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A qualitative exploration of the factors which influence rural nursing and midwifery placement experience: Benefits and challenges identified by students and health service staff

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Abstract

Background: Positive rural clinical experiences strongly correlate with future rural health career intention. It is therefore important to understand the factors which contribute to positive rural clinical placement experiences.

Aims: To understand the benefits and challenges of rural nursing and midwifery placements for students, and to explore factors which influence positive clinical placement experiences.

Methods: Semi-structured interviews were undertaken to explore the experiences and perspectives of nursing and midwifery students ($n=17$) and staff working at health services where students are placed ($n=36$). Data were subject to thematic analysis.

Results: Five themes were identified: variety of experiences in a rural health context; supervision and support; engaging with a rural community; placement type and duration influence on rural placement experience; and inspiring, reaffirming or challenging future rural career intentions.

Conclusion: This study reiterates the importance of ensuring that students are actively engaged and supported during rural clinical placements to encourage students to consider future rural career pathways. The findings highlight the important role of education providers and health services in supporting student placement experiences to enable positive rural career intentions.

I INTRODUCTION

A skilled rural health workforce is essential to support the health needs of regional, rural and remote Australia. There is a range of literature which supports the important role of rural clinical placement experiences on influencing the intention of health students to work rurally (Courtney et al., 2002; Walker et al., 2012) and rural career outcomes (MacQueen et al., 2018; Playford et al., 2020; Playford et al., 2017; Taylor et al., 2019). While rural background is a significant predictor of rural employment, research suggests that rural placement experiences influence students from both rural and metropolitan backgrounds to practice rurally in the future (Playford et al., 2017).

Emerging evidence suggests that satisfaction with rural placement experience is an important factor in future rural career intention (Sutton et al., 2016), with students satisfied with their experience more likely to report a rural practice intention than those who have negative placement experiences (Fatima et al., 2018; Smith, Sutton, et al., 2018). As such, it is important to understand how students perceive the benefits and challenges of rural placements, and the factors that may influence positive placement experiences.

Research exploring health student satisfaction with rural placements to date has been largely survey based (Fatima et al., 2018; Smith, Cross, et al., 2018; Smith, Sutton, et al., 2018; Wolfgang et al., 2019). This research has identified a range of factors that reportedly influence rural placement satisfaction, namely: adequate preparation for placement; diversity of rural health experiences; immersion in rural life; support from academic staff and staff working at the placement location; placement supervision; and interactions with other students. Fatima et al. (2018) identified that social isolation is often a challenge encountered in rural placements, and that a shorter placement duration may compromise the learning opportunities available on rural placements. Although this research has provided insight into student experiences, survey-based research may limit the potential to explore the perspective of the student by using researcher-derived measures framed by the perspective of the researcher rather than the student. There is also limited research exploring the perspective of staff who supervise and support students during their rural health placements. Bowen et al. (2019) studied the perspectives of nursing staff who mentored students on rural placements; however, focused predominantly on the experiences and challenges for staff themselves rather than students. Rurally located staff who supervise and work closely with students on rural placements may offer valuable insight into the factors which influence positive student experiences and the challenges for students on placement.

As such, the purpose of this study was to explore the benefits and challenges of rural placements and factors that influence positive placement experiences for students, from the perspective of students themselves and staff who support students during placements. This study focused on rural nursing and midwifery student placements that occurred in a public health service setting in rural Queensland, and as such drew on the experiences of nursing and midwifery students and staff working at the public health service where students were placed ('health service staff').

II METHOD

A qualitative inductive approach using semi-structured interviews was used to investigate student and health service staff experiences of rural nursing and midwifery placements.

A Context

In the geographical area in which the study took place, an area of 400,000 km in southern Queensland, nursing and midwifery student placements commonly occur in the two health services in the region. Darling Downs Health operates 28 facilities, including one large regional referral hospital, one extended inpatient mental health service, three medium-sized regional hub hospitals, 12 rural hospitals, three multipurpose health services, one community outpatient clinic, one community care unit and six residential aged care facilities (Darling Downs Hospital and

Health Service, 2020). South West Hospital and Health Service operates four hospitals, seven multipurpose health services, two residential aged care facilities, four community clinics and nine general practices (Southwest Hospital and Health Service, 2020). As of June 2020, Darling Downs Health employed approximately 2,200 full-time equivalent nursing staff and South West Hospital and Health Service employed approximately 370 full-time equivalent nursing staff. Nursing placements at these health services occur for a range of durations, from two weeks to over ten weeks and are usually full-time placements. Midwifery placements can be longer, part-time placements. In almost all facilities within the health services, students are supervised according to a preceptor model, where students are supervised by a nurse or midwife employed by the facility rather than an external clinical facilitator. A range of financial and non-financial supports are available to students on placements. Students who do not live locally are eligible for fully subsidised accommodation. Southern Queensland Rural Health, a University Department of Rural Health, provides additional supports for students on rural placements in the region, including subsidised accommodation, financial support for travel and clinical education support.

B Participants

Two groups of participants were included in this study: (1) nursing and midwifery students who completed a rural placement, and (2) rurally located health service staff involved in supervising and supporting rural nursing and midwifery student placements.

Students were eligible to participate if they had completed a clinical placement in the Darling Downs or South West Queensland health services regions from July to November 2020, and received support from Southern Queensland Rural Health. As such, students' contact details were held by Southern Queensland Rural Health. Health service staff were employed at Darling Downs Health and South West Hospital and Health Service facilities which had hosted nursing and midwifery students in 2020. These facilities and staff were identified and contact details provided by Darling Downs Health and South West Hospital and Health Service staff responsible for placement coordination and support.

Student and health service staff participants were initially invited to participate in the study via email. Students were emailed by an administrative staff member at Southern Queensland Rural Health and staff were emailed by the lead researcher. The invitation outlined the study topic and participation requirements. Students and health service staff were followed up with a phone call from the research team if no response was received. Students were recruited and interviews were conducted in November 2020. Staff recruitment occurred from August to September 2020 and interviews were conducted in September 2020.

C Data collection

Following informed consent, students and health service staff were scheduled to participate in a semi-structured interview via phone or video conferencing. Students were also asked to complete and return a questionnaire which sought basic demographic and placement information (Table 1).

Table 1
Student participant information

| Interview no | Age range | Gender | Discipline | Year of program | Placement location MMM ¹ |
|--------------|-----------|--------|-------------------|-----------------|-------------------------------------|
| 1 | 30-34 | Female | Nursing/Midwifery | Year 4 | 7 |
| 2 | 35-39 | Female | Nursing/Midwifery | Year 4 | 6 |
| 3 | 25-29 | Female | Nursing | Year 3 | 7 |
| 4 | 20-24 | Female | Nursing | Year 2 | 4 |
| 5 | 20-24 | Male | Nursing | Year 3 | 4 & 5 |
| 6 | 20-24 | Female | Nursing | Year 2 | 4 |
| 7 | 20-24 | Female | Nursing | Year 3 | 5 |
| 8 | 20-24 | Female | Nursing/Midwifery | Year 4 | 4 & 5 |
| 9 | 25-29 | Female | Midwifery | Year 3 | 4 |
| 10 | 30-34 | Female | Nursing | Year 2 | 7 |
| 11 | 18-19 | Female | Nursing/Midwifery | Year 2 | 4 |
| 12 | 45-49 | Male | Nursing | Year 3 | 4 |
| 13 | 25-29 | Female | Nursing | Year 3 | 5 |
| 14 | 20-24 | Female | Nursing | Year 3 | 4 |
| 15 | 25-29 | Male | Nursing | Year 3 | 7 |
| 16 | 20-24 | Male | Nursing | Year 2 | 7 |
| 17 | 20-24 | Female | Nursing | Year 3 | 6 |

The interviews were conducted according to a semi-structured interview guide developed by the research team. Student and health service staff interviews were performed by one member of the research team who was not known to students or health service staff (CW). Interviews were conducted over phone, Zoom or Microsoft Teams and audio recorded. Field notes were taken and interviews were transcribed.

Student interviews were a mean length of 29 minutes (16 to 40 minutes) and staff interviews were a mean of 27 minutes (17 to 49 minutes).

D Data analysis

Transcripts and field notes from the interviews were analysed initially by the lead researcher (CW), and then independently by two other researchers (RF & DO). All data were analysed using a general inductive approach to allow exploration of specific issues (Thomas, 2006). The transcripts and field notes were read closely and audio recordings reviewed. Data relevant to the research questions were highlighted and ascribed initial codes in an inductive manner. Similar codes were grouped into subthemes and further integrated into overarching themes based on commonalities and identified interrelationships. As the research question focused primarily on the student experience, student interviews were reviewed first to identify themes, and then the health service staff interviews were reviewed to validate themes identified in the student interviews and add additional themes and sub-themes as relevant. The overarching themes and subthemes were revised and refined based on regular discussion between the researchers.

Several processes were implemented to ensure trustworthiness, credibility and transparency of data collection. These included: adherence to a standardised data collection protocol and audio recording of interviews; using the same semi-structured interview framework and interviewer for all interviews; avoiding personal questions; participant validation of interview transcripts or field notes; conducting a secondary review of all audio-recordings post transcription; and a process of reflexivity among the researchers. The researchers conferred with two experienced clinical

¹ MMM refers to the Modified Monash Model classification for the student participant's most recent placement location.

educators who supported students on placement in the region regarding the qualitative interview themes and corresponding quotes to aid verification and trustworthiness of the data.

E Ethical approval

The study was approved by the Darling Downs Health Human Research Ethics Committee (approval number: HREA/2020/QTDD/64042) for health service staff data collection and The University of Queensland Health and Behavioural Sciences Low & Negligible Risk Sub-Committee (approval number: 2020002341) for student data collection.

III RESULTS

Seventeen (17) students consented to an interview (Table 1). Student participants were aged between 19 and 45 years (mean = 26 years), with a higher female ($n=13$) representation. Most were nursing students ($n=12$), four students were studying nursing and midwifery and one student was studying midwifery only. Most students were in their third or fourth year of study ($n=12$). Five participants had never lived rurally, and five had previously completed a rural placement. All students had just completed a placement in either a rural town, or remote community, according to the 2019 Modified Monash Model classification (Australian Government Department of Health, 2019).

Thirty-six health service staff consented to an interview. Health service staff participants were from ten Darling Downs Health and South West Hospital and Health Service facilities. The facilities were located in a combination of regional centres (two facilities), rural towns (four facilities) and remote communities (four facilities). All health service staff participants were female and worked in a range of roles, including Registered Nurse ($n=5$), Clinical Nurse ($n=6$), Midwife ($n=2$), Clinical Facilitator ($n=2$), Nurse/Midwifery Educator ($n=5$), Clinical Nurse Consultant ($n=3$), Nurse/Midwifery Unit Manager ($n=7$) and Director of Nursing ($n=6$).

Five overarching themes emerged following analysis: variety of experiences in a rural health context; supervision and support; engaging with a rural community; placement type and duration influence on rural placement experience; and inspiring, reaffirming or challenging future rural career intentions. Each theme is outlined below with illustrative quotations.

A Theme 1: Variety of experiences in a rural health context

Students valued the exposure to a wide range of healthcare experiences on placement, which they felt they were unlikely to have access to in a metropolitan setting. The value placed on the variety of experiences was also strongly supported by staff.

The thing that I really enjoyed was the variety in places that you could work: one day you would be on the ward and the next day you would be in the operating theatre, the next day you'd be in emergency. I felt like I came out of it with a far more holistic experience of what healthcare actually looks like when you've got - you see the patient's journey from them coming into ED to being admitted to the ward to what discharge looks like, talking to the community nurses, something that I haven't actually seen in any of my other placements yet. *Student Participant 17*

They get a bit of everything. Medical, surgical, theatre, maternity, pediatrics, emergency and community... We've had students say they want to come back here, even if it's not as a grad, they want to come back here and work. *Staff Participant 26*

Students also valued gaining understanding of the rural health context.

Because Kingaroy is a rural-based hospital, it's interesting to watch how they work with the more complex patients and the speed that they need to transfer someone out, and how they can actually bring specialists into the hospital via video links. *Student Participant 12*

Some students noted that the peaks and troughs of workload in rural facilities were challenging in terms of planning their learning, although a slower pace could allow consolidation of skills. Staff also noted the challenges of managing workload and learning experiences for students.

I suppose it was a lot quieter, rural compared to in the metro areas, because there was less people living there. We obviously got busy days, but a lot of them weren't quite as busy as what I've experienced ... When I first started it was definitely a benefit, because I had more time to learn ... Towards the end I suppose it wasn't quite as ideal. *Student Participant 5*

If we're busy, it's good because they can get really hands on and get experience ... If we are really slow, there's really not a lot for them to do unfortunately. *Staff Participant 34*

B Theme 2: Supervision and support

Students perceived that health service staff were welcoming and supportive of their learning experiences, although they often had to take more initiative for their learning than in a metropolitan setting.

It's really nice in rural placements, I think, because they get to know you as more than just a student, which is nice to have a name. *Student Participant 17*

The NUMs [Nurse Unit Managers] were pretty accepting of me in trying out different things and really supportive. I wasn't really rostered on for theatre but I absolutely really loved theatre. And I really wanted to do it more, so I emailed and I just talked to some people. And they were like "Come up on this day and you can have a day in theatre". *Student Participant 14*

Students and staff noted that additional support for rural placements was important, particularly for students with less rural experience or more junior students.

Just having a Coordinator to say, "Hey, how you going? What have you been up to?" Maybe a short Zoom would be great because you're kind of just thrown out there and you're just working with all these people but you don't really see the University at all. *Student Participant 16*

I sort of knew what I was walking into I guess, whereas because like I grew up in the country, so I don't know, I sort of assumed it'd be a small little town. But I can see why it would be different for people from Brisbane. When I was out there, there was a medical student from Brisbane and he had no idea what he was walking into. He was a fish out of water when he got out there and he didn't have a car, so he was out there for eight weeks straight and he didn't know what he would do with his spare time and things like that. So for someone like that, I can understand it would be worrying for them. *Student Participant 7*

Some of them get homesick and they miss their homes. We're not as far out as some places so they are able to go home... But a month goes pretty quickly, it's gone before you know it. *Staff Participant 12*

Some students valued exposure to a variety of supervisors on placement, however noted challenges with continuity of supervision and that not all staff were equally confident in supervising students. Staff reported challenges associated with managing continuity of supervision.

So, it was just sort of whoever was on and was qualified and willing to take you would sort of be your little buddy for the night, which is good - you get to work with a variety of people. But it does make it hard - you can tell that although they're a great nurse, they're just not perhaps a student-oriented nurse, and other nights you get someone who is really interested and wants to come up with all these goals with you. It was a little bit of an issue with continuity, but I feel like I was able to make the most of it anyway and it was good to work with a lot of other people, because that's what nursing is. *Student Participant 17*

Having students rostered with different nurses means you're starting blank every day. Setting standards and expectations for the first day, and setting a plan... would make it easier for the student and us as well. *Staff Participant 22*

C Theme 3: Engaging with a rural community

Students valued experiencing life in a rural community, although some noted that there were fewer activities than in a metropolitan setting.

Try and do some of the events and stuff that happen while they're there, like the Dalby Races if it's on while you're there, that sort of thing, because you can meet a lot of the nurses and socialise with them... You can't really do that in a metro setting. *Student Participant 5*

I feel like they had a lack of things to do and when you're not actually working... They didn't have a gym or anything like that to go and do, and there wasn't really much sports playing or any events happening because of COVID so it was pretty quiet most of the time. *Student Participant 16*

Students enjoyed living with and spending time with other students. Staff saw peer support as an important way to prevent social isolation.

I enjoyed working in the hospital, but the accommodation side wasn't as fun, because it was quite lonely and there was nothing really on throughout the week or on weekends that you could interact with other people. [At a later placement] I stayed at a house rather than the nurses' quarters... There was like five different health students there which made it a lot more enjoyable, because I could hang out with them during weekends and we sort of made plans to do different things, which was nice. *Student Participant 5*

[Having another student on placement,] they've got someone they can talk to and bounce ideas off... I think for them, they often enjoy having the second one there, whether it be someone they know or someone they don't. *Staff Participant 18*

D Theme 4: Placement type and duration influence on rural placement experience

Students and staff noted that longer placements could allow exposure to rural health care, however noted challenges with balancing personal commitments and finances.

I would have liked to stay longer. It depends though, because I don't have kids, so I think four weeks was fine for me. But you know, some other people have kids and things, so four weeks is too long. *Student Participant 6*

[The longer placement] gave them a good opportunity to integrate themselves into the team because I find a lot of the time that when students are just starting to find their feet, it's over. Whereas by the end of the eight weeks they seem really confident in what they were doing and really integrated themselves quite well. *Staff Participant 34*

Students and staff noted that there was benefit in alignment between the type of care delivered in a rural health facility and their learning needs.

I really thought it was a good placement for an early placement, because you are doing those obs and things like that that you need to learn in a calmer environment over and over again... It would probably be a bit boring and not preparing you too much for a later placement. *Student Participant 10*

As long as they've had a bit of experience in basic nursing, they're fine. But for some of those students to come out here for their first placement, they're lost. *Staff Participant 12*

E Theme 5: Inspiring, reaffirming or challenging future rural career intentions

Most students reported that their rural placement either inspired or reaffirmed an intention to pursue a rural career, however some reported gaining insights into the type and timing of a desired rural career.

I hadn't even thought about it. But now I'm so glad I did. Because I absolutely loved it. I love the country. I love the whole thing. And I hope I end up there one day. ... I didn't even bother putting metro [in my graduate preferences]. Because I was like, "No. I love rural so much." *Student Participant 14*

It's confirmed that I would like to work rurally... I would love to go remote, but not at the moment with the kids. *Student Participant 10*

A challenging placement experience could lead students to question their rural career intentions.

I was really worried about preferencing rurally after I had the [first rural] placement in case every rural hospital was like that. And then once I went to [the second rural placement], I figured out that it wasn't, and I was pretty disappointed. But there's always other intakes. *Student Participant 8*

IV DISCUSSION

This study aimed to explore the benefits and challenges of rural placements, and factors which influence positive placement experiences for nursing and midwifery students from the perspective of both students and health service staff who support students on placement. Most student participants reported a positive rural placement experience, indicating that their placement either inspired or affirmed a future rural career intention, although several student participants who experienced more challenging placements questioned their rural career intention. These findings support previous research on the association between positive placement experience and rural career intention (Fatima et al., 2018; Smith, Sutton, et al., 2018). The findings also indicate that rural placements may aid in actively informing students about the potential benefits and challenges of a rural career through direct experience.

A number of key factors which student and staff participants identified as influential to their placement experience aligned with previous research (Fatima et al., 2018; Killam & Carter, 2010; Smith, Cross, et al., 2018; Smith, Sutton, et al., 2018; Webster et al., 2010; Wolfgang et al., 2019). Student and staff participants viewed the diversity of exposure to clinical experiences as a key benefit of rural placements, and students valued learning about the unique rural health context and experiencing living in rural communities. Consistent with previous reports, support of health service and academic staff was identified as critical, particularly for those students who were new to a rural or clinical setting (Killam & Carter, 2010; Sutton et al., 2016). Student peer support and interaction was also valued, and identified as a factor which acted to ameliorate feelings of social isolation (Fatima et al., 2018; Smith, Cross, et al., 2018).

This study has highlighted the importance of the alignment between the placement type and student learning needs and has identified that managing student access to learning opportunities could be a challenge in facilities with variable workloads. This study also raised the benefits and challenges of longer placements where additional time in the rural setting could be beneficial for student integration and learning outcomes, although presenting challenges around students' financial and personal commitments. Furthermore, this study identified how student attitudes could influence their rural placement experience. Students taking initiative for their learning and being open to opportunities in the health service and the community appeared to be linked to a positive rural placement experience (Killam & Carter, 2010).

There was general alignment between student and staff perspectives of the factors which influenced positive placement experiences, and some of the challenges that students could experience. This indicates that health service staff were cognisant of many of the factors which influence student rural placement experiences. Staff reported implementing strategies to support student placement experience and mitigate challenges, such as requesting that two students attend placement at their facility at the same time and gradually increasing student exposure to learning experiences and patient load. Further research into these strategies would assist knowledge sharing between rural health facilities to identify effective support strategies for health students on rural placements.

A *Implications*

This study has a number of implications for education providers and health services that host student placements. Firstly, the findings have highlighted that consideration needs to be given to appropriate allocation of students to placement facilities. Factors to consider are the year level and learning needs of the student, placement duration and size of the facility. For example, smaller, more remote facilities could be useful learning experiences for more junior students, while more senior students may benefit from experiences in larger rural facilities, or more variety in rural placement experiences. Further research is warranted to explore the current reasoning for placement allocation and feasibility of this approach. Additionally, it is important to ensure that students are sufficiently oriented and supported in their rural placement experience, noting that some students will have higher needs than others. In addition to supporting students while on placement, there is value in ensuring students are prepared for their rural placement, including

managing student expectations of rural placements (Johnson & Blinkhorn, 2011; Killam & Carter, 2010). This includes practical preparation in terms of what to expect in the health facility and community, but also preparing students for the potential increased responsibility for their learning and community integration that they may experience. For some longer and more rural placements, there may also be benefit in giving consideration to selecting students who are likely to demonstrate initiative and take advantage of the opportunities rural placements can offer. These recommendations require close collaboration between education providers and health services to ensure that health students are engaged and supported when completing clinical placements in rural settings.

B Strengths and limitations

This study has several limitations. Firstly, the student participant recruitment strategy was based on students who had received some form of support for their rural placement as the researchers had access to accurate contact information for these students. Having received this support (i.e. stayed in fully subsidised accommodation or received financial support for travel) may have influenced students' feelings and experiences of their rural placement compared to students who did not receive such support. As such, challenges associated with travel and accommodation on rural placements raised elsewhere were not a major finding of this study (Killam & Carter, 2010). Secondly, health service staff participants were nominated by the health services themselves, and as such are likely to be staff who are invested in supporting students on placement, which may influence their perspectives on the student experiences. Nevertheless, the study incorporated the experiences of a diverse range of nursing and midwifery students who completed clinical placements in the Darling Downs and South West Hospital and Health Service regions, and the perspectives of a broad range of health service staff from different roles who supported student placements. This rich data allowed the triangulation of perspectives of the benefits and challenges of rural clinical placements for students, and the factors which influence positive placement experiences.

V CONCLUSION

This study reiterates the association between positive rural placement experience and future rural health career intention. Factors including the variety of learning experiences, appropriateness of the placement to learning needs, placement duration, support received and peer interactions, all influenced students' placement experiences. Students taking advantage of learning and community opportunities, and taking initiative for their learning needs, also supported a positive placement experience. Education providers and health services need to work together to ensure that health students are engaged and supported when completing rural clinical placements to increase the likelihood of positive placement experiences and therefore consideration of future rural career pathways.

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