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

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Chapter 6

Discussion/Conclusions/Recommendations

Introduction

This discussion chapter will highlight specific findings relevant to the study's aim and objectives, and link these with the appropriate literature. Conclusions to the study will highlight the linkages to the theoretical perspective of decision-making and show that proposed actions cannot be considered separately, but must be evaluated in the context of the situation. Recommendations and limitations of the study will conclude the thesis.

This study aimed to explore and describe the factors that influenced graduates from a remote school of nursing in their decision to work in a Kimberley hospital. The objectives of the study were to describe characteristics of nursing graduates and their connections to living in a remote area, together with the factors that influenced them to seek employment in Kimberley hospitals. A further objective was to investigate the Kimberley nursing workforce, both registered nurses and their managers, about what influenced them to work in the Kimberley and what they considered would influence the graduates and their choices of workplace. Further these participants were asked whether they thought that Notre Dame, Broome nurse graduates were clinically prepared to work in Kimberley hospitals. Part of this objective was to investigate whether the workforce nurses believed there was sufficient professional development to support new graduates.

Factors of influence

There was no single influencing factor, which formed the basis for graduates' decision to stay or leave the Kimberley. Influences were many and varied; posing a balancing act between enabling and inhibiting factors. This finding concurred with Pollock (2006) who suggested that rationale choices are individualistic with decisions being made according to the alternative with the highest value at the time. The enablers were those that had a positive influence on the graduate to stay. The inhibiting factors were those that had a negative influence, and as a consequence

graduates moved from the Kimberley to seek graduate programs and work in other areas of Australia, particularly the metropolitan region of Perth. Whilst categories of factors were grouped into personal and professional, in line with the study's proposition, local exposure emerged as a major underpinning theme.

Local exposure.

One of the most influential factors on whether a graduate chose to work in a remote Kimberley hospital was the local exposure provided by studying at Notre Dame University in Broome. Local exposure emerged as a major underlying theme and underpinned personal and professional factors. Whilst this study focused on nurses graduating from a school of nursing situated in a remote region, it would seem there are similarities regarding local exposure as an influencing factor for nursing graduates from campuses in rural and remote areas. The literature identified previous exposure as a significant factor influencing nurses to work in rural areas, but did not differentiate between rural and remote settings. Such influences included clinical practice (Hegney et al., 2002; Henry et al., 2009; Francis & Mills, 2011; Neill & Taylor, 2002; Playford et al., 2006; Spencer et al., 2008; Trepanier et al., 2013) being brought up in a rural area, (Dussault & Franceschini, 2006; Hegney et al., 2002) having lived there, (Birks, et al., 2010; Bushy & Leipert, 2005; Courtney et al., 2002; Lea & Cruickshank, 2005; Lea et al., 2008; Smith et al., 2001) and having family connections (Bushy, 2002; Hegney, Pearson, & McCarthy, 1997; Henderson-Betkus & MacLeod, 2004).

Notre Dame, Broome provided an opportunity for people not only to study in the local environment, but also offered a substantial amount of clinical nursing practice in a range of remote area healthcare settings across the Kimberley. One 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". At the time of this study, 170 nursing students had graduated with either a DN, or BN with 30% having entered the nursing workforce in hospitals within the Kimberley. Some of these students had the opportunity of cross campus enrolment, or opportunity to move to the Kimberley to study a whole course. This finding demonstrated the number of nurses from a remote university

entering the workforce in a remote area. Previous studies commented that intentions to work in a rural location after exposure to rural experience or having a rural background were higher than 30% (Hicky, & Harrison, 2013; Lea et al., 2008; Orpin & Gabriel, 2005). Whilst these findings were similar to those demonstrated in this study, they failed to follow-up with the number of students who actively sought employment in a rural area and did not identify if the area was remote.

Rural nurses have been described as generalist specialists by various researchers (Francis & Mills, 2011; Playford et al., 2006). This title confers that rural nurses work in a variety of situations and locations with a diverse set of patients. It was also argued that the generalist role increases as the population declines (Kruske, Lenthall, Kildea, Knight, Mackay, Laven, Wilkinson 2003). Thus, the more remote the context the more diverse the nature of a nurses work. Rural nurses scope of practice involves prevention, intervention and rehabilitation across the lifespan (Francis, Fletcher, Goold, Brans, Siegloff, Veitch & Anm, 2002; Francis & Mills, 2011; Hegney, 2010). This broad proficiency base requires a different level of responsibility and skill that enables nurses to practice in rural areas (Hegney et al., 2002 Hegney, 2010; Lea and Cruickshank, 2008). Often these skills are required where there is limited access to ancillary services and often with diminished medical support. In the Kimberley healthcare workforce there were numerous pockets of remote communities serviced by registered nurses without the support of a medical practitioner on site. These hospitals were also geographically isolated from each other, often over 500kms, which further limits support offered by first responders. Other studies recognised these issues, particularly in Canada where rural nurses, in isolated areas, have a diverse range of clients and are frequently in situations without medical or specialist assistance (Goh & Watt, 2003).

Notre Dame University in Broome prepared students for work readiness by facilitating various competencies specific to dealing with the diversity and variety of patient problems in the geographically isolated Kimberley population. The curriculum was designed to provide students with the propensity to be more independent in their learning, and to take initiative whilst on clinical practice. Learning extra skills and increasing their level of proficiency in preparation for remote nursing practice, was a positive factor in graduates decision to become part of

the Kimberley workforce. This finding corroborates an earlier study, which linked rural content in the curriculum to the recruitment of graduates into the rural workforce (Wood 1998). Further validation of this finding is provided through a Canadian study which identified that the provision of education programs that were relevant to the realities of rural nursing practice were an important factor in addressing the sustainability of the nursing workforce (MacLeod & Place, 2015).

Graduates from Notre Dame, were appreciative of the competencies learnt in their undergraduate program; viewing independence and autonomy as positive factors that gave them confidence not only in remote nursing, but also when they went back to the city. This increase in confidence was supported in other studies concerned with rural nursing (Hart, Morris, Collins, McMullen, Stanis. 2013). It was also the diversity, challenge, and autonomy of rural nursing that were seen as factors attracting nurses to rural practice (Hegney et al., 2002).

In this study, it was also apparent from workforce nurses comments, that local graduates were more prepared for the diverse workload than those of registered nurses recruited without remote nursing background. This level of practice was associated with the graduate's familiarity with the workplace and the diversity of the Kimberley population, especially from a cultural perspective. Notably, other studies concerning preparation for rural nursing, found that generally nurses in the city were not educationally prepared for the reality of rural and remote practice (Hegney et al., 2002).

Studies concerning preparation of graduates suggested that graduates entering the workforce found they have neither the practice expertise, nor the confidence, to navigate increasing levels of patient acuity in a dynamic working environment with a shortage of staff and heavy workload (Duchscher, 2008). Similarly, in a Canadian study it was nurses' inability to deal with the responsibility of rural practice that affected their decision to stay in rural sites (Pong & Russel, 2003). From the researcher's perspective, previous experience of working in the Kimberley played a part in how nurses coped with nursing practice in a busy geographically isolated hospital. Many nurses without previous experience had not coped with diverse populations across a broad spectrum of medical issues and dynamic day-to-day

changes. Their length of stay has been short, often only 6 months. This issues goes to the heart of retaining an effective nursing workforce.

There was a consensus among graduates that the curricula in Broome prepared them well for remote nursing. As one graduate commented, “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. I like the teaching; it taught you to be resourceful, it taught you to utilise the people, utilise what you have available”. This finding is consistent with other researchers who advocated that if rural nursing is part of the curricula both in theory and practice, graduates will understand the nuances of rural practice (Kenny & Duckett, 2003; Leipert & Anderson, 2012).

Flexibility to contextualise the Notre Dame, Broome curriculum for remote nursing was not without the challenge of being situated 2240 kilometres from the main campus in Fremantle. Generally, lecturers in Fremantle who had not experienced the Kimberley, or remote nursing practice, displayed a metrocentric view, or were not aware of NMBA guidelines recommending program equivalence rather than exactness. There was a suggestion that city centric lecturers who may have been inconvenienced by lecturing via media devices may have viewed themselves as intellectually more sophisticated than their country cousins (Bambrick, 2002). Whilst lectures were streamed live to Broome from Fremantle using a software package called Elluminate (now Collaborate), graduates did not overtly comment on this issue. In the researcher’s experience, there was resistance from some city lecturers in providing lectures and including students in conversations, via live broadcast. It was evident that they lacked insight into the Broome campus and its ability to deliver the program to students who lived in remote sites. Moreover, provision of the nursing program to students in a remote area was seen as an extra burden on top of full teaching load. It may, however, have been the support students received from local Broome lecturers and tutors, that graduates did not feel disadvantaged. It was the tutors, employed in the local healthcare agencies, that mentored the students whilst on clinical practice. In these roles workforce nurses were able to apply theoretical principles to contemporary real experiences in the remote environment.

Whilst it was evident that local exposure played a positive influence on graduates staying in the region there were also examples of how local exposure inhibited them from remaining in the region after graduation. Being able to experience life in a remote area by studying on the Broome campus provided the exposure that students needed to determine that life in a remote area was not for them, particularly for the short term. Inhibiting factors were caught up in the personal and professional factors and included limited facilities for family and children, education and healthcare as well as a lack of support that graduates felt would be available to them in the clinical area.

Clinical experience.

The curriculum at Notre Dame University, enhanced the connection to remote nursing by immersing students in a variety of clinical placement opportunities. Clinical practicums were undertaken in hospitals with surgical, medical and maternity wards, together with busy emergency departments, and operating room facilities. They also worked in local and remote Aboriginal communities. The diversity of patient problems that students faced ranged from road traffic accidents often with multiple victims and fatalities, burns from camp-fires, childhood ear nose and throat problems, eye conditions in children and adults, chest problems particularly pneumonia in the cooler months of the year, chronic conditions of the lungs, diabetes, asthma, and coronary artery disease. There was also a higher incidence of alcohol and tobacco consumption together with the growing incidents of illicit drug use. Consistent with other studies was the influence of clinical experience on graduates during their student days. These factors were highlighted in the literature as being influential in recruitment following graduation (Courtney et al., 2002; Glover, Clare, Longston & De Bellis, 1998, Gum, 2007; Talbot & Edward, 2000). Studies have also shown that the quality of the clinical practice during formative education is a significant factor associated with workplace choice (Playford et al., 2006).

In this study, remote area workforce nurses were highly influential in transmitting the culture of the workplace and in nurturing the graduates. In other studies concerning rural nursing, it was through interaction with nurses during

clinical practice that students were socialised into rural nursing practice (Day, Field, Campbell & Reutter, 2005). Sometimes the mentoring was not formalised, with several of the participants in this study expressing how registered nurses had taken the initiative of calling them to interesting situations and critical incidents for additional learning experiences.

Likewise other studies on rural nursing have concluded workforce exposure can influence graduates decision on the location of employment (Courtney et al., 2002; Freeman, Baumann, Akhtar-Danesh, Blythe & Fisher, 2012; Glover et al., 1998; Gum, 2007; Mills, Birks & Hegney, 2010). The role of the mentor cannot be overstated, as improper management can lead to low motivation and more importantly decreased patient care (Chitty, 2005). Students find role models and take on behaviours, values and attitudes they come to associate with being a member of the profession (Day et al 2005). In this study it was not only the clinical practicum that drew some graduates back to the Kimberley, but also the influence of the mentors and preceptors. Likewise these people influenced graduates in their clinical practice as registered nurses.

It may have been graduates exposure to the remote area during their studies, which influenced their decision to work in the area once they finished their studies. From the experience of the researcher, some students who chose to study in Broome, for part of their course, decided not to stay remote after graduating, as they felt that they had gained the experience they desired at the time. This anecdotal experience was not found in the study, but may have been a reason for graduates not to participate in the study.

Cultural exposure.

Cultural training was vital for remote nursing practice in the Kimberley. The importance of this education was associated with the poor health of Aboriginal and Torres Strait Islander people who make up 43.5% of the population (ABS, 2011a). Moreover, there continues to be a deficit in the access to culturally safe primary healthcare services for Aboriginal peoples (HWA, 2011). Graduates in this study valued the opportunity to work with Aboriginal people and gained valuable

experience by being exposed to the nuances of an Indigenous culture. Whilst this exposure was not mentioned as an influencing factor to stay in a Kimberley hospital, graduates were appreciative of the knowledge they gained. This finding supported the suggestion that Western academic institutions instilled their values and assumptions; shaping the way nursing students are taught (Pijl-Zieber, 2011). Other studies have concurred with this finding, reporting that students' confidence in respect to recognising cultural differences and in community assessments was increased following a rural rotation in their education program (Coyle & Narsavage, 2012).

Nurses continue to play a significant role in managing the healthcare needs of Indigenous patients in hospitals, the community and specialised facilities such as renal dialysis (Goold, Turale, Miller & Usher, 2002). Notre Dame, Broome understood the significance of these roles by including the cultural preparation of students. The curriculum provided an overview of Aboriginal history and health in both the DN and BN curricula. An additional subject called Spirituality and the Challenges of Reconciliation was included in the BN program. All students completed two online cultural, awareness training programs, and had local Aboriginal guest speakers in lectures and tutorials. These units of study in the curriculum were over and above the requirements of the Notre Dame, Fremantle curriculum. Graduates commented on this preparation and the positive impact on them whilst they were studying, and in their current place of work. Interestingly, it was noted that in Canada there was an invisibility of Aboriginal health in nursing discourse (Martin, 2006).

Enabling personal factors.

Local exposure was cited as facilitating the ability to assess strengths and limitations and to develop a realistic plan based on a career vision (McGillis-Hall, 2008). Whilst local exposure in this study was a significant influence on graduates' decision to work in a Kimberley hospital, 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 had the opportunity to experience living in a remote area. In other studies it has been argued that fellow

workers, friends and family members were important in shaping a persons career (Bosley, Arnold, & Cohen 2009).

Experiencing life and being part of the healthcare workforce in the Kimberley was a major influencing factor on graduates and their choice of workplace once they graduated. Likewise lifestyle factors were seen as important determinants of a nurses' decision to undertake rural nursing and were consistent with rural nursing theory (Molanari et al., 2011). In this study, both the workplace nurses and the managers corroborated this notion. Similarly, a study comparing rural nursing in Canada, the US and Australia found lifestyle affects nurses in terms of blurring the boundaries between personal and professional life (Bushy, 2002). Likewise, rural lifestyle has been reported as consistent across small communities in terms of informal social structures and a less hectic life (Bushy, 2002). The quality of life and family networks were cited as important in retaining nurses (Robinson, Murrels, & Griffiths, 2008). These social experiences are integral to the graduate's career decision process (Hodkinson & Sparkes, 1997). Other studies concurred with this finding suggesting that nurses who had a partner and children in their training area, were less likely to start their first job elsewhere. They were also less likely to move geographical locations so as not to disrupt their children's schooling (Robinson, et al., 2008). Whilst the researcher agrees through personal experience of the strong positive connection between family and decisions to stay in remote, it is also obvious that many parents of school age children are heavily influenced by schooling opportunities. They may also perceive few opportunities in a remote area and move to the city even though they prefer a Kimberley lifestyle.

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. In this study, 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. One graduate's comment highlighted this experience "I found Broome gave you that very much ... better opportunity to learn about working with people and utilising them as part of your team to help improve their healthcare". Similar studies on rural nursing have also commented on the friendly nature of rural communities and the deep attachments they have to their

communities (Fry & Anderson, 2011; Hegney et al., 2002). A sense of belonging was cited as having the potential for being difficult for some new graduates to experience, but was considered as part of professional socialisation process (Mills, Francis & Bonner, 2007). Similarly, it was the culture of the region that was a major aspect of Canadian nurses decision to stay in a region (De Valpine, 2014).

Enabling professional factors.

From a professional perspective, it was the opportunities and support together with the underlying work experience gained as a student, which were positive influencing factors on the graduates. 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”. This effect of workplace culture was also found to be a significant impact on the retention of graduates in other studies (Lea & Cruickshank, 2005; Molanari et al., 2011). Similarly, it was suggested that impediments to career development was the lack of support in the workplace (Cleary, Horsfall, Muthulakshmi, Happell & Hunt, 2013).

Graduates and workforce nurses in this study felt that Notre Dame University in Broome had prepared them well for remote area practice by providing formal and informal support for them to return after graduation. This finding correlates with another study on rural nursing, which suggested that non- metropolitan campuses offer chances for professional development within a supportive community (Bambrick, 2002). Also consistent with the literature is that graduates in this study had realistic expectations about their limitations and the need for a supportive learning environment in the clinical arena (Bennett, Brown, Barlow & Jones, 2010).

Graduates in their first year of practice, experience increasing levels of knowledge and an expansion in their scope of practice. As such they need support in making the transition from theory to practice. The first year of nursing practice has been characterised as a predictable, non-linear involvement of intellectual and emotive changes; an evolution pattern of personal and professional experiences (Duchscher, 2008). As other studies have demonstrated, in this study it was the graduates learning experience as students that contributed to ongoing personal and

professional development (Dalton, 2004; Duchscher, 2008). Career development was seen as an iterative exploration of self and environment that requires an adaptive process (Flum & Blustein 2000). Studies have suggested that graduates can experience reality shock and that experiential learning opportunities were noted as decreasing this occurrence and possibly lessening graduate attrition (Cowin, Hengstberger-Sims, 2006). It was the support from family, friends and social networks that were noted as vital in assisting adaption to change in times of stress and uncertainty (Young & Valache, 2004).

Professional isolation has been cited as a reason for health professionals' reluctance to move to rural practice (Adams, Dollard, Hollins & Petkov, 2005). Included in this issue was the inadequate support for new graduates (Hegney et al., 2002; Lea & Cruickshank, 2005; Neill & Taylor, 2002). Graduates in this study, however, suggested that there was sufficient professional development to support them in the workplace. As students they were provided with preceptors during their clinical practicum and were in a position to judge the amount and type of professional development they could expect as a graduate. At least half of the workforce nurses said that they felt graduates were provided with an adequate amount, but were concerned that staff shortages meant that it was difficult to back-fill a position while the incumbent took study leave for professional development. This issue of study leave did not apply to participants in the graduate program, as they had study days allocated as part of the program. Workforce nurses were also divided in their opinion as to whether they considered there were sufficient professional development opportunities for career development. Availability and cost were inhibiting factors.

Graduates undergo a process of professionalisation where they adapt to new roles and responsibilities and accept differences between theory learnt in nursing school, and practicalities of the workplace (Duchscher, 2008). Lack of clinical knowledge and confidence in skill performance were issues commonly cited in the transition year from student to graduate nurse (Duchscher, 2008). In this study, one of the factors that graduate's mentioned was the support they anticipated in undertaking a graduate program. Support, was described by these participants as: "encouragement", "reassurance", "back-up and help from peers". These behaviours

were consistent with another study, which suggested that the younger generations age between 20 and 25, want prompt feedback, and need positive reinforcement regarding their work performance to improve their self-confidence. This feedback from multiple sources is considered critical in assisting adult learners to reach their maximum potential (Sachdeva, 1996). Graduates in this age bracket want to be led not managed and provided with positive mentorship (Wieck, Prydun, & Walsh 2002). The ages of participants in this study ranged between 20 and 50 with majority being in their 20s and 30s.

Participants in this study felt that as students the preceptors and other workplace nurses supported them the clinical environment. They commented that the friendly nature of people provided a sense of belonging. It was argued that neophyte nurses experience of finding a comfort zone in practice was a part of professional socialisation process (Mills et al., 2007). A feeling of autonomy and support for professional practice has been labelled as structural empowerment (Laschinger, 2012). Graduates professional self-perception was noted as being dependent on how others viewed them, particularly nurses in the clinical environment (Goh & Watt, 2003). In this study those graduates who decided to move to the city, remarked how they felt lost in a large hospital. Some commented that their mentors in the remote clinical placements were much keener to provide them with learning opportunities. Significantly, graduates who had returned to the city, and had the responsibility of precepting students after their graduate year, remarked how the, “country sort of thing has rubbed off”. It was also the influence of the workplace nurses that drew some graduates back to the Kimberley.

Inhibiting personal factors.

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 factors were related to sociological features including local exposure, family connections, and facilities. Often the personal factors that inhibited graduates from staying in the Kimberley were not straightforward, but had strong links with each other. As in other studies gender, cultural beliefs, values and social arrangements underpin how individuals choose to live their lives (Dombeck,

2003). Constraints and controls are brought to the decision making process through the social context (Bermudez, 2009) and it is these influences that can appear attractive in the short term, but may not be the best in the long term (Pang, Ross-Otto & Worthy, 2014) particularly when making decisions about career choice.

Graduates considered factors associated with family as influencing them to move away from the Kimberley. Family factors also prevented graduates from moving back to the Kimberley once they got “hooked in the city”. This finding was not unreasonable since career decisions can be modified as time proceeds and life circumstances change (Ginzberg, 1984). Careership, as coined by Hodkinson & Sparkes (1997), is a rational decision-making process embedded within a three dimensional social context including pragmatism, interaction with others and points in time. Of particular note was the “pull to leave the area to be closer to family” in other parts of WA and in particular the metropolitan area. This finding corroborates other studies concerning the relationship between personal experiences and relocation (Molanari et al., 2011).

A number of inhibiting factors were linked to the facilities and infrastructure within the Kimberley. Inclusive within these factors were concerns associated with children’s education and opportunities for partner’s future employment. Outmigration of young people and families from regional areas due to lack of education and job opportunities is a concern for the sustainability of these communities through the loss of human capital (Geldens, 2007; Eversole, 2001). In Broome the high school is reaching a critical number where most specialty subjects are offered. The advantage of this is that a high number of primary school children now move onto the local high school instead of moving to bigger towns or cities. This is not the same in the smaller locations of Derby, Fitzroy, Kununurra and Halls Creek, where the town populations are not high enough for the schools to offer the complete upper school curriculum. In these circumstances children either go away to boarding school (some to Broome) or whole families leave. From a personal perspective the researcher would argue that these perceptions on adequate schooling were not based on fact, as a number of parents do not seek input from local teachers or the schools when making these decisions. Parents are making decisions through their peer groups and past history of family attendance at particular schools in Perth.

Of particular importance in deciding to move to the city were the graduates concerns over partners' employment and the compromises that would need to be made to stay in the Kimberley. As one city graduate explained "my original plan was to stay [in the city] the 12 months and then go back to the country, but then 'umm' I suppose having my family and all my friends here...changed my mind as well as my husbands work. He's settled in his job and wouldn't want to move.". This decision-making capability fits with Bandura's theory that people act with forethought, self reaction and self-reflection (Bandura, 2001).

A male graduate considered that if he had not had children, and if his wife had been amenable he would have moved back to the Kimberley. Graduates in this study who had undertaken their studies as cross campus enrolments and had family connections in the city, were more likely to leave the Kimberley to undertake a graduate program in the metropolitan area. Whilst some graduates expressed their fondness for the Kimberley and believed they would come back; few returned once they had family commitments. One of the managers in this study considered that graduates left the region and returned to get, "you know, more experience in bigger places...and then come back". This seemed to be an unrealistic idea based on the belief that graduates were single nurses without family ties or commitments. It was also based on the manager's perception. Living and working in Broome for 20 years, has given the researcher knowledge and experience. I have observed that whilst some nurses return, nurses who are considered long term, (over 10 years) are those that trained in the region, or came for clinical experience and stayed.

A few graduates commented that they did not consider the healthcare services in remote areas were adequate for their families needs. Some commented on the perceived limited access to healthcare in a remote area and the expense of having to travel to Perth for specialist treatment. This is a well known fact and underpins the reduced health of people living in remote regions. The researcher has first hand knowledge of the difficulties for families when a loved one requires treatment in the city. This treatment often has to be undertaken without family support due to the financial impact of travel and accommodation.

Accommodation during and following a graduate program, was an important

issue in graduates decision to move to urban areas. Rural areas of WA have limited housing for nurses and their families. Traditionally, all towns in the Kimberley, except Broome offered accommodation for single nurses, but not accommodation for married nurses. Managers in this study concurred that graduates with families would have difficulties finding accommodation, especially for those undertaking the graduate program which had a rotation between Broome and other Kimberley hospitals. It was also intimated that the capping of numbers for the graduate program was associated with the limited availability of accommodation in the hospitals.

The 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 campus. As a measure of the resilience and motivation of nurses who worked in the region, graduates observed accommodation difficulties. One participant commented that she “saw dreadful things, nurses doing night shift and living in tents it was just insane conditions and it was the wet season”. Studies have argued that the quality of life is affected not only by perceptions about the affordability of accommodation, but also about the cost of living (Robinson et al., 2008). In Broome a sudden influx of people during the tourist season placed a burden on residents who found the cost of living increased exponentially. In terms of accommodation, a Canadian study concluded that graduates seek out facilities that not only offer a position, but also residencies to assist in their transition (Molanari et al., 2011).

Interestingly, it has been argued that adequate accommodation for medical practitioners, in rural areas, is of equal concern (Hart et al., 2013). Most notably, in terms of accommodation, there was a plethora of Australian national reports concerned with attracting medical practitioners to the rural healthcare workforce. Although there were similarities in terms of influences on recruitment and retention of medical practitioners and nurses, accommodation rated as a point of difference. Since there are fewer medical practitioners (17.2%) in the rural healthcare workforce, they are cheaper to accommodate. Nationally there are 62.7% nurses and midwives (AIHW Australia’s Health, 2012, p. 502). These statistics point to the urgency of providing more accommodation for nurses especially for those who are married. Gone are the days when nurses were single women.

The factors that influenced participants in this study were found to be similar to those in the recruitment of medical practitioners into rural health practice. Generally, they included rural exposure during undergraduate education, spousal commitments and opportunities for professional development and lifestyle issues (Brooks, Walsh, Mardon, Lewis and Clawson, 2002; Dalton et al., 2008). Similarly, personal factors such as location of family friends and employment opportunities have been endorsed by other studies (Hegney, et al., 2002; Smith et al., 2001). Factors also included: personal (age, gender, education), professional (specialisation, working hours, incentives), and contextual (community amenities, quality of life) (Dussault & Franceschini, 2006).

Inhibiting professional factors.

Nursing students, much like other novices, consider experienced staff to know best and often took advice without exploration. Significantly, it was the influence of the workforce nurses that was a major factor in the decision-making process of graduates in determining the location of their graduate program. This finding concurred with other studies in terms of the influence and support graduates experienced as students (Freeling & Parker, 2015; Gum, 2007). A major inhibiting factor in graduates' decision to stay and work in a Kimberley hospital, was associated with the perception they would have to leave to work in an urban environment following their graduate year. This decision was based on some workforce nurses and managers advice to go to an urban setting to gain further experience.

Some studies concerning rural nursing, found that generally nursing administrators responsible for recruitment had little knowledge about graduates' educational preparedness, or the lifestyle of rural nursing (Molanari et al., 2011). This issue was unfounded in Kimberley nurse managers, but may have been an issue with metropolitan administrators. Kimberley managers were fully aware of the lifestyle of nursing in a remote area and were familiar with the Notre Dame, Broome curricula. They often had connections to the University through tutorials, the advisory board or observation of students during their clinical practicum. Some also based their opinions on their own studies as undergraduates.

From a professional perspective some graduates felt that at the time of graduation they would be better supported in a metropolitan graduate program. Generally, they worried about their abilities and a lack of confidence, which may or may not have been influenced by the workforce nurses. It was suggested that these feelings were a characteristic of the stage of stable internalisation in the professional socialisation process (Davis, 1975). The movement to the city for further clinical experiences could be considered a facet of professional socialisation, which has been described as a lifelong, individual learning process (Messersmith, 2008; Wolf, 2007). Some graduates assumed that they had fewer skills than city graduates, but as one graduate remarked, “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 it is necessarily the case.”

Graduates who had moved to the city had the opportunity to work in a variety of specialties, but were not always supported and were frustrated at not being allowed to work independently. Significantly, other studies have found that the most potent barrier to the support of graduates was the attitudes of staff (Johnstone, Kanitsaki & Curries, 2008). For example other studies found that the traditional hierarchical nature of nursing and the expectation that the graduate must “hit the ground running”, might have deterred graduates from working in a particular environment (Mills et al., 2010, p. 34). Mostly, however, the participants in this study mentioned the friendly nature and a sense of belonging that enticed them to stay, or return to the Kimberley healthcare workforce. This finding concurred with earlier studies concerned with sustaining the rural nursing and midwifery workforce (Mills et al., 2010). Graduates perception that the city graduate programs would be better, changed once they had left the Kimberley. In comparing the Kimberley and city programs, many graduates commented that they could have gained as much experience by staying in a Kimberley hospital.

There are a variety of roles, settings and specialisations for nurses. A criticism noted by the National Review of Nursing Education (2002) was the limited opportunity for nurses practicing in rural areas to specialise. Other studies have also suggested that whilst graduate programs are offered in rural areas, there is limited opportunity for graduates to gain clinical education in area of specialty such as ED, dialysis and operating room (Birks et al., 2010; Lea et al., 2008). These findings

were not supported by studies in rural nursing, which have found that rural nursing was imbued with technical skills equal to their urban counterparts (Sedgwick & Rougeau, 2010).

Significantly, the issue of limited opportunities to specialise was not supported in this study. Whilst the Kimberley hospitals could not offer the same intensive experience in a specialist field of nursing as the city, there was the opportunity for graduates to become generalist specialists consistent with rural and remote nursing. Students in this study experienced diversity in their scope of practice. They had the opportunity in Kimberley hospitals, to work in the OR with visiting surgeons from a variety of specialties and were faced with serious medical and surgical conditions of patients who attended the ED. They also had the opportunity to work with skilled, experienced nurses and medical practitioners in stabilising patients with serious life threatening conditions, prior to their transport via the RFDS to Perth. Stabilisation often meant that patients were managed in a high dependency unit in Broome, which had similar technology to their Perth counterparts. Such technology included telemedicine, which afforded staff a direct line to consultant specialists in the city.

Inhibiting professional factors included workforce issues, particularly the shortage of experienced registered nurses. Whilst this limitation has not been demonstrated specific to nurses working in geographically remote locations, it was particularly important in terms of conducting a graduate program. A number of workforce participants commented that “there is not enough staff to support students and graduates...staff get burnt out and then aren’t keen to support”. Support was interpreted in terms of encouraging graduates. In other studies the shortage of nurses was associated with graduate attrition (Cowin, Hengstberger-Sims, 2006; Johnstone et al., 2008). Hospitals in the Kimberley have limited opportunities for a skill mix suitable to provide experience and educational advancement for nurses in the first few years post registration.

Nurses completing graduate programs may want to stay after their graduate program, and often want to experience ED, OT or high dependency. Whilst as students they can experience these areas, the opportunity to work as graduates is

limited. The problem is that these areas are typically limited to 2 registered nurses per shift. Thus, allocating a graduate nurse as one of these, may pose a potential risk to the safety of patients. This issue is the same in the smaller hospitals in the region where patient numbers are smaller. In Derby and Broome, however, where the general ward (mix of surgical and medical patients) is large, a minimum of 5 nurses may be rostered. In these areas there is an opportunity for graduates and newly qualified ENs to work with guidance from experienced registered nurses. This is where the point of contention regarding recruitment and retention of Kimberley nurses arises. In other words there are positions for nurses of low levels of experience in the ward areas, but not in the speciality areas, thus limiting experiential progression.

Graduates did not consider the tyranny of distance as influencing their decision to stay, or leave the Kimberley. This was a surprising finding, since anecdotally local people often mentioned the distance from the capital city as a disadvantage and a negative aspect of remote living. Kimberley people, when given the opportunity, tend to move to a cooler less humid climate during the wet season, which extends from September to April. This movement of the population affects hospital bed occupancy, and also affects the number and continuity of staff in the hospitals.

The majority of workforce participants had less than 5 years working in their current place of work. This issue could be interpreted as nurses' flexibility in moving between employment locations. As one graduate commented on her ability to move between workplaces I got to "the city and then I got here and I went away again and then when I got there I realised it was just a hassle". In terms of mobility a Canadian study found that there was a trend for nurses to move away from the rural to urban areas, and that the mobility of nurses was a recognised characteristic of nursing (Baumann, Blythe, Kolotylo, Underwood, 2004; Flum & Blustein, 2000).

Several of the workforce participants in this study commented about the mobility of nurses suggesting, "They tire of working in one place and want to move onto somewhere else...". This statement could be indicative of a preference for a remote health workforce, or the mobility of nurses and their adventurous nature of

working and travelling. Interestingly, in this study a manager felt that Broome students were more likely to be adventurous and remarked 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 the Kimberley”. This statement may be attributed to career decision-making and the search for further nursing experience in order to gain the most satisfaction from nursing (Ginzberg, 1984). The comment also concurred with other studies, which investigated multigenerational differences in nurses. It was suggested that generation X and millennial nurses have an inherent tendency toward mobility and career enhancement (Duchscher & Cowin, 2004). Graduate participants in this study, reflecting on their experience in the Kimberley as students, agreed that they thought it made them a bit more independent and developed their ability to self-manage. Being an independent learner and having an ability to seek educational opportunities from the workplace are essential in a remote health care environment. The experience of this phenomenon by the researcher enabled self-directed learning to form the basis of the nursing program curricula in the Broome School of Nursing. In particular the concept of using technology for remote access learning is dependent on the student being self-directed.

Whilst graduates did not mention financial incentives for staying in the Kimberley, there were several that suggested that the remuneration for graduate rural nurses was not congruent with their expectations, in terms of the cost of living. Some also mentioned they would follow their partners work before they settled on a graduate program. This comment suggested that a partners’ employment was more important in terms of economics and stability. It could also be argued that while nurses were flexible in terms of employment location, their commitments to family and relationships were factors that governed their decision-making. This notion concurs with decision-making theory which suggests that a internal locus of control is relevant to making choices, and that high aspiration for an ideal occupation were more adaptive for the decision-making process (Gadassi, Gati & Dayan, 2012).

Student cohorts are becoming more diverse (Croxon & Maginnis, 2006). In this study half of the participants were in their 20s, with a quarter in their 30s and the remainder over 40. Participants were predominantly women with at least half having a rural and remote background. Each generation has different values and

expectations in terms of characteristics, work ethics, attitudes toward organisation and authority. Generation X and Y perceive themselves as idealistic (Hu et al., 2004). Moreover, unlike the older generation they want short-term employment and a balance between their personal and professional lives (Wieck, Prydun & Walsh, 2002). Likewise, similar studies have determined that the younger generations of nurses want lifestyle choices and are unlikely to work in environments that have limited opportunities for career advancement (Baumann, Zeytinoglu, Akhtar-Danesh, Davies & Kolotylo, 2008).

In recent years there has been a cultural emancipation resulting in more self-absorbed tendencies. These have been characterised by a predominance of self-directed motives and values (Rognstad, Aasland & Granum, 2004). Whilst it was not uncommon for nurses to change the way they view themselves and their practice, it was suggested that these changes are predicated on past experiences, beliefs and values that were promoted during their education (Dinmohammadi, Pevrovi & Mehrdad, 2013). In terms of maturity and life experiences, it was suggested that it was the more mature student who was likely to stay once they had completed a locally based rural program (Gum, 2007). Interestingly, a comment from a graduate suggested that the Kimberley graduate program was more suited to a person who had more life experiences than somebody “straight out of school then uni”. Other participants in the study, while not refuting this aspect, did not support this comment.

Graduate programs

One of the limitations of the workplace, and a major influencing factor on graduates to move away from the Kimberley, was the lack of a permanent position once they completed the graduate program. This was a similar finding in studies undertaken in Queensland (Williams, 2012) and NSW (Lea & Cruickshank, 2005). This was a disappointing finding since the majority of workforce participants agreed that Notre Dame, Broome graduates had the required skills and knowledge to work in a hospital in the Kimberley after their graduate year. This finding poses the question about the practice of not recruiting nurses after their graduate year; an idea based on the belief that graduates needed more experience. This notion was demonstrated in WA rural areas by employing registered nurses with five years post registration experience. Given the age of graduates and their lifestyle factors, it could

be argued that promoting more experience in the city had the propensity for graduate attrition from the Kimberley.

In this study, coordination of graduate applications for the Kimberley graduate program was undertaken from a central base south of the State. A nurse manager saw this policy as a key to the marketing success of graduate programs in rural WA. The lack of evidence for this notion suggested that the manager might have been unfamiliar with the factors that influence graduates' decision to undertake graduate programs in remote areas. In reality, the central base marketing strategies were far removed from the context of remote area nursing and may have been why some graduates in this study did not have the correct information about the graduate program in the Kimberley. This disconnect between the city centric view and remote living, concurs with other studies that found rural recruitment when implemented in the city was dissimilar. There seems to be little awareness of the context of nursing practice, in rural and remote areas (Hegney et al., 2002). It was argued that recruitment strategies could be more successful if nurses' perceptions were understood (Molanari et al., 2011; Wieck et al., 2010).

In terms of marketing strategies, this study found there was little attention paid to generational differences or the recognition that individuals balance their personal and professional requirements before making decisions about the location of a graduate program. Whilst there was a choice of graduate programs across Australia it depended on the size and location of a healthcare facility and the nurse leaders past experience that influenced a graduates' decision (Francis & Mills, 2011). In this study, nurse manager's thought that graduates needed more experience following their graduate program. As novice nurses, they were often influenced by those in supervisory roles.

Interestingly, nearly all BN graduates who participated in this study completed a graduate program: eight in a major city, five in the Kimberley and two in other rural areas of WA. This was contrary to another study, which found there was a low percentage of students from a rural background who gained experience in a rural practicum, and who planned to work in a rural location in their graduate year (Hickey & Harrison, 2013). This finding could possibly be associated with the

tendency for young people to move to the city having spent their childhood in a country town, or it might have been related to their understanding that employment opportunities at their level of experience were limited (Bushy, 2002). In this study another factor to consider was the capping of graduate placements in the Kimberley graduate program. Nine graduate placements were offered annually, six rotational (through Broome, Derby and Kununurra) and three based in Broome. These placements were associated with the number of workforce nurses who could precept, or mentor the graduates. Additionally, graduates from Broome were obliged to seek their own accommodation (WACHS, 2011).

There are no graduate programs for the EN workforce. Graduates from the DN program either move away from the Kimberley for a graduate program or remain and work on a casual basis. Interestingly lack of a graduate program did not deter the DNs who wanted to stay in the Kimberley as they considered that working casually or part time suited their family and lifestyle better.

One of the limitations of healthcare agencies is the replacement of competent experienced nurses with graduates (Duchscher, 2008). Several times in the course of this study workforce participants expressed the need for graduates to “gain more experience” yet few explained this concept. In the seminal work of Benner (1984), experience was described as being “gained when theoretical knowledge is refined, challenged, or disconfirmed by actual clinical evidence that enhances, or runs counter to the theoretical understanding” (p. 294). In a separate study, it was noted that graduates were concerned with competence and experience rather than knowledge, whereas more senior staff did not seem to discern the difference (Cowin & Jacobsson, 2003). This notion of experience was identified as nurses placing their technical knowledge over personal knowledge in decision making in order to resist control and intervention (Traynor Boland & Buus, 2010). In relation to rural nursing the generalist specialist role was described as one where the nurse needed to use their scientific knowledge to make sound clinical decisions combined with experiential learning (Hurme, 2009).

Graduates in this study had the impression that they would not gain employment without completing a graduate program. Although most nurse managers

looked favourably on this achievement, it was not essential for future work. Graduates hearing about the limited opportunities of work after completing a graduate program, made decisions to move to the city to gain experience for a few years, rather than opting for a short employment period during their graduate year. This pragmatic decision-making lies within the careership decision-making theory, which suggests that short term decisions may not benefit long term gains (Hodkinson & Sparkes, 1997). Some graduates mentioned that ongoing contracts for employment were not offered following the graduate program, because they were inexperienced. Also the practice of employing nurses with a minimum five years of experience, meant that they had little choice, but to move to the city. This predicament was not specific to this cohort of new graduates. A Queensland study found there was no expectation by rural agencies for graduates to stay on after the 12-month period, but the study did not specify a relationship between policy, levels of experience and expectations. In a further study, however, some rural nurses believed that graduates should seek more experience in larger facilities on completing their twelve month program (Mosel-Williams, 2000).

Limitations

This study was limited in that it did not investigate links between the length of exposure in the remote area and recruitment of graduates into hospitals in the Kimberley. Additionally, there was the chance that some participants may have forgotten events over the five years prior to data collection. Strategies to minimise this potential problem, included ensuring a range of participants were interviewed and that they were afforded time to reflect and think before responding.

The researcher has lived in the North of WA for twenty five years, since graduating. This lifetime of nursing in the Kimberley has created the positive assumption that given support and educational opportunities it is possible for a graduate nurse to grow from a novice to a highly experienced nurse. The researcher wanted to investigate if graduates were making informed choices, or whether they were being influenced by nurses in the workforce who did not necessarily have the long-term experience of nursing in the Kimberley. This closeness to the study could be considered a limitation, however any bias was reduced through journaling and

discussion of finding with the supervisor. The researcher, being mindful of the perceived bias, constantly looked for alternative and rival evidence and displayed this within the findings and the analysis of the study.

Most workforce participants were employed in Broome hospital since it was the largest in the Kimberley. This may have been a limitation of the study since the smaller hospitals may have had a more acute recruitment and retention issue.

Twenty four of the possible 175 graduates responded to invitation to participate. This number was sufficient as data became repetitive after nineteen interviews. Thus, saturation was achieved. As with all qualitative studies there is an assumption that findings from this study cannot be generalized to a larger population. This study used a qualitative case study approach, and as such generalisability of the findings was not the goal. Rather, the focus was on transferability where other interested people could find value. Although the context of the study was unique to the Kimberley region of WA it could resonate with other people in remote regions nationally and internationally.

This thesis was located in the context of professional nursing and the need to provide quality care to people in a remote part of WA. It argues that providing an opportunity for people to learn nursing in their local community, part way meets the problem of nurse shortage in remote areas of Australia.

Conclusion

The rationale for this study was based on the dwindling numbers of rural nurses. The assumption was that graduates from a remote school of nursing would assist in partway resolving the problem in the Kimberley region of WA. To a certain extent Notre Dame, University in Broome provided a considerable number of graduates, but the question remained what were the influences they considered in their decision to remain or leave the area. A satisfactory answer was vital to improving the retention of nurses in the Kimberley.

The issue in deciding whether to stay, or leave the Kimberley at graduation

was based on a number of alternatives that the graduate could act upon, each with a range of possible outcomes based upon facts that the graduate may/may not have controlled. Within this decision making construct graduates displayed self-direction in the face of competing influences, based on their capability to exercise some measure of control. The constraints, compromises and controls were undertaken within the social context of nursing in the Kimberley. It was the interlocking relationships between the disposition of the graduate's inner self, the role they played and the context of the situation that influenced their decision-making. These factors were multidimensional with no clear boundaries between local exposure, personal and professional influences.

Graduates decisions could loosely be divided into enabling and inhibiting factors. Decision-making theories, however, have proposed actions and cannot be evaluated in isolation, but need to be considered within the context of the situation (Maton, 2012). This was evident in the study as often the personal and the professional factors were interrelated. A major underpinning of all influences, however, was local exposure. It was an underlying influence from a personal and professional perspective, in either staying, or leaving the Kimberley.

The role of Notre Dame, Broome cannot be underestimated; it offered a unique experience in remote health and remote nursing. Graduates as students were immersed in the culture and climate of the Kimberley, which included lifestyle and exposure to the community within the context of remote area living. Moreover, workforce nurses acted as tutors, in the University and as mentors and preceptors in the clinical area. The friendly nature and support of the people was also significant in a graduates' decision to stay in a Kimberley hospital.

An overriding inhibiting factor was the notion that graduates would have to leave the Kimberley following their completion of a graduate program, either because they were advised they would need more experience, or because there was limited employment following graduation. The dichotomy between hospital policy and the reality, concerning graduates skills and knowledge, was apparent. It was especially irksome since the students were aware of the shortages of nurses in remote areas, believing they would be welcome in helping to relieve the problem. Inconsistent information coupled with personal and professional conflicts led to

indecisiveness and compromises about decisions to stay, or leave the Kimberley.

Thus, there were numerous interrelated and overlapping factors that can only be interpreted with respect to the context of the study. The push and pull situation had significant implications on the career decision-making process. Ultimately, it was the balance between the demands of reality and the graduates' needs that compelled them in their final choice.

Recommendations

- Continue pre-registration nursing programs in remote regions of Australia to enable the ongoing recruitment of locals into the workforce.
- Continue to provide mechanisms, within the nursing curriculum, to deliver across multi campuses, to enable a focus on rural and remote nursing practices.
- Increase opportunities for locally recruited students to attend clinical placements in the city to provide the experience to quiet the notion of better elsewhere.
- Develop strategies to increase awareness of nursing in remote hospitals and the experience that can be gained, to quell the notion of limited experience in remote areas.
- Develop graduate programs for enrolled nurses in remote hospitals to support them while converting to an RN qualification.
- Review the number of graduate programs offered in remote areas to consider increasing opportunities outside hospital services to include renal dialysis, Aboriginal Health Services and Aged Care.
- Explore a rural pipeline opportunity for nurses with a focus on transition from new professional to career professional in order to improve opportunities for clinical education and further development of knowledge and skills.
- Investigate opportunities and offerings of continuing professional development for nurses in remote areas.