

Experiences of nursing and allied health students undertaking a rural placement – A study of barriers and enablers

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Introduction

Nursing and allied health students participate in clinical and community placements as part of their course requirements. Some health students undertake their placements rurally. This group of students may either live rurally or come from metropolitan areas. Students who have undertaken a rural placement are able to provide insight into the barriers and enablers of undertaking this type of placement.

This study was undertaken by a social work student (Ms Donna Bradley) in her final year of her Masters course while undertaking a research placement with the University of Melbourne, Department of Rural Health. Ms Bradley's placement was supervised by Professor Lisa Bourke. A research study was developed to explore the experiences of nursing and allied health students undertaking placements in public health services situated in rural northern Victoria. In particular Ms Bradley was interested in investigating whether isolation was experienced by the students and, if so, in what ways.

Literature Review

Both enablers and barriers to a successful rural student placement are identified in the literature. Generally, these enablers and barriers affect three domains of students' lives: personal and social, work and workplace and professional and career development.

With respect to enablers, the personal and social domain, experiencing the **rural lifestyle and immersion into rural culture** are identified as the most appealing aspects of a rural placement.^{1, 5, 7, 9, 13, 16, 18, 19, 23, 27, 29, 33, 34, 35, 37} With respect to the work and workplace and professional and career development domains, the perception of a **positive and friendly workforce**, and the opportunity to **practice autonomously**,^{1, 2, 5, 6, 18, 23, 24, 29, 31, 33, 37} to be part of **multidisciplinary team**^{3, 6, 7, 19, 24, 27} and to experience **diverse clinical approaches** were also seen as positives.^{1, 5, 9, 11, 16, 18, 19, 27, 29, 37} Students also frequently identified the rural clinical environment as **friendly and welcoming** and finding the **staff dedicated to teaching** students.⁵ Other work/workplace and professional/career development factors positively influencing the rural placement experience including **higher quality supervision**,^{15, 27, 37} **increased career opportunities**,^{14, 16, 33, 35} **satisfying patient relationships**,^{11, 15, 31, 37} and exposure to a **broad range and depth of clinical experiences**.^{27, 2.}

With respect to barriers, all three domains of students' lives were found to be negatively affected. A primary concern for students undertaking rural placements was **social and geographical isolation which involved issues such as separation from family and friends and academic and professional isolation**^{2,3,5,8,10 - 13,15-20,23-28,32,33,35-39}. Playford, Larson & Wheatland stated that "For urban-based allied health and nursing students, rural placements mean separation from family and friends and loss of work income as well as transportation and social dislocation; issues over which the student has limited control."¹⁷ The World Health Organisation found that "rural and remote areas often convey a sense of isolation, both from a professional and a personal point of view."²⁰ This environment of isolation while on rural placement was also identified as encouraging the development of

strengths in students, such as independence and flexibility.²³ Fears around **driving in rural areas** and managing country roads and long distances, weather conditions as well as the associated increased costs of travel were also commonly found in the literature.^{2, 9, 10, 12, 13, 15, 17, 22, 23-26, 28, 30, 34, 36, 37, 39} Students on rural placements were found to experience many **financial disadvantages** and these discouraged students from undertaking a rural placement. Other identified barriers were the **limited clinical resources** in rural health services,^{2, 5, 8, 12, 19, 22, 24, 26, 34, 35, 38,} **accommodation costs and availability issues**,^{8, 15, 22, 26, 28, 30, 36, 37} **limited access to professional development (PD)**,^{2, 10, 11, 15, 18, 24, 35} **inadequate support from the students' learning institution**^{3, 5, 8, 13} and **not finding the rural life-style appealing**^{9, 10}

These enablers and barriers experienced by students while on rural placement are listed below in order of the frequency of the finding in the literature.

Enablers

1. Enjoyment of a rural lifestyle and culture^{1, 5, 7, 9, 13, 16, 18, 19, 23, 27, 29, 31, 34, 35, 37}
2. Opportunity for autonomous practice^{1, 2, 5, 6, 18, 23, 24, 29, 31, 33, 37}
3. Diversity of clinical practice in rural health services^{1, 5, 9, 11, 16, 18, 19, 27, 29, 37}
4. Multidisciplinary care approach in rural health services^{3, 6, 7, 19, 24, 27,}
5. Positive and friendly workplace and workforce in rural health services^{7, 19, 33, 35}
6. Immersion into rural culture^{23, 29, 31, 34, 35}
7. Higher quality supervision^{15, 27, 37}
8. Increased career opportunities^{14, 16, 33, 35}
9. Satisfying patient relationships^{11, 15, 31, 37}
10. Broad range and depth of clinical experiences^{27, 2}

Barriers

1. Social and geographical isolation^{2, 3, 5, 8, 10, 12, 13, 15-17, 19, 20, 23-28, 32, 33, 35-39}
2. Travel distance, cost and road safety concerns^{2, 9, 10, 12, 13, 15, 17, 22, 23-26, 28, 30, 34, 36, 37, 39}
3. Financial disincentives^{3, 8, 11, 15, 17, 19, 24, 28, 29, 35, 36, 39}
4. Limited clinical resources in rural locations^{2, 5, 8, 12, 19, 22, 24, 26, 34, 35, 38}
5. Separation from family and friends^{2, 3, 15, 17, 26-28, 38}
6. Academic isolation^{3, 11, 13, 18, 27, 32, 33}
7. Accommodation costs and availability issues^{8, 15, 22, 26, 28, 30, 36, 37}
8. Limited access to professional development^{2, 10, 11, 15, 18, 24, 35}
9. Inadequate support from students' learning institution^{3, 5, 8, 13}
10. Rural lifestyle not appealing^{9, 10}

Methods

Ethical approval for this research was granted by the University of Melbourne's Department of Rural Health (UOM-DRH) Human Ethics Advisory Group (HEAG) on 25th April, 2017.

A purposive sampling method was used. Students were recruited at de-brief meetings conducted by members of the University of Melbourne's DRH's Going Rural Health (GRH) program. [The GRH program is a Commonwealth program funded to increase rural placements for nursing and allied health students who are undertaking undergraduate and postgraduate courses. The UoM-DRH's GRH team are involved in creating and facilitating student placements in rural Victoria. GRH supports to students on placement include providing financial assistance, accommodation and training].

Recruitment of students occurred at de-brief meetings held with students conducted by GRH staff. At these meetings Ms Bradley spoke to the students about the research project and distributed the project's Plain Language Statement. Students were advised that their participation would involve a 45–60-minute face-to-face interview to be conducted in the town where the student was undertaking their placement. Students were also advised they would receive a \$30 Coles Myer gift voucher in honour of their time. Interested students were asked to contact Ms Bradley either directly after the meeting, or later by telephone or email. Ms Bradley then made contact with those students who expressed interest in participating and arranged a suitable time to undertake the interview and discussed a suitable location and interview space. Interviews were usually arranged to take place in the public health service where the student was currently undertaking their placement (depending on availability of rooms) or at a convenient venue nearby to their workplace. Eighteen students were recruited.

The interviews focused on seven key areas:

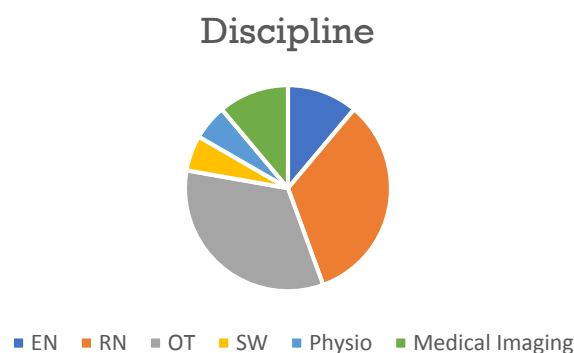
1. Gathering general information about the student, their course and their placement,
2. Determining whether the placement was voluntary or assigned by the learning institution,
3. Discussing the placement experience and achievement of course learning objectives,
4. Determining their degree of immersion into the town's local culture and its activities,
5. Discussing whether they were experiencing any feelings of isolation;
6. Identifying any additional supports that could assist future students on a rural placement to succeed,
7. Enquiring about the students' life plans post-placement and if the placement experience was challenging or changing them.

The interviews were audio recorded and transcribed verbatim by an external transcription service. Data was analysed using a thematic analysis method. Ms Bradley and Professor Lisa Bourke designed the study and thematically analysed the data and then Ms Bradley wrote this report, undertook the literature review, recruitment of participants and conducted all interviews. Dr Cosgrave reviewed the thematic analysis and assisted with the final draft of this report.

Findings - demographics

Of the 18 participants, 14 were female and 4 were male. Most students were aged between 25-30 years. The students were drawn from two types of learning institutions (universities or registered training organisations). The universities included: Royal Melbourne Institute of Technology (RMIT), Charles Sturt University (CSU), University of Melbourne (UoM) and Latrobe University. There was also one registered training organisation: Partners in Training. The participants' professional disciplines included: Nursing - both Registered Nursing and Enrolled Nursing (n=8), Occupational Therapy (n=6), Physiotherapy (n=1), Medical Imaging (n=2) and Social Work (n=1). Of the 18 participants, 15 were from rural locations and three came from metropolitan areas.

The participants' professional disciplines are reflected in the pie-graph below.

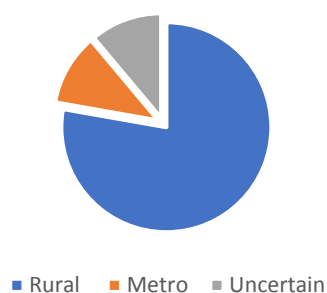


Findings – enablers to a positive student placement experience

Nearly all participants spoke enthusiastically about their placement experience and viewed it as positive. The main positive factors (enablers) were: 1) enjoyment of the rural environment and community, 2) experiencing a positive and friendly work and learning environment, 3) depth and breadth of the clinical environment and increased practice opportunities; and 4) improved professional skills and work readiness.

These four enablers were discussed by a large number (14/18) of the participants as either further strengthening their already established interest in working rurally or influencing them to start considering working rurally after graduating. Of the fourteen interested in 'going rural', one was from a metropolitan area (see pie chart below for more details).

Intention to Go Rural 14/18



1. Enjoyment of the rural environment and community

The environment, the food and the people were frequently mentioned by participants as a really enjoyable facet of their rural placement. Among the participants, there was generally, a perception held that rural Victoria offered a lot to explore. Comparisons were often made about the enhanced environmental aspects of country living compared to city living:

It's just beautiful, being able to go for a walk and hear the birds and [to] actually be in the bush, is just so nice. All of these places have amazing amounts of history and just little individual differences. And they do the most amazing farmer's markets in the country.

Much better lifestyle living in a rural area, you've got time, space, clean air and less traffic.

Among the participants from metropolitan areas, their enjoyment of the rural environment often came as a surprise to them:

There are parks everywhere, lots of walking and hiking, and it's like a little centre for everything else around it. I want to go home, but I might as well climb [name of a nearby mountain] and go see [name of two nearby towns], you know, there's so much around here, it's its own real little location to get out and do other things.

I prefer being in a calm, trees and you can go for a drive to [nearby town] and there's like, outside of work, there's actual land and trees and you go for a walk or a hike.

Some students also discussed enjoying feeling part of community and seeing colleagues out and about on weekends:

I know everyone's names, everyone stops and asks how your weekend was, the receptionist I chat to, I feel like it's more inclusive here.

Many participants viewed the opportunity to become part of a rural community as a positive and valuable part of their placement experience. Some participants discussed being pleasantly surprised at the quality and variety of local food and wine, as well as the company of the locals:

Just your fresh fruit and veggies, and there's a local butcher in town who does nitrate free meats.

It's all very central, they've got a good little café crowd, everyone seems very happy and proud of their area, they'll promote what's happening so that's always really nice.

2. Experiencing a positive and friendly work and learning environment

Most participants described the work environment as positive and friendly and, because of this, conducive to good learning. This was discussed as being an important factor in their considering to work rurally in the future. Staff generally, and supervisors in particular, were often described as being supportive. Participant's comments on the positive work environment include:

The staff I was working with were fantastic, unreal, it sort of got to the point I guess where I didn't want work to finish, I didn't want [the] placement to finish at all.

Everyone's so happy, and just the morale, everyone's just happy it's a really good environment to work in, if times get tough everyone pitches in to help each other.

This friendliness and level of support also helped the students to feel comfortable to take opportunities to immerse themselves into a broad range of skill building and professional development opportunities.

3. Depth and breadth of clinical environment and increased practice opportunities

The opportunity to practice autonomously was discussed as being highly valued by many participants. Some comments made about experiencing autonomy included:

I like the idea of being a bit autonomous, it's a big responsibility, I like the challenge.

There was the expectation from the supervisor when I started that I needed to be self-directed. I'm very comfortable with that.

When you're alone in theatre as a radiographer you're the only one there so you have to figure things out on your own a bit too, which is good.

The positive experience working in a collaborative, multidisciplinary approach was often discussed:

So, I think working with quite a large variety of professionals is really helpful, you get a lot of exposure, so there's a lot of ways to do different tasks and everybody has their own little niche.

Many students commented on the diversity of the clinical experience in the rural setting. In most cases, the learning opportunities were seen as being superior to metropolitan placements. Some participants attributed the heightened learning experience in rural services to complex presentations and this being treated on-site rather than transferred to specialised metropolitan hospitals. These complex presentations involved such things as injuries not usually seen in the city (eg. farming accidents).

Some participants also discussed enjoying a lack of competition among students and as a result experiencing greater opportunities for learning.

At [metropolitan hospital's name] they'd call a 'Code Blue' and you wouldn't be able to get anywhere near the room, there were so many students trying to get in. Here, we get to be a part of that, there's no competition.

It was noted by several participants that the hospital equipment was virtually the same as found in metropolitan areas; making the transition easier and to practice autonomously with greater confidence.

Several students discussed receiving high quality supervision whilst on their rural placement.

I've had two absolutely magnificent supervisors, that's been the most enjoyable bit. I've felt safe, I've felt appreciated, and I've felt valued by them.

My supervisors have been really supportive, great with giving feedback, constructive and timely feedback so that was really good.

A few students reported enjoying forming satisfying patient relationships while on placement, as one participant's response highlights:

I work with elderly people, you've never met them before, you just introduce yourself and they accept you. They're been asking me questions about where I come from, they've probably never seen anyone of colour as a carer. I tell them this is what has happened, this is me and this is who I am. Everyone is lovely.

4. Improved professional skills and work readiness

Being exposed to different modalities, different clients, and practicing in new ways was discussed by many participants as increasing their confidence in their clinical skills. Some participants discussed feeling that as a result of the placement their professional skills and understanding had significantly improved. For one participant, this assisted them to easily meet their course's learning objectives:

I'm knocking them all out of the park because all these modalities are available to me.

When considering a rural placement in comparison to metro placement, and the value of exposure to rural practice, one student noted:

It's a challenge I looked forward to and I think we all need to be exposed to.

Another stated:

I wouldn't have thought I could do something like this, I'm proud of my overall self-growth.

These enablers are elaborated on further in Peter's Case Study.

Case study - Peter

Peter is a 25-year-old Medical Imaging (MI) student who comes from the city. Over the last four years of undertaking his MI course he has undertaken both rural and metropolitan placements.

Peter has found that he loves the country. He enjoys the friendly people he works with, the fresh air and the slower pace of living. He has immersed himself into the local culture, joining a local football team to keep up his training, and also joining a gym. He travels home on weekends when it suits, but if he is too tired, he is quite comfortable to stay in town. He finds the hospital accommodation he is staying in both affordable and of high quality, especially if he compares it to his metropolitan counterparts.

Professionally, Peter has noticed that he has been exposed to a wide variety of clinical experiences on his rural placements. He relates this to not having to compete with such a large group of MI students in patient treatments and that the rural patients they see have a broad range of presentations. Peter is enjoying the critical care component of rural placement, attending accidents and theatre and value-adding to his experience as a MI professional. Peter is very interested in working rurally once he graduates.



Findings - barriers to a positive student placement experience

Participants' discussed a range of factors as detracting from their placement satisfaction. Primarily, these issues fell into three categories: 1) additional financial costs and disadvantages, 2) travel, 3) personal and social issues and 4) grief and loss issues, 5) barriers imposed by learning institutions.

1. Additional financial cost and disadvantages

Various additional financial costs and disadvantages were discussed by the majority of participants. These financial issues included: lost earnings from regular employment, meeting additional costs associated with undertaking the placement such as accommodation, vehicle maintenance, fuel, food and in one case, wardrobe costs. These issues are highlighted in the following participant's response:

I am flat broke and I've still got another two weeks of placement coming up. I've had to ring up the power company and get a month-long extension on my power bill so I can try and get some work up after I finish placement to try and pay it. My car was really starting to shit itself and it wasn't reliable enough to do all the travel that I've got to do. So yeah, I had to cough up about \$1,000 towards that so yeah, that was a bit difficult.

Another significant financial issue occurred when students were given very little notice of their placement date or location, requiring students to find accommodation at the last minute and often having to go outside student accommodation options:

It's a massive outlay for five weeks of accommodation, I didn't want to be homeless, so I've gone for a private rental (in a garage) and because I've been accruing leave, but I don't accrue enough leave in a year to cover all the placements that uni requires, so I'm always on the back foot.

The burden of paying for accommodation in two locations was regularly mentioned, as participants discussed struggling to cover their rent or mortgage at home, as well as their placement accommodation costs:

\$150 a week for a room, you know that's a considerable financial burden when the placement is for seven weeks so I really felt that was quite extensive.

A few participants spoke of receiving financial help from the UoM-DRH GRH program, and although they were appreciative, they discussed that receiving the money after their placement did not help them with managing the significant additional costs they incurred either upfront or while on placement (e.g. accommodation, fuel):

I've applied for some kind of rural scheme where I get money, but you don't get it till the end of your placement. They've conditionally approved me for \$800 which isn't what I would have earned over the 5 weeks, but it will cover what I paid in accommodation and fuel, so that's good.

The participants spoke of being unable to undertake their regular jobs due to the long hours involved in placement, and, for some, the extra workload required by their learning institution

while on placement. This led to a loss of income at a time when extra expenses were occurring.

I have two part-time jobs, neither of which I'm able to work, so I'm very poor.

As a result of their placement, a significant number of participants reported experiencing disharmony with their regular employer and stated that this caused them stress. Sources of this stress included: being frequently called by their employer to take on an evening or weekend shifts, feeling bad about the extra demands placed on their co-workers to fill their shifts, having their employer decrease their rostered hours on return, or on return placing them on notoriously difficult shifts. One student noted that her roster she was given after returning from placement was particularly difficult to manage.

I'd like to think it's not deliberate, but it seems a bit odd, don't you think?

2. Travel issues

Travel also caused significant concern for most participants and this related to distance issues, fuel and vehicle maintenance costs and road safety issues. Driving hazards were regularly mentioned and included such things as dodging kangaroos and managing difficult weather conditions:

I don't like the fog. It makes me nervous actually.

Some students talked about driving long distances:

I don't really want to be driving three hours [a day] it's just a bit tiring, when I'm driving all week.

Driving while fatigued was discussed by many students as causing them additional stress, whether it be the daily commute on rural roads or a long drive at the beginning and end of each placement week to return home:

You know, I have these little tablets for energy that I take occasionally for the later shifts and I've got that drive ahead of me.

For those who were less experienced drivers, driving on country roads presented new challenges that had not been anticipated:

I've just got my licence so I've driven, like, not on country roads a lot. People [in the country] don't love to abide by road rules, do they?

3. Personal and social issues

Disconnection from sporting clubs affected most participants. Some of the participants were playing at 'A' grade sports level and, due to their placement, were removed from their team. This resulted in feelings of personal loss and social isolation. Sport was often discussed as being important for maintaining self-care. Many participants also discussed missing their usual gym sessions while on placement. Participants' comments regarding missing sporting and fitness activities included:

I missed all pre-season footy, all the trial games, the going away to other unis to play them, you have a great time and meet new people, couldn't do any of that just because of placement.

I started playing women's football this year, but here they don't even have a team, so I can't even play.

I try to make time where I can, for the gym, because it's for me, it's relaxing. For an hour or two it's just me in my own little world.

On a Tuesday or a Thursday night when I would normally be training I really feel like I'm missing out. I really want to be training.

Some students used Facebook to stay in touch with their fellow students while on rural placements. Feeling that they couldn't contact the university easily, Facebook was always close at hand.

When I first started, I didn't know anybody, I didn't know who to really talk to or ask about I didn't know who to discuss the assignments with but recently a few people in all the courses have been making up Facebook pages so we've all been like talking to each other via Facebook which has been really helpful.

On Facebook actually all of us second years have a group in box and we chat on it all the time so there's a lot of support in our second year and what's going on and I guess the one good thing about social media, is that when you can't ask the lecturer or the subject coordinator, you just go on the inbox and you ask all the other students because they're going to get back to you a lot more faster.

4. Grief and loss issues

Grief and loss of a family member, and in one case a work colleague while on placement was mentioned by about one third of the participants. These participants reported experiencing personal losses while on placement (e.g. loss of an uncle, loss of both grandparents, and murder of a colleague). They discussed feeling that this was not acknowledged by their learning institution or by their host organisation. Two participants discussed that the time they had taken to attend a funeral was deducted from their placement hours, and they were required to make those hours up by extending the placement into the next week. This resulted in the students having to travel back to their placement location and pay for an extra night's accommodation. No flexibility in working hours or emotional support was offered, although most students said they would have accepted it had it been offered.

Several participants also expressed a lack of support after experiencing significantly stressful events at work, such as patient deaths and/or being required to participate in the laying out of bodies post mortem. An unaddressed religious objection to specific nursing tasks was also discussed by one participant.

One student admitted to feeling unsafe in their hospital accommodation as the locks were flimsy and a student had entered her room uninvited during the night.

I'd hear any noise and think 'Oh my God – someone's coming to kill me'. And then the worst thing was, this person actually opened the door of the room I was in, at midnight, just walks on in.

Issues related to isolation including: social, geographical, academic and professional were also mentioned by most participants. Some of the isolation issues experienced are explained in the following case study, the story of Eliza.

Case study - Eliza

Eliza is a 22-year-old Occupational Therapist (OT) from country NSW. In a last-minute decision, Eliza's university placed her in a rural town in Victoria, over 200kms from home. She was tasked with finding accommodation in an area she was completely unfamiliar with, and without any support from her university. Eliza rented a shed at the back of a farming property with no heating, and given it was winter, she was always cold. Unfortunately, there was no internet access or mobile phone reception near Eliza's accommodation. In order to stay up to date with her learning objectives, she stayed late at the hospital each night to use their internet and computers. When she got back to her accommodation at night, she often took her mobile phone up the nearby hill, and tried to make a call her boyfriend. She feels lonely, and the little spot on the hill provides the only means to stay in touch with family and friends back home. Professionally, Eliza is making the most of her placement. However, she spoke about feeling resentment towards the university for placing her in such an uncomfortable position. Her physical discomfort is adversely affecting her enjoyment of the rural placement. Eliza worries that she might not be doing enough to meet her learning objectives. She is in her 5th week of placement, and has not yet had any contact from anyone at her university. She feels uncomfortable contacting them or in speaking to her supervisor at work because she thinks it might be viewed as complaining.

5. Barriers imposed by learning institutions

The random allocation of placements caused concern for the majority of participants. Many participants discussed feeling that little consideration was given to the complexity of their lives (e.g part-time employment and sporting obligations or responsibilities as parents, partners or carers). Some of these issues are highlighted in the following participants' comments:

Pretty much most of the other students that I associate with have been very unhappy with the way that the uni's handled placements, especially this year.

I found the university quite obstructive in relation to doing the placement here, it just seemed to be barriers put in place where there really were none.

We have lives outside of university that could really be taken into account and [our] preferences, and interests. For me it just felt like it's a pain in the neck, the admin's a pain in the neck. I think the university failed to negotiate.

Most participants mentioned feeling that they were not adequately supported by their learning institution. This resulted in impassioned discussions during the interviews of several students concerning the unrealistic expectations of learning institutions on students during placements:

Often times, the students were left wondering when they would hear from their learning institution:

I think they [the learning institution] said for the local placements they'd come in and drop in and see how you're going, [but] that hasn't happened yet.

Some participants mentioned feeling not being adequately prepared by their learning institution for their placement:

The information provided by the university wasn't clear, this whole placement has been very poorly dealt with by the university.

One student discussed additional challenges undertaking a rural placement for mature age students:

I think allied health in general has got it wrong for mature aged students, I think the placement stuff is wrong, I don't know how they're going to fix it but it excludes a whole host of people who could be becoming nurses and physios and OT's [occupational therapists] and social workers because the placement requirements are so incredibly difficult.

This particular student postponed their placement for the maximum extension time of eight years, to give themselves time to establish their private practice and prepare for the financial impact of undertaking the placement.

The burden of meeting course demands, alongside undertaking a full-time placement, was felt by most participants. Meeting learning objectives, completing assignments and participating in lectures often conflicted with placement expectations and requirements. Students often discussed having to spend their evenings and weekends studying. This often led to a noticeable decline in self-care activities and engagement in social events.

This issue is highlighted in the following participants' responses:

So, I'm up at 3am some mornings to try and get things done and then at 6am come back in and by the end of it you're so run-down and so stressed that you're just like get me out of here on time.

Right at this moment, I'm just thinking about getting these god-damn assignments done!

Having to manage this juggle was discussed as significantly decreasing placement satisfaction. Some of the many challenges in meeting course requirements while on placement are highlighted by the following participant's response:

This placement stands out as the hardest one, rather than the length of it, it's just more of the content that's in it. Because you're always thinking here at work, always working and using your head and you'd like to go home and relax and just chill out, but you've got to go back home and open the book and study.

Discussion

The findings of the research in regard to enablers for a successful rural student placement were strongly consistent with those identified in the literature. The main factors positively influencing placement satisfaction identified in the literature and this study were:

- enjoyment of the rural lifestyle and community ^{7, 9},
- experiencing a positive and friendly work and learning environment ^{19, 33},
- depth and breadth of clinical environment and increased practice opportunities ^{1, 5, 16}, and
- improved professional skills and work readiness ²⁴.

The barriers identified to a successful student placement experience also accord with research. The main factors negatively influencing placement satisfaction identified in both the literature and this study were:

- financial disincentives ²⁸,
- travel, ²⁶
- personal and social issues ^{13, 15, 26} and,
- barriers imposed by learning institutions ^{1, 5, 6}.

Several additional barriers were identified that were not found in the literature. These include:

- While loss of student income has been well recognised, this study identified other work-related pressures and costs while on, and after returning from, placement.
- Struggling with university workload while on full-time placement.
- Disconnection from sporting clubs and interrupted fitness activities which were important for social connection and self-care.
- Students being under-prepared for being exposed to, or asked to participate in work activities, that were personally and/or culturally challenging and receiving little or no guidance or follow-up support during or after.
- Grief and loss experienced both professionally and personally.

Overall, participants in this study mostly relished the challenges of their rural placement, and for the most part, had positive experiences that met their course learning objectives and resulted in professional and personal growth and development. Participants in this study generally enjoyed the rural environment and experiencing high levels of placement satisfaction. This is reflected in the significant number of participants (14 of 18) either continuing, or starting, to consider 'going rural' after they graduate. However as 15 of 18 of the participants were from a rural background, their interest in working rurally may be related more strongly to their rural background (which is identified as a strong influence in such decision making ¹¹) than this rural placement experience.

A student's level of determination was also a strong indicator of their having a satisfactory rural placement experience. A positive attitude and acceptance of barriers experienced were significant influences for many of the participants assessing their placement positively. Despite the many stressors commonly encountered on a rural placement, most participants appeared to enjoy the challenge, with very little reference to these negative experiences affecting their intention to '*go rural*.'

Recommendations

While in the main, the participants found their rural placement rewarding, both professionally and personally, the authors consider some of the barriers encountered either avoidable or reducible. The following recommendations to address these types of barriers are made to either learning institutions or Commonwealth funded University Departments of Rural Health. The recommendations are as follows:

Learning institutions (LI):

- LI should critically assess their placement process to better address the avoidable barriers students' encounter when undertaking a rural placement such as inappropriateness of the placement location given students' particular personal circumstances, inflexibility regarding the administration and management of placements, a need for personal leave provisions during placements and need to reduce/remove the assessment task load when on placement.
- LI should consider developing student placement processes that are sufficiently flexible to respond to the diverse range of types of issues students' experience.

Commonwealth funded University Departments of Rural Health (UDRH):

- UDRH should explore the feasibility of providing financial assistance to students either pre-placement or at commencement of a rural placement.
- UDRH should consider providing rural driving skills information booklets and/or a webpage or an education session as part of student orientation, with a particular focus on rural road and weather conditions and wildlife.
- UDRH should consider offering short-term, low cost local gym membership to students on placement to help them continue to train and maintain their fitness levels and self-care.
- UDRH should consider the feasibility of providing counselling support, independent from learning institutions or the placement organisations, to help students on placement manage difficult or challenging events occurring while on placement either in the workplace and in their personal lives.
- UDRH should consider creating a 'private' Facebook group for students on rural placement to address academic and social isolation, and ideally administered by student peers.
- UDRH should consider employing a student adviser, who is independent from the learning institutions and host organisations, to run regular face-to-face student support groups and/or webinars.

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