



Australian and International Journal of Rural Education

Experiences of Nursing and Allied Health Students Undertaking a Rural Placement – Barriers and Enablers to Satisfaction and Wellbeing

Donna Bradley

The University of Melbourne

Lisa Bourke

The University of Melbourne

Catherine Cosgrave

The University of Melbourne

Abstract

Australia's rural health services face chronic workforce shortages. To help address these shortages, the Australian Government funds a range of programs to support university students to undertake placements in rural areas with the aims of improving understanding of rural practice and encouraging rural careers. This study investigated the lived experiences of nursing and allied health students on placement in rural and regional Victoria. Its purpose was to identify the enablers and barriers most strongly affecting placement satisfaction and personal wellbeing. The intended outcome was to identify modifiable factors to improve the rural placement experience. Eighteen semi-structured interviews were undertaken with students on placement in public hospitals operating in northeast Victoria. Data was analysed using a thematic analysis approach. Three enablers were identified: 1) enjoyment of the rural environment and community; 2) working in a positive, friendly and supportive workplace; and 3) exposure to broad practice and enhanced learning opportunities. Five barriers were identified: 1) increased financial stress; 2) travel and accommodation challenges and concerns; 3) study-work-life balance and isolation issues; 4) encountering stressful work situations and/or personal events while on placement; and 5) communication issues with universities. The findings were strongly consistent with the extant literature. The authors considered the following factors as modifiable: negative financial impacts, inflexibility in the rural placement allocation process, and low levels of psychosocial support on offer to students in stress/distress and make suggestions for their amelioration. Given the similarities with teacher education, it is considered likely this paper has utility for the development of positive rural placements for student teachers.

Keywords: allied health, nursing, placement, rural, student experience, student wellbeing

Introduction

Australia's rural health services commonly face serious and protracted workforce shortages. To address these shortages, students studying health disciplines are encouraged to 'go rural' for some of their training. Widespread university programs across Australia's rural and remote areas provide support to health students undertaking rural placements and/or clinical training in a rural or remote environment. Training in this setting presents unique opportunities (or enablers) and

challenges (or barriers) to the student that have not yet been thoroughly explored in the research. Some of these factors may impact upon a student's desire to 'go rural.' As one method of addressing workforce shortages, research such as this around the experiences of these students seeks to identify some of the enablers and barriers that affect student placements.

Among the medical profession, research findings are consistent on the positive effect of rural origin on students' rural practice intention (Mason, 2013). For medical students, extended rural placements and opportunities for rural immersion have also been found to contribute to rural practice intention (Farmer, Kenny, McKinstry, & Huysmans, 2015; Young, Kent, & Walters, 2011). However, the evidence on the effect of rural placement on rural practice intention for nursing and allied health students is less clear (Playford, Larson, & Wheatland, 2006). Generally, there is a lack of literature specific to nursing and allied health student placements (Bazen, Kruger, Dyson, & Tennant, 2007; Johnson & Blinkhorn, 2011; Orpin & Gabriel, 2005; Sutton et al., 2016) and, more specifically, on the social contingencies of rural student placements (Kerr, Hemmings Brian, & Kay, 2013; Lea et al., 2008). Furthermore, there is a paucity of literature written from the perspective of the students themselves (Dalton et al., 2002; White & Humphreys, 2014).

Nursing and allied health students associate rural placements with providing important learning and work readiness opportunities compared to metropolitan placements (Rural Health Workforce Australia, 2015). Positive aspects (or 'enablers') associated with rural placements have been found to fall into three core domains. The first is enjoyment of the rural environment and community (Adams, Dollard, Hollins, & Petkov, 2005; Campbell, McAllister, & Eley, 2012; Gum et al., 2013; Schofield, Fletcher, Fuller, Birden, & Page, 2009; Schoo, Stagnitti, Mercer, & Dunbar, 2005). Second, nursing and allied health students frequently describe rural health services as being positive, friendly work environments (Johnson & Blinkhorn, 2011; Lea et al., 2008; Schofield et al., 2009; Sutton et al., 2016) where they receive dedicated support from staff and clinical supervisors (Australia, 2015; Johnson & Blinkhorn, 2011; White & Humphreys, 2014). Third, students report more opportunities for hands-on learning experiences, exposure to a broader scope of practice (Lea et al., 2008; Orpin & Gabriel, 2005; Paterson, McColl, & Paterson, 2004; Webster et al., 2010) and being provided the opportunity to be more responsible and autonomous in their practice (Adams et al., 2005; Kerr et al., 2013; Killam, Carter, & Carter, 2010; Schofield et al., 2009; Sutton et al., 2016) in their rural placements. Most of these rural-specific factors are well identified in the literature, but others are less common, including: enjoying increased opportunities to work in an inter-professional health team (Adams et al., 2005; Devine, 2006), enjoyment of immersion into new settings (Bazen et al., 2007; Daly, Perkins, Kumar, Roberts, & Moore, 2013; Thackrah, Thompson, & Durey, 2014), having more time to develop satisfying patient relationships (Daly et al., 2013; Orpin & Gabriel, 2005) and increased career opportunities following rural placement (Adams et al., 2005; Paterson et al., 2004). One study identified characteristics of nursing and allied health students which lead to a successful rural placement: preparedness for placement, opportunity for autonomous practice, an ability to use initiative, and level of personal maturity, confidence and independence (Rural Health Workforce Australia, 2015). Similarly, another study found poor attitude, negativity regarding placement location and lack of motivation and initiative negatively affected a rural placement experience. Students voluntarily choosing to undertake a rural placement were found to be more likely to view their placement experience as positive (Playford et al., 2006).

Simultaneously, literature has identified that nursing and allied health students undertaking rural placements are facing many challenges (or 'barriers'). Commonly, students face significant additional levels of financial stress (Edmunds & Harris, 2015; McLennan, Boddy, Cartmel, & Chenoweth, 2012; Turner & Lane, 2006; Webster et al., 2010; White & Humphreys, 2014) particularly around lost income (Edmunds & Harris, 2015), difficulty in finding suitable and affordable accommodation (Kerr et al., 2013; Turner & Lane, 2006; White & Humphreys, 2014) and travelling considerable distances (Kerr et al., 2013; Killam et al., 2010; Thackrah et al., 2014; Turner

& Lane, 2006). They report feelings of isolation, both personally/socially (Adams et al., 2005; Bazen et al., 2007; Daly et al., 2013; Edmunds & Harris, 2015; Johnson & Blinkhorn, 2011; Kerr et al., 2013; Killam et al., 2010; Thackrah et al., 2014; Turner & Lane, 2006) and professionally/academically (Adams et al., 2005; Campbell et al., 2012; Edmunds & Harris, 2015; Johnson & Blinkhorn, 2011; Thackrah et al., 2014). One study found students strongly associated geographical isolation with professional isolation (Thackrah et al., 2014). Students report a perception of inadequate administrative and organisational support from both placement organisations and the students' university (Edmunds & Harris, 2015). Limited rural resources (Bazen et al., 2007; Devine, 2006; Killam et al., 2010; Webster et al., 2010) and opportunities for relevant external professional development have been posited (Campbell et al., 2012; Devine, 2006; Killam et al., 2010; Sutton et al., 2016) along with a lack of cultural appeal (Schoo, McNamara, & Stagnitti, 2008). Lack of anonymity in a rural environment (Dalton et al., 2002; Killam et al., 2010) was also noted: "Despite feeling secure in this environment, we were aware that our anonymity had vanished and our presence in the community was quite visible" (Dalton et al., 2002).

While many enablers and barriers have been identified, how they sit together and co-exist is less clear. This study is an investigation of the lived experiences of nursing and allied health students on placement in public health services in rural and regional Victoria. Its purpose is to identify the enablers and barriers perceived by nursing and allied health students and understand their impact on overall placement satisfaction and personal wellbeing. The intended outcome is to identify modifiable factors that could potentially improve the rural placement experience.

As well as significant health workforce shortages, rural Australia also faces substantial teaching shortages and a heavy reliance on graduate teachers in its public schools (Downes & Roberts, 2017). Roberts (2004) and Sharplin (2002) argue that to address Australia's rural teacher staffing problems, pre-service teacher training needs to be strengthened to better prepare teachers for rural teaching positions. This includes exposing potential teachers to rural communities. Research undertaken on rural pre-service teacher training identifies its significant role in influencing attitudinal change with respect to teaching in rural areas and addressing misconceptions about rural living and teaching (Hudson & Hudson, 2008). A recent report into regional, rural and remote (RRR) education to support the development of 'successful' rural teachers recommended the creation of 'substantial' opportunities during teacher training for students to 'deeply engage with and reflect upon being a teacher in a RRR context' (Halsey, 2018). The report also recognised the similar experiences with health students on rural placements and recommended creating opportunities for shared inter-professional learning experiences (Gum et al., 2013). It also identified the benefits of extended rural placements for teachers in training and recommended they adopt similar models currently in-place for medical and health students (Wolfgang et al., 2019; Young et al., 2011). While the principal focus of this article is on the enablers and barriers on nursing and allied health students undertaking rural placement, given the similarities between health and education training and rural workforce issues, the authors consider that this study's findings and recommendations will likely have strong relevance for developing positive student teacher rural placements.

Methods

This study was undertaken by a student as part of a 14-week research placement with a University Department of Rural Health (UDRH) in her final year of a Masters of Social Work. UDRHs are funded to support nursing and allied health students undertake quality, supported, rural and remote placements. A purposive sampling method was used. Participants were recruited through presentations at de-brief meetings of nursing and allied health students who

were undertaking a placement in rural Victorian public health services and supported by a UDRH. These meetings are regularly scheduled opportunities for the students to discuss their placement with supervisors and educators. The students were asked to participate in a 45–60-minute, face-to-face interview at the student's placement site or at another mutually agreed location. All participants were offered an AU\$30 voucher in acknowledgement of their time.

A total of 18 students contacted the researcher and participated in a semi-structured interview. As the student interviewer was independent from student placement programs and also a peer, this was viewed as an opportunity to gain student perspectives honestly. Each interview explored the participant's lived experience of the rural placement, their level of choice of the placement, and whether they were experiencing any study, social or personal issues as a result of their placement. All interviews concluded with a discussion concerning future career plans.

The interviews were audio recorded and transcribed verbatim. Data were analysed by the researcher using a thematic analysis approach, identifying key themes contributing to enablers and barriers of positive placement experiences.

Ethics approval

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 25 April 2017. [1749194.1].

Results

Eighteen students were recruited for this study. Participants attended one of five Victorian universities. Participants were enrolled in a range of health course disciplines: enrolled nursing (n=2), registered nursing (n=6), occupational therapy (n=6), social work (n=1), medical imaging (n=2) and physiotherapy (n=1). With regard to course year, two participants were in their first-course year, two in second-year, five in third year and nine in their fourth and final year. The student participants were undertaking placements in public health services situated in seven rural Victorian towns. Of the 18 participants, 15 had a rural or regional background [determined by the place they lived for the majority of their high school years], while three had metropolitan backgrounds.

Enablers

The study identified three major enablers positively affecting nursing and allied health students' placement satisfaction and personal wellbeing. These were: 1) enjoyment of the rural environment and community; 2) working in a positive, friendly and supportive workplace; and 3) exposure to broad clinical practice and enhanced learning opportunities. These three enablers were discussed by most participants (14 of 18) as either strengthening their already established interest in working rurally after graduating (n=13) or in sparking an interest in rural employment (n=1). Of the fourteen who expressed interest in working rurally after graduating, thirteen were from rural backgrounds and one had a metropolitan background.

1. Enjoyment of the rural environment and community

The physical environment, the food and the local people were frequently mentioned by most participants as being among the most enjoyable aspects of a rural placement. Participants commonly expressed that the rural town and its surrounds offered many opportunities for enjoyment and exploration. Some discussed appreciating the enhanced rural lifestyle compared to city living, as one participant highlights:

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.

Many participants talked about observing a strong sense of community in the town; they reported feeling welcome and enjoyed being recognised in the town:

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

2. Working in a positive, friendly and supportive workplace

Many of the participants experienced their workplaces as positive and friendly places and described feeling well-supported by other staff:

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.

Supervisors in particular were often mentioned as being supportive and providing high-quality supervision.

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.

The perceived comfort derived from working in a friendly and supportive workplace was identified by some participants as encouraging them to get involved in opportunities to build their skills or undertake professional development:

Where I've done my placement it's been so diverse, the professional development opportunities here, they're just enormous, there's NDIS [National Disability Insurance Scheme] sessions, there's opportunities to do all sorts of stuff. Because I've had such a supportive supervisor, she's enabled me to do and attend anything I wanted to do.

3. Exposure to broad clinical practice and enhanced learning opportunities

The student participants enjoyed the broad scope of practice offered in rural workplaces. Many participants described being exposed to a broad range of patient presentations and therapeutic modalities. This included experiencing wide-ranging patient conditions as well as rural-specific presentations such as farm and snow-field accidents. These opportunities enabled them to practise in new ways and increased their confidence in their clinical skills. One participant described having exposure to broad clinical practice had assisted them in being able to easily meet their course's learning objectives for the placement:

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

Some participants also felt that the rural placement experience had improved their professional skills and understanding:

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

Participants also valued the opportunity to work with a range of health professionals and enjoyed the collaborative team approach of rural health services:

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.

Most participants described that their rural placement offered enhanced opportunities to practise more autonomously. Some participants also discussed enjoying a reduced level of student competition and feeling that this enhanced their learning.

At [a metropolitan hospital] 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.

Barriers

While participants described being satisfied with their rural placement experience, they also talked about barriers. These barriers were: 1) increased financial stress; 2) travel and accommodation challenges and concerns; 3) study-work-life balance and isolation issues; 4) encountering stressful work situations and/or personal events while on placement; and 5) communication issues with universities.

1. Increased financial stress

Financial costs arising from rural placements and negative consequences on current employment were mentioned by most participants. The financial barriers mentioned were: lost earnings from regular employment, meeting additional costs associated with placement such as accommodation, vehicle maintenance, fuel, food and, in one case, wardrobe costs. Some of these issues are highlighted in a participant's response:

I am flat broke. I've had to ring up the power company and get a month-long extension on my power bill. My car wasn't reliable enough to do all the travel that I've got to do. So, I had to cough up about \$1,000 towards that.

The financial struggle associated with having to cover rent or mortgage payments at home as well as placement accommodation costs was frequently mentioned. Most participants found they had additional expenses due to their rural placement/s. Many participants also spoke of being unable to undertake their regular job because of the long hours involved in placement and, for some, having to meet other course demands 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 being on placement, a significant number of participants reported experiencing disharmony with their regular employer and that this was stressful. Sources of this stress included: being frequently contacted to take on evening or weekend shifts, feelings of guilt related to extra demands placed on their co-workers to fill their shifts, having their employer decrease their rostered hours upon return from placement, or being rostered on notoriously difficult shifts to manage:

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

2. Travel and accommodation challenges and concerns

Travel also presented challenges for most participants and these related to: distance, fuel and vehicle maintenance costs, road safety and lack of experience driving on country roads. Driving hazards were mentioned and included such things as having to be alert to the presence of kangaroos and manage difficult weather conditions:

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

Some participants talked about struggling with having to drive 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.

Most participants identified driving while fatigued as causing additional stress. This occurred for several reasons, including: commuting daily from home to the health service, commuting daily after long or split shifts, having to stay late at the organisation to complete university work and then drive late at night, or from undertaking a long drive at the beginning and end of each placement week to return home to family:

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.

Accommodation costs were cited as barriers by most participants. They described being provided with little notice of placement location from their universities, leading to missed opportunities to utilise student accommodation (at subsidised rates) and then requiring that they stay in motels or privately rented properties. One participant rented a farm shed and, as it was winter, struggled with the cold and isolation from her peers, as well as a lack of internet access and mobile phone reception.

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 shed] and I'm always on the back foot.

3. Study/work-life balance and isolation issues

During discussion around self-care, most participants spoke of personal sacrifices they had made to accommodate student placement.

Being away from home and away from my normal life, it's like your life is on pause while you're on placement.

Many participants struggled with the geographical isolation that placement presented, missing their families, friends and fellow students and the crucial support these people usually provided. Participants relied on social media to stay in touch with their peers and felt academically isolated.

I'm in this tiny town, nobody knows me.

Some student participants talked about missing music lessons and being unable to attend social functions, important family events and catch-ups with friends. Parents expressed concerns around the loss of time at home, the extra workload placed on their partners, changes to their relationships with their children, and the pain of missing important milestones in their children's lives. One carer expressed concern at separation from her dependent family member.

All I can focus on now is getting placement done, getting through.

Sport was also discussed as being important for maintaining wellbeing. Many participants mentioned missing their usual gym sessions while on placement; others expressed their discomfort at being unable to find time to take a walk or to explore. Disconnection from sporting clubs affected many participants. One of the participants was playing at 'A' grade level football and, due to their placement, had been removed from the team. This resulted in feelings of personal loss and social isolation:

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.

4. Encountering stressful work situations and/or personal events while on placement

Dealing with stressful situations either while on placement or in their personal lives was mentioned by one-third of the participants. Some participants reported experiencing personal losses while on placement, such as the death of a close family member or, in one case, the death of a work colleague. The two affected participants described feeling that these events were not acknowledged by their university or by their placement organisation. They mentioned having taken off time to attend funerals and that this time had been deducted from their placement hours. They talked about how their university had required them to make up the lost hours, which involved extending their placement into another week and having to travel back to the health service and incur the costs of extra accommodation. Affected participants reported a lack of flexibility around making up placement hours and having received no emotional support from either their university or placement supervisors, although most said they would have utilised it if it had been offered.

Several participants also described experiencing new and significantly stressful events while on placement, such as patient deaths and having to prepare bodies after death.

One of the ladies, she was dying. That made me a little bit embarrassed. I was very nervous that I might have to wash her, clean her. I didn't want to touch her after she had died. It would have been my first experience, seeing a really dead body, touching one. I don't think I could have done it.

One participant reported having a religious objection to undertaking a specific nursing task and indicated that this had been neither acknowledged nor accommodated.

Some participants also talked about feeling isolated, removed from friends, family, activities and living in different living situations that were not always comfortable. Overall, the participants wanted more acknowledgement of the psychosocial issues they experienced while on placement that arose from leaving family, being alone in a small town where they knew few people, and not having their regular routines and support networks when they experienced major events.

5. Communication issues with universities

Many participants mentioned feeling that their placement had been randomly allocated by their university and that little consideration was given to their placement location preferences.

We don't get a say, at all.

Participants talked about feeling that their university had little or no concern for the challenges they experienced having to manage other responsibilities they had while on placement (e.g. employment, sporting obligations, parental or other caring responsibilities). These issues are highlighted in the following:

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.

One mature age participant described the negative financial impact and disruption to life that placement requirements had imposed, believing that placements were a significant detractor to mature aged people choosing careers in health:

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 OTs and social workers because the placement requirements are so incredibly difficult.

Some participants mentioned not feeling they were adequately prepared by their university for undertaking their placement:

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

Most participants mentioned that they had to complete other course requirements and assessment tasks while on placement. Having to complete course assignments and participate in lectures often conflicted with placement expectations and requirements. Participants commonly described it as usual to spend most of their evenings and weekends studying. This often led to a noticeable decline in social and wellbeing activities as well as self-care and placement immersion. This issue is highlighted in one participant's response:

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'.

Discussion

Overall participants generally enjoyed their rural placement experience. Key factors contributing to this were: the rural environment and all that it offered (Adams et al., 2005; Campbell et al., 2012; Gum et al., 2013; Schofield et al., 2009; Schoo et al., 2005) as well as the health setting providing broad clinical practice exposure and enhanced learning opportunities (Lea et al., 2008; Orpin & Gabriel, 2005; Paterson et al., 2004; Webster et al., 2010). Participants generally experienced rural health workplaces as friendly and supportive (Johnson & Blinkhorn, 2011; Lea et al., 2008; Schofield et al., 2009; Sutton et al., 2016) and spoke highly of their assigned clinical supervisors (Australia, 2015; Johnson & Blinkhorn, 2011; White & Humphreys, 2014). Participants identified these enablers as assisting them to achieve their personal and professional learning objectives. A placement providing quality supervision and supported learning often countered negative aspects of the placements, including poor accommodation, travel and financial costs. Further, having a positive attitude and accepting the challenges (barriers) seemed to have a role in participants' assessing their rural placement experience positively, as identified in previous studies (Grant-Smith, Gillett-Swan, & Chapman, 2017). Although participants were generally resilient and able to manage barriers, some of these barriers, particularly those around financial stress (McLennan et al., 2012; Thackrah et al., 2014; Turner & Lane, 2006; Webster et al., 2010; White & Humphreys, 2014) travel and accommodation issues (Kerr et al., 2013; Turner & Lane, 2006; White & Humphreys, 2014), life balance, stressful work situations and isolation (Adams et al., 2005; Bazen et al., 2007; Daly et al., 2013; Edmunds & Harris, 2015; Johnson & Blinkhorn, 2011; Kerr et al., 2013; Killam et al., 2010; Thackrah et al., 2014; Turner & Lane, 2006), did hinder levels of student satisfaction.

The study's findings align strongly with the extant literature on enablers and barriers impacting rural placement satisfaction among allied health and nursing students. The study found that undertaking a placement in a friendly and supportive workplace and having quality learning experiences generally leads to a positive placement experience and this usually outweighs any negative aspects. However, when a positive learning environment is lacking, the experience of negative aspects of the placements are heightened, contributing to placement dissatisfaction and negative personal impacts.

The study also contributes new knowledge to the rural placement literature with regard to identification of the range and operation of financial stresses that impact students' undertaking rural placements which involve long distance travel and/or living away from home. On the basis of this finding, the authors recommend that greater financial support be given to health students undertaking such placements. We also recommend that financial support is administered through UDRHs given they are already involved in providing accommodation and academic support to health students.

The study's focus on student wellbeing further identifies aspects of placement needing greater attention by universities running health courses and offering rural placements, specifically: offering students' greater flexibility regarding the rural placement allocation process and strengthening the level of support for students if they experience adverse personal events or stressful workplace situations while on placement.

Study limitations

This study is a small exploratory study project conducted in rural Victoria. As such, more research is needed to further explore the lived experiences of students undertaking rural placements.

Conclusion

This study of the lived experiences of nursing and allied health students on rural placement helps build understanding on how these factors work together and which aspects most strongly influence placement satisfaction. The study's focus on student wellbeing helps highlight factors associated with rural placement, particularly those placements involving long distance travel and/or living away from home. The study also highlights the burden of financial stresses that rural placements can impose on students. The authors consider that negative financial impacts, inflexibility in the rural placement allocation process and low levels of psychosocial support on offer to students while on placement are all modifiable factors and we make suggestions for their amelioration. While this study is focussed on strengthening the rural placement experiences for nursing and allied students, given the similarities with teacher education it is expected that the findings and recommendations will have utility for the development of positive rural placements for student teachers.

Author contributions

Author contributions: Conceptualisation, DB and LB; methodology, DB and LB; formal analysis, DB, LB and CC; writing—original draft preparation, DB, LB, and CC; writing—review and editing, CC, LB, and DB.

Acknowledgements

The authors thank the participants for sharing their stories so honestly as well as the Going Rural Health team at the Department of Rural Health at The University of Melbourne for their cooperation. The authors acknowledge the Australian Government Department of Health Rural Health Multidisciplinary Training Program.

References

- Adams, M., Dollard, J., Hollins, J., & Petkov, J. (2005). Development of a questionnaire measuring student attitudes to working and living in rural areas. *Rural and Remote Health*, 5(327).
- Australia, R. H. W. (2015). *Allied health students' perception of metropolitan vs rural clinical rotations*. Paper presented at the 11th National Allied Health Conference, Melbourne. http://www.rhwa.org.au/client_images/1760160.pdf
- Bazen, J., Kruger, E., Dyson, K., & Tennant, M. (2007). An innovation in Australian dental education: Rural, remote and Indigenous pre-graduation placements. *Rural and Remote Health*, 7(3).
- Campbell, N., McAllister, L., & Eley, D. (2012). The influence of motivation in recruitment and retention of rural and remote allied health professionals: A literature review. *Rural and Remote Health*, 12(1900).
- Dalton, L., Butwell, E., Cottrell, A., Carlson, N., Husband, S., Schmidt, K., . . . Hillier, M. (2002). Opening farm gates: Community as educator. *Rural and Remote Health*, 2(115).
- Daly, M., Perkins, D., Kumar, K., Roberts, C., & Moore, M. (2013). What factors in rural and remote extended clinical placements may contribute to preparedness for practice from the perspective of students and clinicians? *Medical Teacher*, 35(11), 900-907.
- Devine, S. (2006). Perceptions of occupational therapists practising in rural Australia: A graduate perspective. *Australian Occupational Therapy Journal*, 53(3), 205-210.
- Downes, N., & Roberts, P. (2017). Revisiting the schoolhouse: A literature review on staffing rural, remote and isolated schools in Australia 2004-2016. *Australian and International Journal of Rural Education*, 28(1), 31-54.
- Edmunds, M., & Harris, M. (2015). Challenges to student transition in allied health undergraduate education in the Australian rural and remote context: A synthesis of barriers and enablers. *Rural and Remote Health*, 15(3069).
- Farmer, J., Kenny, A., McKinstry, C., & Huysmans, R. D. (2015). A scoping review of the association between rural medical education and rural practice location. *Human Resources for Health*, 13(1), 1.
- Grant-Smith, D., Gillett-Swan, J., & Chapman, R. (2017). *WIL Wellbeing: Exploring the Impacts of Unpaid Practicum on Student Wellbeing - Report submitted to the National Centre for Student Equity in Higher Education (NCSEHE)*. Retrieved from Perth, Western Australia: https://eprints.qut.edu.au/109505/1/GrantSmith_WIL.pdf
- Gum, L., Richards, J. N., Walters, L., Forgan, J., Lopriore, M., & Nobes, C. (2013). Immersing undergraduates into an interprofessional longitudinal rural placement. *Rural and Remote Health*, 13(2271).
- Halsey, J. (2018). *Independent review into regional, rural and remote education- Final report* Canberra, ACT: Commonwealth of Australia Retrieved from <https://www.education.gov.au/independent-review-regional-rural-and-remote-education>
- Hudson, P., & Hudson, S. (2008). Changing preservice teachers' attitudes for teaching in rural schools. *Australian Journal of Teacher Education (Online)*, 33(4), 67.
- Johnson, G. E., & Blinkhorn, A. S. (2011). Student opinions on a rural placement program in New South Wales, Australia. *Rural and Remote Health*, 11(1703).
- Kerr, R., Hemmings Brian, C., & Kay, R. (2013). The effect of social contingencies on nursing students' reactions during a rural clinical placement. *International Journal of Nursing Education scholarship*, 10(1), 81.
- Killam, L. A., Carter, L. M., & Carter, L. (2010). Challenges to the student nurse on clinical placement in the rural setting: a review of the literature. *Rural and Remote Health*, 10(1523).

- Lea, J., Cruickshank, M., Paliadelis, P., Parmenter, G., Sanderson, H., & Thornberry, P. (2008). The lure of the bush: Do rural placements influence student nurses to seek employment in rural settings? *Collegian*, 15(2), 77-82.
- Mason, J. (2013). *Review of Australian government health workforce programs*. Canberra, ACT: Department of Health and Ageing Retrieved from [https://www1.health.gov.au/internet/main/publishing.nsf/Content/D26858F4B68834EACA257BF0001A8DDC/\\$File/Review%20of%20Health%20Workforce%20programs.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/D26858F4B68834EACA257BF0001A8DDC/$File/Review%20of%20Health%20Workforce%20programs.pdf)
- McLennan, V., Boddy, J., Cartmel, J., & Chenoweth, L. (2012). Encouraging human services and social work students to 'go bush' for clinical placement and employment. *Advances in Social Work and Welfare Education*, 14(1), 67.
- Orpin, P., & Gabriel, M. (2005). Recruiting undergraduates to rural practice: What the students can tell us. *Rural and Remote Health*, 5(412).
- Paterson, M. L., McColl, M. A., & Paterson, J. A. (2004). Preparing allied health students for fieldwork in smaller communities. *Australian Journal of Rural Health*, 12(1), 32-33.
- Playford, D., Larson, A., & Wheatland, B. (2006). Going country: Rural student placement factors associated with future rural employment in nursing and allied health. *Australian Journal of Rural Health*, 14(1), 14-19.
- Rural Health Workforce Australia. (2015). *Allied health students' perception of metropolitan vs rural clinical rotations*. Paper presented at the 11th National Allied Health Conference, Melbourne. http://www.rhwa.org.au/client_images/1760160.pdf
- Schofield, D., Fletcher, S., Fuller, J., Birden, H., & Page, S. (2009). Where do students in the health professions want to work? *Human Resources for Health*, 7(1), 74.
- Schoo, A. M., McNamara, K. P., & Stagnitti, K. E. (2008). Clinical placement and rurality of career commencement: A pilot study. *Rural and Remote Health*, 8(964).
- Schoo, A. M., Stagnitti, K. E., Mercer, C., & Dunbar, J. (2005). A conceptual model for recruitment and retention: Allied health workforce enhancement in Western Victoria, Australia. *Rural and Remote Health*, 5(477).
- Sutton, K., Waller, S., Fisher, K., Farthing, A., McAnnally, K., Russell, D., . . . Carey, T. (2016). "Heck Yes" - Understanding the decision to relocate rural amongst urban nursing and allied health students and recent graduates. Retrieved from Newborough: <https://research.monash.edu/en/publications/heck-yes-understanding-the-decision-to-relocate-rural-amongst-urb>
- Thackrah, R. D., Thompson, S. C., & Durey, A. (2014). "Listening to the silence quietly": Investigating the value of cultural immersion and remote experiential learning in preparing midwifery students for clinical practice. *BMC Research Notes*, 7(1), 685.
- Turner, J. V., & Lane, J. (2006). Early barriers for university rural clinical placements. *Education for Health*, 19(3), 375-379.
- Webster, S., Lopez, V., Allnut, J., Clague, L., Jones, D., & Bennett, P. (2010). Undergraduate nursing students' experiences in a rural clinical placement. *Australian Journal of Rural Health*, 18(5), 194-198.
- White, S., & Humphreys, N. (2014). Undergraduate physiotherapy students' expectations and perceptions of rural/regional clinical placements. *Australian Journal of Rural Health*, 22(4), 172-178.

Wolfgang, R., Wakely, L., Smith, T., Burrows, J., Little, A., & Brown, L. J. (2019). Immersive placement experiences promote rural intent in allied health students of urban and rural origin. *Journal of Multidisciplinary Healthcare*, 12, 699-710.

Young, L., Kent, L., & Walters, L. (2011). The John Flynn Placement Program: Evidence for repeated rural exposure for medical students. *Australian Journal of Rural Health*, 19(3),147-153.