

Research Article

Perceptions of occupational therapists practising in rural Australia: A graduate perspective

Susan Devine

School of Public Health and Tropical Medicine, James Cook University, Townsville, Queensland, Australia

Background: The difficulty in recruiting and retaining health professionals into rural and remote areas of Australia is well recognised. This study explored the perceptions of occupational therapists practising in rural locations regarding the essential skills necessary for rural practice and the ability of undergraduate education to prepare them for rural practice.

Methods: A qualitative study using a phenomenological approach was conducted using semistructured in-depth interviews. Participants included occupational therapists who were graduates of James Cook University, who were practising in rural areas in Queensland and Victoria, and academic staff.

Results: This study demonstrates that it is important for universities to develop both a mindset in their graduates for rural practice, as well as developing broader skills in addition to core discipline-specific skills. While subjects developing core occupational therapy skills are at the centre of undergraduate education, the importance of developing a broader understanding of rural health issues and skills in public health, primary health care and health promotion was emphasised.

Conclusion: The development of specific skills to become competent rural practitioners and to cope with the challenges of rural practice can be strengthened through initiatives at the undergraduate level. Ongoing commitment from all universities across Australia to include rural curriculum content has the potential to improve recruitment and retention of occupational therapists and other health professionals into rural Australia.

KEY WORDS curriculum, occupational therapy, rural practice.

Susan Devine RN, RM, Grad Dip Health promotion, MPH&TM; Lecturer.

Correspondence: Susan Devine, School of Public Health and Tropical Medicine, James Cook University, Townsville, Queensland 4811, Australia. Email: sue.devine@jcu.edu.au

Accepted for publication January 2006.

© 2006 Australian Association of Occupational Therapists

Introduction

The difficulty in recruiting and retaining health professionals, including occupational therapists into rural and remote parts of Australia, is well-recognised (Bent, 1999; Elliot-Schmidt & Strong, 1995; Grimmer & Bowman, 1998; Lannin & Longland, 2003; Lee & Mackenzie, 2003; Millsteed, 1997). In Australia, there is a maldistribution of occupational therapists with a shortage existing in many areas of rural Australia (Australian Bureau of Statistics, as cited in Millsteed, 1997; Blue, 2002). There are a number of reasons for this. Rural occupational therapists face many professional, personal and practical issues that are not experienced by their metropolitan colleagues (Millsteed). Main issues of concern include distance and travel and sole therapist responsibilities (Elliot-Schmidt & Strong), limited access to other service providers, perceived limited opportunities for career progression, lack of orientation to the community and the position (Millsteed), large case loads (Bent; Lannin & Longland), isolation from professional support (Bent; Elliot-Schmidt & Strong; Millsteed), reduced access to resources and equipment (Bent), lack of separation between professional and personal life (Wills & Case-Smith, 1996), and potential conflict and role confusion if the occupational therapy position was previously held by someone from another discipline (Welch, McKenna, & Bock, 1992).

Improving recruitment and retention of occupational therapists into rural areas (along with other health professionals) is vital. A number of methods to achieve this have been described including, increasing rural fieldwork education and experience, rural student clubs, rural bursaries and support networks for rural students (Alexander, 1997; Crow & Mackenzie, 2002; Lannin & Longland, 2003; Millsteed, 1997). In particular, the development of specific skills that enhance the ability to practise efficiently in rural and remote areas will assist occupational therapists to cope with the increased demands of rural practice. Implementing strategies into undergraduate health science programs, including occupational therapy, will enable students to experience

different clinical settings and treatment modalities as well as develop a preference for practising in a rural area (Crow & Mackenzie; Millstead). It will also contribute to ensuring a viable rural and remote allied health workforce.

James Cook University in Townsville commenced an undergraduate occupational therapy program in 1998. The first cohort of graduates commenced practice in 2002. The program was developed to help meet the expanding health needs of people living in Northern Australia and has a focus on preparing students for rural practice. It aims to deliver a program that reflects occupational therapy theory and philosophy and promotes rural recruitment and retention of occupational therapists. Curriculum in the program includes specific rural health content as well as rural placements.

This study was designed to explore the perceptions of occupational therapists practising in rural locations who were graduates of the James Cook University Occupational Therapy program, regarding: (i) What attracted them to rural practice; (ii) What professional practice issues they experienced; (iii) What coping strategies were used to deal with these issues; and (iv) How well their undergraduate education prepared them for rural practice. Academic staff from the Occupational Therapy Department were also interviewed to gain their perspective on the ability of the current curriculum to prepare graduates for rural practice and also as a way of triangulating the data from the graduates.

Methods

The qualitative approach chosen for this study was phenomenology as the researchers' aim was to explore the perceptions of occupational therapists practicing in rural locations. In this study the phenomenon was the graduates' perception of rural practice issues and the ability of undergraduate curriculum to prepare them for rural practice. A phenomenological approach allowed the experiences of the occupational therapy graduates to be studied in the everyday world from their own viewpoint (Becker, 1992).

Participants and sampling

Participants in this study comprised (i) members of the first cohort of graduating occupational therapists from James Cook University and (ii) occupational therapy academic year coordinators from the James Cook University Occupational Therapy Program.

The selection criteria for participants from the graduate cohort were graduates with at least 12 months of clinical practice experience and who were currently practising in a rural and remote area. After obtaining ethical approval from the Human Research Ethics Committee at James Cook University, potential participants ($n = 12$) were identified using a database of past

graduates maintained by the Occupational Therapy Department at James Cook University. These graduates were emailed an invitation to participate, and six who were practising in a rural area classified 5–12 according to the Accessibility Remoteness Index of Australia (ARIA) (Department of Health and Aged Care 1999) were recruited into the study. ARIA is a geographical approach to defining remoteness. Those with an index value range of 3.51–5.80 are classified as having significantly restricted accessibility of goods and services and opportunities for social interaction. Those with an index value range of 5.80–9.08 are classified as having very restricted accessibility of goods and services and opportunities for social interaction and those with an index value range of 9.08–12 are classified as having very little accessibility of goods and services and opportunities for social interaction (Australian Institute of Health and Welfare 2004). Participants had worked in their positions for between 5 and 18 months. Five participants were practising in rural Queensland and one was working in rural Victoria. Four occupational therapy academic year coordinators from the James Cook University Occupational Therapy Program were also interviewed. These participants were selected on the basis of having a sound knowledge of the occupational therapy curriculum content, particularly those areas of curriculum with a rural focus.

Data collection

As part of a research methodology subject, third year occupational therapy students conducted semistructured, in-depth phone interviews with the study participants over a 2-week period. The students were supervised by a tutor with experience in qualitative research throughout the process.

Development of questions

The questions were developed following a review of the literature and discussions with staff from the Occupational Therapy Department to ensure that the data collected would be of relevance. Interview questions were piloted with two occupational therapists with extensive experience in rural practice.

Training of interviewers

Student interviewers underwent training to further develop their interviewing techniques and to ensure consistency in the delivery of questions.

Interviews with rural occupational therapists

Three students were present at each interview, one to interview and two to take additional notes. Open-ended questions were used and with participant consent; interviews were audiotaped and later transcribed.

Participants were assured that their responses would remain confidential.

Interviews with university academics

Semistructured, in-depth interviews were also conducted by the students with each of the 4 year coordinators within the occupational therapy program. These interviews explored coordinator perceptions of the ways in which undergraduate education prepared the occupational therapy students for rural practice and identified aspects of the course that could be improved. Modified versions of the questions used with the rural occupational therapists were used with the year coordinators. In these interviews only an interviewer and one observer were present.

Reliability was achieved through triangulating the data, using information collected from both rural-based practitioners and occupational therapy department staff, and through researcher triangulation, using several different researchers from within the student group (Denzin, 1978).

Data analysis

Transcripts and notes from the interviews with the occupational therapists and program coordinators were read several times by members of the student group to immerse themselves in the data. Coding and categorisation were carried out manually by grouping words or sentences that corresponded to similar concepts. Thematic content analysis was conducted. By using systematic analysis the researchers were able to work together to identify initial codes and categories and then arrive at consensus about the themes, through ongoing discussion. By using detailed field notes, different data sources and a team approach to analysis, rigour and credibility were strengthened. Transcripts were analysed by several researchers within the student group to increase reliability in interpretation and consistency in the development of themes and categories. The detailed field notes taken at each interview were included in the analysis. All the analysis processes were completed under the supervision of an experienced qualitative researcher.

Results

Why choose to practise in a rural location

Participants described being attracted to the type of position rather than the actual location or the desire to practise rurally. This included a desire to work within a multidisciplinary team, within a specific area such as paediatrics or mental health and the chance to work with greater responsibility and personal autonomy.

The idea that working rurally would provide the opportunity to work in a broader range of practice

areas was a reason that attracted some of the study participants to rural practice. This was seen as an advantage as it allowed them to determine what areas of occupational therapy they enjoyed and would like to work in, at a later time.

If participants had lived or worked in rural areas previously, this often affected the decision to work rurally. Personal factors such as marrying a person from the area and having friends or family in the area also had an impact. Some participants were simply not prepared to work in a metropolitan area and had a particular passion for rural practice.

For some, practising rurally was not a conscious decision, for example, a job 'came up' and it just happened to be in a rural location.

Perceived professional challenges unique to rural practice

Participants identified that communities and other professionals lacked knowledge about the role of occupational therapists — 'most of the other health staff out here have no idea whatsoever about what occupational therapists do'. This resulted in substantial time explaining the role to clients and other professionals.

Limited access to equipment was an issue, mainly due to funding and resulted in limited assessments or having to rely on being able to 'loan' equipment.

Difficulties in accessing continuing professional education were discussed. Large caseloads and the inability to find locums prevented attendance at professional development events. Travel distances and overall expense were also barriers.

The diversity of duties that needed to be performed was seen as challenging. Other challenges included the need to be highly independent, the assorted needs of the client groups, use of technology such as video-conferencing, long hours and inability to follow up and see clients regularly. The importance of having administrative skills and broader management skills was also discussed. Although identified as challenges, these issues were also seen to add to the attractiveness of rural practice.

Several participants identified lack of professional support as an issue — 'the isolation and distance from other colleagues is difficult, you can't just pop in for advice'. Slow allocation and difficulties in accessing mentors, and lack of supervision and critical feedback on performance were all identified as issues. Participants emphasised the importance and value of being able to contact metropolitan counterparts for advice and support.

Essential skills and coping strategies needed to work in rural practice

Rural occupational therapists have diverse roles to fulfil. Sound time management skills, being realistic

and being able to prioritise were seen as vital. Long working hours were seen to contribute to burn out and was thus seen as a potential contributing factor as to why one might choose to leave rural practice. The ability to be organised and efficient was seen to be very important as was the development of stress management skills.

James Cook University preparation of occupational therapists for rural practice

Overall student preparation for rural practice was viewed positively. Rural placements were described as important but some participants felt that placements in large towns, although classified as rural, did not really prepare them for practising in smaller rural or remote settings. Some participants expressed that they felt that some students missed out on a 'quality and realistic' experience in their student placement.

Certain subjects in the occupational therapy program were recalled as providing valuable skills for rural practice. Not only were occupational therapy practice subjects important but subjects such as rural and remote primary and public health care and health promotion were seen as valuable. Participants felt their program allowed them to develop excellent problem-solving skills, the ability to find creative solutions and the ability to work autonomously, all of which are vital for rural practice.

Participants also reported that their undergraduate course prepared them with a 'mindset' for rural practice.

Our course was very good. The rural subjects used a lot of case studies and that taught us to be good problem solvers which is important out here.

The course taught us to be autonomous in our thinking and practice.

It was felt that the course provided the ability to fulfil the role of generalist which is required in rural practice and provided essential skills including time management, creativity, resourcefulness, ability to find information and to identify support networks, sound communication skills and cultural sensitivity and awareness.

Suggestions for changes to James Cook University preparation of occupational therapists for rural practice

The importance of undertaking 'real' rural placements was emphasised so that a true understanding of rural practice is clearly obtained. Greater support while on placement to help students cope with feelings of isolation was recommended.

From the perspective of curriculum content, participants felt that there was a need for greater mental

health content as well as providing students with more opportunities to access and talk to rural therapists throughout their course. It was also felt that stress management techniques and general coping skills could have a greater emphasis in the course. These comments are useful for the Occupational Therapy Department to reflect on when reviewing course content.

Overall regard for rural practice

The majority of participants enjoyed working in a rural area because of the autonomy and creativity within their role, the community support and spirit, ability to travel (although some found this demanding), the varied caseload and the general work environment. The close contact with clients was viewed both negatively and positively. Participants found it rewarding to observe clients' progress and improvement over time, but they also found they had a lack of anonymity which meant it was hard to be away from work, even out of hours. Overall, participants felt they had gained many skills as a result of their rural practice that would not have been gained outside the rural setting. Despite frustrations such as lack of support and professional development, lack of equipment and lack of services, participants were satisfied within their positions. Respondent comments highlighted the perceived positive aspects of rural practice.

I like being creative in my role. I really like the community support and spirit. Even outside of work the community is really good and it's easy to meet people. The community focus rather than the medical model focus is great.

In terms of career progression rural practice is very positive. If I ever go for a higher level job in the city I will already have lots of those skills that are needed. I like being in a rural area because I have the independence and ability to structure things the way I want to.

I love the clients out this way. People are so appreciative of the services you can give them. I love the autonomy, the travel and seeing all these different things.

Occupational therapy year coordinator interviews

Occupational therapy academic year coordinators were interviewed to see if their perceptions of rural practice issues and preparation provided for rural practice were in line with those of graduates practising in rural areas. Coordinators discussed the importance of public health-orientated subjects which was reflected by the rural practitioner responses and they felt that the overall 'flavour' of the course was significantly 'rural'.

Coordinators felt that the main professional challenges that would be faced by graduates going into rural practice were networking and support and promoting the occupational therapist's role in the community, which again was reflected by the therapists.

In terms of how the curriculum prepared students for rural practice, year coordinators felt students developed sound communication skills and the ability to creatively access information. At a practice level, it was felt that introducing rural case studies wherever possible assisted in preparation for rural placements and practice.

One suggestion was to have a greater emphasis on development of business skills to assist in general management and organisation. Provision of ongoing support and networking opportunities for graduates practising in rural areas was seen as an area that could be strengthened.

Discussion

The results of this study reinforce previous findings regarding professional issues faced by rural occupational therapists. Furthermore, this study has provided feedback about the ability of undergraduate occupational therapy courses to provide graduates with suitable skills for rural practice. Generally, the graduates in this study felt well prepared for rural practice. The importance of providing all rural practitioners, not just occupational therapists, with primary health care, health promotion and public health skills is highlighted, especially in view of the multidisciplinary nature of rural practice (McLean 1998 cited in Francis, 2005; Smith, 2004). This is supported by the principles and goals outlined in Healthy Horizons (National Rural Health Policy Forum and National Rural Health Alliance 1999). This has been strongly reflected in the design of the James Cook University curriculum that has significant content in these areas. Other universities that play a role in preparing students for future rural occupational therapy practice might find the results of this study interesting to consider in terms of the rural content in their programs.

Participants emphasised how isolated they can feel when practising in a rural area and discussed the importance and value of being able to contact metropolitan counterparts for advice and support. This was also found by research conducted by Mills & Millsteed (2002) and reinforces why it is important that all undergraduate health-science students can benefit from having rural health as a core component of their curriculum as it helps them understand the context in which their rural counterparts work.

The findings of the interviews with the year coordinators were similar to those of the therapists indicating

that the Occupational Therapy Department has a good understanding of the needs of graduates entering into rural practice. The suggestion by occupational therapy academics to have a greater emphasis on development of administrative skills to assist in general management and organisation is something that could benefit from further investigation. Research with rural practitioners who have found themselves in positions where they had to develop such skills as they progressed rapidly into more senior positions could provide valuable insights into this area.

In interpreting the results of this study, limitations need to be considered. The sample size was small so the views reflected by these participants might not be representative of all graduates who are practising rurally. Different states throughout Australia have different policies regarding professional support issues for health practitioners practising in rural and remote locations and it is recommended that a broader study be conducted to assess the impact of these policies.

Despite the limitations, the research has been useful for two reasons. Feedback and suggestions specific to undergraduate preparation have provided insight which is important for those who offer rural undergraduate content. The feedback has allowed the occupational therapy department staff at James Cook University to reconsider aspects of the course that need modification and strengthening. This can potentially contribute to improving the experience of new graduates who practise in rural and remote areas as well as contributing to improving overall recruitment and retention of health professionals in rural and remote areas.

An additional unforeseen benefit of this study was that it provided some current students with an opportunity to talk to rural occupational therapists. From student feedback, this in itself has provided some students with a motivation to 'go bush'. Other methods of putting undergraduate students in contact with rural practitioners as a way of potentially motivating them for future rural practice could be investigated further.

Conclusion

Recruitment and retention of health professionals into rural Australia remain a priority. A thorough understanding of the professional issues faced is important so that strategies can be devised to overcome them. This study has contributed to further understanding the professional issues faced by occupational therapists practising in rural Australia. In order to provide appropriate and purposeful occupational therapy services and therefore improve the overall health status of rural populations, rural therapists require thorough preparation at an undergraduate level. This will allow the

development of specific skills and strategies to become competent rural practitioners and to cope with the challenges of rural practice. Such skills can be developed through various initiatives at the undergraduate level as the findings of this study support. Ongoing commitment from all universities across Australia to include rural curriculum content has the potential to improve recruitment and retention of occupational therapists and other health professionals into rural Australia.

Acknowledgments

The author wishes to acknowledge the students who enthusiastically undertook this project. They are Roanna Aisbett, Veronica Curtin, Philippa Davis, Amy Engwicht, Shannon Gordon, Tamara Hogan, Kelly Mitchell, Andrea Muir, Erin O'Hanlon, Alana Taylor and Kimberley White. Thanks also goes to the staff from The Occupational Therapy Department at James Cook University who provided valuable input into this study. Particular thanks goes to Occupational Therapy academics, Yvonne Thomas and Michele Clark for reviewing this paper.

References

- Alexander, C. (1997). The shortage of rural general practitioners in North-Western New South Wales. *Australian Journal of Rural Health, 5*, 31–36.
- Australian Institute of Health and Welfare. (2004). *Rural, regional and remote health: A guide to remote classifications*. AIHW cat. No. PHE 53. Canberra: Australian Institute of Health and Welfare.
- Becker, C. (1992). *Living and relating: An introduction to phenomenology*. Newbury Park: Sage.
- Bent, A. (1999). *Allied health in Central Australia: Challenges and rewards in remote area practice*. *Australian Journal of Physiotherapy, 45*, 203–212.
- Blue, I. (2002). Characteristics of Australian rural health care professional practice. In: D. Wilkinson & I. Blue (Eds.), *The new rural health* (pp. 190–203). Melbourne: Oxford University Press.
- Crowe, M. & Mackenzie, L. (2002). The influence of fieldwork on the preferred future practice for final year occupational therapy students. *Australian Occupational Therapy Journal, 49*, 25–36.
- Denzin, N. K. (1978). *The research act: A theoretical introduction to sociological methods*. New York: McGraw-Hill.
- Department of Health and Aged Care. (1999). *Measuring remoteness: Accessibility/Remoteness index of Australia (ARIA)*. Canberra: Commonwealth of Australia.
- Elliot-Schmidt, R. & Strong, J. (1995). Rural occupational therapy practice: A survey of rural practice and clinical supervision in rural Queensland and northern New South Wales. *Australian Journal of Rural Health, 3*, 122–131.
- Francis, K. (2005). Health and health practice in rural Australia: Where are we, where to from here? *Online Journal of Rural Nursing and Health Care, 5*. Available: http://rno.org/journal/issues/Vol-5/issue-1/Francis_article.htm.
- Grimmer, K. & Bowman, P. (1998). Differences between metropolitan and country public hospital allied health services. *Australian Journal of Rural Health, 6*, 181–188.
- Lannin, N. & Longland, S. (2003). Critical shortage of occupational therapists in rural Australia: Changing our long-held beliefs provides a solution. *Australian Occupational Therapy Journal, 50*, 184–187.
- Lee, S. & Mackenzie, L. (2003). Starting out in Rural New South Wales: The experience of new graduate occupational therapists. *Australian Occupational Therapy Journal, 11*, 36–43.
- Mills, A. & Millsteed, J. (2002). Retention: An unresolved workforce issue affecting rural occupational therapy services. *Australian Occupational Therapy Journal, 49*, 170–181.
- Millsteed, J. (1997). The contribution of occupational therapy to the fabric of Australian Rural and Remote communities. *Australian Occupational Therapy Journal, 44*, 95–106.
- The National Rural Health Policy Forum and The National Rural Health Alliance. *Healthy horizons. A frame work for improving the health of rural, regional and remote Australians*. Canberra: National Rural Health Policy Forum and National Rural Health Alliance, 1999.
- Smith, J. D. (2004). *Australia's rural and remote health: A social justice perspective*. Victoria, Australia: Tertiary Press.
- Welch, M., McKenna, K. & Bock, L. (1992). Developing a sole occupational therapy position in a rural area. *Australian Occupational Therapy Journal, 39*, 27–29.
- Wills, K. & Case-Smith, J. (1996). Perceptions and experiences of occupational therapists in rural schools. *American Journal of Occupational Therapy, 50*, 370–379.