-old in school and a partner who wants to stay here”. This summed up a number of graduates responses that family was important in their decision making. Another graduate who moved to the city with an intention of moving back to Broome commented:

> My original plan was to stay the 12 months and then go back to the country but then umm I suppose having my family and all my friends here in Perth and the job I am doing is okay and I am enjoying myself. That influenced my decision that I might as well stay here and stay in touch with everybody.

One graduate participant, who had a history of living in a remote area and would have liked to stay in the region, moved to the city for her boyfriend. They had both lived in Broome and she was going to apply for a graduate program in Alice Springs when her boyfriend got a job in the city and decided he was not going to follow. She recollected her thoughts from the time:

> What about Alice Springs and he said oh well you know you can go there if you want but I’m off to Perth…. and I thought gosh blood is thicker than water clearly so I tagged along. I can’t be stubborn so we set a goal. 5 years down here and we bought a house out in Jarradale because it was
the most country we could get with him still being able to
get to Bibra Lakes about 45 minute drive it was a
compromise that we made.

Another who was about to become a Grandma and had decided to stay in the
city commented, “I’m going to be a grandma, so I’m kind of hanging around … so
I’m going to be sticking around for a while.” Hanging around and sticking around
were terms that participants used to denote staying in the same location. In this
particular case it meant staying in the city.

Another graduate’s partner who had extended family in the city commented
about his circumstances and said that he would have worked in a remote area if his
wife had been amenable to the idea and they had not had children. The participant
commented that he:

Wouldn't go remote only because of the family things
that are happening here. Grandchildren and all that sort
of thing…she trained in England so she’s pure mental
healthcare. No I can’t see it because she’s got four
children. One of them is over here and she's got
grandchildren and another one on the way in November.
If I hadn’t been married or things had gone differently I
probably would have gone you know, I could see myself
in Broome with my boat.

Family and social connections were highlighted a number of times in my
journal. Over the years of living in the Kimberley and North West there is certainly a
cycle that occurs with friends and work colleagues. The length of time someone stays
is often connected to their closeness to family in other locations and their own life
stage. Young singles tend to come up for the party life, camping and sporting
activities. Those who stay longer term have met a partner, particularly enjoy the
lifestyle or have a job that they love. There is a propensity for people to leave once
they start having children and feel the need to have wider family support, most leave
when children are toddlers.

Facilities

A number of influencing factors were linked to the facilities and
infrastructure of Broome that families needed. These factors were grouped as
descriptors titled: Parks and Gardens, Schooling, Healthcare, Accommodation and Work. One general comment typifies this, “Six years in a remote and rural area … opens your eyes very quickly about what is available and what is not available.”

One graduate, who had a relationship breakdown during her degree and moved back to the city, recollected a conversation she had with her son where she highlighted the lack of resources such as playgrounds and parks:

He asked yesterday if we could go back to Derby he wanted to see where he came from. I said I don’t really want to take you to Derby and he got a bit upset. I told him there was nothing there. I tried to explain to him that you don’t have the water park just up the road, we don’t have this centre just up the road, we don’t have the city or the zoo or Kings Park. When he realised that he said oh okay.

Schooling was identified as a challenge to reconcile with one graduate commenting:

I think it’s more that you still worry about school up there. But then we’ve got a friend whose kids are in high school up there and they seem to be doing all right…and there is always the option of sending them away. But when you’ve got one child, you think, I don’t want her to go away. Not really, not for me. I want to enjoy that part of her life.

A number of graduates commented that they did not consider the healthcare services in remote areas were adequate for their needs or their families. Some commented on access, “there is limited access to healthcare in remote” and “travelling to Perth for specialist treatment is expensive.” Some comments highlighted the inconsistencies of healthcare, “one doctor will recommend one course of treatment and you’ll start with that and then the next one will come in and say they don't know what they’re talking about; we’ll start this.” One participant commented on needing to, “make do… that type of experience made me realise how reliant you are on the services in the remote areas and how you have to make do.”

One of the graduates considered that telehealth might solve some frustrations and offered the following comment:

Hopefully telehealth will have the same consultant the same medical team, they will be familiar with the
patient, their story, what’s going on with their healthcare you know the other influences in their lives. I’m hoping telehealth will make a big difference.

Availability and cost of accommodation was a topic mentioned numerous times amongst the graduates. One graduate’s comment elaborated on this, “There are students from here that have applied for a graduate program and because they already lived here even if on the Broome campus they were not entitled to a house.”

The resilience and motivation, seen by the graduates, of nurses who worked in the region was reflected in the following comment, “I saw dreadful things, nurses doing night shift and living in tents it was just insane conditions and it was the wet season… staff left… there was no continuity of staff.” Others considered themselves lucky and commented, “I was lucky I had a place up there.”

One graduate participant who had moved to Perth after her course found a number of factors related to facilities were challenges to overcome before returning to the Kimberley and commented, “I'm limited as my husband has the business here, we can't just up and leave and obviously we are just buying this house so we have to see where we are financially. We have to house all these children [three].”

Professional

There were several factors that related to the professional nursing context of the graduates and their reason for staying or leaving the Kimberley. These factors were coded as Professional and formed the third group of influences. These categories included: Marketing, Workplace experience, Support, Staffing, Incentives, and Opportunities outside a graduate program. These categories are displayed in Figure 5.6. Commentary and explanation of each of these are presented in the following section.
Marketing

Several comments by the graduates in terms of influencing factors concerned the lack of information regarding graduate programs and employment after graduation. One participant who had completed the Graduate Program and was recommended by a friend said:

I first heard about it because my friend did it last year and I was pretty keen to do it. I thought that sounded like a really great opportunity because I’d been up here before and I really enjoyed it.

Some graduates said they were surprised that they did not hear much about the graduate programs offered while they were doing their clinical placements in the Kimberley and Pilbara. It appeared those students who studied all of their degree or at least the last few years were aware of the graduate programs offered but not the graduates who only studied one or two semesters in Broome. One graduate commented that her reason for not returning to the remote area workforce, “was probably … not knowing enough about it. I suppose. I know I did a semester up there, but I didn’t know much about rural grad programs and what they had to offer. So not knowing may have been why.”

Another graduate who was very keen to move back to the Kimberley
healthcare workforce, specifically to work in a remote community, could not find any contact to determine if there were job vacancies. She felt that she had been given the run around. She commented:

Yes as far as I know there is one nurse... I'm trying to get the information at the moment; it's a bit difficult. I did Google it, I thought it was BRAMS [Broome Regional Aboriginal Medical Service] looking after it and then BRACS no WACHS and now its actually DAHS [Derby Regional Aboriginal Medical Services], okay so I've got to get hold of them. The lady that gave me the most information was the lady at the Mt Barnett roadhouse.

Normally, graduates who have completed all their studies in Broome use their experience during clinical placement, and their own networks, to discuss options of employment.

**Workplace experience**

A number of influencing factors were related to experience gained whilst on clinical practice as a student. These factors stemmed from either their own experience or from conversations with their peers or mentors. Other comments reflected on the pace of clinical practice, and suggested that remote practicums were not so fast paced which enabled more time to learn. One graduate commented:

I think because they’re smaller hospitals, it’s a lot more personal ... Yeah! and then, as a student I guess… not too much difference. Just maybe they’re more personal and, I guess, there are more opportunities to take a bit more time, because it’s just a little bit slower pace...

And you have a bit more time to get to know patients, that sort of thing.

Some graduates considered that going to the city for a graduate program would provide them with more experience. The following example illustrates one graduate’s reasons for choosing to move to the city:

I wanted to work … in an ED like at RPH [Royal Perth Hospital, a tertiary hospital in Perth], I wanted the experience of working in a busy environment to build up my skills where there was the support of the graduate programs and that kind of thing that gave you very firm learning directives and you know to build up the skills
that you needed umm my original intention was to do that and then return to the rural area. I had plans to go back up to the country so I did the graduate program through SCGH [Sir Charles Gairdner Hospital, a tertiary hospital in Perth], then worked in the hepatology and renal wards, and then dialysis, and then went to Graylands [mental healthcare facility] for 6 months and got hooked into there.

One other participant who moved to the city thought a broader experience would be better gained by moving to the city and commented:

Maybe if you go away and look at other hospitals and the experience you can get in nursing, it just opens your eyes up a little more to what happens in other places. It just gives you that wider world-view of what goes on outside Broome Hospital.

Some graduates did not believe the Kimberley graduate program would suit their needs. The following comment, by one participant, demonstrates this notion:

I chose metro over country um it was more to do with the grad program that you know if it was comprehensive I might have gone for it however my choice was to the Charles Gairdner hospital [SCGH in Perth] an 18 month program and in that I could cover surgical medical um and mental healthcare and then they provide what I wanted you know the renal, hepatology and dialysis.

A number of graduates commented that experience had proved the theory of ‘better elsewhere’ wrong and if given the opportunity again they might have chosen to stay in the Kimberley. One of these graduates, a BN in her thirties and had graduated seven years earlier stated, “I think because whilst you sort of have a tendency, I think it’s a false tendency to think that in the city you’re going to have more opportunities. I don’t think that is necessarily the case.”

Some of the graduates, both BN and DN, had assumed that they would have fewer skills than city graduates and as a consequence had chosen to move to the city. One graduate, a BN, who thought she needed to go the city to build her skills, found this misconception to be unfounded and commented:

Because I still had this feeling that I needed to just work at a bigger place for a little while just to get a few skills up, I guess. Little did I know that I had developed
skills... once I got out there, I wasn’t that lacking, as much as I thought I perhaps would be.

Most graduates believed that they had to complete a graduate program to secure employment in their second year as a registered nurse. They did not equate this with consolidating their practice and continuing to learn the skills of nursing. The DN graduates had a different perspective, being more focused on the job they could get once they graduated. This might have been related to the fact there was no graduate program for DNs.

One BN graduate who had not completed any clinical placements in the city said:

I wanted to have a look at mainstream healthcare because I hadn’t been part of it at all. But it was very straight. The only word, I suppose, I can use to compare and it felt to me I felt quite challenged when I first got here [city hospital], because I thought God, they’re a bit sort of finicky and there is too much red tape I think. Not saying we want to cut corners at all, that’s not the road I’m thinking.

In further conversation with this graduate she found the city hospital intimidating as there was more hierarchy. In clinical placements in remote hospitals decision-making was done at the patients’ beside, whereas the city hospitals had more layers of staff before decisions could be made. This constituted a bureaucracy and gave the impression of the ‘red tape’ and a delay in patient care.

Discussion with another graduate about students being able to do their graduate year and then being advised to get experience and then come back led to the researcher to ask about the necessity to go to a tertiary hospital for experience. One graduate’s response highlighted individual differences:

I think it is different for every body, it depends what you want out of nursing if you were younger then yes I think it is a good idea I think you need to do that personally anyway to get that experience and that maturity behind you. But if you are older and have family and kids there then no it’s what you want to get out of it as well. Not everybody wants a big nursing career; they just want to do the basics of nursing. So I think it’s very different what you want to get out of it. It is a little bit different for me as I
already had experience and I developed into it. But otherwise I would probably say yes … it is possible to gain the experience in the Kimberley.

Another participant’s comments suggested that a remote graduate program was better suited to certain people over others and clarified this by stating:

I think somebody that is the more mature age or the more mature thinking person that has, yeah, sort of not been stuck in a cocoon, in a bubble, and hasn’t got any idea of what goes on out in the real world. And that only comes with life experience. So I would probably direct it [a Kimberley graduate program] more at the more mature, life-experienced person than someone straight out of uni, straight from home, that sort of situation.

One particular graduate, who was very interested in returning to the Kimberley to work in a remote community had gained two years experience in ED and coronary care, completed a midwifery qualification and was currently studying for a community healthcare qualification. This graduate who assumed, from clinical placements as a student, she would need all of these qualifications and experience had not managed to speak to an employer. The researcher recently discovered her working as the regional coordinator for maternity services in the Kimberley. She had worked in a remote clinic for a short time but found the role too isolating. This clinic was a one nurse post and her husband was often away for a number of days at a time.

Support

One of the factors that graduates mentioned as vital in undertaking a graduate program was the support they anticipated. They identified the notion of support as; encouragement, reassurance, back-up and help from peers as well as from their families. One graduate who considered there was more support in the country commented:

I found everyone pretty supportive. Compared to the city, I found probably more support in the country, I suppose. When I was in the city I did a lot of prac and I had grads as mentors and sometimes they would be getting the hang of things themselves. They weren’t ready for a student yet.

Other graduates considered that they would get more support during a
graduate program in the city. One graduate who completed their program in the city commented, “I planned to go metro [city] for my first year because I was going to get better support in the metro.” One of the graduate participants who had completed a graduate program in the Kimberley felt she needed to be more confident and that more support was needed in her situation she remarked:

The only thing I found was that you weren’t supported in those areas [specialist areas like paediatrics and emergency] I was thrown into paediatrics when I felt I didn’t have enough experience so that was really quite daunting and dangerous and I had to jump up and down. I wondered if I were younger … would I have had the courage to say hey that is not safe.

The same graduate compared Notre Dame, Broome with clinical practice support. She reflected on her time as a student:

Definitely I got more support as a student from the Uni and you had a preceptor at the hospital that was definitely there all the time. As a grad, I mean you were supposed to be rostered on the same shifts as them but that didn’t always happen umm and I don’t know if they were always interested in being your preceptor either.

Another mature aged graduate who had also stayed in the Kimberley for a graduate program described the experience as:

Sink or swim … I’ve spoken to colleagues that did programs in the metro [city] areas and they were very, I’m not going to say mollycoddled, but they were very looked after. And I just found that for me, it wasn’t like that. It was a sink or swim. You were basically told what you needed to achieve, go do it. Whether that is because I was older going into that role as a novice, I’m not sure.

This graduate also considered that she learned a lot from this approach and also felt that she already had a high level of motivation and self-determination to succeed remarked “In the setting that I was in? Yeah, we all felt we were sinking. But it was the best thing that could have happened, because I don’t have any doubts of being able to take on anything now.”

One participant, who had completed a graduate program in the city because she thought that there would be more support, had a similar experience. “That’s what
happened at Murdoch [private tertiary hospital in Perth], finding the support I needed, especially on my first rotation up on first floor was horrifying because you’d get thrown in”. This graduate went on to recount a situation where she was quite out of her depth and had been unable to gain the support she required. The situation had caused her some severe anxiety to the point that she had considered resigning from the program.

Whilst one participant felt unsupported in the Kimberley graduate program, another commented on how over time this experience had changed her. As an EN she remained working in the Kimberley healthcare workforce for more than 5 years. She reflected on the improvements in preceptors over the time and the support the students and graduates were given:

I think that they do get supported really well. There are some great nurses up there now [in the Kimberley] who are precepting. And the girls also seem to be so much more confident than I did. I think the fact that I was an enrolled nurse for so long and was so deeply entrenched. You always had someone to look up to, to direct you that could answer for you.

Another graduate confirmed that for her the Kimberley program offered a great deal of support to participants. Her reflection included comparisons with other graduates who had undertaken their study at other universities. Sinking or swimming, however, was a metaphor used by many participants. Commenting on the positive side of this experience one participant who had undertaken a graduate program in the city said:

It did weed some people out. I noticed that you could certainly see in the grad program… you could definitely tell the difference in the universities. With the other few girls that I did the grad program with, I was definitely more advanced than they were. And I don’t think that was my age or previous experience. Like some of the basic things they struggled with … and they hadn’t done a lot of prac [clinical placement]. That was one thing that was really good [at Notre Dame, Broome] and of the reasons for picking Notre Dame. Most definitely, there was a heavy lot of mentoring, a lot of one-on-one…they certainly made every attempt to support and get you through, definitely.

Even though there were some participants who felt unsupported there were
those that, “Would recommend it [the Kimberley graduate program]”.

Staffing

Support for graduates was directly related to the number of available staff and their ability to mentor or support the novice practitioner. There were graduates who considered that “there is not enough staff to support graduates, or an inexperienced workforce” and this had an impact on future employment. Sometimes it appeared that there were times when “there may be enough nurses, but there may not be the consistency of staff. It is fairly transient at different times of the year.” Another graduate commented that once you completed the graduate program, “you could not work in the emergency department” as there were not enough nurses on a shift to provide the necessary guidance and education.

Incentives

Several graduates considered there were professional incentives to working in a remote healthcare workforce mostly through the provision of additional workplace opportunities. Comments such as “more opportunity for indigenous stuff”, and it “would be easier to get a job”, and one considered that promotional opportunities might be “easier”. Only one graduate commented about the possibility of a financial incentive. This influence was identified in the following quote:

I think you get more money as a remote rural nurse…I’m not sure that Darwin will be any different from what I am earning now…because I am a graduate it is crap. I mean if I was on my own and wanted to buy a house there would be no way I could afford it so I am hoping the money up there will be a bit different.

Opportunities outside a graduate program

Graduates had been successful in securing casual nursing positions outside of the Kimberley graduate program in: Broome, Derby, Kununurra, Halls Creek, and Fitzroy Crossing hospitals. They were also employed in the BRAMS and in an Aged Care facility. As one graduate said, “As a casual you have an opportunity to show that [you] have the skills and knowledge to work in a remotely based hospital and
work increases to a point where you are eventually upgraded to a contracted position.” This model of employment was colloquially termed try before you buy. It was used as a recruitment strategy in areas that were difficult to staff, “where you want to make particularly certain someone is well suited to the position.” One graduate who had been employed locally in this way commented at interview, “I felt well supported by the other nurses on the ward and eventually worked my way in to a contracted position.” A couple of graduates said that they had requested to stay on the casual pool, as they were able to attain flexibility in their lifestyle and work commitments. One graduate from the DN program who had been successfully recruited using this approach summed up her experience:

I wanted to get to theatre. With only one hospital up here I thought it would take a while. I was surprised it would happen so quickly. I am employed as a casual. I managed to step into the specialist centre, so I am now not available on the ward. I’ve managed to pick up days in day surgery. Opportunities have been good for me. If there had been a grad program I’m not sure if I would have done one. I jumped in the deep end and was supported by the registered nurses.

This same participant added that this arrangement suited her as she felt, “stable on casual doing three days a week, this suits me with my youngest. They said they would keep me casual. Which suits me. Being able to have my holidays when [it] suits and I give about three months notice”.

One participant considered that it would be easier to get a job in the remote area rather than the city and commented that “Because … opportunities arise. As you know from Anne Maree getting her job up here, it’s not very often that doors open so freely for people who are fairly new to the region or even new to the job”.

One graduate reflected on what her parents had said about the ease of gaining nursing employment in the North by provided the following comment:

If we get, or if Danny gets a job first up in Darwin because mum and dad reckon don’t apply for a nursing job until he gets a job because I should be able to get one really easily up there, fingers crossed.

Another BN graduate said she was concerned about what job prospects there might
be in the future and stated that:

There are only so many places with nursing that you can go. Although you can go from the hospital to population health, but then usually to get into population health you need a bit of nursing experience behind you … to get that different perspective.

Some graduates discussed that ongoing contracts for employment were not offered after the graduate programs because they were inexperienced. One graduate who had completed the graduate program but had not been retained was asked whether they felt they had experience to stay, commented that:

Absolutely. I mean I know there was probably policy and red tape. They wanted to bring in level 1.5 [a registered nurse with 5 years experience] and above. But what about nurturing the people that live there, the people that want to work there? There’s nothing to say that they can’t get to the 1.5 experience level, because you have such a variety of experiences. It’s not just a medical ward or just a surgical ward. You have everything. You do have the HDU [High dependency unit] as well. So whilst they’re not the most severe cases, sometimes you are in ED managing a severe case that’s wanting to go out to RFDS. So I think there is plenty of room to nurture lower levels up to a 1.5.

The topic of specialising after graduation featured prominently in the participant’s conversations. Such specialised areas included; Remote clinics, RFDS, ED, OR [Operating room or theatre] and Midwifery. Graduates commented that if they were working in a remote area they would not have access to the required education for these positions. The consensus was that they might have more opportunity “securing further educational opportunities in areas of speciality” if they completed a graduate program in the city.

**Summary of findings from group 1 nursing graduates.**

In summary, the findings from interviewing the graduates demonstrated an extensive number of factors that influenced them in their decision to work in the Kimberley healthcare workforce. Local exposure provided them with insight into life in a remote area as well as access to the clinical area. There was a range of personal factors that influenced their decision and mostly centred on the lifestyle that the
Kimberley brought them and their families. Additionally, the facilities either brought positive feelings to their life or might have caused detraction. Exposure to the workplace provided participants with an awareness of what work would be like, once they graduated. They knew the towns that they could work in and what support and learning opportunities could be provided to them.

Whilst the findings from the graduates were central to answering the research question, it was necessary to corroborate, or seek rival explanations from nurses working in the healthcare workforce and their managers. The research question and proposition of the study continued to guide the analysis of data.

The researcher attempted to keep the findings from group 1 participants separate, so as not to force the findings into group 2. It must be argued, however, that a characteristic of qualitative research is that it is an iterative process of constantly interweaving the collection and analysis of data (Miles et al., 2014).

**Participant group 2 workforce nurses.**

The researcher identified, by virtue of her academic position and nursing experience in the Kimberley, that nurses in the workforce had some influence on a student’s career decision. Such experiential data has been acknowledged as technical knowledge and experience derived from personal and professional knowledge (Strauss, 1987). Given this experiential knowledge the researcher was well equipped to make insightful comparisons and perspectives. As student nurses mix and are mentored by registered nurses in the healthcare workforce during their clinical practicum, it was essential that a sample of these nurses should be questioned about what they thought influenced graduates to work in the Kimberley. It was equally important to extrapolate their perspective on what motivated them to work in the area, as the same factors could have influenced students from the University, when they undertook clinical practicum. The workforce participants’ motivation to work in the remote area could have been biased and influenced graduates.

Prior to being interviewed all potential group 2 participants (24) were invited to complete a questionnaire. The questionnaire was aimed at identifying the
demographics of the group. Additionally, it posed questions that could help identify important information, within the context of the study, and provide useful information to prompt further questioning during the interview. The following part of the chapter is divided into two sections. First, the findings from the questionnaire are presented followed by data gathered from the interviews.

**Questionnaire findings.**

All 24 nurses who responded to the invitation to participate in the study were provided with either the online questionnaire, or a hard copy. Twenty participants completed and returned the questionnaire (Eight mailed responses in and 12 completed them online through SurveyMonkey®) and consented to be interviewed.

All 20 participants who returned the questionnaire were registered nurses; three were male and 17 were female with 11 having been registered for more than 20 years. Three had been registered between 11 and 20 years and six had been registered for less than 10 years. All respondents had worked for varying lengths of time in WACHS hospitals throughout the Kimberley and none had studied at Notre Dame in Broome. Six of them had more than 11 years experience (see Table 5.4).

**Table 5.4 Participant group 2 workforce nurses demographics**

<table>
<thead>
<tr>
<th>Status</th>
<th>Gender</th>
<th>Years of experience as a RN in the Kimberley healthcare workforce (Years since initial registration with NMBA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>20</td>
<td>3</td>
<td>17</td>
</tr>
</tbody>
</table>

The majority (14) had less than five years experience in the Kimberley workforce, which, could be suggestive of a workforce with a low retention rate. Additionally as can be seen from the above table (Table 5.4), the majority of respondents were highly experienced (as assumed by the number of years since registration), this finding could be associated with a preference for a remote health
workforce to have high numbers of experienced staff, or it might be indicative of more experienced staff being interested in the research topic.

Questions posed on the questionnaire were aimed to investigate:

- What had influenced them to work in the Kimberley;
- Whether they thought graduates had the requisite knowledge and skills to work in a hospital in the Kimberley;
- If they considered that their own workplace provided sufficient professional development to support graduates from Notre Dame, Broome.

As described earlier the responses to the above questions were considered important, as the opinions of the workforce registered nurses could have influenced advice given to students on their career choices. Having this information enabled the researcher to arrange interviews with a range of respondents to reduce any possible researcher bias. The responses are presented below and correspond with the three questions above.

**Question 1. Factors influencing registered nurses to work in the Kimberley**

There was a range of factors that influenced workforce participants to work in the Kimberley. These influences were grouped into the categories: personal and professional, and corresponded with the categories from participant group 1.

**Personal influences**

Personal factors were those that were considered to directly relate to the individual, and were divided into two sub-categories. These sub-categories were: Family connections and Lifestyle (see Figure 5.7).
Family connections

The importance of family connections was evident in a number of responses from the workforce. Some participants made comments such as their “partner [was] employed in Broome”, “partner works with RFDS [in same town] so relocated” and “chance to live with husband” all reflected the importance of having their partner close while they were working in the region. One participant made the comment “came for work, met husband and stayed”. Another commented on her “husbands increased income”. One participant commented on the benefits for children and that “there was more for kids to do after school”.

Lifestyle

The comments on lifestyle reflected on what the region provided outside of the workplace. Within this category comments such as “amazing nature, access to the Kimberley [the tourist attractions]”; “people love Broome, love the Kimberley”; “the climate, I needed this warmer climate” and “the remoteness, it’s low key for us and really enjoyable” all reflected the positive side to the region.

Some of the participants had previously worked in the Kimberley or remote area and made the following comments “had previously worked in Derby [town in
the Kimberley], another said “they had previously worked in Derby for 16 years and wanted to come back to the Kimberley” and another, simply said “have worked here before and loved the region and the people”. Participants also commented on the negative aspects that affected lifestyle. For some the “climate was too extreme” or they considered it to be “too remote”.

**Professional influences**

Factors grouped as professional (Figure 5.8) were those that were related to the work of a nurse and could also be categorised as opportunities provided by the workplace. Within this category three sub categories were also identified: Experience, culture, and incentives.

![Diagram](image)

Figure 5.8 Participant group 2 workforce nurses professional factors

**Experience**

A number of participants commented on the extra experience they gained while working in a remote hospital. Comments such as “variety of work and responsibilities” and “to gain experience of working remote and with Aboriginal people” were included in questionnaire responses. A general consensus was the positive nature of the challenges the workplace provided. One participant
commented that she wanted “to work in an area where there are challenges such as cultural, burden of disease, [and] chronic health”. It was these challenges that the participant viewed as “providing extra experience”.

A number of participants commented that they felt that working within a small team provided opportunity to practice with a certain degree of independence that gave them a “perception of more autonomy”. These participants considered that the autonomy provided them with a level of “self-sufficiency”, which they enjoyed. One participant commented on her particular experience in “having an adventure in setting up a new remote mental health unit”.

**Culture**

Culture had two elements. One was the culture as it related to the Aboriginal people of the region. Participants valued the opportunity to work within the Indigenous community and wanted to gain more experience. These participants commented that they “wanted to work with CALD [culturally and linguistically diverse] groups” and “Aboriginal populations”.

The second element to culture was associated with the culture within the workplace, the attitudes, values and behaviours, which were shared in direct relation to the workers within the organisation. Participants commented about the “friendly nature of the staff” and how positive it was working within a team where there was a “predominance of good team spirit”.

**Incentives**

A number of comments were identified and grouped as incentives, or enticements to working in the remote area. Such comments included “benefits of WA health” and “accommodation assistance with relocation expenses”. One wrote on the questionnaire, “$ rewards” and another “remuneration” but neither were specific in their responses so it was difficult to know exactly what they meant.
Question 2. Requisite knowledge and skills to remain in the Kimberley

It was important to investigate if the participants from the workforce considered that Notre Dame, Broome graduates had the requisite knowledge and skills to be ‘industry ready’. This term is currently used in Australia, to indicate graduates attainment of the required level of knowledge and skills for entry to practice (Haddad, Moxham & Broadbent, 2013). A negative response to this question could have meant that the participants would have encouraged graduates to seek experience elsewhere for their graduate year. The majority of respondents (15) agreed that Notre Dame, Broome graduates had the required skills and knowledge to work in a hospital in the Kimberley after registration. Four participants, however, did not agree and one participant did not provide a response.

The participants had a variety of opinions and provided a number of reasons for their responses. Some participants who had worked with graduates commented that “many have been excellent” and “their skills would develop over time”. Others considered that “graduates would learn a lot more in a hospital like Broome as opposed to most city hospitals”. There were others that considered “that they would benefit from a grad year” and that a “practicum [in their course] at a tertiary hospital would be beneficial”.

The respondents who commented positively on the requisite knowledge and skills of graduates and their readiness to practice had a range of experience in the remote nursing environment. Most of the participants had more than 10 years nursing experience. Even though 11 had less than five years experience in the Kimberley, eight of them had more than 10 years nursing experience. It would seem from this range of experience that their comments should be valued. The four who considered that Notre Dame, Broome graduates were not industry ready had less than 10 years nursing experience and the majority had less than 5 years experience in the Kimberley. Whilst their opinions are still worthy, their reasoning could be due to their limited experience.
Question 3. Professional development to support graduates from Notre Dame, Broome

Anecdotal comments made by students during their studies, influenced the researcher to ask workforce nurses about professional development opportunities. Students had remarked that professional development opportunities and support would influence their decision to either stay, or move to the city for their graduate program. To establish the evidence to support this notion it was deemed necessary to ask workforce participants their opinion on professional development opportunities.

There were a similar proportion of participants who agreed, to those that disagreed, as to the amount of professional development opportunities the workplace provided for graduates. Eleven of the 20 respondents felt that there was sufficient professional development to stay and continue working in the remote healthcare workforce. Some thought that there was, “significantly more than metro [metropolitan]” yet another said “compared to regional I would say no”.

There was also a difference of opinion as to whether there were sufficient staff development nurses (SDN) in the hospital to support the graduates. The role of SDN in Australia is defined as a nurse who provides education to new or existing nurses at the ward or unit level (WADoH, 2015e).

Some participants commented that there was “not enough SDNs to support grads at present” and others considered that the: “increase in SDNs”, “online training”, “VCs [videoconferencing]”, and “in-services” were plenty to provide the education required. Others considered that, “if professional development was a priority then the answer would be yes”. One participant considered that the professional development was not suitable for the grads and they were expected to, “tag along to existing professional development, which is not suitable for new grads”.

As the views of the workforce participants could have been dependent on their workplace experience, information was gathered on the length of time participants had worked in their current work setting (see Table 5.4). The majority
(14) of participants who had been working in a hospital in the Kimberley for less than five years considered there was enough professional development to support new graduates. Despite having limited experience in the Kimberley eight of these participants had been registered for more than 10 years. This finding could have been more of a measure as to whether they, themselves, had sufficient professional development rather than the graduates.

Findings from the questionnaire suggest that the workforce participants considered that graduates did have the requisite level of knowledge and skills to be industry ready. Whether there was sufficient professional development to support them, however, remained inconclusive. After juxtaposing responses from the two questions; skills and knowledge and professional development it is evident that the majority of workforce nurses considered that graduates from Notre Dame, Broome had the required skills and knowledge, and that there was sufficient professional development to support them in the workplace. This conclusion was explored further during the interviews.

Participant group 2 interview findings

Questions posed in the interviews to the workforce participants, were designed to follow up on responses made on the questionnaire, as well as exploring their perspectives of what influenced graduates to work in a remote area workforce. It was important to interview a wide range of workforce participants since opinions of nurses with differing levels of experience and demographic data may have provided an unbalanced viewpoint. A decision was made to interview a cross section that included a range of demographics including nursing experience, gender and length of time working in the remote healthcare workforce. To assist in this selection process, data collected from the questionnaires was displayed on a spreadsheet (see Appendix N).

Thirteen participants consented to be interviewed and the recordings were transcribed verbatim. However, by the eighth transcript, data became repetitive. In order to improve representation of the group, three more transcripts were analysed. These three were chosen because the respondents had either suggested that graduates
did not have the requisite knowledge and skills, or thought that the workplace did not provide sufficient professional development. Whilst this procedure enabled a more representative group, no new factors emerged. The demographics of the participants who were interviewed are displayed in Table 5.5.

Transcripts were coded in a similar fashion to those from participant group 1. In keeping with the proposition of the study the two categories personal and professional influences were used as criteria for coding the potential influencing factors.

Table 5.5 Participant group 2 workforce nurses questionnaire results

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Total number of participants interviewed (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3</td>
</tr>
<tr>
<td>Female</td>
<td>10</td>
</tr>
<tr>
<td>Length of time (years) as RN</td>
<td></td>
</tr>
<tr>
<td>&gt; 20</td>
<td>6</td>
</tr>
<tr>
<td>11-20</td>
<td>3</td>
</tr>
<tr>
<td>6-10</td>
<td>2</td>
</tr>
<tr>
<td>≤ 5</td>
<td>2</td>
</tr>
<tr>
<td>Length of time (years) in Kimberley workforce</td>
<td></td>
</tr>
<tr>
<td>&gt; 20</td>
<td>0</td>
</tr>
<tr>
<td>11-20</td>
<td>2</td>
</tr>
<tr>
<td>6-10</td>
<td>0</td>
</tr>
<tr>
<td>≤ 5</td>
<td>11</td>
</tr>
<tr>
<td>Notre Dame grads skills and knowledge</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>10</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>Adequacy of professional development for graduates</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>8</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
</tr>
</tbody>
</table>

**Personal**

Personal factors were grouped into the sub categories of Family connections and Lifestyle (see Figure 5.9). These factors were the same as those produced through the questionnaire, however, the interviews provided more in-depth
responses. For example the aim on the questionnaire was to investigate what influenced them to work in the region, but the interview was to determine what they considered would influence the graduate. It was difficult to determine whether the factors that the workforce participants perceived as influencing them were the same as those that might influence graduates. The descriptions of these sub-categories and comments from participants are presented in Figure 5.9.

![Family connections and Lifestyle](image)

Figure 5.9 Participant group 2 workforce nurses interview results personal factors

**Family connections**

Family connections were one of the two sub-categories of personal. A number of comments from the workforce participants were associated with staying and working in the Kimberley and included the importance of, “partners having availability of work” and “accommodation being suitable for families”. Others commented on the “pull of extended family” and the need for people to leave the remote area to be closer to their extended families. Participants considered that graduates not local from the region may find this difficult and might ultimately move away. In contrast, those that were local to the area would have family and social connections. It was also noted that if graduates as students had met friends during their course, they would be more motivated to stay.
Lifestyle

The workforce participants who were interviewed, identified lifestyle factors as having an influence on living in a remote area. Lifestyle included opportunities to camp, fish and explore the Kimberley region. Terms such as: “adventure” and “adventurous” were repeated throughout the interviews. The weather was also coded to lifestyle as some participants were attracted to the Kimberley because of the “climate” and “others actually left because they didn’t cope with the climate”. Participants considered that the local students would already have insight into the lifestyle that the Kimberley could offer and considered this would influence their decision making.

Professional

The interviews with group 2 participants provided a larger range of descriptors than those provided by the data in the questionnaires. Under the category of professional factors that were seen as influencing the graduates were the sub-categories: workplace and incentives. Each of these sub-categories had descriptors that formed close relationships, but were deemed sufficiently different to form their own labels.

Workplace

The professional influence of the workplace was related to clinical practice and included the categories of: experience, support, professional development, and staffing. The descriptors in the sub-category Incentives were factors that were titled; financial and accommodation (see Figure 5.10).
**Experience**

There was a mixed response from the workforce participants in relation to graduates gaining sufficient experience in the Kimberley hospitals. Some thought they would gain, “extensive experience” and would “more likely be provided with a wider range of opportunities in remote areas”, whilst others thought, “a better experience would be gained in a metropolitan graduate program”. It was these opinions voiced by the workforce participants that were reflected by graduates during their interviews. More importantly, these opinions might have influenced graduates’ decision in terms of applying for a graduate program.

Another comment from these participants was that new graduates would not be able to gain experience in some speciality areas like the ED or Operating Room. During the graduate program nurses are supernumerary for a very limited time. This length of time was not enough for them to gain extensive experience and there were not enough staff rostered to support them. Interestingly most students would have received a basic level of knowledge and skill in both these clinical practice areas, including a minimum of 3-5 weeks supernumerary time.

**Support**

Workforce participants provided comments such as, “there is not enough staff
to support the students and graduates”, “staff get burnt out and then aren’t keen to support junior staff”. Due to the small number of staff the effective mentoring staff are buddied with students and graduates for weeks on end and become quite tired, as one participant commented, “the good ones will get students, then new staff and junior staff”. Good staff were those that were considered to be proficient and were keen and willing to mentor. All staff like to feel supported and as one participant put it, “just from my experience, the minute something goes wrong, the first thing people say is that I don't feel supported”.

**Professional development**

Other factors considered to have influenced a graduate choice of workplace, was professional development. Such continuing education was provided in the form of study days, videoconferencing or bedside clinical education. At least half of the participants said that they felt graduates were provided with adequate professional development. Some comments from participants were quite comprehensive and provided details on specific education and the mode of delivery such as:

There's a lot of online stuff plus there's supervised practice as well, and we do acute case study days where it's a lot of... there's six or seven sessions ranging from ventilation to non-invasive ventilation to monitoring and...run locally through the staff development nurses.

Another participant commented on visiting educators and the use of videoconferencing:

We're quite fortunate, there's a lot of courses that come to Broome, where we don't need to travel...there's a medical rep [representative] that does that online education and... there's burns and paediatric teleconferences ...through PMH [Princess Margaret Hospital, a Paediatric hospital in Perth].... And yeah, whatever is available, we try and do.

There were participants who did not consider there was adequate professional development for graduates. The following comment came from one interview:

I think that education and support is not given the priority that it should be and I really think its ‘penny wise pound foolish’ and most of them will consider post grad [postgraduate – education] and for that they have
to go away.

One participant considered there was a need for more local opportunities for postgraduate education and offered the following comment:

There is definitely a gap in the market for a progressive university to provide some post-graduate opportunities in the Kimberley ED, remote area nursing even mid [midwifery] but we would have to consider how that would work obviously.

Another participant considered that there were opportunities for education, but staff would “want to get paid while they are studying”. The limitation of paid study days and the lack of payment for education courses were also discussed with several participants. Staff are just “not generally keen to fund training themselves even though they can claim it at tax time”.

Staffing

Staffing in the workplace was considered a factor that could influence a graduate’s decision to stay in the remote area. A high staff turn over affects both students and graduates in terms of support and education that can be provided. If students are not feeling supported or they notice that staff are jaded, then they are more likely to consider these effects when deciding to apply for a graduate program, or to work in the hospital.

One participant commented that a lot of staff, “tend to stay 3-6 months” and a good retention rate would be “staff staying more than 2 years”. Some participants from this group mentioned transient staff and the inconsistency it caused. Comments included:

There may be enough nurses, but there may not be the consistency of staff… from the recruitment and retention side of things its seasonal and sporadic, so you can be fully sorted with staff for a certain period of time then something would happen and then you know you’re forever recruiting.

Not surprisingly it was junior nurses that seek work rather than experienced staff.
This was evidenced by comments such as:

Yes we always have a shortage, but not a shortage of junior nurses that is the difficulty we have. The shortage is always with those with experience, those with ED experience, remote area experience or background … speciality areas OT [operating theatre] and midwives.

Having a diminished complement of experienced nurses would make the notion of growing your own workforce difficult and unsafe for patients. There were conversations with participants about the numbers of staff rostered to the ward and how these numbers made it difficult in supporting junior nurses. In these situations it was the number of staff rostered that was the issue, “Often in the smaller sites [those with only 1 or 2 staff rostered to ED] the nurses on the ward back up staff in ED, so having too many junior nurses is not safe”. One participant explained the situation in ED where the difficulty lay with the possibility that a complex case could present, which would cause difficulty if only a junior nurse was present:

The more senior nurse needs to have triage knowledge even though they are small sites and they might only see a complex case once in a blue moon they still have to have experience. They will work with a junior person, but you can’t have two junior nurses working together.

Incentives

Workforce nurses identified incentives such as annual leave, financial benefits and the provision of accommodation as factors that influenced them to work in the Kimberley. One participant commented that a decision to work in the area was not just about making a decision based on the nursing job it was more, “can you afford to stay in the region” or “is there housing that goes with that”.

Annual leave

Some participants discussed annual leave incentives that were provided if a nurse stayed for 12 months. Incentives were given in sites that were considered “difficult” to staff. One participant described it as a gratuity payment, “Broome didn’t get any, but Fitzroy and Halls Creek got 100% and Kununurra got 75% of 3 weeks extra leave after 12 months. If you stayed 2 years you got 5 weeks [or part
Financial

Another explained “the gratuity had now ceased, but the annual taxation benefits were now in place which increased the annual salary by about $10,000”. Others commented on the district allowance and “how it had gone up”. A district allowance is paid to public sector employees as recompense for the disadvantages of working in regional and remote Australia (WADoH, 2015).

Also categorised under financial incentives were travelling expenses. One participant explained that because she was already travelling and on her way to Broome when she gained employment, “they refused to pay me compensation for coming up [travel and removal costs]”.

Accommodation

A number of nurses commented on the lack of availability of suitable housing and how this could affect the graduates who were seeking employment. “Housing is not available to you if you live in Broome, so graduates will need to apply from Perth if they want housing”. Another participant commented on her luck “I got subsidised housing which is nice ‘cos’ [because] in Broome the rent is so high”.

Summary of findings from group 2 workforce nurses.

Workforce nurses were influenced by both professional and personal factors in their decision to move to the Kimberley. They considered the same factors would influence the graduates to remain in one of the Kimberley hospitals. Not surprisingly the pattern of responses from group 1 and 2 were similar, since students of Notre Dame, Brome had a close relationship with the workforce nurses during their clinical practicum. The majority of the workforce participants considered that the Kimberley could provide adequate experience for graduates. There were, however, some workforce participants who considered that experience in a city hospital, either during clinical placements or through their graduate program, was essential.
In addition to the graduates and the workforce nurses there were a group of prominent nurse managers who provided additional insight into factors that could influence graduate’s decision to stay and work in a remote healthcare workforce.

Specific managers were chosen because of their position of responsibility on recruitment and retention of nurses in the healthcare workforce including graduates. Managers were either interviewed or emailed about the factors they thought would influence graduates decision. Once again in line with the proposition of the study the coding of factors were grouped into: Personal and professional influences.

**Personal influences**

Participants discussed the personal factors that they thought influenced graduates. These factors included: lifestyle, family connections and accommodation (see Figure 5.11).

![Figure 5.11 Participant group 3 nurse managers personal factors](image)

**Lifestyle**

One of the factors seen as influencing graduates decision to experience the remote healthcare workforce was that, “they want an adventure, the remoteness suits them”. Creating a “work life balance” was seen as an important factor for one
manager who considered that this could positively influence graduates, especially as they were mostly female.

**Family connections**

One manager discussed the difficulties some graduates might experience if they had a family. Some graduates had lived in the area either prior to or during their study and were now embedded in the community with a family, partner, friends or other social connection (sport or volunteer work). Some sites could assist by providing a placement in one site for a year, but this was limited:

They don’t want to rotate… people have to apply on the context that it is a rotational program… spending 4 months in Kununurra, Derby and Broome… there is then some allowance made by management [a local change] …it is usually at the discretion of the nurse director.

**Accommodation**

Some considered that graduates with families would have difficulties with the rotational nature of the graduate programs and the extra challenges that finding accommodation might pose. Managers were quite clear that there was not enough accommodation and that there were more difficulties if graduates had a family as there was only access to single accommodation nurses quarters. One manager’s comment referring to the numbers of graduates as being limited by the availability of accommodation said, “they can’t move too much on numbers [of grads] because primarily accommodation [prevents this]”.

**Professional influences**

Nurse managers were more vocal on professional factors that might influence a graduate’s decision to work in the remote area. These factors (see Figure 5.12) were sub-categorised into: marketing and workplace. There were also five descriptors within the sub-category workplace including: experience; support; professional development; staffing; and availability of positions.
Marketing.

One nurse manager commented that she was the, “middle person between the DoH GradConnect process and the sites to ensure there was consistency to public sector standards and the rest of it [assisting the sites through the recruitment process]. GradConnect, is a streamlined online recruitment system for newly qualified nurses to seek employment in graduate programs (DoH, 2015).

This participant acknowledged the challenges that had existed in the past and the need for promotion from a centrally coordinated base, this participant’s workplace [outside the Kimberley]:

I work closely with all of the coordinators in the different regions [each regional site eg Kimberley, Pilbara, Mid West has a coordinator for their graduate program] so I stay up to date with what they are doing. What their training is what their processes are what has changed those sorts of things. I do that central promotion [promotion of graduate programs and nursing employment in regional and remote WA] and attend Expo’s [Exhibitions] in the city. I also represent country health services and what we have to offer the universities at their student expos in the metro area.

Workplace

The sub-category workplace had several descriptors, which were titled: experience, support, professional development opportunities, staffing, and
availability of positions. These descriptors were all related to the workplace and are described below with commentary from the participants.

Experience

There was a range of responses on whether the hospitals in the Kimberley could provide sufficient experience to graduates. Opinions tended to depend on whether the participant had first hand nursing experience in the area. The local nurse managers thought the region provided enough experience, whereas a participant from outside of the Kimberley thought that graduates would not get sufficient clinical practice. One participant, who lived outside of the Kimberley, had the opinion that the remote area, whilst having a clinical mix, “Couldn’t provide the number of cases required to constitute experience so [I] would rather use the term exposure”. The term exposure was explored more at interview and was explained to be a factor of limited contact and decision making during patient care. This participant also thought that a number of graduates left the region and then returned later, “they go to get, you know, more experience in bigger places…and then come back”. This participant, however, could not produce evidence that they return to the remote area.

Another of the Nurse managers, who was local, had a different opinion and thought that experience could be gained within the hospitals of the Kimberley. The focus on experience was to do with the ED and the graduates who had, “tracked to the ED department [and] were clearly gaining experience and didn’t need to go away to gain it”. This participant also thought that the local graduates were more likely to progress into ED, or other areas of specialty like Community Health. She said, “they have already been exposed and understand that it is from 0 to 99 [age of patients] and they seem more able to cope”.

Support

Graduates like any new staff member in the hospital become empowered and are motivated to learn if they work in a supportive nurturing environment. Some nurse managers thought that clinical nurses who did not have the responsibility of individual patient care could create such an environment. The clinical nurse is a
position designed to coordinate patient care, “one without a patient load”. One participant reflected on feedback she had received and commented, “The clinical nurse is a difficult role, they coordinate and don’t take a patient load. They don’t always want to do this, they want to be a clinical expert by the bedside not an administrator”. The same participant discussed trying to increase the number of graduates by stating:

In order for us to take more grads and more students and be able to support them we have to have more beside clinical support. The clinical nurse managers their role is too much tied up in admin to be that clinical person. That is part of their role to be that clinical lead and clinical support. An interesting study from Princess Margaret Hospital (Children’s hospital in Perth) just looked at the role of clinical nurse manager. The study looked at what percentage of the time is spent on clinical supports. Most of the time was spent on administration, ordering stores not clinical leadership.

Participants reflected on comments from new registered nurses saying they wanted a graduate program that would be supportive and thought they would get this from graduate programs in the city rather than from the country. One of the participants recalled the following comments from conversations with applicants:

I get phone calls from them after 6 months and they say “I wish I had done my program in the country because I do really want to work in the country, but I thought it might have been better at home with my support network, but you know I find I am just as lost in a big hospital and maybe I would have preferred being in a small place”.

**Professional development**

Professional development was identified as a descriptor of the sub category, workplace. Nurses understand that life-long learning is essential to remain a competent professional and to maintain registration with the NMBA. Registered and enrolled nurses are required to justify a minimum number of hours of continuing education, as well as maintain annual performance across national competency standards (AHPRA, 2015). Nurse managers highlighted this area of influence on the graduate’s decision, particularly for those nurses who wanted to stay for a long time. As one participant commented:

The professional development level that is required to get
staff competently trained here is really high. Because the staff across all areas of the Kimberley have to look after [people] from 0 to 99 years of age... that’s a huge expanse of knowledge that you would expect. The amount of PD [professional development] that is delivered has increased because, it had to [previously there had been next to none], but you can never have too much.

This participant also suggested that a clinical bedside support person or a clinical consultant was needed, “we can send staff to courses and you can do in-service in the afternoon and all that but nothing beats that by the bedside and hands on training”.

One nurse manager acknowledged that there were difficulties in building a local workforce by providing the following comment, “we still need to grow our own staff although they can only stay here until level 1.1 [an RN one year since registration]”. This participant considered that “if they want to stay they have to stay on the general ward and they will have to go away and get a bit more education and then come back”. She suggested that a strategy to alleviate this problem was to provide a “clinical bedside staff development position” this would provide the education that a “growing” workforce would require.

The distance from mainstream continuing educational opportunities was a point made by one of the managers in the following comment: “because they are so far away from educational opportunities. Even though there is a university here, it can only offer theory where it is actually clinical hands on that people need”.

Further to the point concerning PD, another participant commented:

We need opportunities for those nurses to get positions in the areas other than the ward such as Midwifery, ED and theatre. Nurse managers in ED and theatre won't take a level 1.2 [an RN two years since registration] or a nurse who has just finished their grad program as they won't have the experience and they don't have the support that is required. There is not enough staff working in the area to provide that different level of skill mix.
Staffing

One of the nurse manager participants commented about the shortfall in the Kimberley workforce in terms of experience:

There is a gap in the workforce of level 1.5 – 1.8 [five to eight years post registration] registered nurses, enrolled nurses and lots of students. We employ some 1.2 and 1.3 [two and three years post registration] and they might be the grads that have already been here. We'll take them.

Nurse managers said they were swayed to employing local staff, which often affected the experience level. One participant commented:

We might have a nurse who comes and lives here and she might be a 1.2 or 1.3 or 1.4, their partner is here so we put them on casual first and say here you go and if they go okay, we build them up that way… But if anyone applies outside that unless they somehow in their application come through absolutely outstanding or unless we get desperate for staff we can't employ them.

This participant made the additional comment in regard to the anomaly of being short of experienced staff, but having numerous applications for the graduate program, or nurses at the lower level on the career structure:

They can’t be employed in ED or Theatre between Level 1.2 and 1.5. Graduates can’t continue their employment if they want to work in ED or Theatre we don't have the support systems as they are one of our numbers we can no longer give them supernumerary. They can have one day orientation [this is their supernumerary time] and then on the second they are part of the team. We don't have enough clinical support systems to offer them jobs.

Availability of positions

A further attribute of the workplace factors was the availability of positions. There were only a specified number of graduate program positions available to RN graduates and applicants throughout Australia could access these positions. No preference was provided for graduates in the Kimberley healthcare workforce.
The nurse managers commented that many of the applicants for nursing positions did not understand the situation regarding the need for experienced nurses rather than novice practitioners. They understood there was a shortage of nurses, especially in country areas, but not that it was experienced nurses that were needed. The managers commented that, “It’s difficult for a younger person to see that the opportunities are there, but they are just not there as a beginning practitioner. That doesn’t mean that you can’t get experience somewhere else and then go back to the region”.

It would appear that students and graduates are being encouraged to gain experience elsewhere. One participant shared a comment she made to students and graduates that were not successful in their applications, “I say… you may have to get experience elsewhere say in the city and then come back in 12 months time when you have background experience and you won’t be a very junior nurse”. The misconception that graduates return to the region was again emphasised.

In the Kimberley WACHS offers graduate programs to registered nurses. These programs are one year in length and are designed to support a nurse through the transition from student to registered nurse. Graduates rotate through Derby, Broome and Kununurra attending four months in each site. The Kimberley offers nine places for graduates on an annual basis with three starting in Broome, three in Kununurra and three in Derby.

One nurse manager identified that “there have been exceptions to the guidelines in that if a graduate has had family ties to one of those places then the rotations differ to the point that some graduates have stayed in one location for their entire program”.

In addition graduates can apply for a remote rotation to Halls Creek, or Fitzroy Crossing. The decision for a remote site accepting a graduate was dependent on their performance in the graduate program. One participant made the point that “whether they go out there, or not, will depend on how they have performed ... and also their capacity and confidence after the ED placement [provided in the first half
In respect to the kind of nurse that applies for the Kimberley graduate program one manager said that they, “are often quite confident, they want an adventure, it is often a different type of person that applies for a grad program in those areas [Kimberley towns]”.

Whilst there were more applicants than positions for the Kimberley, one manager said that the, “majority of applicants for the Kimberley rotation aren’t local people they are often from the city and have experienced placements in the region [for clinical placement as a student] or are moving from interstate”.

In terms of positions available for DN graduates, the number of positions is limited. This issue is directly related to fewer enrolled nurses being employed in the overall nursing workforce, compared to RNs. Additionally, there are not as many graduate programs available in WA. As one manager stated:

Graduate programs for enrolled nurses are not currently offered in the Kimberley. The nearest site to offer grad programs for ENs is the Pilbara where two are offered annually. Geraldton in the Midwest and Albany in the Southwest have four places.

As there was no Graduate Program for DN graduates in the Kimberley, students who wanted to stay were required to apply directly to the hospital. They were then generally offered a casual appointment. The following is an extract from an interview with a manager:

Our EN workforce is quite stable when you look at percentages of ENs to RNs. The RNs you know there are two to three times more RNs than ENs in a healthcare service. So in a workforce capacity there are a lot less ENs than there are RNs. The EN workforce tends to be quite stable. So it doesn’t always measure with the expectations of the graduates that come out of the TAFEs [Technical and Further Education centres where the DNs are usually trained] so there are some regions where they are graduating a lot of students and the students want to come and work in acute care, but the positions are not available to them. The turnover is not there. [ENs tend to stay in employment in one place for quite some time]. Some of them have families and
just want to work part time in the EN positions. ENs just
don’t want to move as much as the RNs.

This participant continued describing the nature of the RN workforce, which was in contrast to the situation for ENs, “RNs seem to tire of working in one place and want to move onto somewhere else… [this enables recruitment possibilities]. So it is difficult, as you don’t have the vacancy to provide that opportunity for the ENs”. She goes on to say:

Employing ENs is also difficult when the FTE [Full time equivalent staff member] quota is low as it is difficult to raise the quota of ENs when there are only a few RNs employed. We might have scope for ENs at some of our smaller sites where they work on a one RN [to] one EN roster, but it may not necessarily be where ENs want to be and may be a difficult place to have a graduate …we need to have someone with a bit of experience so it is a bit of a catch 22 situation [Low staffing numbers inhibits the employment of inexperienced staff].

Fourth data set.

A promotional DVD and archival documents were classed as the fourth data set. These provided context or additional insight into the factors discussed by each group of participants and were used to support or counter the findings.

Promotional DVD.

One of the nurse managers provided an audiovisual promotional tool for recruitment into the Kimberley healthcare workforce. The audio from the DVD was transcribed and categorised using the same process as participant groups 1, 2 and 3. The factors were again grouped to personal and professional influences.

Personal

A personal influence that was used to attract staff was lifestyle. It included the opportunities that living in a remote environment could provide such as a relaxed atmosphere with camping opportunities and weather that suited outdoor activities. One nurse stated a description of this environment as, “you definitely need to be an
outdoorsy person in the Kimberley … after work the beach is fabulous. After work we quite often go to the beach for champagne drinks and watch the sunset”.

A description of the weather by one nurse, “even though spectacular, nature is often sometimes hard to live with”, introduces the harsh climatic conditions. The narrator describes the weather in the Kimberley as a “wet season from October to April which can bring cyclones, storms, flooding and humidity. While the dry season from May to September is marked by temperatures in the mid 30s and above”.

Other personal influences included accommodation, the cost of living and schooling for children. For example the narrator comments, “Remoteness though does have a cost. Living here is more expensive although offset by salary allowances and taxation concessions”. The WACHS also recognises comfortable housing for staff and partners and families and the narrator added further comments, “The budget continually provides for new and improved accommodation to help offset the climate and conditions”.

The narrator in the promotional DVD provided information on schools in the region. The Kimberley was noted to have 24 primary schools with the high schools, in the larger towns of Broome, Derby and Kununurra, providing Year 12 with some subjects offered through the School of Isolated and Distance Education (SIDE). Literacy and numeracy was also noted as a priority and comment was given of the Government’s assisted travel scheme whereby families who chose to send their children to Perth for school were incentivised by the provision of travel arrangements for their children to return home a number of times per year.

Professional

In terms of professional influences that might have motivated a graduate to stay in the remote area workforce, the DVD showed a vast range of work experiences. It also highlighted the need to attract healthcare staff with a broad range of skills and expertise to manage the array of health conditions predominantly diagnosed in the Aboriginal population. It described these as being problems associated with chronic diseases, infections, drug and alcohol related illness, trauma
and mental health issues. In addition to these health issues nurses could also gain experience in gynaecological and obstetric related conditions. The following comment was provided by one of the nursing staff that was interviewed:

Working in the northern most region of WA provides professional challenges beyond the norm. Additional to these day-to-day experiences the WACHS also actively facilitates professional development and staff training. Kimberley health is a passion not a position.

The population of the Kimberley was described by the narrator as, “35 000 people live in the Kimberley, half are Aboriginal and numerous language groups are among them and for many English is their second language. They make up nearly 100% of our clients”. Cultural exposure and experience were also discussed as providing an added experience to staff. Interviews with nurses provided the following comments:

My experience so far has been amazing I absolutely love working with the Indigenous women and I think as far as my own life experience they have really enhanced ‘umm’ just the things that I have done and experienced here. I have never seen such poverty in some ways but I have also never seen so much joy and happiness that I have experienced. And certainly these little babies are very close to my heart and have kept me here in so many ways.

All of the WACHS hospitals in the region were noted to have been recently upgraded or still being in the process of refurbishment. The narrator on the DVD spent some time orientating viewers to the health service sites by giving the following verbal description:

Broome the regional resource centre is a 44 bed facility with 4 high dependency beds and 14 mental health beds. This is the largest hospital in the Kimberley and employs 90 nursing staff, 9 medical officers, an emergency and surgical registrar and a general surgeon. Derby the next biggest has 39 beds and has a staff of 50 nurses, 7 medical officers and a resident general surgeon supported by visiting specialist centres. This hospital is also unique in that it also runs the ambulance service for the town and local communities with nurses going out on scene. The third largest hospital is in Kununurra and is a 32 bed facility and also provides an outreach service for remote clinics and several small communities (in the Kimberley).

Fitzroy hospital and Halls Creek have 14 and 12 beds and provide a range of health services to a predominantly
Aboriginal population in the Fitzroy Valley and outlying areas of Halls Creek. Wyndham hospital is also undergoing a major redevelopment to an 8 bed facility and offers medical, emergency and acute care services to the town and other remote communities. Outside the hospital system the community health and remote area clinics work with other providers, such as Aboriginal Community Controlled Health services, to reach into the day-to-day lives of people in remote towns scattered along the coast and inland areas. As well as delivering a strong health message in all health programs, nurses, Aboriginal Health Workers [AHW] and support staff target child and family health lifestyle related diseases, mental health and drug and alcohol abuse.

Archival documents.

Documents were obtained from a variety of sources including: WACHS employment statistics, Notre Dame School of Nursing and Midwifery handbooks and curriculum documents as well as pertinent websites. The researcher was directed to a number of documents through interviews with graduates, workplace nurses and managers. Data from these documents has been used within part two of the chapter to corroborate what the graduates said or to provide verification for the comments made by workforce nurses, nurse managers or the promotional DVD.

Part Two: Synthesis of findings from all participants

This second part of the chapter will synthesise the findings from all data sets by juxtaposing the graduates’ responses with those from workforce nurses, their managers, the promotional DVD; and the archival documents (see Figure 5.13).
Figure 5.13 The links between data sets

Workforce nurses, their managers and the promotional DVD provided contradictory or supportive evidence on what graduates thought influenced their decision to work in the Kimberley healthcare workforce. There were no clear-cut boundaries between categories rather they were blurred, with influences from one category being linked to another. Initially, influences on graduates’ decision were categorised into personal and professional factors consistent with the study’s proposition. Further analysis, however, exposed a third set of influences titled: local exposure.

Local exposure.

Whilst local exposure was a significant influence it was not independent of the personal and professional influences. For example from a personal perspective being able to study at Notre Dame, Broome meant that as students, the graduates would have the opportunity to experience the lifestyle of living in a remote area. As one graduate commented “you live and breathe it”. From a professional perspective experiencing clinical practice exposed students to what they could expect if they
became part of the healthcare workforce as graduates. This blurring of influences was evident in the response of one graduate who said:

We have palliative care right through to mental health, broken bones to diabetes it’s fantastic…the beauty because it’s Broome…the nursing doesn’t finish at the bedside…you have to make sure the community services are in place… I just feel comfortable here… I feel a sense it’s home…it’s not the friends keeping us here, it’s not social for us, we don’t go out a lot… it’s really the red dirt and the heat and just nursing and my husband loving it.

Experiencing life and the healthcare workforce in the Kimberley was a major influencing factor on graduates and their choice of workplace once they graduated. Workplace nurses and managers also corroborated this notion making comments about the ease of transition into the workplace for local graduates such as “familiarity assisted with their orientation”, “they have familiarity with the clientele, their families and the community”. One workforce participant commented that, “it wasn’t necessarily the skills of the local graduates that set them apart it was more the “awareness they had…” Some workforce nurses advised students to consider gaining experience in other locations, particularly the city, with some offering advice to “gain city experience during clinical placement or through a graduate program”.

**Personal factors.**

Personal influences were those that could be attributed to the individual’s lifestyle, family connections and facilities.

**Lifestyle**

All participants together with the DVD agreed that lifestyle was an influencing factor on graduates’ decision to work in the Kimberley. Factors that were seen to create, or build a particular way of life were linked to this influence. These factors included having an appreciation of the outdoors and the landscape as well as the attraction of the climate.

The geographical landscape, in particular the aspect of remoteness, was
discussed by the narrator in the promotional DVD as a factor to increase recruitment. The remoteness of the Kimberley and the impact this can have on connections to other areas was a key feature that was highlighted as having the potential to affect someone’s personal life in a remote area, “the Kimberley is remote and there is still some tyranny of distance, but with improving roads, air services and communication the balance is tipping”. Neither the workforce nurses, nor their managers mentioned the tyranny of distance as posing an influence on the recruitment of graduates. The tyranny of distance, is a negative connotation for a substantial geographical distance from a significant population group.

**Family connections**

There was a consensus, however, among the participant groups that a decision to live and work in the remote area workforce was influenced by family connections. These connections included partners, children and extended family. The choice to stay in the Kimberley was, at times, dependent on the decision of a partner or the needs of children for example schooling. Of particular note was the “pull to leave the area to be closer to family” in other parts of WA in particular the metropolitan area. Graduates mentioned that family support and commitments were factors that influenced them to move away from the Kimberley. From the researches perspective these findings were not surprising. Over many years of living in the Kimberley, friends and colleagues have left to return to where they spent their childhood. Each year at Christmas time there is a mass exodus from towns where teachers and nurses (predominantly) leave town for the holiday season to travel to their ‘home’ towns. This is often a time for visiting extended family, but also provides an opportunity to meet up with friends who have left the Kimberley. It is not an unusual occurrence for annual ‘get togethers’ to occur in places like Kings Park and the Swan River foreshore in Perth.

**Facilities**

Factors associated with facilities, including healthcare provision, schooling, and accommodation, were highlighted by all participants. Accommodation was especially an important factor, since there was limited availability of appropriate
housing for nurses and their families. Significantly, however, the promotional DVD led the viewers to believe that there would be “comfortable housing for staff their partners and families”. The narrator further commented that, “the budget continually provided for new and improved accommodation to help offset the climate and conditions”.

Accommodation for single nurses was offered in Kununurra, Derby, Wyndham, Halls Creek and Fitzroy Crossing; the more remote towns of the Kimberley in the 1980s. This accommodation though was limited, or non-existent for families. In Broome, it was senior nurses, clinical nurses or midwives, who had an option to access accommodation. Currently accommodation is offered to nurses recruited from outside of Broome and who work in excess of six days a fortnight. Locally employed nurses are not entitled to a house. The average weekly rent in Broome at the time of this study was $640 for a 3 bedroom house (Realestate.com.au, 2015). This lack of affordable accommodation posed challenges for graduates in Broome who wanted to stay and work after graduation. As students most graduates would have lived on the campus at Notre Dame, Broome. Whilst some graduates pointed to the lack of healthcare provision and limitations on their children’s schooling as factors that influenced them to move away from the Kimberley this finding was not corroborated by the other participant groups, or the promotional DVD.

**Professional factors**

Professional factors were those that related to the workplace. There were numerous factors in this category including; marketing, workplace experience, support, staffing, incentives and employment opportunities outside the graduate program as identified in Figure 5.6.

**Marketing**

Graduates considered inadequate marketing had a significant impact on their choice of workplace. In contrast managers considered the coordination of promotional activities from a central base, as a key to marketing success. Whilst this
issue was verbalised as one that could increase recruitment there was little evidence that promotional activities were filtering to potential graduates in the Kimberley.

Whilst rigorous efforts were made by Notre Dame, Broome to market or promote the graduate programs, limited opportunities for presenters in Perth to link with students in Broome significantly hampered marketing for recruitment. In the “Professional Issues in Nursing” unit of study in the BN curriculum, from the 4th data set, identified that students from the Fremantle campus could access a graduate exhibition in the city, but attempts to link one presenter to the Broome campus was thwarted by limitations in communication technology.

**Workplace experience**

Workplace experience was a contentious issue, as many graduates believed they would need further experience in a larger hospital to feel comfortable and confident in nursing practice. Most importantly some felt the graduate program in the Kimberley would not provide this experience. Nurses in the workplace, supporting this notion, may have unwittingly transferred their belief to students whilst they were on clinical practice. Interestingly one manager considered that graduates were more likely to gain “exposure” rather than “experience”. Her consideration was that they would be observing situations rather than providing the actual nursing care. A number of participants from the workforce and managers discussed graduates needing to leave the region for “further education” [professional development] or experience and believed they would come back. Whilst some graduates expressed their fondness for the Kimberley few returned once they had family commitments.

These views contrasted with those graduates who considered they would gain sufficient experience when in the Kimberley workforce. Participants from the other groups concurred by saying they were “more likely to be provided with a wider range of opportunities in remote areas”. Significantly, a manager with experience in the Kimberley clearly stated that graduates already in the workforce “were clearly gaining experience and didn’t need to go away”.

This argument raises an awareness of the uniqueness of nursing in small hospitals in remote areas and also raises the point that experience gained in this type
of area is quite different to working in a small hospital in a rural area. As the distance between hospitals increases the nature of nursing becomes more complex. Due to the extended length of time to transfer patients to larger hospitals in the city, (6-8 hours), nurses are required to spend more time working in critical situations to stabilise a patient. It becomes evident that experience can be quite variable between areas of care, such as general ward nursing and the emergency unit. Not only is patient acuity different the level of experience and number of nurses available on a shift can vary.

Support

It was not surprising that as novice nurses, graduates were looking for support from the workplace and from their social networks. It was this factor that crossed the boundary between personal and professional influences. Personally some felt having family and friends gave them support, which in the Kimberley may not have been available. From a professional perspective graduates looked at the kind of support they would get from the workplace as students, which influenced them to stay or leave. The workforce and managers concurred that support would probably be a significant influence on the graduates decision. Of note was the importance of support offered on an informal basis by their nursing colleagues. This peer support was considered by graduates and the workforce as much more significant than the formal support offered through coordinators or staff development positions. It was the lack of “clinical bedside support” that was considered to be of the most influence by graduates and managers.

Staffing

From the workplace perspective, graduates pointed out that it was the number of staff and the staffing arrangements that were a barrier to supporting them in the workplace. This factor was evidenced by workforce participants who stated that “there is not enough staff to support the students and graduates, staff get burnt out and then aren’t keen to support junior staff”. Workforce nurses and managers agreed with the graduates perspective that the limitation of numbers of nurses, particularly in a specialty area, was a prohibiting factor on graduates working in the Kimberley.
It was this limitation that was seen as a barrier to the notion of being able to a “grow your own” workforce. It was the “transient nature” of nurses in the Kimberley that was considered, by all participants in the study, to be an impediment to providing more staff support. Interestingly, however, graduates did not make the connection between staff support and professional development. Rather they were more interested in the experience they would gain and the support they would receive during their graduate program.

**Incentives**

A further factor considered by the graduates and related to the professional category, was incentives. Comments about opportunities through working in a remote environment were expressed as “more opportunity for promotion”, and “it would be easier to get a job”. Neither workforce nurses nor their managers discussed professional incentives as influencing graduates decision to become part of the Kimberley healthcare workforce.

One graduate mentioned a monetary incentive being a factor of influence, but others were more interested in gaining a registered nurse position than a financial reward. In contrast workforce participants, managers and the promotional DVD all considered financial incentives as being factors that might influence graduates and could be used as a recruitment strategy.

**Opportunities outside a graduate program**

Graduates considered the availability of positions that would be available following their participation in the graduate programs as an influencing factor. The Diploma graduates had more immediate concerns in terms of employment following graduation since they could not undertake a graduate program. Workforce nurses did not make mention of work opportunities outside a graduate program. Managers however commented on the limited number of places available to graduates and the lack of any placements for DN graduates within the Kimberley. One manager discussed “employing graduates outside of a graduate program on a casual basis”. Another manager discussed the limitations to employing new graduates in and outside graduate programs, as well as the limited numbers of staff in some specialty
areas of employment at smaller sites. One manager commented that graduates might need to gain experience outside the area and then return.

The promotional DVD and specific websites provided information that a graduate program was not a necessity for a position. Information provided by the narrator on the DVD directed potential nurses to the WA Nursing and Midwifery website which stated that:

Graduate programs assist you to transition into the nursing and midwifery workforce in a supportive environment. You will gain exposure to a variety of clinical settings, while consolidating theoretical learning and critical clinical skills and judgment (WADoH, 2015c).

Further information provided on the website advised students and new graduates that a Graduate Program was not mandatory, “Once you are registered to practice as an enrolled nurse, registered nurse or midwife you are able to gain employment in any health facility within Australia. Completing a graduate program is not mandatory”. The narrator in the promotional DVD reiterates the fact that completing a graduate program is not a prerequisite for employment saying that:

Undertaking a graduate program is not a requirement for initial or ongoing employment. Graduate programs have been designed to offer additional support for novice nurses and midwives to assist their transition to the professional role within busy clinical environments. Places within these structured graduate programs are capped for a range of reasons. You can still gain valuable experience outside of a designated graduate program.

The above statements conflicted with the thoughts and practices of some managers who had the responsibility of employing nurses. Several nurses had difficulty gaining employment outside of a graduate program, unless they were accepted on a casual basis, on a try before you buy model of employment.

**Enablers and Inhibitors.**

In revisiting the factors that influenced graduates decision to work in a Kimberley hospital, it was apparent that local exposure was the underpinning platform for the two major themes, personal and professional influences. These themes were labeled enabling or inhibiting influences. It was the balancing, of push
and pull factors, of these opposing issues that ultimately led to the graduate’s final decision (Figure 5.14).

Figure 5.14 Enablers and inhibitors

### Enablers

Factors considered to have had positive influence on the graduates’ decision to work in a hospital in the Kimberley were categorised as enablers. From a personal perspective these were lifestyle, and family connections. Generally it was the adventure, the remoteness of the Kimberley, the quiet lifestyle and friendly atmosphere of people that had a positive influence on the graduate. From a professional perspective, it was the opportunities and support together with the underlying work experience, gained as students that were positive factors. Graduates and workforce nurses felt that Notre Dame, Broome had prepared nurses well for their rural practice and provided formal and informal support for them to return after graduation.

### Inhibitors

Factors considered to have had a negative influence on the graduates’
decision to work in a Kimberley hospital were categorised as inhibitors. From a personal perspective these were family connections and facilities related to the healthcare needs of the family, schooling and partners not being able to find work. Lack of suitable, affordable accommodation was a significant inhibiting factor that graduates gave as a reason for not staying in the Kimberley after graduation. From a professional perspective some graduates felt that at the time of graduation they would gain experience and be better supported in a metropolitan graduate program. This perception changed, however, once they had left the Kimberley and undertook a graduate program in the city. Comparing the two programs, many commented that they could have gained as much experience in a graduate program in the Kimberley.

Many graduates who moved away from the Kimberley said they would like to return, but they considered they had become “hooked in the city”. It was the personal inhibiting factors that influenced their inability to return.

Conclusions.

This chapter provided explanations of the findings from the study. Since data collection and analysis was an iterative process between the numerous sources of data, it was important to organise the findings relevant to the central unit of analysis. This was achieved by juxtaposing the differences and similarities between all participant groups. A synthesis of the findings resulted in identifying many factors that influenced graduates decision to stay and work in a hospital in the Kimberley. Initially these factors were categorised into personal and professional factors commensurate with the proposition of the case study. On further reflection, however, a third factor, local exposure emerged as a relevant theme associated with the graduates’ decision. All the factors that emerged as inherent within the themes were identified as being enablers or inhibitors. One significant finding was the lack of opportunity for employment within the local workforce particularly from a sense of developing a specialty nursing expertise within the generalist setting of a remote hospital. A discussion of the findings together with relevant literature will form the basis of this final chapter.