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

Sally Clark
The University of Notre Dame Australia

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Chapter 3

Literature review

Introduction

The literature review was conducted prior to, during and following the study findings. Initially it was conducted after the development of the research questions to define concepts and clarify relationships. During the collection and analysis of the data there was a continual process of searching for confirmation or rejection of concepts and theories that could be linked. It was this process that assisted in shaping the study. Whilst there were some Australian studies on the topic most were conducted in Canada and the US.

As an introduction to this chapter an overview of the nursing workforce shortage in Australia and the challenges this issue posed to the recruitment and retention of nurses, particularly in non-urban areas of Australia is discussed. This review elaborates on factors that could have influenced nurses to work in non-urban areas and will also discuss the strategies used to recruit nurses into these areas. Gaps in the literature are highlighted with particular reference to the recruitment and retention of nurses into remote areas of Australia and in particular the recruitment and retention of graduate nurses. The final part of this chapter discusses the theory of decision-making as it was considered a theory that could highlight underlying factors that influenced graduates to work in a remote area of Australia.

Nurse workforce shortages

It has been widely recognised that in Australia, like many other countries, there is a problem in attracting and retaining nurses in the workforce (Duffield & O'Brien-Pallas, 2002; Hodges, Williams & Carman, 2002; Hogan, Moxham & Dwyer, 2007; Holland, Allen & Cooper, 2012; Johnstone, 2007; Moseley, Jeffers & Paterson, 2008). The last decade has been labelled the worst nursing shortage in the last 50 years, and if measures are not taken to address the problem it has been estimated that there is likely to be a shortfall of around 109,000 nurses in Australia by the year 2025 (HWA, 2012). In WA, recent projections on nurse shortage demonstrated that by 2025 there could be a shortage of 9000 registered nurses (RNs)

and 3000 enrolled nurses (ENs) (HWA, 2012). Similarly, it was identified that not only was there a shortage of nurses, but also a recruitment problem particularly in non-urban areas of WA (AIHW, 2012).

It is understood that the provision of healthcare to people living in regional and remote communities differs from those in urban areas (Long & Weinert, 2006). Significantly, studies have concluded that there is a relationship between the reduction in health and rural living (DoHA, 2008; Miller, 2011). Further to this the health status of Australians declines as remoteness increases, and as a corollary there is also an increase in the healthcare needs of people (AIHW, 2014).

The literature in Australia rarely identifies remote healthcare service or providers as an area of interest. It has been suggested that there needs to be a common understanding of remote healthcare in order for a distinction to be made between the practice of remote healthcare practitioners and their rural colleagues. The argument was that a shared understanding could assist with preparing appropriate education models as well as the provision of more relevant policy and funding opportunities (Wakeman, 2004). Currently, remote health is either subsumed under the term rural health, or incorporated alongside the dual terms rural and regional. Studies have rarely considered the differences, with inferences being made that the findings from rural studies relate equally to remote.

Recruitment and retention of nurses into remote areas

Studies over the past decade have speculated that student nurses are more likely to enter the nursing workforce in a regional or remote location, if they have existing associations in such areas. Influences cited included clinical practice, (Francis & Mills, 2011; Hegney et al., 2002; Henry et al., 2009; Neill & Taylor, 2002; Playford et al., 2006; Spencer, Cardin, Ranmuthugala, Somers & Solarsh, 2008; Trepanier et al., 2013) growing up in a rural area (Dussault & Franceschini, 2006; Hegney et al., 2002), living there (Birks, Al-Motlaq & Mills, 2010; Bushy & Leipert, 2005; Courtney et al., 2002; Lea & Cruickshank, 2005; Smith, Edwards, Courtney & Finlayson, 2001) and family connections (Bushy, 2002; Henderson-Betkus & MacLeod, 2004). Likewise the links between rural exposure and

recruitment into rural practice were found to be positive (Bambrick, 2002; DoHA, 2008; Gibb, Anderson & Forsyth, 2004; Hegney et al., 2002; Orpin & Gabriel, 2005; Preston, 2009). As students' exposure to remote area practice prior to study was not clearly defined in these studies; it was difficult to determine if length of stay in non-metropolitan areas influenced a person's career choice following graduation (Birks, Cant, Al-Motlaq & Rickards, 2011; Nugent et al., 2004; Playford et al., 2010). Further to this shortfall in findings no definitive information on employment statistics relating to increases in the nursing workforce was investigated.

There has been a growing body of knowledge in Australia that recognises rural nursing as separate and unique from urban-based nursing (Blue, Howe-Adams, 1993, Bridgewater 1998, Francis & Mills, 2011; Handley & Blue, 1998; Hegney 1996,). Rural nursing has been defined as "the provision of healthcare by professional nurses to persons living in sparsely populated areas" (Long and Weinert, 1989, p. 114). The provision of a stable nursing workforce to these areas has been noted as being essential and challenging, but recruitment and retention is complex, costly and difficult (Lenthall et al. 2011; Molanari, Jaiswal & Holiner-Forrest, 2011; Preston, 2009). Stability in the workforce is dependent on the relationship between recruitment (attraction into the workforce) and retention (retaining in the workforce). It has also been suggested that recruitment relates to aspirations and retention to satisfaction (RHW, 2013). Further to this shortfall in findings no definitive information on employment statistics relating to increases in the nursing workforce was investigated.

As an illustration of the problem concerning studies relevant to remote areas, a quasi-experimental pre-post-test survey was conducted on 121 final year BN students to investigate the relationship between rural clinical placement and intentions to work in rural and remote areas (Courtney et al., 2002). Whilst the term remote was used it was not defined, but rural was identified as an area outside a capital city or a major urban area with a population over 100,000. This definition was extracted from the National Rural Health Alliance NRHA, 1998). Whilst the study found an increase (12%) of student's intention to work following clinical experience in rural areas, results could not be extrapolated for students' intention to work in a remote area. Thus, the findings from the study are limited in terms of nurses'

intention to work in a remote area.

A similar study in South Australia explored the likelihood of recruitment and retention of students into the rural nursing workforce, but did not discern between a regional or remote setting. The pilot study was conducted in Renmark South Australia, classified as Outer Regional and situated 258kms from the city of Adelaide. It involved the first cohort of eight students studying for the BN at Flinders University. The majority of students indicated they would be living in a rural area in the following five years (Gum, 2007). In contrast Broome is 2240 kilometres from Perth: WA's capital city, and 1875 kilometres from Darwin in the Northern Territory. Thus, the findings from the study cannot be generalised to a remote area such as Broome.

Another concerning issue for nursing is that generally, studies about rural recruitment of healthcare professionals has been exclusively within the discipline of medicine (Dalton, Routley & Peek, 2008; HWA, 2012; Henry, Edwards & Crotty, 2009; Krahe, McColl, Pallant, Cunningham & DeWitt, 2010; Murray and Wronski, 2006; Rogers, Searl & Creed, 2010). Reference to this issue has dominated the rhetoric about influencing medical practitioners to engage in rural practice. Whilst there may be similarities in influencing nurses there are also factors specific to medicine such as the lure of private practice and specialisation in the urban area (Dussault, & Franceschini, 2006; Krahe et al., 2010). The Commonwealth funding for recruiting medical practitioners has been in excess of other health professionals including nursing (Dalton et al., 2008; Playford et al., 2010). This anomaly ignores the fact that nurses and midwives, in rural healthcare, make up a greater proportion of the healthcare workforce (Francis & Mills, 2011).

An Australian study of nursing and allied health students, found that nursing and physiotherapy graduates had the lowest proportion of graduates entering rural practice (Playford et al., 2006). This study used a rudimentary measurement that considered rural as being greater than 100 kilometres from the Perth General Post Office. It did not, however, distinguish between rural and remote.

A later study compared two cohorts, one from an urban nursing program

(with an established rural placement program), and one from a rural nursing program. Findings from the study suggested that rural nursing schools that deliver all the undergraduate program, are more effective in terms of influencing workforce recruitment than those that provide limited rural clinical placement from an urban based nursing school (Playford et al., 2010). The rural setting was located in a large regional town with a population in excess of 40,000 located only 180kms from Perth. Whilst Playford's study showed that there was a positive relationship between studying in a rural location and recruitment into the rural workforce, it was limited in its significance to a remote setting. Additionally, participants identified a rural background, which as previously mentioned is different from nursing in a remote area. The study was useful, however, in pointing to the interplay between rural clinical placements and the impact on the rural workforce.

A number of studies have provided information on nursing students from urban and regional universities and their expectations about working in regional areas after their studies (Courtney et al., 2002; Playford et al., 2010; Wood, 1998). To date, however, there are no studies that have provided information from a remote school perspective in terms of nursing students, or graduates.

Factors influencing graduates to work in regional and remote areas

A contemporary review of the international literature, including Australia, Canada, Scotland and Scandinavia, concerning factors affecting recruitment and retention of the rural workforce, identified factors along a continuum from modifiable to non-modifiable. These factors were grouped into five categories: educational, financial, professional, social, and external. These factors were further categorised into personal and professional aspirations, and personal and professional satisfaction that led to workforce retention (Rural Health Workforce [RHW], 2013). The definition used in the study for rural workforce was the professional working in rural and remote primary health care and more specifically to non-metropolitan areas, including regional towns and other settlement/areas. There was no specific reference to remote sites. Thus, factors for retention into remote areas of Australia could not be determined.

Studies from North America and Australia highlighted factors that influenced a student or a nurse graduate to choose a rural location, but they did not consider the factors that disillusioned a graduate from staying in such an area. Instead, attention was given to the negative aspects of rural nursing (Bushy & Leipert, 2005; Playford, Larson & Wheatland, 2006). Whilst these negative aspects of rural nursing could be linked to a reduction of graduates, it is the factors that are intimately related to pulling graduates away from rural nursing that could be vital to understanding how graduates from remote universities are to be encouraged to remain in remote locations.

An international review, found that few studies used a systematic approach to identifying factors that influenced decisions made by nursing students, or graduates to go work in rural practice (Tre`panier et al., 2013). The review located a number of studies in the US, Australia and the United Kingdom. Findings from the review were broadly categorised into personal and professional factors that influenced nurses to work in rural areas, but not remote areas of practice. Personal factors included a background of living in a rural area and the location of family members in the same area. It was support from this social network that assisted adaptation into unfamiliar surroundings and assisted in times of stress (Young & Valache, 2004). Professional factors included peer support in the workplace and a comfortable working environment (Tre`panier, et al., 2013).

A Canadian mixed method study, reviewing international studies, identified that there were multiple factors that influenced the initial plans and final decision of nursing students or graduates to choose a rural area as first employment. The factors were grouped into personal, professional and financial. The study identified that attending rural schools and prior experience of living in a rural area were strongly linked to the intention to practice rural nursing following graduation. This review, however, did not consider formal transition or graduate programs, which could have been an influencing factor. Additionally, these studies focused on an intention to settle in a rural area not the factors that influenced settlement (Tre`panier et al., 2013). Findings from this study may have relevance to remote area recruitment considering the rural context in Canada is similar to the remote context in Australia.

The first few years in nursing employment are a critical learning period where new graduate nurses progress from novices to experienced nurses. Critical to this development is ongoing education, experience and support to socialise into the real work of nursing (Scott, Engelke & Swanson, 2006). High attrition in the first year of nursing can be attributed to the heightened work stress felt by graduates in their first year of nursing (Casey, Fink, Krugman & Propst, 2004). Transitional programs, also known as Graduate Programs, are aimed at supporting and facilitating the integration of new graduates into the nursing workforce (Rush, Adamack, Gordon, Lilly & Janke, 2013). Their design enables the graduate to adapt to their new role and responsibilities and consolidates the linkage of theory to practice: important facet of the process of professionalisation (Duchscher, 2008). Their success, however, has had mixed reviews (Evans, 2008). Efficacy and cost effectiveness have not been measured well and further research to include more rigorous study designs to include longitudinal studies to measure outcomes has been suggested (Rush, Adamack, Gordon, Lilly & Janke, 2013).

In the mid-1990s studies demonstrated that providing pre-registration nursing students with clinical placements in rural sites improved the likelihood of students practicing in these areas following graduation (Murphy, McEwan & Hays, 1995). This experiential learning has shown propensity to reduce the experience of reality shock and possible reduction in graduate attrition (Cowin, Hengstberger-Sims, 2006). These findings have also been confirmed by more recent studies (Lea et al., 2008; Neill & Taylor, 2002; Playford et al., 2004). The findings were, however, broadly applied to rural settings not specifically for a remote setting.

A retrospective study, conducted in the US, identified that students who attended a nursing program focusing on rural nursing, were twice as likely to practice in rural areas as those who completed an urban-focused nursing program (Wood, 1998). The definition of rural, was a county with less than 50, 000 people. This definition, however, did not encompass distances from urban communities. Disadvantages experienced by these rural communities were noted as: social; healthcare; fewer job opportunities; chronic disease; and injury. These issues are similar to those experienced by people living in remote areas of Australia.

Factors that influenced nursing graduates and medical students were found to be similar. Studies pointed to those who have rural experience are more likely to practice in rural area, but motives were different. For example from a medical practitioners point of view their expectations regarding specialisation and private practice together with subsidised accommodation and assisted travel costs are variables that were not available to nurses (Henry et al., 2009).

In terms of medical practice, five factors had a negative impact on choice of a rural medical career. These were: a perception of lack of support in the workplace, perceived professional and personal tensions, a belief that rural placement limited career options, a preference for a metropolitan lifestyle, isolation from metropolitan based family and friends and most significantly a partner who was not committed to a rural location (Henry et al., 2009). Whilst this study was specifically aimed at medical practitioners, it could be suggested there may be some relevance to nursing graduates not settling in rural areas.

Recruitment strategies

Working parties, including Action on Nursing in Rural and Remote Areas, (National Rural Health Alliance, 2003) and more recently the Rural and Remote Health Workforce Innovation and Reform Strategy (Miller, 2011) have recommended strategies to support recruitment and retention of nursing staff. These strategies have included local incentive programs such as, accommodation subsidies, increased annual leave entitlements, and increased access to salary packaging. There is little evidence, however, that these have been beneficial to the recruitment and retention of rural nurses and midwives (Francis & Mills, 2011). It is of concern that whilst student nurse enrolments are expected to prepare registered nurses for practice graduate attrition, within the first year of professional practice, continues to be problematic (Gaynor, Gallasch, Yorkston, Stewart & Turner, 2006). Understanding how nurses make decisions about their career choice is an essential component of recruitment and retention strategies (Price, 2008). It is especially important in realising a sustainable nursing workforce in remote areas.

Building a self-sustaining local workforce for remote nurses has been

suggested as a viable option to external recruitment. This initiative has been defended in Canada and Australia as a process whereby pre-registration nursing programs are offered to people within their area (Birks et al., 2011; Dalton et al., 2008; Zimmer, et al. 2014). This framework would also include the provision of clinical placements in the local healthcare services and those identified for future employment. This model of recruitment closely aligns to the rural pipeline used in medical practice (Henry et al., 2009).

The rural pipeline concept was initially designed for the recruitment of medical graduates into rural areas of the US in the late 1900s (Council on Graduate Medical Education, 1998; La Ravia et al., 2002). It has also been effective in Australia to address the medical workforce shortage (Henry et al., 2009). The model included; structured contact between rural secondary schools and schools of medicine, selection of applicants with a rural background, exposure to the clinical environment in the rural healthcare services, and measures to address retention of graduate practitioners into rural medicine.

Recent attention has been paid to the rural pipeline model to address shortages in nursing and the allied healthcare workforce in regional and remote areas in Australia, New Zealand, Europe, the US and Canada (Bell, 2011; Fisher & Fraser, 2010). Also of note is that the pipeline focused on early recruitment by introducing awareness and opportunities within healthcare services to school children during their career selections. It did not, however, include the types of incentives required to retain staff already in the workforce, or strategies to increase recruitment (Reuter & Volmink, 2009; Wilson, Couper, De Vries, Reid, Fish & Marais, 2009). Both of these reviews evaluated strategies designed to increase numbers of health professionals in general, but not specifically nursing. The first review did not locate any studies that met their inclusion criteria of: randomised controlled trials, controlled trials, controlled before-after studies, and interrupted time series studies. This limitation led to a further review that included quasi-randomised studies. Despite widening the search, there were no studies found that evaluated strategies aimed at increasing health professionals into rural regions (Wilson et al., 2009).

Strategies utilised to address the problem of recruitment have included

increasing numbers of educational places for rural nursing students and encouraging them to complete their course of studies (Bambrick, 2002; DoHA, 2008; Gibb et al., 2004; Preston, 2009). Another approach to increase numbers was the offer of financial support to students by the Australian Federal Government distributed by the Royal College of Nursing. Whilst these nursing scholarships have been beneficial, the funding was not as substantial as that offered to medical students (Francis & Mills, 2011).

In the late 1990s and early 2000s, a number of regional and satellite campuses were established, funded by the Australian Federal Government, to increase access to nursing education for people living in rural areas of Australia (Bambrick, 2002; Playford et al., 2010). In 2004 there were 24 (Nugent et al., 2004). By 2007, these campuses had increased to 55 (CDNM, 2007). Identifying the number of schools of nursing situated in remote areas of Australia was difficult, as the method used to identify these campuses was based on population rather than the distance from a major city (Nugent et al., 2004). It was noted that rurality is a complex and multifaceted process that changes according to the purpose for which the definition is being used (Halfacree, 1993). Without using a recognised classification system, however, such as the ASGC, these studies were limited in their usefulness to remote areas. Additionally, the studies did not indicate whether any campuses offered their courses on campus, or by distance education methods.

Currently, in WA there are four university campuses identified as being rural (CDNM, 2007). These campuses include Albany, Geraldton, Mandurah and Broome. Despite the campuses being identified as rural, there is significant difference in terms of access to resources and population between Broome and the other towns. Utilising the ASGC remoteness area structure, Mandurah was identified as inner regional, while Geraldton and Albany are identified as outer regional. Broome, by contrast, is considered remote (DoH, 2015). The CDNM (2007) identified that 25% of all nursing students in WA who commenced a pre-registration course were enrolled in one of these regional or remote campuses. The survey was limited, however, in that it did not provide information regarding completion of studies, workforce employment into the local area, or the number of enrolled students. Additionally, the factors that influenced students' choice of location for employment were not

investigated.

Australian studies suggested students who had an opportunity to study, or attend clinical placement in rural and remote areas, were more likely to work in a rural or remote area after registration (Playford et al., 2010). There is, however, limited information on what influences them to stay or leave the rural area following graduation. Moreover, none of the studies differentiated between a rural, regional or remote campus, clinical placement, or student origin. There was some discussion on pre-registration programs, but little information on whether graduates remained in the local workforce.

It is clear that there are fundamental strategies utilised to increase the likelihood that nursing students will work in rural areas after graduation. These strategies include: providing opportunities for rural students to study all their nursing program in a rural area, a rural focus in the nursing curricula, well supported clinical places in rural areas, and encouraging the uptake of nursing courses by rural residents. There is, however, little evidence on whether graduates from such schools are recruited into rural areas, or what influences their decision to stay, or leave following registration.

Notre Dame, Broome is the only university in the Kimberley delivering a pre-registration nursing program. It is a private University with a Registered Training Organisation (RTO) status. To date there have been no studies undertaken to identify the number of graduates seeking employment in Kimberley hospitals, nor the factors that influence their decision to undertake a graduate program. This study, therefore, aims to explore these factors and describe the influences that affect graduates decision to stay in the Kimberley following graduation.

Theoretical perspectives of decision-making

At this juncture in the literature review it was useful to view decision-making theories to provide a perspective on graduates decisions in terms of career goals. In a practical sense humans are cognitive agents, who evaluate the world and various aspects of it according to their beliefs, followed by adopting a plan, and initiating an

action (Pollock, 2006, p. 1). As such, decision-making theories have generally been regarded as a subarea within cognitive psychology (Decision Making Theories, 2006). It has been argued, however, that decision theory is fundamentally a mathematical tool for assessing and comparing the utility of different courses of actions in terms of probabilities and utilities that are assigned to different outcomes (Bermudez, 2009).

Making decisions is an essential aspect to life at an individual, community and corporate levels. In a developing world a combination of economic, social and technological situations need to be considered when people make decisions about their relationships, family life, education and careers (Crozier, & Ranyard, 1997). Decision theory is in part a theory of how to choose and act rationally. In its action-guiding guise, decision theory is a theory of deliberation. It also counts as a rational choice at a given time and is solely a function of the person's utilities (Pollock, 2006). Criticism of this perspective is that there is a body of social research that reveals people often act impulsively and emotionally, or by force of habit (Hechter, & Kanazawa, 1997).

Classical Decision Theory (CDT) assumes that a plan can be adopted by focusing on the individual actions comprising the plan. In reality, a plan is somewhat schematic with further decisions being made as time passes. Actions cannot be evaluated in isolation, but within the context of other actions that may either act destructively or constructively (Pollock, 2006). The CDT suggests that when one is deciding what to do, rationality dictates choosing the alternative with the highest value (Pollock, 2006). The decision problem is deciding which act to perform and arises when a person has a number of alternatives to act upon, each with a range of possible outcomes based upon facts that the person may/may not control (Bermudez, 2009).

According to Pollock (2006) the CDT is not reflected in everyday decision-making. What is missing from decision theory is the social dimension of reasons and reasoning which can only be understood through seeing how people are embedded in their social and cultural contexts (Bermudez, 2009). Human beings, whilst being cognitive agents are also social beings that bring with them social norms, and

institutional rules that may not fall within the purview of decision theory. Whilst a cognitive agent's choices are a given, there are constraints and controls within the social context (Bermudez, 2009). Choices appearing attractive in the short term may not turn out to be the best choice in the long run (Pang, Ross-Otto & Worthy, 2014).

The social cognitive theory offers an alternative perspective related to decision-making. According to Bandura (2001) whilst a person operates within a broad network of socio structural influences they act mindfully to make desired things happen. The human agent acts intentionally, with forethought, self-reactiveness and self-reflection. People set goals, anticipate the consequences, and select a course of action likely to produce desired outcomes. As people move through their life courses they plan ahead, reorder their priorities and structure their life accordingly. Within this construct people display self-direction in the face of competing influences and adopt personal standards, which shape the appropriate course of action, motivate and regulate their execution. These mechanisms are based on the person's belief in their capability to exercise some measure of control (Bandura, 2001).

The social learning theory has some relevant arguments regarding decision-making. It addresses the social and cultural factors, which become enmeshed in the individual's identity over time. Social experiences are seen as external influences whereas Hodkinson & Sparkes, (1997) argue that they are an integral part of the decision-making process. Moreover, some sociological analysts suggest that career decisions are made serendipitously and that planned decision-making bears no resemblance to how career decisions are made (Baumgardner, 1992; Miller, 1983).

In reviewing career decision-making from a sociological perspective Hodkinson & Sparkes (1997) coined the term *careership* as a model of rational decision-making. Their model was based on the work of Pierre Bourdieu. They described the model as integrating three dimensions: pragmatics located in the habitus of the person making the decision, the interaction with others, and the location of decisions within partly unpredictable patterns of turning points and routines that make up the life courses.

In simple terms, habitus refers to the relationship between the disposition of the person (inner self), the role they play (social self) and the context of the situation. How people make choices is captured in these interlocking relationships. It is the nature of these three dimensions that characterises the way people act, feel, and think. Thus, to understand practice there is a need to understand both the evolving context within which people are situated, and the evolving habitus that people bring to their social fields of practice. Habitus is not a synonym for socialisation; rather it is the crucial relationship and dynamic qualities within the context that generates practices (Maton, 2012).

Whilst the model of careership was developed with students making the transition from school to work, it is useful in terms of the professional socialisation of nurses and their transition from student to graduate nurse (Hodkinson & Sparkes, 1997). The model attempts to meld social and cultural factors with personal choices to build a model of learning, whilst merging individual choices with serendipity. Within the context of the situation it is argued that people make practical rational decisions. A characteristic of careership is the turning points a person faces on the career trajectory when a person is forced by a range of personal and professional factors to take stock and re-evaluate their career progression and development (Hodkinson & Sparkes, 1997).

The transition period from student to graduate nurse is an individual experiential journey; likewise, the decisions made about a career trajectory are also individual and experiential. This adaptive process requires an opportunity for exploration of self and environment (Flum & Blustein, 2000). Clearly, career decisions are not entered into lightly. Graduates have invested time and money into their studies, but need to consider many factors, and perhaps make compromises, in order to fulfill their goals. Finding out the factors that influence the graduates decision may assist in decreasing graduate attrition.

Conclusion

This chapter has briefly discussed issues and concepts related to the research question. It has portrayed the field of inquiry focusing specifically on those studies

and theories relevant to the study. It has uncovered some consensus amongst the studies both from an international and Australian perspective. It has also revealed some limitations placing this study clearly within gaps that have been exposed. An overriding problem with most studies was the lack of specificity to the remote context. Many studies included the term remote within rural or added it to regional without clear definition. Many explanations were provided, but without a consensus findings were difficult to generalise to the context of this study. Significantly few studies identified factors influencing a graduate's decision to work in a remote area following graduation. The chapter closes with a discussion on the theories of decision making to provide a perspective on graduates' decision for their choice of workplace.