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Exploring the preparation and the effectiveness of meeting perceived learning needs of undergraduate nursing students who undertake clinical placements in rural facilities from the perspectives of students

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Abstract

Universities are seeking alternative Work Integrated Learning (WIL) placements for nursing students due to increasing demand. Whilst significant research exists relating to rural and remote placements (particularly in their utility for recruitment upon graduation), there is a lack of research relating to student preparation for these placements.

Third year nursing students participated in a qualitative exploratory study to provide their perceptions of preparation for WIL placements in a Queensland rural health service. While participants in this study valued their experience highly, concerns relating to their preparation were identified. These included inadequate university and facility communication, accommodation issues, and a lack of advance rostering. Negative impacts on participants included outdated facility policies and nursing practices, and a lack of acceptance from some nursing staff. Some also experienced loneliness, isolation and financial problems.

Conversely, participants were unprepared for positive aspects of the placement including enjoying the rural lifestyle and sense of belonging. Students experienced greater autonomy, and more support for individual learning needs than in metropolitan placements. This resulted in higher levels of teamwork, interprofessional practice and immersion in wide-ranging experiences.

Improved pre-placement information from the university and facility would enhance students' experience of rural and remote WIL placements.

Work Integrated Learning (WIL) is a mandatory component of undergraduate nursing programs. Each year, Griffith University offers second- and third-year nursing students a limited number of clinical placements in Queensland rural and remote health services. Rural practice has been found to be an appropriate WIL setting for student nurses, providing opportunities for enriching clinical experiences (Webster et al., 2010).

While significant research exists in relation to such placements, its primary focus is their utility in recruiting nurses to rural and remote areas upon graduation (Fatima et al., 2018; Penman et al., 2018; Playford et al., 2010; Smith et al., 2018; Trepanier et al., 2013). There is limited information relating to preparation and support mechanisms to assist students before and during rural WIL placements.

I BACKGROUND

Australia is predicted to face a major nursing shortage by the year 2025, with fewer nurses working in rural areas (Health Workforce Australia, 2014). Nurses are the largest, most widely distributed health workforce in Australia and in 2018 out-numbered doctors by almost 6:1 in rural and remote areas (Department of Health, 2020). Consequently, there is a growing need to support the rural nursing workforce. However, Bennett et al.'s (2013) finding that *'opportunities for (nursing) students to experience rural/remote health care delivery are infrequent, opportunistic and ad hoc'* remains true.

Rural WIL placements for undergraduate students in programs other than medicine were significantly less supported than their medical counterparts, and students were more likely to have coordinated most of their placement themselves, less likely to have control over their placement location, and less likely to receive financial, mental health, and social support, or health service and community orientation (Mortimer et al., 2019; Schofield et al., 2009). Australian nursing students had problems funding WIL placements as they typically work longer hours in paid employment, thus experience greater financial impacts than medical and allied health students (Schofield et al., 2009).

Education providers need to build support capacity and take a risk management approach to placements, as social contingencies, especially financial, accommodation and geographical location impact students' learning in WIL placements that required relocation (Kerr et al., 2013). Sedgwick and Yonge (2008a) found students preparing for a rural WIL placement wanted knowledge of the facility and the placement community. Students need to spend time learning about rural nursing before participating in WIL placements, and need to establish relationships as a precursor to active and participatory learning (Levet-Jones et al., 2008).

Students who felt prepared had received information about travel arrangements, accommodation, placement orientation (including the placement site and location), services available and social opportunities prior to placement (Smith et al., 2018). The rural environment influenced nursing student and preceptor roles, with preceptors having diverse skills but limited time due to the unpredictable environment, lack of support services, and the necessary prioritisation of patient care (Pront et al., 2013). These students were challenged by the collision of social and professional spheres, where staff, students and patients live together in a small community. They also found they were expected to function in some situations as a staff member rather than being supernumerary.

II AIM

The aims of this project were to explore the preparation of undergraduate nursing students undertaking clinical placements in rural Queensland, and to explore how effectively placements in these settings meet the perceived clinical learning needs of students.

III RESEARCH DESIGN

A Design and participants

This qualitative exploratory study used focus groups and individual interviews for data collection. Relevant literature was used in research question formation and collection of secondary data. All third-year undergraduate nurses (N = 18) who attended placements in five rural settings in Trimester 2, 2019, were invited to participate in focus groups or interviews.

B Setting

The setting included five rural hospital facilities, four (4) in Southern Queensland and one (1) in Central Western Queensland (Table 1). Facilities 1, 2, 4 and 5 are situated in Southern Queensland, while Facility 3 is in North Western Queensland. Facility 1 typically accepts six students per WIL placement, while 2, 4 and 5 accept one student and 3 accepts one or two.

Table 1
Setting Demographics

<i>Facility</i>	<i>Region</i>	<i>Beds</i>	<i>Students placed</i>	<i>Student participants</i>
1 (W)	Darling Downs HHS	< 50	12	12
2 (Ch)	Darling Downs HHS	< 50	2	1
3 (Mtl)	North West HHS	50 - 99	1	1
4 (G)	Darling Downs HHS	< 50	2	0
5 (E)	West Moreton HHS	< 50	1	0

C Ethics approval

Ethics approval was obtained from Griffith University (GU HREC Ref No: 2019/746) and the Darling Downs Hospital and Health Service (LNR/19/QTDD/58528) and Human Research Ethics Committees.

D Recruitment

Students who participated in a rural WIL placement were invited via email during and after the placement to participate in focus groups or individual interviews regarding their experiences. Emails included an information sheet and a consent form. Two reminder emails were sent to increase the response rate.

E Survey instrument and interview questions

Participants were asked to complete a demographic survey prior to participating in focus groups or interviews. (Table 2).

Table 2
Student Online Questionnaire

1	What is your age? 18 – 20 years 21 – 30 years 31 – 40 years 41+ years
2	Are you a domestic or international student? Domestic / International
3	In which facility did you attend your rural clinical placement? _____
4	Have you ever lived in a rural community in Australia for greater than 1 month (prior to clinical placement in a rural setting)? Yes / No
5	If so, where? _____
6	If so, for how long? _____
7	Do you intend to apply for a graduate position in a rural healthcare facility? Yes / No / Maybe
8	If so, where? _____
9	What was your motivation for attending a rural clinical placement? _____

Focus groups or individual interviews used open-ended questions (Table 3) to elicit information about students' placement experiences including placement preparation. The length of the focus groups and interviews was dictated by the students' responses.

Table 3
Interview questions

Q1. What were your initial thoughts about a rural clinical placement?
Q2. What preparation did you receive for this placement?
Q3. Which resources were most helpful, and why was this?
Q4. What other resources/support would have helped you prepare for a rural placement?
Q5. What was the best aspect of a rural placement for you?
Q6. Were there any negative aspects?
Q7. What was the most surprising aspect for you?
Q8. What did you learn from the experience?

F Data analysis

Quantitative demographic data was reviewed. All focus groups and interviews were recorded, transcribed verbatim, with codes assigned to participants to ensure confidentiality. Qualitative data was thematically analysed based on the six phases of analysis as developed by Braun and Clarke (2013), with all researchers reading and reviewing the transcripts. Themes emerged across and between the transcripts, and the full research team agreed upon final themes.

IV DEMOGRAPHIC SURVEY RESULTS

Fourteen of the eighteen eligible students participated in the study (78% response rate), with the vast majority (12) of participants having attended facility one. Students from facilities 2 and 3 also responded, with no responses from facilities 4 and 5.

There were six respondents in the 18 - 20 years (42.9%) and 21 – 30 years (42.9%) age groups, with one each in the 31 to 40 years (7.1%) and >41 years (7.1%) age groups. Twelve (85.71%) were female, and two males. All were domestic Australian students, and half had lived in a rural setting for periods ranging from one to 22 years. Ten (71.43%) intended to apply for graduate positions in rural healthcare facilities, three did not intend to apply although expressed the intention of doing so after gaining post-graduate experience in a metropolitan hospital. One responded 'maybe' if they were not offered a position in a metropolitan facility. Only one respondent was not interested in pursuing future rural or remote work. Respondents' motivations to attend a rural WIL placement included gaining different experiences, improving graduate opportunities and having previously lived in a rural area.

V QUALITATIVE RESULTS

Two individual interviews and three focus groups were conducted, with three themes identified within the data. These were: Expectations and differences, learning opportunities, and Preparation (University/Facility, Self/Social).

A Expectations and differences

Participants' responses ranged from knowing what to expect because they had lived in rural areas, to not knowing what to expect at all. Several expressed excitement at the thought of a rural placement, with some wanting to do so from the commencement of their studies. Others considered it an opportunity to explore the differences between rural and metropolitan practice. Several voiced expectations of gaining experience with diverse patient presentations including large wounds and injuries, alcohol and drug issues, and involvement with the Royal Flying Doctor Service. They also felt that participation in a rural placement would improve their chances of gaining a graduate position.

Other expectations were that placement would be less busy and taxing than metropolitan placements, and that the facility would be smaller than it was with fewer resources. This expectation was not always realised. *"I think I learned that smaller hospitals can be just as busy as those big metro hospitals..."* s6.

Some participants found that their expectations of nursing in the rural environment were fulfilled or exceeded, with one participant stating that *"you get a taste of everything"* s1. Participants also discussed some uniquely rural injuries. *"There was some guy who got trampled at the rodeo"* s5. *"This old lady, she came in – she fractured her back from throwing hay."* s6. It was also found that some rural facilities are used differently from its intended purpose. *"[Facility 2] is used more as a doctor's clinic a lot of the time...some of them don't want to come and get their medications until late at night because they don't want the other community [members] to see them. The staff suggest ...we're actually doing a community health service"* s14. However, other participants reported that they mostly saw patients with similar conditions to those in metropolitan areas. *"I had an idea that I was going to see all these ... big injuries. But no, it was just the same"* s6.

Some students experienced RNs who did not want to precept a student. *"I had positive and negative experiences with nursing staff, but I have had that every placement"* s4. Some participants felt this stemmed from the setting, and negatively affected them more in the rural setting. Another found it harder to cope because of the small size of the facility. *"I suppose in a tertiary hospital, you can [get] away from that, whereas in rural, it's so small you've just got to put up with it, but it's okay"* s10. Others did not experience this. *"The whole hospital's just been so welcoming... they've all really embraced having students"* s1.

B Learning opportunities

Participants spoke highly of differences in learning opportunities. They found the staff were keen to facilitate their exposure to a wide range of experiences and the facilities were less

regimented than their metropolitan experiences. *"It's so much more relaxed, they can take time to do everything and build your confidence up"* s10. This led them to practice with more autonomy, increasing their confidence. They were taken through resuscitation and other emergency scenarios, experiences from which they had been excluded in past placements. *"I've developed this autonomy, and I feel comfortable doing my job ... We've learnt that we can actually be nurses...."* s7.

Participants enjoyed the opportunities that the placement provided through full facility rotation, including emergency departments, theatres, medical, surgical, rehabilitation, paediatrics, mental health, and community nursing. However, some were disappointed that they could not access all the opportunities and would have valued experiencing other community nurse outpatients including chronic disease and renal dialysis. They were, however, positive about the opportunity to consolidate their basic skills. For some, most of their recent previous placements had been in specialty areas.

Two students were affected by a staff member's poor practice, and some outdated nursing practices including a lack of policies and resources in some areas. However, they were able to take positives from their experiences. *"... you want to be learning the best of the best, but that's not always available; you're learning how to make do with what you've got"* s7.

Most participants felt welcomed, trusted and supported by the CFs and other staff *"[At] the end of your first shift, you actually feel 'Oh, hey, I actually belong here. It doesn't feel like I'm an outsider'"* s13. Many stated that the trust gave them the opportunity to develop independence, allowing them to "find their feet" while they were still supported. *"The nurses have taken a back seat and they're, like, you do everything. So, it really puts you in the role of being a registered nurse and getting you ready to go out into the real world"* s13. Preceptors gave them time to look up policies and procedures and helped consolidate their clinical skills. Participants worked the same roster as their preceptors' roster. Some had not worked regular hospital shifts before. *"It's been quite good... and we have been doing some late/earlies"* s10. They experienced a strong sense of teamwork and inclusion. They felt able to communicate directly with doctors, allied health staff and paramedics, and felt that their opinions were valued. *"I feel okay with tell[ing] you about my patient, unlike in a tertiary hospital [where] we don't work together. You can actually go up to the physio and be like, hey, I've noticed this about my patient, and you feel okay talking to them"* s11. They were able to participate in weekly interprofessional learning, simulations, and grand rounds. *"I like that they do the weekly education with the grand rounds...And it's good because there's nurses, doctors and paramedics and they're all involved"* s10 and s11.

Students from Facilities 2 and 3 were exposed to problems faced by these facilities in attracting and retaining staff. *"We hear about small hospitals and rural hospitals being short-staffed and stretched, and that is the reality"* s14. They witnessed the exhaustion experienced by staff due to a lack of backup, overtime, and being on call. *"I think the other thing that surprised me was how many permanent staff don't live there. They come in...and go home on their days off"* s14. *"It's really just agency nurses out there because no one really wants to stay"* s13. *"It highlighted how limited they are for core staffing"* s14.

Several students suggested that it was ideal to end their degree with a rural placement. *"I feel like I'm actually really starting to get the flow...letting us take on the role, that's really helped me. This week I've just felt so much more confident"* s10.

While participants felt that not all students were "cut out" s7 for a rural placement, all considered the experience highly valuable, and thought more students should have the opportunity. Two students suggested that rural placements should be mandatory in nursing degrees. *"I think everyone should experience it. I've learnt more on this placement than I have in any of [my other] placements"* s10. *"I honestly think that a rural placement should be mandatory"* s7.

C Preparation

This was separated into three subthemes – *University and Facility, Self, and Social*.

1 University and facility

Pre-brief information was not uniform across all facilities, and opinions varied as to the usefulness of orientation booklets. Some found a booklet very useful, containing a general overview of the facility, the area, accommodation and the commonly seen conditions. Others at the same facility stated they received no preparation and were highly stressed by not knowing what was provided or what they needed to supply. A student at another facility reported *"I had looked up [the facility] myself ...but I kind of felt comfortable because, even though the families I know don't live there, they have families there, and they knew I was going"* s14. When asked what resources they would have like to have had, the participant stated *"Some info on [the town] and the nurses' quarters... and where to get food and whatever. I guess... a ward brief with what to expect, ... what typical medications, what often presents etc."* s14. Another student found the documentation received from the university was useful, as was information from the Centre for Rural and Remote Health.

All facilities provided free accommodation, but two students chose to stay elsewhere at their own expense. Participants from Facility 1 identified students stayed in the nurses' quarters, a large, old timber building. While some found it noisy, and that the presence of other people disturbed their sleep, others appreciated the proximity, that it was free, and enjoyed its communal nature. *"I quite liked the fact that there's a communal kitchen 'cause [sic] that's ...where you say hi to everyone"* s11. *"But just being in a new environment - it's hard to settle being around lots of other people"* s9. The student placed in Facility 3 reported *"...a lot of paperwork to fill out, especially in regard to student accommodation"* s13, and stated they found looking for other accommodation *"a big headache"* s13.

Facility 2 housed the student in accommodation in a town 12km from the facility. The participant placed in this facility experienced confusion, as they were sent details of the wrong accommodation in a different town from the original plan. *"Originally they had said [Town 1] ...and then [Town 2]... I'm not sure where I'm supposed to be.* One week prior to placement, they contacted the Clinical Placement Officer for a contact number *"...to call them and...check for myself"* s14. This student found that the facility appeared to not know they were coming when they phoned to clarify their accommodation details. *"Well, I've checked it with the DON and no, we didn't know you were coming. [But] we can accommodate, don't worry"* s14.

Participants expressed universally high praise for the support given by university-employed clinical facilitators (CFs) and compared them favourably with CFs in metropolitan hospitals. *"In the bigger hospitals you hardly ever see the facilitators. They [in Facility 1] have made themselves available every day"* s2. Many described them as the best CFs that they had ever had. *"They've done medication rounds with us, and taken the time with us, and just really helped us through"* s10. Their feedback was described as regular, in-depth, and instructive. *"The midway ANSAT was incredibly detailed in what we'd done very well and what needs to be improved"* s9. They described the CFs as making them feel safe, alleviating pressure they had felt in previous placements, which boosted their confidence. *"I feel like if I don't know[something] they're fine, they'll just take me afterwards and we'll go through it"* s8. *"And it boosts your confidence in your abilities to actually do the nursing job because you've just had that great support there"* s10.

Participants from Facilities 1 and 2 voiced a desire to know their roster prior to the placement to facilitate organising their home responsibilities *"Can I get home to at least work a Saturday shift, so I can plan?"* s14. Those in Facility 1 would have valued knowing they would always finish their week on an early shift. Others in this facility did not know that they would experience rotations rather than just a single ward. At Facility 2, all staff on late shifts travel to and from the nurses' quarters to the site on a bus provided. *"Which is good, security-wise, but I had assignments due, ...there were some nights we didn't finish half-past 12.00. ...none of us could leave because we all had to get the same security bus back together"* s14.

2 Self

CFs enquired about students' goals and interests and facilitated their participation in these areas as much as possible. *"They asked at the start, 'What do you want to experience while you're here? Then they really did work to follow that up and made sure that everything that we wanted to do we were able to do'" s9.* Students valued being known by name by all the hospital staff, and having staff introduce themselves.

Several participants found that the placement could be lonely and isolating. *"Coming out here, it was a big shock because I went from living at home, to living with 21-year-olds. Like, I really, really struggled with that for the first couple of days" s4.* *"I don't think I expected it to be so challenging being away from home" s6.* Most participants found that they felt less isolated and enjoyed the placement more as time progressed and they began socialising with and supporting each other. They found they enjoyed being able to go out together and experience rural life after shifts or on weekends. *"We've had a whole bunch of fun doing that" s9.* However: one student found they felt more isolated as time went on. *"[The] isolation, or being away from your friends, family and usual support groups can be a bit taxing. That first week you've got all that excitement... but as it goes on it does get a little bit harder to be away" s9.*

Some participants mentioned that this placement was the first where they were encouraged to engage in self-care. *"[Self-care] was something they've drilled into us this placement ... getting us into the practice of doing that ... go to yoga with her (CF) and a meditation class" s2.* One student spoke about learning to navigate difficult changes in the work environment. *"... probably emotional regulation. You can go from one bay where there is a really, really cute little baby, and in the next bay someone is literally dying. I have never had that experience until now, where you have to compose yourself" s1.*

Participants expressed divergent opinions on the impact of the distance of the facility from their home. One stated that *"...the fact that it was only a three-and-a-half-hour drive from home... it just meant, if I needed to come home on my days off it was so doable" s14.* Another participant placed at a facility much closer to their home found the distance onerous *"[It's] sort of like FIFO work because you drive in, stay for the week, and then drive home if you want to, and then you come back again" s1.*

Participants experienced financial impacts related to travel and lost income. *"I'm the only income so if I don't work, I don't get paid. I think work is a big concern [for] people who have families. And my friends who are younger still have bills. ...So, I think [this] could prevent people from [taking up rural placements]" s14.*

3 Social

The rural WIL placement experience had social impacts on participants. CFs and ward staff in Facilities 1 and 3 gave students useful information on things to do in the area outside work hours. At Facility 3 the local Centre for Rural and Remote Health provided information and organised activities. One participant suggested they could be given an events calendar, so they knew what was on in the community. Some participants found that attending local events as a group was helpful *"... I think [it] was really good for us, 'cause [sic] it was like team bonding ... we went to the rodeo as a group" s10.* Another stated that attending the local weekly markets was a valuable form of self-care. They found that participation in local events helped them *"...embracing the whole experience" s7.*

University assignments were mentioned as a hindrance to socialising and participation in the rural community. *"If I were to do it again and didn't have an assignment, those days off would be like, explor[ing] what's around" s14.* Another said they shut themselves in their room for the first two weeks to complete assignments. *"If I go out and sit and do my assignment with the other students, I'm not going to get it done" s5.*

VI DISCUSSION

All participants in this study were on the final WIL placement of their nursing degree and had developed expectations of the placement experience. All found that their rural placements were significantly different from those in metropolitan areas and described varying degrees of preparedness. Some expressed a desire for more preparation than others, although this did not necessarily correlate with the preparation resources they had received. Students who had received the same resources as their colleagues described their usefulness very differently. One student directly addressed the impossibility of being prepared for every eventuality. Supporting previous research (Fatima et al., 2018; Killam & Carter, 2010; Sedgwick & Yonge, 2008b; Webster et al., 2010), participants described both positive and negative aspects of their living arrangements. Many experienced loneliness and isolation due to distance from their usual social supports. Others felt more prepared to deal with such challenges. Those completing university assignments found this hindered social engagement. Some found they became closer to their peers due to the communal living areas. One student received conflicting communications from the university and facility about their accommodation. In other studies participants reported high levels of satisfaction with placement accommodation (Fatima et al., 2018). Clarifying these issues is necessary for future cohorts of students undertaking WIL in rural areas.

Whilst all participants received their roster on arrival at the placement, issues were identified. Some students worked a variable roster (for the first time), which included late shifts followed by early shifts and working on weekends. The provision of rosters prior to placement would have assisted the students to plan work and home commitments while they were away, especially those who are parents or whose only income is regular employment.

The necessity to maintain employment during placement was described as a deterrent for students contemplating rural placements due to rural placements being associated with increased distance from students' usual workplaces, fuel prices, and the cost of private accommodation. Similar problems related to the financial burden associated with rural placements have also been reported in previous studies (Kerr et al., 2013; Killam & Carter, 2010; Mortimer et al., 2019; Webster et al., 2010).

A number of experiences for which participants felt unprepared were considered positive. Participants valued the friendliness and interdependence of rural workplaces. Many missed the amenities of urban living to varying degrees but found social aspects of their placements enjoyable: they cooked together, and collectively participated in local events and entertainment. Major unexpected areas of difference were the variety of work in which students were able to participate across whole facilities, and the degree of workplace autonomy and flexibility they experienced. This echoes the findings of other studies (Fatima et al., 2018; Webster et al., 2010).

Participants described some instances of problems with policies, inefficiencies, poor preceptorship, and poor nursing care in facilities. One facility required a change of district policy to allow them to give IV medications. Some preceptors were reluctant to be in the role and participants felt this impact was higher in the rural setting. In other rural settings, students have been protected from this experience through careful allocation of students to willing preceptors (Sedgwick & Yonge, 2008b). However, participants acknowledged that not all RNs like to teach, and the situation exists in all settings (Sedgwick & Yonge, 2008a). Two students involved in a situation where an RN engaged in poor practice felt fortunate that a CF was present, managed the situation and de-briefed them afterwards. Two other students were exposed to difficult dynamics between different hospital wards. This has been found to negatively impact students' sense of belonging and team engagement (Fatima et al., 2018).

Belonging has been cited as central to students' learning during WIL placements (Pront et al., 2013; Sedgwick & Rougeau, 2010; Sedgwick & Yonge, 2008b). All participants described a sense of belonging that developed quickly in this placement, in contrast to metropolitan hospitals. They commented on the friendliness of staff, with the small size of the facilities allowing people to know them by name. Sedgwick and Yonge (2008a) found that this is characteristic of rural hospitals.

Participants found local staff very willing to engage with them, confirming other research (Fatima et al., 2018; Freer & Penman, 2016; Sedgwick & Yonge, 2008a; Sedgwick & Yonge, 2008b).

Students described rural facilities as less hierarchical, and they were actively engaged in inter-professional education. Other studies have also found a greater degree of interprofessional collaboration in rural placements (Fatima et al., 2018; Freer & Penman, 2016; Smith et al., 2018). In contrast to Killam and Carter (2010) and in line with the findings of Smith et. al. (2018) and Webster et al. (2010), participants found rural facilities interested in giving them better education and experience, and more interested in their individual needs. They were encouraged to engage in self-care as part of their work and described a high level of support by CFs and RNs that allowed them to develop their clinical reasoning, time management skills, and get the “feel” of working as RNs. This resulted in a high level of confidence in their abilities to practice as RNs on the completion of their degrees.

VII RECOMMENDATIONS

Recommendations from this study include: improving communication and processes in the university clinical placement office; developing orientation packages for all rural placement facilities with clear details and photographs of accommodation; and encouraging facilities to supply rosters in advance.

VIII STUDY LIMITATIONS

This study involved a small cohort of third year nursing students enrolled in the same university in South East Queensland in Australia (second year students were not included). Due to this small sample size it is not possible to allow inferences to be made related to variables such as age, gender, or rural living experiences of the participants. Of the participants in the study, most experienced their placement in the same rural facility, with two of the facilities not represented by student participants; thus, equal representation of all rural facilities was not achieved. However, as this was an exploratory study the results were not intended to be generalised to other rural and remote settings or to different cohorts of nursing students.

IX CONCLUSION

This study confirms the findings of the limited available literature on student preparation and experiences for rural WIL placements. While the participants valued their experience highly, there were several issues they identified in relation to their preparation or lack thereof. Issues that had a negative impact included concerns about their accommodation, and a lack of advance rostering that impacted their personal, social, and employment wellbeing. They experienced loneliness and isolation to varying degrees.

They were also unprepared for many positive aspects of the placement. These included a greater sense of belonging, and willingness by the facility to immerse them in a wide range of experiences including interdisciplinary practice and education. They were granted more autonomy, teamwork and a much greater level support than they had previously experienced. Some embraced the rural lifestyle and became closer to other students in their cohort, while others missed metropolitan amenities.

Improved pre-placement information from the both the university and facility would improve students' experience of rural WIL placements.

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