

**The Football Club and The Pub:
Motivations of Long-Stay Rural Speech Pathologist.**

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A submission in partial fulfilment of the
Master of Health Administration

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2010

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Abstract:

Aim:

The aim of this study was to identify common themes in speech pathologists' motivations for choosing to move to, and remain in, a rural location within Australia. Additionally to determine if there were particular professional or personal characteristics that motivated major life decisions within rural speech pathologists'.

Method

All members of the Speech Pathology Australia Rural and Remote Member Network group were sent information about the study in a call to participate. Twenty seven speech pathologists agreed to participate (8.3% response rate), and took part in semi-structured teleconference, videoconference and face to face focus groups or interviews. Interviews were then coded and analysed for themes.

Results

Participants were from all Remoteness Area Classification's across Australia. Unequivocally personal motivations were the main reasons for speech pathologists reasons to remain in or move from a rural location. Surprisingly many who were "married to" the local community had developed private practices so they could remain in a location they were personally linked to.

Conclusion

The themes that emerged from analysis of these focus groups and interviews provide new evidence personal and professional motivations of speech pathologists in Australia. There is also some insights into other areas for human resource development that may strengthen a collaboration rural speech pathology workforce across Australia.

Acknowledgements

I would like to sincerely acknowledge the kind patience and professional guidance that Professor Sandy Leggat, Associate Professor Jenni Oates, Dr Priscilla Robinson, Dr Lindsay Carey have provided throughout this project.

Also Speech Pathology Australia as a partner in this project have provided access to resources and support that has been greatly appreciated.

Lastly, but by no means least thank you to the beautiful people who opened the lounge room of their heart and allowed me to look around ,without you there are no stories to tell.

List of abbreviations

RA	Remoteness area Classification
SPA	Speech Pathology Australia
CBOS	Competency Based Occupational Standards for Speech Pathologists in Australia

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Chapter 1

Introduction:

“Oh no, huge travel time, or well I mean commute to work is not a worry well I travel 2 hours but gee it’s gorgeous. Umm what else... rural and remote....I think it really comes down to lifestyle. You know you can actually afford to buy your house. I look forward to the day when I can go down to part time work so I can actually pick up work in other areas of interest. Um where as in the city your pretty well restricted by high rent and um and mortgages to stay in the job that has um the highest wage...(in rural areas) you cannot manage to actually get a promotion, unless you shoot your manager... There’s no opportunities.” – Freddie

1.1 Prologue

Personally I have seen a constant stream of young allied health practitioners coming into rural health services to use them as a professional nursery (Alan et al., 2008). They come for their first job moving in green and clean, with full face of makeup the first day and ready to embrace their clients, and then progressively over the first year less and less make up is worn, their hair is less primped then all of a sudden they are moving back to the city to have greater access to live music and sushi. What does this mean to those who “stick it out” who are committed to see a change in the health of rural communities? The transient rural workforce has caused an erosion of trust for health professionals in local communities therefore putting new staff in a position of disadvantage. As chair of rural and remote speech pathologists across Australia I get frequent calls from colleagues saying “how do I know that this one will stay?” Cries of change fatigue ring shrill in my ears, therefore some study needed to be undertaken into why there is a transient speech pathology population in rural areas.

1.2 Overview of contents

The contents of this submission will firstly consider the relevant literature and background to the topic (chapter 2). Review of literature from the current decade

indicates that a number of themes have previously emerged; namely professional motivations of varied caseload, early managerial exposure, professional isolation, mentoring and support needs. Some personal motivations have been noted as well such as rural origin influence, sense of adventure, and social networking.

Overall it can be summated that although there is some literature available for allied health in rural Australia an investigation was required into specific motivations for rural speech pathologists fortitude.

1.3 Background

Who gives the voice to the rural or remote speech pathologists in Australia who are bound by love of family, country, and work? Why are people, who willingly choose to stay in rural locations for work, viewed as the poor second cousins? Are they stuck out there?

What motivates an individual is a deep, personal and dynamic construct. This study was designed to research what motivates a speech pathologist to move to, live in, and become part of a rural community, not just as a health professional, but as a long term "local".

Australian research in the past decade had begun to delve deeper into issues of attrition and workforce turnover in rural health care settings, (Buykx, 2010) however this research report adds to what is previously known, endeavouring to determine whether there is a character type profile that is typical of a rural speech pathologist. Does the "speechie" want a farmer, or the farmer want a speechie? This study gives voice to multigenerational rural and remote speech pathologists from a variety of backgrounds in a variety of roles that all identified a sense of professional and personal value being the main contributors to rural location fortitude.

The aim of this qualitative study will endeavour to (i) determine the reasons why long stay rural speech pathologists remained in a location (ii) determine why speech pathologists who were happy in a rural location moved (iii) determine what personal qualities contribute to a speech pathologist remaining in a rural area (iv) determine

what professional qualities contribute to a speech pathologist remaining in a rural location.

The initial hope was that the results of this study may determine the key characteristics of long stay Speech Pathologists, determine whether these characteristics can be identified prior to an employment offer being made; and show whether performance appraisals and professional supervision can be used to build upon retention through the use of these factors as the scope of this study was limited. However these final points may be completed as a follow up.

This study will also endeavour to include practical tips from the coal face on how to imbed key identified contributors into staff recruitment and professional development reviews. Some data suggests that if the right staff, with key attributes are identified, employed and retained, then possibly there will be a more stable rural allied health workforce that retains staff for longer. This will enable fully staffed health services in rural areas, which may reduce waiting lists and add value to programs.

Chapter 2

Literature review and Background

“No, I guess it’s just such a cliché, the whole idea that you’ll move to the bush and marry a farmer kind of thing. No, that was not on my agenda. You could have a TV show.” – Adel

2.1 Introduction

One of the difficulties of rural and remote practice is the recruitment and retention of allied health staff due to feelings of isolation in terms of clinical practice. Obholzer (2001) has linked the workplace as the caregiver, not only to clients but employees as recipients of that care. The workplace needs to provide employees with a “secure enough base” so that they feel professionally “held” in order to permit confident exploration in terms of service delivery and professional development (Obholzer, 2001; Connell, 2003).

A systematic review of the literature by Struber (2004) noted that a comprehensive data collection specific to the allied health workforce is imperative, and that there is a “dearth of relevant information”. The writers of the aforementioned review concluded that significant gaps exist in the data and information concerning rural health professionals in relation to shortages across various professions, geographical regions, training and support needs and what the optimum professional-to-population ratio should be.

Humphreys et al. (2002) queried whether questions related to problems of recruitment and retention or sustainable practice relate more to the rural communities themselves than to professional or practice issues. Therefore external influencing factors will be considered in this study to assist to determine the dominant common influencing factors on rural Speech Pathologist job retention, and possible early indicators for application to rural practice specific skills and attributes.

This study is designed to identify the influencing factors in a speech pathologists' personal and job satisfaction and the impact this has on job retention in rural Australia.

2.2 Literature review

For this project a literature search was conducted during May 2010 using CINAHL and Medline databases. This search examined the literature in the English language with a publication date after 2000 that contained the key words; 'Retention,' 'Allied Health,' 'Professional,' 'Rural.' A total of 39 articles were selected and reviewed; 24 of which initially appeared appropriate. Upon review 16 were applicable, 2 more were added by professional recommendation from the project sponsor, and 6 more from reference list checks or secondary referral from topic experts.

In the literature review 88% of the articles were either profession or location biased. There were only 2 generic allied health articles. The range of disciplines included dental (Hall et al, 2007), occupational therapy (Mills, & Millsteed, 2002; Lanin & Longland, 2003; Steenbergen, & Mackenzie, 2004), physiotherapy, (Williams et al., 2007), social work (Gregory et al., 2008), speech pathology (McLaughlin et al., 2008, & McLaughlin et al., 2010), medicine, (Eley & Baker, 2006; White, 2007) and mixed allied health professions (Allan et al., 2008; Humphreys et al., 2002; Manahan et al., 2009; O'Toole et al., 2008; Richards et al., 2005; Schoo et al., 2005; Smith et al., 2008; Stagnitti et al., 2005; Strasser, 2000; Struber, 2004). The geographical areas included Northern New South Wales, South West Victoria, Queensland, and Northern Territory. There were two non Australian examples reviewed and these were from Canada and the United Kingdom.

The greatest number of publications were from the 'Australian Rural Health Journal,' second to the 'International Electronic Journal of Rural and Remote Health Research,' Education, Practice and Policy,' then the internet 'Journal of Allied Health Sciences and Practice' as well as other non electronic based journals.

Arguably the most thorough and applicable study in all of the literature is that of McLaughlin et al, (2008). In their study on attrition, the authors conclude that the

dominant theme running through the qualitative interviews they conducted was ‘the speech-language pathologists; desire to, and reward from, being able to make a difference in people’s lives, and the frustration when barriers were put in the way of this.’ It was also noted that contributors to professional stress experienced by speech pathologists included workload, efficacy, recognition, support, learning and autonomy. Potentially all themes could explain the link between initial motivations for career choice, reasons for recruitment and then positive retention.

2.2.1 Identified themes

The various themes identified in the review were put into two categories; ‘professional’ and ‘personal’. The following are the key common themes extracted from the literature review on rural and remote recruitment and retention to allied health positions.

2.2.1.a Professional

Professional factors such as career structure, mentoring and support as well as availability of appropriate resources are the reasons someone would stay in a job, however the balance of professional influence on an individuals life choices required investigation. The relevant professional themes identified as influential in the literature review are identified here.

Professional Development

Professional Development is essential to ensure continued practice within ethical standards in relation to allied health in Australia. There are many articles of research that list a rural disadvantage as the limited access to professional development (White et al., 2007; McLaughlin et al., 2008; Schoo et al., 2005). This aforementioned research notes the lack of access to professional development being a determining factor, yet little is covered in regards to the specific applicability of types of professional development on career progression and employment fortitude.

Mentoring and professional isolation

Professional isolation and lack of direct supervision, and or mentoring was one of the most common themes noted in the literature (Richards et al, 2005; Keane et al., 2008). Lanin and Longland (2003) stated frequently that professional isolation quickly leads to professional dissatisfaction.

Less specialised position

Rural positions are viewed as less specialised positions and therefore not as attractive. Gregory et al, (2008) reports on the blurring of professional boundaries in rural areas, stating that the phenomenon of generalist practice is a common link in rural human service professions.

Managerial support and increased early managerial responsibility

Managerial support is noted to be reduced in rural areas (Hall et al., 2007) and an increased need for personal managerial skills is required of workers therefore making rural and remote positions largely not appropriate for a newly graduated workforce (Lanin, & Longland, 2003; Williams et al., 2007). Steenbergen and Mackenzie (2004) state that “although personal issues impact on rural retention, professional support may have benefits to employers by retaining therapists in rural positions and ensuring high standards of service delivery.”

Financial and physical resources

Limited financial and physical resources are listed as reasons for reduced incentives to stay in rural areas however these are not the main contributing factors (Steenbergen & Mackenzie, 2004; Williams et al., 2007). Previous mentioned factors are noted to be more paramount.

Career structure and lack of postgraduate study opportunities

Lack of career structure as well as reduced access to relevant postgraduate study opportunities is frequently listed as a reason for leaving the rural workforce (Williams et al., 2007). Stagnitti et al., (2005) found that the top three reasons that allied health workers gave for leaving work in a rural area were career, personal reasons and social isolation. The three top reasons listed for staying in rural health in this study were lifestyle, career and extended family ties, which further highlights the fact that some issues will be attractive to some people and disincentives to others. This

strengthens the argument that further research is needed into the motivating factors for initial rural recruitment and possible core attributes of employees.

2.2.1.b Personal

Personal factors unrelated to occupational factors are noted to be highly influential in job recruitment and retention (Solomon et al., 2001). The main themes that appeared in the literature review are detailed below.

Geographical Isolation

Geographical Isolation has been noted in many of the articles as a contributing factor to poor retention in rural and remote areas; however a study of Speech Pathologist conducted by McLaughlin et al, (2010) stated that caseload and geographical location were not significant predictors of leaving a speech pathology position. Due to the amount of evidence across the health workforce this is a key theme to take note of.

Rural Origin

Most of the studies (Manahan et al., 2009; Struber, 2004) made the link between rural origin and retention to the rural workforce. The study by Smith et al., (2008) concluded that rural origins influence career paths and suggested this should be included into university admission considerations. Eley & Baker (2006) stated there is a strong direct relationship between rural origin or exposure and choice of future practice locations.

Lifestyle

Lifestyle is commonly linked as a major influencing factor in both an incentive to stay and to leave (Manahan et al., 2009; Schoo et al., 2005; O'Toole et al., 2008).

Social networking

Mills and Milstead (2002) identified the social sphere as one of the six key themes in rural attrition stating that most therapists [in the study] established social networks, and many experienced an initial reluctance, on the part of long-term residents, to trust or befriend the therapist. Hall et al, (2007) stated that "there are benefits in actively engaging newly recruited professional and their families in social networks."

Allan et al, (2007) further established this thought although the quality of the research in the article is questionable.

Lifestyle – work life balance

In Williams et al study (2007) it was noted that 80% of the participants were female which is a lower percentage than the speech pathology workforce average. It can then be concluded that there is an increased need for employer responsiveness towards the needs of the female health profession (Richards et al., 2005) with family responsibilities being cited as a major reason for part time work preference in rural communities. However in McLaughlin et al, (2008), it is stated that females with children (under the age of 18 years) are those most likely to remain in the speech pathology workforce.

Professional nurseries

Schoo et al, (2005) states that it is useful to focus on factors that attract health professionals to a rural position rather than putting all the effort into recruiting young graduates from the city into perceived “professional nurseries”.

“Innovative staff development programs that create a path for clinical employees who want to escape from real or perceived employment boxes may increase job satisfaction and encourage employee retention” (Bender, 2005). Therefore a HR innovation to incorporate key motivations for long stay speech pathologists into pre employment interviews, performance appraisals and professional supervision may encourage employee retention.

Table: 1 Literature based themes with regard to motivation and job satisfaction for health professionals working in rural health environments

Professional Development	White et al, (2007); McLaughlin et al, (2008); Schoo et al, (2005)
Mentoring and Professional isolation	Richards et al, (2005); Keane et al, (2008). Lanin & Longland (2003)
Less specialised position	Gregory et al, (2008)
Managerial support and increase early responsibility	Hall et al, (2007); Lanin, & Longland (2003); Williams et al, (2007). Steenbergen & Mackenzie (2004)
Financial and physical resources	Steenbergen & Mackenzie (2004); Williams et al, (2007).
Career structure and lack of post grad opportunities	Williams et al, (2007); Stagnitti et al, (2005)
Geographical isolation	McLaughlin et al, (2010)
Rural origin	Manahan et al, (2009); Struber (2004); Smith et al, (2008); Eley & Baker (2006)
Lifestyle – general	Manahan et al, (2009); Schoo et al, (2005); O’Toole et al, (2008)
Lifestyle – social networks	Mills & Milstead (2002); Hall et al, (2007); Allan et al, (2007)
Lifestyle – work life balance	Williams et al, (2007); Richards et al, (2005); McLaughlin et al, (2008)
Professional nurseries	Schoo et al, (2005)

2.3 Research Focus

Stasser (2000) states that; 'Rural Health research draws on many approaches, including geography, sociology, psychology, anthropology, epidemiology, public health, health services research and health economics as well as clinical and biomedical research.' There may be many influencing factors towards rural speech pathologists job satisfaction and retention therefore a qualitative review will allow participants to identify personal contributing factors that will shape the answer to this research question.

Chapter 3

Methods

“It’s a very interesting topic. I wish you well with finding the results. I hope you get enough people for it. You sound like you’ve had lots of interest – it’s just more the technical challenges that are getting in the way”. - Jacinta

3.1 Introduction

To ascertain the dominant motivations for a long stay rural speech pathologist in Australia a mixed methodology study was conducted, via the mediums of telecommunications across all Remoteness Area classifications (RA) in Australia during the year 2010.

The main focus of the research method was to determine whether professional or personal motivations are the most influential reasons for speech pathologist job choice, and identify if there are common themes in priority selections. Participants were given the opportunity to report on their motivations for relevant life choices through a semi structured and narrative discourse.

3.2 Study design

This study was a mixed methodology study. The study was designed to use focus groups to compare the personal attributes and professional requirements of long stay Speech Pathologists in contrast to high proportion turn around Speech Pathologists. As well as external influencing factors and the ability to detect early warning signs in staff who may not be retained in a rural setting. However due to logistical tyrannies of distance the focus groups were reduced largely to single one on one teleconference or videoconference calls.

3.3 Participants

At the time of this research, 326 speech pathologists were registered as interested or working in a rural and/or remote position in Australia.

Following Human Ethics approval from La Trobe University and the Speech Pathology Association of Australia, An expression of interest email was sent out to members of Speech Pathology Australia Rural and Remote Member Network group. The study details were listed, as well as focus group times and participants could choose to contact the primary researcher if they were interested in being involved. It was hoped for approximately a 10% response rate, and 42 initial expressions of interest were received. Focus groups were scheduled over a whole calendar month. There was intended to be 10 focus group sessions with between 4 to 10 attendees. However due to time constraints and time differences, as well as limited access to technology 21 participants (n=21) requested one on one phone and personal interviews, these were conducted for all who requested them.

3.3.1 Inclusion and exclusion criteria

The subjects were selected with the following inclusion criteria;

- Been employed in a Speech Pathology position (as defined by Speech Pathology Australia) in a Rural Health Service in the past 5 years
- Hold a tertiary degree
- Be eligible for membership with Speech Pathology Australia
- Age, sex, race, background, and length of professional tenure were not reasons for exclusion.

A total of 42 participants enrolled in the study from all over Australia; 18 of which withdrew due to conflicting time commitments. An additional 3 were recruited through the snowball effect. All participants were female which is not surprising given that 95% of the speech pathology workforce is female (Lambier, 2002).

3.3.2 Length of professional tenure

Most of the participants stated that they had left the speech pathology profession at some stage, for various reasons that were not recorded because they were outside the scope of this study. All participants were working clinically as a speech pathologist as at least part of their role at the time of the study. There was a wide range in years of professional practice. The most consistent measure was years since graduation. The following table highlights the percentage weight of professional tenure across participants.

Table: 2 Years post graduation in speech pathology

Time since graduation	Number of participants	Percentage
Less than 10 years	n = 13	48%
10-20 years	n = 5	18%
20-30 years	n = 8	30%
More than 30 years	n = 1	4%
Total	n = 27	

3.3.3 Remoteness Area

In Australia remoteness is measured according to the Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA). (Australian Department of Health and aging, 2010). Commonly referred to as RA areas. The classifications range from:

RA1 - Major Cities of Australia,

RA2 - Inner Regional Australia

RA3 - Outer Regional Australia

RA4 - Remote Australia

RA5 - Very Remote Australia

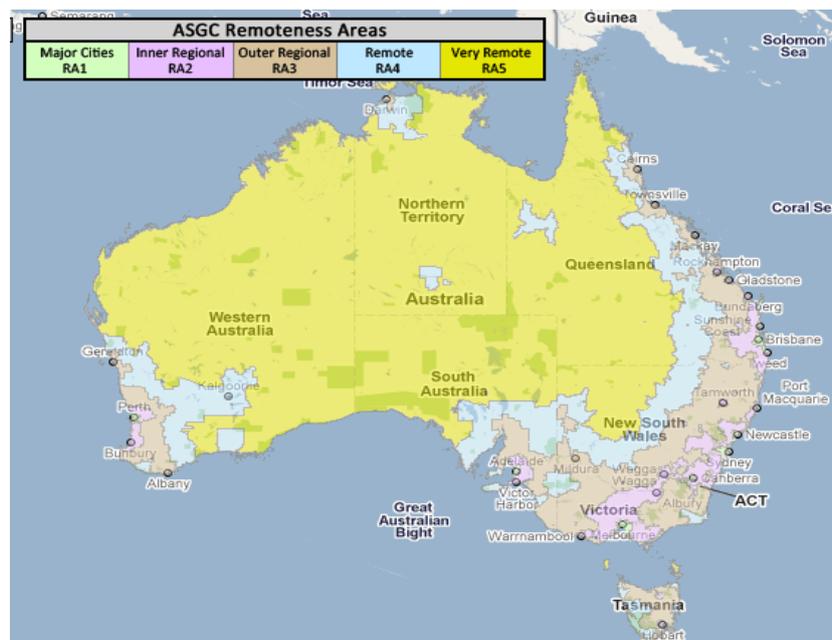
Participants in this study had their central offices in areas from RA1 through to RA5 however most participants worked over a wide geographical catchment that encompassed several RA classifications.

The following data is the number of participants from each area.

Table: 3 Participant percentage per Remote Area Classification

RA area	Number of participants	Percentage
1	n = 1	4%
2	n = 10	37%
3	n = 12	44%
4	n = 3	11%
5	n = 1	4%
Total	n = 27	

Diagram 1: Remoteness Area Classifications in Australia



3.4 Materials

A questionnaire was developed through expert consultation with the head of the school of public health at La Trobe University and SPA, as well as literature guidance that was used to guide the semi structured interviews. Due to the study design there were five closed ended questions that required a yes, no or unsure response. There was also five open ended questions. After the semi-structured sections of the focus groups/interviews were completed, participants were given the opportunity to comment on common themes or identify anything they felt had not been covered up until this point therefore they were given opportunity for a narrative.

3.5 Procedure

Three focus groups were conducted via the mediums of videoconference and teleconference. A total of 21 individual interviews were conducted as well, in a variety of locations including an aeroplane (n=1), out for lunch (n=1), at the beach (n=1), and nursing babies (n=3). The majority were conducted over the phone and in videoconference.

Table4: Procedure modalities for qualitative study

Focus groups	Phone interview or videoconference	One on one interview
n = 6	n = 18	n = 3

Final moments on the phone to a participant *“I’m not about to get wiped out from behind that’s my neighbours going to meet the school bus. So now i am going to go home and find where the bloody hell the water has broken down and tend to cows that a mooing at me to move them so i’ll go.” – Immogen*

Data collected was qualitative. The identified themes from the literature were expanded upon in the focus groups/interviews. Due to the constant comparative

method of the study some common themes were expanded upon in the narrative time as appropriate.

Data was coded in a thematic manner using Nvivo®, and a colour coding system. Data was coded systematically to identify themes and comparisons made between focus groups/interviews. The data was stored in hard copy on a personal laptop and USB stick as well as soft copy in a locked filing cabinet in the school of Human Communication Sciences at La Trobe University.

3.5.1 Validity

External validity was strengthened in this study by the expert opinion of social workers (n=2), physiotherapist (n=2), occupational therapist (n=1), a nurse (n=1) and disability worker (n=1), as well as use of other allied health professions senior researchers (n=5). The themes used inter-rater reliability with a 2 stage coding system using a social work for ratification of personal motivations.

Internal validity potentially could have been impacted upon in the focus groups by the influence of the members altering opinion of data that other members contributed to the group

3.5.2 Limitations

The limitations of this study included the tyranny of distance therefore participants may not have provided as much personal information because of the use of telecommunications.

Other limitations were provided by focus groups, although the strength of comparative discourse was sought the impact that various participants may have had on responses needs to be noted.

The researcher was personally known to many of the participants therefore willingness to participate may have been impacted by personal relationships.

Participants in this study were representative of 8.3% of the rural speech pathology profession in Australia therefore relevance will need to be considered.

3.5.3 Ethics and informed consent

Ethics approval was received from the La Trobe University Human Ethics committee. Consent to conduct the study was received from Speech Pathology Australia. All participants who expressed an interest in participating in the study were sent an information sheet, informed consent forms and withdrawal of consent forms. All informed consent forms were received before commencement of any investigations.

3.5.4 Project sponsor input

Speech Pathology Australia as the project sponsor requested a few minor changes in the method and requested that calls for expressions of interest were sent from the CEO to encourage a larger sample size, and because the project manager was a prominent rural speech pathologist. All SPA requests were within the guidelines of the study therefore were adhered to.

Chapter 4

Results:

"I'd love to say it's professional but I think you're going to find it comes down to personal. I think you're going to find that the majority of people that stay are the ones that are married to locals... we always joke about – because we have all fifth year med students and we always joke about getting all the med students together and it's a standard thing across Australia, everyone jokes about it – but I think it will probably come down to personal because people make choices on their life on what they want for their life and not necessarily their job particularly in a female-dominated profession where our careers are usually halted by children – it's very sexist – or men's career paths; it does happen." -Lee

4.1 Introduction

The specific focus of this chapter is to deal with the results acquired from the interviews and focus groups specifically in relation to the weight given to personal reasons in comparison to professional reasons in relation to rural location fortitude. The data will then be discussed in the next chapter (chapter 5).

4.2 Demographic Data

Listed in the Method section.

4.3 Length in current position

The following table indicates the time in years that participants had been employed in the location they were working, at the time of the study. There was a wide spread of length of employment.

Table 5: Length of employment in current job

Time in current location	Number of participants	Percentage
Unreported	n = 4	14.8%
0-2 years	n = 10	37%
2-5 years	n = 5	18.5%
5+ years	n = 8	29.6%
Total	n = 27	100%

4.4 Quantitative data

The following section reports on the results of the percentage weight per close ended question, comments offered will be explored further in the qualitative data section of this chapter.

4.4.1 Job satisfaction and retention:

The question was asked:

Do you think job satisfaction effects retention?

100% of respondents commented that job satisfaction effects retention. Further comment will be made on this question in the discussion section.

4.4.2 Rural location fortitude:

The question was asked:

Will you work in a rural location forever?

This question is a complicated question to ask as it assumes foresight. However all participants gave an answer.

Table 6: Participant likelihood to remain in a rural location

Likely to remain in a rural location indefinitely	Number of participants	Percentage
Yes	n = 18	67%
No	n = 6	22%
Unsure	n = 3	11%
Total	n = 27	100%

4.4.3 Current work location:

The question was asked:

Are you still working in a rural location?

Table 7: Participants currently working in a rural location

Working in a rural location	Number of participants	percentage
Yes	n = 22	81.5%
No	n = 5	18.5%
unreported	n = 0	0%
Total	n = 27	100%

4.4.4 Initial reason disparity to reason for staying.

Two questions were asked around this team to ensure all participants could answer appropriately. For the participants who were working in a rural location at the time of the study, the question was asked:

For those who are still working rurally would you say the reasons you initially commenced employment in your local community are the same reasons you are there now?

Table 8: Participants whose priorities remained the same

Initial reasons the same as why stayed	Number of participants	Percentage
Unreported	n = 0	0%
Yes	n = 12	54.5%
No	n = 10	45.5%
Total	n = 22	81.5%

For those who were working in a urban centre at the time of the interview the question was asked:

For those who have moved would you say your priorities changed whilst you lived in a rural area?

Table 9: Participants whose priorities changed

Priorities changed	Number of participants	Percentage
Unreported	n = 0	0%
Yes	n = 4	80%
No	n = 1	20%
Total	n = 5	18.5%

4.5 Qualitative data

4.5.1 Reasons for speech pathology as career choice.

The reasons for participant's choice of speech pathology as a career was investigated with the following question:

Can you please tell me your initial reasons for studying Speech Pathology?

The initial reasons for studying speech pathology were predominantly care of people. Related to this theme was to work with or help people. This encompassed the subtheme of 'touched by a personal story' 'to help people' 'wanted to work in disability' and 'wanted to work with children'. Work experience exposure rated highly as a motivating factor towards speech pathology as a career choice.

There were other subthemes that many participants commented on as well and they include; speech pathology was viewed as a mixture of science and language or teaching and health, and people who wanted to work in health but not be a doctor or a nurse.

4.5.2 Initial reasons for rural job location.

The reasons for participant's choice of a rural location for work was explored through the following statement then question:

Now I would like to explore what made you decide to work Rurally.

Can you please tell me your initial reason for taking a rural position?

The Initial reasons for taking a rural speech pathology position were mainly profession focussed with career related themes listed such as; variety in caseload and early career opportunities. However of equal prominence was the reason of rural origin and its influence on choice to move to a rural location for employment.

55% of participants had difficulty identifying one predominant reason therefore multiple were listed. The other dominant themes with roughly 25% of participants listing included: 'easy to get jobs', 'looking for adventure', 'lifestyle attractions' and because of 'bond commitments'.

4.5.3 Priority shift.

Two of the semi structured questions had two sections. The first being the closed ended quantitative section (reported under the quantitative data heading) and the second the explorative reasons why.

The first question in the priority shift section was for the participants who were still living and working in a rural location at the time of the study.

For those who are still working rurally would you say the reasons you initially commenced employment in your local community are the same reasons you are there now?

Yes

No

Please expand...

Participants who reported that their initial reasons for moving are the same reasons they are in the rural communities they call 'home' mentioned lifestyle to still be the main reason they are living in a rural community, this shift to lifestyle reasons caused the introduction of personal reasons to outweigh the initial professional dominant themes. Personal themes were dominant amongst the respondents who stated their reasons for living in a rural community had changed. Introducing the theme of social networks the dominant theme in influencing factors was 'links with the community'.

The second question in the priority shift section was for the participants who had moved from a rural location and were working in an urban centre.

For those who have moved would you say your priorities changed whilst you lived in a rural area?

Yes **No**
How?

Participants who reported that their initial reasons for moving to a rural centre are different to the reasons they have remained in a rural community listed personal reasons as the most dominant theme. The strongest reason for staying in a rural community was because of domestic 'relationships and families', as well as an overwhelming sense of being 'settled in a location'. Social connections were also a strong theme amongst respondents.

4.5. 4 Positive factors and drawbacks for rural speech pathologists

This section required participants to identify their most positive factors and most prominent drawbacks to their rural health positions. n =1 participant commented that they could not isolate 3 positive factors and they listed 4, the 4th was omitted from analysis. n = 1 participant reported that they thought there was no drawbacks to a rural health position. n = 1 participant reported that the one drawback they identified was their first, second and third drawback.

The first question asked participants to identify the top three positive factors about their rural health position.

Name 3 positives to your rural health position?

The main positives listed for rural tenure came under professional themes reporting that a 'varied caseload' was the most positive factor. Personal factors were generally listed as priority two and three with the most commonly listed factors being lifestyle factors both 'beauty of the countryside' and 'pace of life'.

The second question asked participants to identify the top three drawbacks concerning their rural health position.

Name 3 drawbacks to your rural health position?

The main drawbacks listed for rural tenure came under professional themes. The most commonly reported drawback was 'lack of resources' both 'human' and 'physical'. Other commonly reported drawbacks were 'professional isolation' and 'lack of career progression'. Some participants listed personal drawbacks however they were limited.

4.5.5 Life and work priorities

This section required participants to identify the most important things in their life and work.

The first question asked participants to identify the most important thing in their life. This question required some pre-warning and participants required some thinking time to answer this question.

What is the most important thing to you regarding your life?

All participants reported personal factors as the most important thing in their life. Family and friends were rated as the highest priority in life followed at a distance by work life balance. Generally participants without children reported the most important thing in their life is being healthy.

The second question asked participants to identify the most important thing in regards to their work. Participants could very quickly identify the most important thing in regards to their work.

What is the most important thing to you regarding work?

All answers were person focused. The most commonly listed highly important thing in a work environment was reported to be 'making a difference in someone's life' followed by 'succeeding in what you set yourself to do' and a 'good team to work with'.

4. 6 Personal narratives.

The narrative section of the interview reemphasised some common themes and raised some new themes. There was a strong emphasis on the matchmaking strength of the long-term tenure in a community as well as the importance of a strong social relationships. Other themes identified were the benefits of the rural generalist position, difficulties with retaining staff and the change fatigue that a high turn over of staff causes. Themes from narratives along with illustrative quotes are identified in appendix a.

4. 7 Additional themes

There were a few themes that had not been noted in the literature and were unusual results. These included that 98% of participants with over 20 years professional tenure who were currently working in a rural or remote location as a speech pathologist in Australia were in private practice.

Additionally participants that were within one hour travel (air or road) from an urban centre listed isolation, and lack of resources as not impacting on them as well as reporting the rural lifestyle with the easy convenient access to the city as a positive factor.

Chapter 5

Discussion

"I did actually quit. I thought I was leaving the profession for good after 3 years after xx, they pretty much sucked me dry I was just like a (unreportable) Still healthy but just made that decision to walk. Like most speechies do and travelled ... and became a golf caddy and it was while I was actually throwing sand into divot holes that I actually realised that I needed to go back to speech pathology. That there were worse things in life." Freddie

5.1 Overview of Results

The results from this study were surprisingly linked with human connection. Personal motivations far out weighed professional preference with rural speech pathologists. Issues of work/life balance, health of family and friends and attachment to social networks and families in communities were why people stayed. *"It doesn't matter how happy you are in your job. If you're miserable and you know after 5 o'clock when you go home and the weekends... well you're... I think people are more likely to stay for relationships than a job at the end of the day."* – Kerryn. The type of person who found their niche in the aforementioned networks, was the compassionate, open minded, flexible and adaptable speech pathologist.

5.2 Demographics

Due to the scope of this study it was important to recognise the length of time in the current positions that participants held. The data could be further analysed to look at length of professional career spent working in a rural location however that was outside the scope of this study.

5.3 Quantitative data

Due to the structure of the five open ended questions complex statistical analysis is not applicable.

Most responders added the word “definitely” to their answer about the effect job satisfaction has on retention. Many participants went on to clarify why they believe job satisfaction effects retention. However due to the fact this study is about employment fortitude in a rural these extra results were not recorded as this was deemed to be outside of the scope of the study.

5.4 Personal Motivations

Personal motivations were the strongest link to the ‘reason a speech pathologist stays in a rural area’ as well as personal reasons being the ‘most important thing in life’.

The initial reasons for choosing speech pathology as a career choice strongly supported evidence from McLaughlin et al (2008), that states speech pathologists have a desire to ‘make a difference in peoples lives.’ Twenty six percent of participants reported that the most important thing about their work was that they are ‘making a difference in peoples lives’. This highlights that the culture of speech pathology is one of care in the helper role, therefore it can be concluded that the character trait of compassion is highly common in speech pathologists.

The ‘most important thing in life’ with a sixty percent of participants responses was friends and family. Therefore when considering if a speech pathologist will stay in a rural community employers need to consider her family and friends. In the narrative section many participants commented about sending children to boarding school, access to good dentists etc as impacting factors in rural tenure. A change of physical infrastructure is not recommended here but rather considerations of flexi time packages to support family time or other family friendly initiatives may increase the likelihood of a speech pathologist to stay in a rural community.

Having grown up in a rural community (even if it was different to the current work community) was a positive variable concerning motivations for long stay. Rural origin was one of the strongest reasons for initially moving to a rural community and generally the participants with a rural origin were those that stated they would ‘work

rurally forever'. Although all of the participants had to go to an urban centre to study, many participants sought rural work post graduation.

Lifestyle factors came under two sub themes of scenery/beauty of the countryside, and pace of life. Lifestyle factors were listed a strong motivations towards initial reasons for taking a rural speech pathology job, main positives to working in a rural location and in the narrative sections of the study. Participants commented that pace of life is better in the rural areas because of the lack of travel time to social events, and lack of parking hassles. It was a common theme that seemingly rural communities are more focused on people and social aspects of life than the chase of money and the daily grind.

The participants who commented on the natural beauty of their home 'big gum trees,' 'stunning beaches', 'rolling hills', often brought up this theme when talking about travel to and from work and to and from clients. Participants commented that travel was fatiguing but the beauty of the trips "take your breath away". - Freddie

Community acceptance

Community acceptance is a huge, Most participants commented on community acceptance and the choice to move or stay in relation to acceptance "It definitely is cos i think you do need, when you come to the rural area there needs to be a nice social network otherwise they are not going to stay because it is not the job alone that keeps you there, it is the community that keeps you there" - Katrina

It is interesting to note here the importance of social sport in community acceptance, this ties into the title of this study 'the football club and the pub'. "And if you don't play sport – and lots of speechies don't play sport – there's not much else to offer in terms of creating connections." - Shelley

Social networks were a dominant theme in this study and although social was frequently linked with domestic relationships there was a lot of isolated information. "that old fashioned American idea of a welcoming committee to professional that come in making sure they get invited to the you know tennis club, **the football club**

and all of those things. And i do remember my boss ... say well we've gotta get these young girls in marry them off marry them fairly well but then you want to make sure there is a bit of a drought so there isn't quite enough cash flow and they have to come back to work so they like it so much and even if it is only part time... and I'm sure you've heard that?!" - Imogen

The results from the 'reasons living in a rural community have changed from initial reasons' section of the study were strongly linked to domestic relationships. The most common reason people had moved to, out of or had not moved had to do with partner choice. Most participants happy joked about the need for a national speech pathology dating service. One state had even considered linking up the branch of Speech Pathology Australia with the engineering society.

5.5 Professional Reasons

Professional factors although present in the results of every question did not rate as high in priority as personal motivations. The exception to this was the initial reasons for taking on a rural position, where the challenge of caseload and the availability of jobs were major motivating factors.

Professional isolation was listed as the biggest drawback to rural areas.

Professional isolation was coupled with mentoring as it had been in the literature however there were two separate themes in participant responses. Mentoring and support was frequently about inappropriate professionals managing speech pathology departments such as administrators or nurses, or the inefficiency of management by distance.

Professional isolation issues raised the two other sub themes of 'fear of deskilling' and 'country city disparity'. Many participants commented that they were concerned that they would not have the same set of skills required to work in an urban position so took 6 month locums to be assured that their skills could generalise appropriately. The country city disparity brought up issues of difficulty to access appropriate and high level professional development in a distributed manner, however PD was not the main concern it was other issues like special interest

groups and branch level SPA meetings that were difficult given the travel involved. The inability to be actively involved in the speech pathology community increased feelings of professional isolation.

Whereas professional development access was not listed as a significant factor but was noted by some participants. Interestingly comments about professional development from senior rural clinicians was that the type of professional development available through distributed learning modalities is too simple for senior speech pathologists. Further highlighting the aforementioned the urban/ rural disparity.

Support was a theme that was mentioned in many differencing ways. Some clinicians that had new babies or were pregnant noted reasons for locational choice were to be closer to family support. Many clinicians reported a sense of frustration at the lack of managerial inflexibility which was seen as a lack of support. In addition to the lack of clinical support which could be professional isolation. Support is a multifaceted theme but overall although to be a rural speech pathologist one requires the ability to be autonomous, people still need personal and professional support to thrive.

The varied caseload was an initial attractive item to rural speech pathologists and for many has remained the most positive thing about their rural position. Often the participants who were seeking adventure were those that were attracted to the varied caseload. This supports Adams et al, (2005) research attitudes to living, and working in rural communities "I like the variety I never wanted to specialise I like doing a little bit of everything for the caseload" – Illona

Connection with and knowing your colleagues, was reported to be a major positive to working in a rural area. Many participants stated that connection with your colleagues is essential due to a lack of resources and threat of professional isolation. Tracey commented that "*I think in the regional area we're quite supportive of each other because we kind of need to be. And our services need to work well together because we refer back and forth to each other. And if someone needs a resource,*

we allow them to come and borrow it, and vice versa.” Team work and in and out of work relationships was noted to be of high important as well supporting the need for social networks and the previous work done by Alan et al, (2008).

Although ease of career advancement is reported as a positive element of rural speech pathology, for more senior clinicians the lack of career structure is very apparent and a deterrent. *“I think you’ve got to find other things to motivate you in terms of your career development; it depends what your goals are in your career. Do you want to climb up the ladder and be a director of a department or are you quite happy being a clinician and happy to do the day to day stuff?”* – Nichola. Further examples of this was the number of participants with over 20 years professional tenure who were working in private practice because of the lack of remuneration and recognition in public health and education work settings.

Less specialised positions, the fear of deskilling was all linked into the theme of the ‘rural generalist specialist’ type role. Although the varied caseload was the most positively listed attraction to rural speech pathology the less specialised positions fed into a fear that rural speech pathologists maybe seen as the ‘poor second cousins’. This further highlights the imminent importance of defining a ‘rural generalist specialist’ role in Australia.

Financial and physical resources was listed as a major drawback to rural speech pathology positions. However many participants inadvertently listed strategies they use to manage the lack of financial and physical resources in their workplace. *“the kind of speechie that will cope in the country is the one that can make therapy out of a peg and two buttons.”* – Lee. This creativity adds another skill required and further strengthens the argument that rural speech pathologists need to be adaptive.

The amount of speech pathologists with over 20 years professional tenure who were working in private practice was not a predicted finding. From this information one

could hypothesise that they were linked to the community and wanted to stay and family loyalty was greater than career progression however this theme will require further investigation.

Chapter 6

Conclusions and Recommendations

“Yeah I just you know I learnt a lot through that experience of being too efficient and putting in too many hours and covering all the gaps and not actually allowing the gaps to be noticed because if I had allowed the gaps to be noticed than something might have been done a bit about it a bit earlier” -

Melanie

6.1 Conclusions

Retaining allied health workers in rural and remote communities is essential for effective health care throughout Australia. The literature review in this study suggested that Rural and Remote Allied Health workers' motives for remaining in a community are influenced by many factors, mainly resource based. This study built on previous research, by qualitatively exploring the motivations of Speech Pathologists, currently or previously working in Rural or Remote communities. It focuses on the contributing factors towards employment fortitude in Rural Australia, aiming to highlight important information regarding initial reasons for employment, reasons for long term job retention, and factors that are detrimental to staying power.

This study highlighted that the speech pathology workforce in Australia is diverse but there is a common thread of needs that once identified can allow development towards a stable workforce. I found that the influencing factors were broader than the amount of funding allocated to professional development, a well resourced department and opportunities for further study. I found that community acknowledgement, a sense of belonging, a deep need for professional and personal support were essential factors that have long been underestimated in regards to job satisfaction. “The most important thing in my life is having a balance, and being happy with that balance in most of those areas.” - Jacinta

6.2 Future research

This study has potential to be the first of a string of related studies to investigate, character profiles. A series of human resource based items needs to be developed to aid speech pathology lobbying for equitable workplaces, and to assist employers in making informed choices about staff selection to hopefully reduce the amount of change fatigue in the rural speech pathology workforce across Australia.

Possible topics for related research could include motivations to launch private practice, the impact of flexible employment arrangements, young professional groups in rural environments, and preparation for a rural generalist position in health.

“Towards the end, I met my partner up here. And he moved back to [urban city] about 4 months ago... he’s a physio... so I guess the priority changed from the job being really good to then following your heart... I stayed for 3 years though that’s a record!” - Fran

Appendix A:

Major themes	Illustrative quotes
Professional Development	We had one VCF unit for the entire hospital, community health and occ health so clinical consults took precedence so you would think you would be booked into a VC and in the last minute someone would say oh “actually we need the unit more than you,” and you couldn’t go anyway. That was a bit frustrating. You understand clinical consults do take precedence but just with only having one VCF unit it is hard to access
Mentoring and Professional isolation	“Another drawback too yep, professional isolation, like i guess when you are first starting out you are not getting that bouncing ideas of everybody, now that i am xx years down the track and i feel sort of a little bit out of the loop, if i was working in a more metropolitan area i would be more in contact. With more upto date, whats going on sort of stuff.”
Less specialised position	It is stressful having to be adaptable and having to be knowledgeable about every man and his dog that comes through the door, and having to switch mindsets to be having to deal with acute adults and then pead feeding and then CP and whatever else happens to be there that day.
Managerial support and increase early responsibility	“Its really really frustrating that speech pathology has been dragged some kind of pseudo medical model with very little evidence base you know. By managers who haven’t got a clue.”
Financial and physical resources	Like some people have come out here and really struggled with not having as many resources maybe as they’re used to, and we have a few different offices, so if they feel more isolated from the rest of the team, if they have a bit more difficulty integrating themselves into community activities they tend to move off a bit quicker. If there’s not the resources here, or the support, which sometimes is quite difficult, I

	think that affects their job satisfaction or coming here after there's been a long period of not having a physio, and having to deal with the massive backlog of people.
Career structure and lack of post grad opportunities	So career wise there's not a big career structure here as there would be in the city, and there's also once you become a senior well then that's it, there's nowhere else to go.
Rural origin	"i don't ever want to go back to the city. I am a country girl I don't like lots of people"
Lifestyle – general	" it's quite a nice lifestyle for now"
Lifestyle – social networks	"Or if we didn't find that we settled in very well or any of those kinds of factors, if we weren't able to make friends and create a social network for us I think that would definitely reflect on whether we decided to stay particularly as my husband's family are down in Sydney so there's always that kind of backup plan of moving to the city or whatever but I don't think for either of us it would be our... it wouldn't be our first choice though"
Lifestyle – work life balance	"But I chose this job because it's part time, so I get that work/life balance. And I couldn't get that with the senior job as fulltime. "
Professional nurseries	"I think often especially in xx, well we manage to recruit new and recent graduates. So it is hard to hold onto people long term, because people are at a stage in their career when they want to try different things, and go different places, and travel, and all sorts. So I think that can be a bit of a barrier to retention for us"
Importance of friends and family	"But we'll still stay here, but I'd say probably by [child's name] high school years I would definitely have left, because the high school options are probably the worst options for kids in the rural communities... so that's interesting how that's changed for me."

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