Resource Manual for Rural Occupational Therapy Practitioners

Janae Marie. Hughes
University of North Dakota

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RESOURCES MANUAL

FOR

RURAL OCCUPATIONAL THERAPY PRACTITIONERS

By

Janae Marie Hughes, OTR/L

Advisor: LaVonne Fox, PhD, OTR/L

A Scholarly Project

Submitted to the Occupational Therapy Department

of the

University of North Dakota

In partial fulfillment of the requirements for the degree of

Master’s of Occupational Therapy

Grand Forks, North Dakota

May 13, 2006
This Scholarly Project Paper, submitted by Janae Hughes, in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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Department Occupational Therapy

Degree Master's of Occupational Therapy

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ACKNOWLEDGEMENTS

Thanks to my advisor, LaVonne Fox, for her spectacular assistance and professional knowledge; to my husband, Jeremy, for his loving support; to my daughter, Jillian, for her unknowing patience; and to my parents, Tom and Jeanie, for their support.
ABSTRACT

Rural hospitals have been an integral part of the culture of rural America, where clients were once able to seek services needed in their hometowns. Now more than ever, rural facilities are facing increased challenges to remain viable and at the same time continue to deliver high quality care to their communities (American Hospital Association, 2005). With small towns becoming smaller, it is becoming increasingly difficult to recruit allied health professionals to these areas. The reasons for this vary from area to area yet there are some commonalities such as; the misperceptions of limited community activities and resources, lower pay scales, and perceived limited professional experience opportunities.

The methodology for this scholarly project included an extensive review of the literature. Information was gained on the benefits, challenges and resources both personally and professionally for the potential health care professional.

A resource manual was developed and can be a vital tool in the recruitment of allied health professionals, specifically Occupational Therapists, to rural areas. This resource will includes; a) the benefits of rural practice settings, b) the type of experiences a therapist may gain, c) where supports, resources and information can be located to assist the rural occupational therapists, d) testimonials from rural occupational therapists, e) wage information, f) rural culture and g) personal reasons for living and working in a rural area. Additional uses of the manual may be for OT educational settings to share with students as they prepare to research potential jobs. The ultimate goal is to assist in
increasing the number of rural Occupational Therapists in order to provide a valuable service to an underserved area population.
CHAPTER I
INTRODUCTION

In the United States, there has been a large population identified as medically underserved and geographic regions designated as health professional shortage areas, in both rural and urban areas. Although there has been widespread concern regarding a "health care crisis" in rural areas, there is little agreement as to what defines rural areas. "Rural" has many meanings, ranging from a generalization encompassing all areas that are not metropolitan to variably differentiated geographic areas based on density, population, distance from metropolitan areas, and economic base.

The central health care issue for many communities across the nation is the inadequate supply of health care professional and limited access of residents to health services (Sultz, 1999; Christianson & Moscovice, 1993). The misdistribution of health care professionals has left many areas underserved or without health care services, whiles others areas deal with surpluses of health care specialists and services.

"Distance and isolation from professional support and supervision are common features of rural practice" (Elliot-Schmidt & Strong, 1995, p. 123). A study conducted in Scotland by Richards et.al. (2005) identified a major problem for a rural allied health professional which is the feeling of being professionally isolated. According to Steenbergen and Mackenzie (2004), supports included both professional supervision and
professional support. Professional supervision is formal and managerial and professional support is more general to facilitate growth.

Recruitment and retention of healthcare professionals in rural areas has been a challenge in the United States, Australia, and in European countries alike. It has been found that matches are not being accurately made between the healthcare professional and the community and/or facility resulting in failures of both recruitment and retention. Richards et.al. (2005) suggests considering focusing on those healthcare professionals who have rural origins. Kersting (2003) states that one way of recruiting and retaining rural providers is to “identify promising undergraduates…from rural areas and encourage them to consider…so they can bring the rural cultural perspective into the profession (p. 60).

The following chapters profile the aspects of rural culture and practice that are pertinent to choosing to accept or develop an OT position in a rural community. Chapter two is the review of literature on issues relating to rural culture, healthcare professional issues, concerns and benefits with focus on occupational therapy. Chapter three describes the methods involved in the process of reviewing the literature and developing the Resource Manual for Rural OT Practitioners. that a resource manual needs to be established to address the misconceptions of “rural” and to aid in the successful union of a healthcare professional and a rural facility and community. The manual has been now developed for utilization of healthcare professionals or facilities to enhance the decision making process.

Chapter four provides the product that allows one to think about his life in a rural community by exploring the community and job position in relation to his lifestyle. A
resource manual for rural practitioners will be a vital tool in the recruitment of allied health professionals, specifically Occupational Therapists, to rural areas. This resource will include; a) the benefits of rural practice settings, b) the type of experiences a therapist may gain, c) where supports, resources and information can be located to assist the rural occupational therapists, d) testimonials from rural occupational therapists, e) wage information, f) rural culture and g) personal reasons for living and working in a rural area. In addition, there are several questionnaires to facilitate analyzing the process as to the positives and the negatives of rural living and points for family discussion. The reader can access the manual in order to make an informed decision about the rural position being right for himself and his family.

The result of this scholarly endeavor is a resource for occupational therapist's to use in the recruitment of other occupational therapists to draw their interest to rural practice. Additional uses of the manual may be for the rural communities to use the manual in the recruitment of occupational therapists and to use in OT educational settings to share with students as they prepare to research potential jobs. The ultimate goal is to assist in increasing the number of rural Occupational Therapists in order to provide a valuable service to an underserved area an population.
CHAPTER II
REVIEW OF LITERATURE

Introduction

Rural hospitals have been an integral part of the culture of rural America, where clients were once able to seek services needed in their hometowns. Now more than ever, rural facilities are facing increased challenges to remain viable and at the same time continue to deliver high quality care to their communities (American Hospital Association, 2005). With small towns becoming smaller, it is becoming increasingly difficult to recruit and retain allied health professionals to these areas. The reasons for this vary from area to area, yet there are some commonalities such as; the misperceptions of limited community activities and resources, lower pay scales, and perceived limited professional experience opportunities.

The process needs to begin with a general overview of what is defined as rural, rural culture and an introduction to the context of rural practice for the specific purposes of this paper and scholarly project. The rural practice information includes benefit challenges, and various resources for occupational therapists. The culmination of the information gleaned from the literature will form the basis for a proposed resource manual to use in the process of recruitment of occupational therapist and other health care professionals. It is believed that if the individual can be provided with adequate
information, in an organized resource, they will make a more informed decision in considering rural practice, which will aid positively in retention.

**What is Rural?**

Although there has been widespread concern regarding a “health care crisis” in rural areas, there is little agreement as to what defines rural areas. “Rural” has many meanings, ranging from a generalization encompassing all areas that are not metropolitan to variably differentiated geographic areas based on density, population, distance from metropolitan areas, and economic base. Because of flaws in the methods of classifying rural areas, many different definitions have been developed. All have strong and weak points, and are used by different government agencies depending on which one best fits their programmatic goals. According to official U.S. Census Bureau (2005) definitions, rural areas comprise open country and settlements with fewer than 2,500 residents. The U.S. rural population was fifty nine million, (twenty one percent) in 2000 (Census Bureau, 2005).

**Rural Culture**

Rural culture varies greatly around the United States, and one needs to learn about the “rural culture” where they reside or are considering residing. Rural residents are, almost by definition, dispersed and diverse. The dispersion contributes to the difficulty that policy makers, consumers, and rehabilitation providers have in focusing on the patterns of rural problems. The diversity of people who reside in rural areas makes it difficult to see their commonalities.

Slama’s (2004) *Dimensions of Diversity* identifies several generalities of individuals who live in rural areas within demographics, presentation and body language
and terminology. In regard to demographics, Slama (2004, p 6-7) identifies individuals who:

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Self-sufficiency had deep roots in rural culture (Lunn, 2001; Slama, 2004). There is hesitancy to seek outside help and it is often seen as a sign of failure. There are numerous reasons for this: the historical culture of self-sufficiency; the lack of anonymity; not known what services are available; or the models available are based on urban experiences and lack the flexibility for farm/rural needs (Lunn, 2001). There is the strong belief that individual have always been able to take care of their children and elders and should continue to be able to do so.

The fabric of the rural community is changing. No longer does one see many multi-generations living on the same farm, and none of one’s neighbors are farmers (they are all rural home retired or working away). Isolation is not just distance from people; it can be distance from “like” people. There is a need for help but, in general, there is difficulty asking for help and the models available do not take into account the distance, unusual job times, and inability to pay. No public transportation, weather conditions, and
availability of vehicle only compound the distance. Access to healthcare services is difficult—the time it takes to travel there and back, the lack of access to a vehicle (Lunn, 2001)

Another factor for consideration is the “goldfish bowl effect”. This is a phenomenon that indicates although there is isolation present, those in rural areas often know each other and are as much as forced to associate with each other. (Slama, 2004, *Rural Culture is a Diversity Issue*). This creates a lack of anonymity, increases pressures to conform to the conventional thinking of the area, and lack of choices with whom to associate. Those who are not conventional thinkers may feel suppressed so they are not ostracized due to their beliefs.

Another major factor identified by Probst, Moore, Glover, & Samuels (2004), discusses how many rural individuals do not have health care insurance, live significant distances from health care services, and has low incomes or are unemployed. According to Stofferahn (1999), North Dakota’s net farm income is $0-24,999 annually, with agriculture being a primary industrial sector. This in turn results in farms and households needing to decrease expenditures, and some of those decreases in expenditures are in food, medical care, and health insurance. All of these factors deter individuals from seeking medical attention (Lunn, Retrieved 2006).

**Rural Practice**

Slama (2004) stresses the importance of learning about rural culture, but not stereotyping rural culture as one entity. She asserts that rural culture falls among the continuum of acculturation, and there are degrees of rurality on the continuum. Slama (2004), states that rural culture is not homogenous, so we as health care providers must
learn about each individual rural area in which we practice. Hartley (2004) emphasized, as well the necessity of taking in the unique culture of the individual and each community in the design of assessment and intervention.

Rural Practice Defined

Within the context of rural culture, one needs to be aware of the uniqueness of rural practice. For purposes of this paper, the definitions of rural practice Couper (2003) has proposed will be applied:

1. Rural health care related to the provision of health services to areas outside of metropolitan centers where there is not ready access to specialist, intensive and/or high technology care, and where resources, both human and material area lacking. This service may be within hospitals, health centers, clinics or independent practices. It is best provide by a team of health care workers and is based on the principles of primary health care.

2. Rural... practice is health care provided by a generalist... whose scope of practice includes care that would be provided by specialist in urban areas. It is appropriate technology health care, appropriate to the needs of particular communities that reserved. It usually includes elements of family/general practice, public health, and extended procedural work, within the context of primary health care and the primary health care team (p. 2-3) available from: http://rrh.deakin.edu.au

Based on these definitions there are various aspects of rural practice that need to be considered.
Practice Considerations


1. Professional Concerns
2. Strategic Skills in Rural Practice
3. Financial: in terms of employment, salary levels, loan repayment, family sufficiency
4. Resources
5. Variation
6. Family

Gibbens (2003) presents general statistics about rural areas nationally, including: economics, health professions, health facilities, health insurance and financial status, and health status. In aiding one’s decision for rural living, Gibbens’s (2003) fact sheet identified:

- The most important factors cited by graduating family practice residents in selecting their first practice site are: significant other’s wishes, medical community friendly to family physicians, recreation/culture, proximity to family/friends, and significant others employment.

- A strong relationship exits between the size of the community where most of life was spent and size of practice location preference.

These challenges positively correlate an unequal distribution of occupational therapists, being more in the urban and suburban areas.

Professional Concerns: “Distance and isolation from professional support and supervision are common features of rural practice” (Elliot-Schmidt & Strong, 1995, p. 123). A study conducted in Scotland by Richards et.al. (2005) identified a major problem
for a rural allied health professional which is the feeling of being professionally isolated. Professionals felt that rural practice limited professional support, career and skill development continuing education, career progression, and not feeling valued by city-based peers. According to Steenbergen and Mackenzie (2004), supports included both professional supervision and professional support. Professional supervision is formal and managerial and professional support is more general to facilitate growth.

Richards et al. (2005) identify that it is important to develop innovative strategies to reduce professional isolation, and easing access to educational opportunities. With technology improving quality of life and becoming less expensive, a support system is developing through telecommunication. Wakeford identifies telehealth programs to be a very useful means of communication with physicians, specialists, patients, families, and therapists (2002). Finch (2000) also identified technology as being beneficial, which can decrease the need for face-to-face meetings for check-ups, and increase team communications so all can be involved in the patient care processes and goals. Problems identified by Finch (2002) were difficulty for therapists with not having hands on contact, lack of technology available to transmit information, and difficulty with payment by insurances. In both articles, it was stressed that it is not to replace personal contact, but to enhance communication and support systems.

Strategic Skills: This area will be presented in more detail within the Benefits section.

Finances: Finances are almost always a factor when one is considering a position regardless of where it is located, rural or urban. Finances are perceived to be a greater factor in rural positions in part to increased expenses with travel, food, and continuing
education; although the literature provides different facts. According to the North Dakota Healthcare Foundation (2005), the average hourly rate for a rural occupational therapist is greater that for an urban occupational therapist. Due to each individual and community being different, cost of living is difficult to identify. Cost of living is dependent on, but not limited to, housing rates, gas rates, and individual travels.

Resources: Johnson, et.al. (2003) identified three main areas related to limited resource, limited amount of equipment, small and varied treatment space and fewer staff. An OT they interviewed stated “our clinic space is smaller, so you have to be much more creative with treatment (Johnson et.al., 2003, p. 4)”.

Variation: There is considerable variation in the clientele, education level, diagnosis, and treatment setting. In a study by Johnson et.al. (2003), all six of the occupational therapists in the study saw patients in more than one setting. These settings included: outpatient, inpatient, nursing home, schools, home health, and birth-to-three programs.

Family: Richards et.al. (2005) identified other amenities as difficulties in rural areas which include: preschool care and spousal jobs, as well as difficulty getting away from work, the caring role extends that beyond the actual job, difficulty to take a study leave, and difficulty to take holidays. In her article, Slama (2004) also identified rural supports may be limited to family, church, sports, work and bars. She recognized the need for greater opportunities for supports in rural areas, otherwise there tends to be an increase isolation and lack of privacy amongst community members. Personal supports are equally as important as professional supports.
Benefits

Many of the areas identified prior as challenges, are often also the benefits of rural practice. A 1995 study by Elliot-Schmidt & Strong indicated that, “the informal nature of the work in a rural area or the personal involvement was a rewarding aspect of rural practice, while job satisfaction or the community’s appreciation of the service was listed as second” (p. 128).

A lack of support can promote confidence in the therapist due to the need to “think on your feet” with such minimal interaction, yet can be frustrating to not have a “sounding board”. Isolation and lack of resources have been found to increase the creativity and resourcefulness of rural healthcare providers. Elliott-Schmidt & Strong (1995) found that although therapists identify lack of resources and equipment initially, this decreased as they become more creatively resourceful and were able to network via long distance methods. Working in a rural environment requires certain skills and also assists in developing and strengthening certain strategic skills of the healthcare provider; occupational therapist.

*Strategic Skills in Rural Practice:* (Australian College of Rural and Remote Medicine, 2002; Elliot-Schmidt & Strong, 1995; Johnson et.al., 2003):

1. Rural cultural competency and understanding.
2. Communication
3. Leadership
4. Management Skills
5. Flexible and adaptable to schedule changes and role variations.

These strategic skills are necessary for success in any practice environment but especially rural practice. In a study conducted by Johnson et.al. (2003), an OT stated, “in a rural setting you need to be understanding of peoples lifestyles and if you’re not from a
rural setting, you want to be sensitive to some of the lifestyles of a rural area (p. 3). Another OT in the study stated, "I wear so many hats... I don't have someone to do the tasks that really an occupational therapist shouldn't have to do, like copying papers, filing, and all of that kind of stuff" (Johnson et al., 2003, p. 4).

Strategic skills also include personal qualities such as: ability to initiate, self-motivated, independent, advocate, outgoing, assertiveness, lateral thinking, and a sense of humor (Elliot-Schmidt & Strong, 1995). As occupational therapists in rural settings, these skills are also necessary to develop a support system and assist in promoting the field and one's expertise in the healthcare setting.

**Testimonials from Rural OTs**

Elliot-Schmidt & Strong (1995) identified several areas that Occupational Therapists felt were necessary for the recruitment and retention of professional. These areas included: more resources, equipment or library facilities, educational opportunities, better administration or management skills or clerical services and more active involvement of the professional body in rural occupational therapy.

In a qualitative research study by Johnson et al. (2003), the occupational therapists' interviewed had this to share regarding rural practice (p. 3):

- "You can't be a specialist in a rural setting. You have to be skilled in a lot of areas. You need to have a broad knowledge of occupational therapy... a specialist wouldn't survive in a rural setting."

- "My work varies throughout the whole day from anything from pediatrics to working in the nursing home to doing rehab with a sub-acute patient to seeing a critical in-patient down to seeing work injuries, going out into businesses, doing
home evaluation, just seeing your basic orthopedic out-patients or neuro patients and it varies continually through the whole day.”

- “I do most of the time feel that I am a jack-of-all-trades/master-of-none, but on the other hand I don’t think that is a bad thing. I think it makes me more employable. I like the variety. That is what keeps me stimulated... You really need to be flexible.”

Although not an occupational therapist, Slama (2004), a psychologist, states the following:

perhaps the very values that seem to be more characteristic of rural people attract us to live and work in rural areas. I like the variety and challenges that rural work gives me, as well as the community involvement and relationship and the sense that my work is highly valued and valuable. Many of my clients have the commitment to drive significant distances to see services and I consider it an honor to be of use to people with that ethic of hard work and independence (p. 12).

Recruitment & Retention Programs

Mills & Millstead (2002), identified areas to improve to retention rates, which are: orientation, professional packages, and professional development and support. Salaries were not an issue for the participants in this literature. However, salaries may be important for other individuals and their families.

Current recruitment and retention programs are available through our government, according to Ricketts (2005). Ricketts (2005) discussed how there are three different
options for recruitment and retention, which are: coercive programs, utilitarian approaches, and normative approaches. He states that:

1. Coercive programs are not effective over the long range, but they do allow for individuals, usually foreigners, to exchange leniency with visa for working in rural and underserved areas.

2. Utilitarian programs promote education or training for those already in underserved areas.

3. Normative programs try to match the inclinations and backgrounds of potential workers to communities and populations they are being encouraged to serve.

It appears that the normative approach is the most effective for long range. Specific programs addressed in by Ricketts (2005) include the health profession short area (HPSA) designation process and the National Health Services Corps (NHSC). The NHSC is specifically for foreign practitioners. These programs target physicians, but may be able to provide information for allied health professionals as well in locating rural positions.

Many statistics were identified by Gibbens (2003) to assist rural communities and rural health providers to provide documented information for informative actions, which include marketing strategies and grant development. These are important for first, recruitment of the individual, and second, for retention. This is the order in which manual was organized. It begins with personal and professional resources available to the occupational therapist as a person and a professional, and the second section includes a
questionnaire to identify whether the facility and community are a good fit for the applicants.

Conclusion

In the United States, there has been a large population identified as medically underserved and geographic regions designated as health professional shortage areas, in both rural and urban areas. The central health care issue for many communities across the nation is the inadequate supply of health care professional and limited access of residents to health services (Sultz & Young, 1999; Christianson & Moscovice, 1993). The misdistribution of health care professionals has left many areas underserved or without health care services, whiles others areas deal with surpluses of health care specialists and services.

Richards et.al. (2005) suggests considering focusing on those healthcare professionals who have rural origins. Kersting (2003) states that one way of recruiting and retaining rural providers is to “identify promising undergraduates... from rural areas and encourage them to consider... so they can bring the rural cultural perspective into the profession (p. 60). This factor provides a significant area of potential for occupational therapists, especially in North Dakota. It is based on the old concept of ‘grow your own.’

The culmination of the information gleaned from the literature forms the basis for the resource manual that was developed specifically to be used in the process of recruitment of occupational therapists and other healthcare professionals. It is believed that if the individual can be provided with adequate information, in an organized resource, they will make a more informed decision in considering rural practice, which will aid positively in retention.
CHAPTER III
METHODOLOGY

In the area of rural occupational therapy, there is significant potential in improving the awareness of the field, creating positions, and improving health care opportunities for rural community members. Literature was obtained through searches on World Wide Web, PubMed, and CINAHL regarding recruitment and retention in rural areas. Through the literature review, it was apparent that educational experiences, financial issues, support systems, and recruitment and retention are related issues. These issues were identified from medical doctors, allied health professionals, nursing staff, and pharmaceutical professionals, as well as students from these disciplines.

As Occupational Therapists, whether seasoned or novice, in the rural health care settings, many of the articles reviewed encouraged the skills of ability to initiate, self-motivated, independence, advocacy, and assertiveness. These skills are going to assist in promoting the field and one’s expertise in the health care setting. Otherwise, this specific discipline may be regarded as unimportant to patient care. To put these valuable skills to use in a rural setting, successful recruitment and retention needs to be united in order to provide this important service to rural clientele.

The information obtained through the literature and personal experiences have resulted in the formation of the “Rural Health Care and Living Opportunities” product. It was identified that individuals in pursuit of rural healthcare settings have a great deal to
look for in a position, for self-fulfillment and while maintaining quality of living with family. The information was then designed into sections focusing on: the challenges and benefits of rural practice both personally and professionally; supports one can access both personally and professionally and it concludes with activities to facilitate personal and family assessment regarding rural living and professional practice.

Questions were written for the job-seeking individual to answer and think about regarding the different personal and professional aspects of his/her life in a rural community setting. The information is then placed into the Strengths, Weaknesses, Opportunities and Threats (S.W.O.T.) analysis format. The information can then be discussed more realistically with a spouse and/or family members. This process leads to an informed decision made by the individual and necessary family in order to make a successful move, or to remain in current position based upon the results. It is hoped that this will lead a greater retention rate for facilities as a result of thorough investigation and contentment with the decision.
CHAPTER IV
PRODUCT

Based on the results of the literature review, a resource manual was developed to assist the potential healthcare professional employee in making an informed decision regarding rural living and professional practice. This resource manual is designed to use as a part of comprehensive recruitment and retention tool for healthcare professionals in rural communities. Since rural healthcare facilities have difficulty with recruitment and retention of professionals, they may consider providing this resource along with the employment application. Ultimately, this product is focused on helping occupational therapists and occupational therapy students take a more positive and interested look at rural health care opportunities, and decide whether or not the rural community atmosphere is a good fit for them.

The entire product is presented in the following pages. The product facilitates the exploration of the facility and community for the job seeker as well as family members. It will provide thought provoking questions and analysis to assist with making a decision about an employment opportunity.

If a rural community is or is not appropriate for the job seeker and his/her family, it should be identified through the use of this resource manual. The resource manual does address various avenues of rural living including wages, benefits, possible experiences, supports, spiritual opportunities, and more. Once the product is used to its fullest
potential, the job seeker will have a significant amount of information to make the best
decision, whether or not to pursue the available position.
Rural Health Care and Living Opportunities

Created by Janae Hughes, t-MOT
LaVonne fox, Ph.D, Advisor
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Introduction

Thank you for your interest in exploring the possibility of practicing occupational therapy in a rural environment. There is a significant need for rural healthcare providers in general as well as occupational therapist.

Purpose

Although this resource guide has been designed specifically for occupational therapists, please feel free to share it with any healthcare provider who may be considering rural practice. The information is relevant across the board because the issues are similar. This resource guide has two purposes/uses. The first is for occupational therapist’s to use as a guide when considering rural practice. The second is for facilities to use in the recruitment and retention of rural occupational therapists. Rural healthcare facilities may have copied and provided you with this resource to help guide you in making a more informed decision about rural practice.

The information presented in this resource guide will hopefully benefit you as you explore a successful match for employment. This resource includes the following information;

a) the benefits of rural practice settings,

b) the type of experiences a therapist may gain,

c) where supports, resources and information can be located to assist the rural occupational therapists,
d) testimonials from rural occupational therapists,

e) wage information,

f) rural culture and

g) personal reasons for living and working in a rural area.

In addition to the information presented, there are several questions to facilitate analyzing the process as to the positives and the challenges of rural living and points for family discussion. The reader can access the information and resources in the manual in order to make an informed decision about the rural position being right for yourself and your family.
Introduction to

Rural Culture
Rural Culture

Information about rural culture has been included in this guide because it is vital to learn about the “rural culture” where you will reside or are considering residing. The information shared in this section is very general and it will not be observed or a part of every rural culture you come into contact with.

Rural has not been consistently defined, other than rural is not metropolitan. There is not one general rule about “rural”, and each rural area has its own culture. It is important to remember keep that rule in mind and not stereotype rural communities and individuals. There will be generalities presented in this manual but again, each community and individual is unique and many or none of these generalities may pertain.

Per the literature review, some negative comments about rural individuals and communities are lesser educated, poorer health, and poorer economies. Rural residents are, almost by definition, dispersed and diverse. The diversity of people who reside in rural areas can often make it difficult to see their commonalities as well as their uniqueness.

Slama (2004) is a psychologist who has considerable experience practicing in rural Minnesota. She identifies several generalities of individuals who live in rural areas within demographics, presentation and body language and terminology. In regard to demographics, she identifies individuals who (Slama, 2004, p. 6-7):

<table>
<thead>
<tr>
<th>Are older</th>
<th>More rurally oriented clients are even more likely …to comment on the weather or local events…in their summary of what brings them for services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have less higher education. While no different</td>
<td>Rural men especially seem to like an extra foot of</td>
</tr>
</tbody>
</table>
from urban clients in terms of intelligence and personality characteristics, they perceive their lives as more circumscribed in terms of opportunities and pressures to conform personal space, to sit with their arms crossed, and to make less consistent eye contact initially. Rather than necessarily indicating defensiveness, these nonverbal characteristics just represent cultural norms.

| Live on a farm or in a smaller town or have never lived in an urban area for any significant length of time. | Specific terminology might indicate greater cultural rurality. Rural people referring to the noon meal mean as dinner and the evening meal as supper. |
| Have parent and grandparents living in rural areas | Rural clients, especially women, may be more likely to use apologetic language forms ("I’m sorry, but...") when giving information outside what they consider expertise. |
| Directions...are by citing a landmark | More rurally oriented clients may have more difficulty describing their emotional reaction. |

In addition to the prior table, there are other community aspects to just consider.

Self-sufficiency had deep roots in rural culture (Lunn, 2001; Slama, 2004). There is a hesitancy to seek outside help and it is often seen as a sign of failure. There are numerous reasons for this:

1. The historical culture of self-sufficiency. There is the strong belief that individual have always been able to take care of their children and elder and should continue to be able to do so.
2. Individuals and communities may not know what services are available.
3. The models available are based on urban experiences and lack the flexibility for farm/rural needs (Lunn, 2001). There is a need for help but, in general, there is difficulty asking for help and the models available do not take into account the distance, unusual job times, and inability to pay.
4. Isolation is not just distance from people; it can be distance from “like” people. No public transportation, weather conditions, and availability of vehicle only compound the distance. Access to healthcare services is difficult—the time it takes to travel there and back, the lack of access to a vehicle (Lunn, 2001).
5. The lack of anonymity is another huge factor for consideration, which when combined with isolation can become what is coined the “goldfish bowl effect”. This is a phenomenon that indicates although there is isolation present, those in rural areas often know each other and are as much as forced to associate with each other. (Slama, 2004). This creates a lack of anonymity, increases pressures to conform to the conventional thinking of the area, and lack of choices with whom to associate. Those who are not conventional thinkers may feel suppressed so they don’t risk being or feeling ostracized due to their beliefs.

6. Probst, Moore, Glover, & Samuels (2004) discussed how many rural individuals do not have health care insurance, live significant distances from health care services, and have low incomes or are unemployed. According to Stofferahn (1999, p. 11), one example is North Dakota’s net farm income which is $0-24,999 annually, with agriculture being a primary industrial sector. This in turn results in farms and households needing to decrease expenditures, and some of those decreases in expenditures are in food, medical care, and health insurance. All of these factors deter individuals from seeking medical attention (Lunn, Retrieved 2006).

The fabric of the rural community is changing. No longer does one see many multi-generations living on the same farm, and not all of one’s neighbors are farmers (they may be all rural home retired or working away). Change happens and both rural and metropolitan areas deal with change. One change that is significant even for the survival of the rural communities is the supportive structures and services such as healthcare.
Challenges & Benefits of

Rural Practice
Practice Challenges & Benefits

There are many challenges and benefits to rural occupational therapy practice. As this section progresses, you should also see that what is initially considered a challenge can develop to be a significant benefit. Once the individual has decided upon the job opportunity as being the right match, many benefits may result.


1. Professional Concerns: limited professional support, career and skill development, continuing education, career progression, and not feeling valued by city-based peers.
2. Strategic Skills in Rural Practice
3. Financial: in terms of employment, salary levels, loan repayment, family sufficiency. The financial aspects of living in a rural community may be null and void after taking into consideration the items that are more and less expensive when living in a rural community.
4. Resources
5. Variation
6. Family
Gibbens (2003) presents general statistics about rural areas nationally, including: economics, health professions, health facilities, health insurance and financial status, and health status. In aiding one’s decision for rural living, Gibbens’s (2003) fact sheet identified:

- The most important factors cited by graduating family practice residents in selecting their first practice site are: significant other’s wishes, medical community friendly to family physicians, recreation/culture, proximity to family/friends, and significant others employment.

- A strong relationship exits between the size of the community where most of life was spent and size of practice location preference.

These challenges positively correlate an unequal distribution of occupational therapists, being more in the urban and suburban areas.

Professional Concerns: “Distance and isolation from professional support and supervision are common features of rural practice” (Elliot-Schmidt & Strong, 1995, p. 123). A study conducted in Scotland by Richards et.al. (2005) identified a major problem for a rural allied health professional which is the feeling of being professionally isolated. Professionals felt that rural practice limited professional support, career and skill development continuing education, career progression, and not feeling valued by city-based peers. According to Steenbergen and Mackenzie (2004), supports included both professional supervision and professional support. Professional supervision is formal and managerial and professional support is more general to facilitate growth.

Richards (2005) identify that it is important to develop innovative strategies to reduce professional isolation, and easing access to educational opportunities. With
technology improving quality of life and becoming less expensive, a support system is developing through telecommunication. Wakeford identifies telehealth programs to be a very useful means of communication with physicians, specialists, patients, families, and therapists (2002). Finch (2000) also identified technology as being beneficial, which can decrease the need for face-to-face meetings for check-ups, and increase team communications so all can be involved in the patient care processes and goals. Problems identified by Finch (2002) were difficulty for therapists with not having hands on contact, lack of technology available to transmit information, and difficulty with payment by insurances. In both articles, it was stressed that it is not to replace personal contact, but to enhance communication and support systems.

Strategic Skills: This area will be presented in more detail within the Benefits section.

Finances: Finances are almost always a factor when one is considering a position regardless of where it is located, rural or urban. Finances are perceived to be a greater factor in rural positions in part to increased expenses with travel, food, and continuing education; although the literature provides different facts. According to the North Dakota Healthcare Foundation (2005), the average hourly rate for a rural occupational therapist is greater that for an urban occupational therapist. Due to each individual and community being different, cost of living is difficult to identify. Cost of living is dependent on, but not limited to, housing rates, gas rates, and individual travels. According to the literal review, there is a slight advantage in wages when working in a rural area. This appears to be an advantage although it seems to be unimportant to those thinking about a rural position. If finances are an issue, there are other factors to improving the financial
outlook without an increased wage, such as more health care benefits, professional organization dues, or continuing education dollars. Those are factors that can be work than a wage as they are not taxable dollars.

*Resources:* Johnson, et.al. (2003) identified three main areas related to limited resource, limited amount of equipment, small and varied treatment space and fewer staff. An OT they interviewed stated “our clinic space is smaller, so you have to be much more creative with treatment (Johnson et.al., 2003, p. 4)”.

*Variation:* There is considerable variation in the clientele, education level, diagnosis, and treatment setting. In a study by Johnson et.al. (2003), all six of the occupational therapists in the study saw patients in more than one setting. These settings included: outpatient, inpatient, nursing home, schools, home health, and birth-to-three programs.

*Family:* Richards et.al. (2005) identified other amenities as difficulties in rural areas which include: preschool care and spousal jobs, as well as difficulty getting away from work, the caring role extends that beyond the actual job, difficulty to take a study leave, and difficulty to take holidays. In her article, Slama (2004) also identified rural supports may be limited to family, church, sports, work and bars. She recognized the need for greater opportunities for supports in rural areas, otherwise there tends to be an increase isolation and lack of privacy amongst community members. Personal supports are equally as important as professional supports.
**Personal Benefits**

Close community relationships may be formed through work and social activities. As a professional, many new experiences can be gained from the great variety of clientele served in a rural setting.

It has been found in studies that rural therapist do make more than urban therapists (North Dakota Health Foundation, 2005), but usually finances are not a major factor in job selection.

**Professional Benefits**

Many positives have also been identified with living in and working in rural communities, including having closer relationships with clients, having a greater knowledge base of diagnoses and treatments, and increased independence in work situations.

Professional resources may be fewer in regards to personal contact or supervision, but the personal contact and supervision can be largely available through national and state organizations, and networking with other rural therapists. Personal gains, both financially and resourcefully, can be great within a rural community.

Rural therapists are becoming known more for their independence, assertiveness, and “think on your feet” abilities, which are desirable traits to have as an individual.

Also, according to Johnson et. al (2003), one therapist stated

"I do most of the time feel that I am a jack-of-all- trades/master-of-none, but on the other hand I don’t think that is a bad thing. I think it makes me more employable. I like the variety. That is what keeps me stimulated... You really need to be flexible" (p. 3).
Each individual has to identify whether or not rural living and working are the right option for themselves and their family.
Supports
Professional Resources

**American Occupational Therapy Association (AOTA)**

Being a member of AOTA increases the therapist’s support through a national organization. With this membership, the therapist will receive *American Journal of Occupational Therapy* and *OT Practice*. These two publications aid in keeping current with government regulations and practice techniques. There are also special interest sections that you as a member chose related to your practice and interests. There is unlimited access to the website [www.aota.org](http://www.aota.org) which provides topics related to, but not limited to, professional information, continuing education opportunities, and patient handouts. The AOTA website also provides links to each state organization. Payments for this organization can be made in one sum, four times per year, or monthly; depending on each therapist’s preference.

**State Occupational Therapy Organizations**

Joining your state organization provides networking within the state, and helps keep therapists up-to-date with state changes in licensure and policies and procedures. It may be advantageous to joining an adjacent state organization if living in a border town to, again, increase networking.
Advance for OT

Obtaining membership with Advance is free, and has many of the same benefits of AOTA. A publication is sent out monthly, as well as great website being available at www.advanceforot.com which provides extensive information. This membership does not lobby at for OT in government situations.

Mentor

Having mentor can result in a wonderful support. He/she can guide you to internet and text resources, discuss treatment failures and successes they have encounter, and can just be there to listen. A mentor may be a therapist from a fieldwork, former colleague, or former professor, “who is active in the process rather than just being a role model” (Fox, 2005). Characteristics to look for in a mentor may include willingness to provide feedback though own experiences and where to find other resources, has supervisory skills, avoids competition, is independent, and has high self-esteem (Fox, 2005; Mentoring, 2005).

Technology

With the great advancements in technology, various avenues to be used to network with other therapists and disciplines and are considered professional supports. The use of the internet allows for research, email, professional websites, teleconferencing, and unlimited connections to an array of vast knowledge. Richards et.al. (2005) identify that it is important to develop innovative strategies to reduce professional isolation, and easing access to educational opportunities. With technology improving quality of life and
becoming less expensive, a support system is developing through telecommunication. Wakeford identifies telehealth programs to be a very useful means of communication with physicians, specialists, patients, families, and therapists (2002). Finch (2000) also identified technology as being beneficial, which can decrease the need for face-to-face meetings for check-ups, and increase team communications so all can be involved in the patient care processes and goals. One way to find out more about technological advances or services is to contact the nearest community college or university.

**Rural Health Websites**

Some websites that have been found to be beneficial to OT and/or rural healthcare information include, but are not limited to:

1. **US Department of Health and Human Services, Rural Health Policy**: Since 1987 this program has been promoting rural health. It includes research, grant information, and advocacy for rural health. This website provides links to each state office of rural health, as well as structured state rural health organizations. Further information can be found at: [http://www.ruralhealth.hrsa.gov/](http://www.ruralhealth.hrsa.gov/)

2. **National Rural Recruitment and Retention Network (3R Net)**: This program assists with finding rural health opportunities around the country for those who are interested. It is not for profit. To learn more go to: [http://www.3rnet.org/index.asp](http://www.3rnet.org/index.asp)

3. **Rural Health Toolkit**: This website provides various links and information to numerous other rural programs. To obtain more information go to: [http://www.russell2112.com/Rural/telemed.htm](http://www.russell2112.com/Rural/telemed.htm)
4. **National Rural Health Association:** This program is a nonprofit membership based program for rural health information. It also provides opportunities for advocacy, education, and leadership. This also provides an invaluable link to the Telemedicine Reimbursement Report through the Center for Telemedicine Law of the Office of Advancement of Telehealth. The website can be located through:  
http://www.nrharural.org/

5. **North Dakota Center for Rural Health:** This website not only is for North Dakotan, but nationally rural individuals. Its focus is to increase education, community support, research, program development, and policy analysis. Further information can be obtained at: http://www.med.und.nodak.edu/depts/rural/

6. **Rural Health Information Clearinghouse:** This website is targeted based upon Georgia information, but has valuable information about rural health care service delivery. It can be accessed at: http://gain.mercer.edu/rhic/fedres.html

Most states have websites regarding their healthcare policies and government organizations. A search for your specific state may lead you to more specific websites, again this can be obtained through the US Department of Health and Human Services, Rural Health Policy.

Professional resources are available at the click of a button, through the telephone, or in person. Each can have its benefits to learning more about rural health practice, whether it is personal experiences or new government regulations.
Community Resources

Chamber of Commerce

This professional organization of businessmen and businesswomen work together the betterment of the community. It has a listing of the community organizations available for individuals to access and become more involved in community activities. This organization would be especially advantageous for a private practice occupational therapist to increase networking with local professional businessmen and businesswomen. Relocation assistance may also be available through the Chamber. Here are some possible options of organizations within a community:

- Church Organizations
- American Legion Auxiliary
- City Sports Leagues (for adults)
- High School and City Sports (for children)
- Girl/Boy Scouts
- 4-H
- DECA/FBLA
- Summer Reading/Summer Math/Summer Tutoring
- Piano/Voice Lessons
- Book Clubs
- School/City Library
Personal finances

Personal finances may be directly related to professional finances. There may be some disadvantages to living in a rural community with the price of food, gas, and personal items. On the flip side, daycare and housing are usually less expensive than in the metropolitan and suburban communities.
Personal and Family Assessment
Rural Health Care Questionnaire

With the information presented prior in mind, you can now choose to utilize the "Rural Health Care and Living Opportunities Questionnaire." This purpose of this questionnaire is to give you ways to analyze the information, and communicate with family or significant individuals about the research community and facility. This may take a considerable amount of time to research the questions, but for favorable results in recruitment and retention for the job seeking individual and the hiring facility it is an important step to obtain honest and sufficient information for each question. In the end, it will prove to be an effective resource for making a decision.

If a decision is made to move to a community, retention is then the next issue. A local Chamber of Commerce can be very beneficial in learning about churches, local activities, and organizations in the community as often people have a misconception of there being nothing to do in a rural community but go to the bar or to high school sporting events. A sample listing was provided regarding personal and professional resources available, in the community, state, and national arenas. Having these supports identified prior to a move can aid in retention due to greater satisfaction with the community and the work position.
Questions were designed for the job-seeking individual to consider regarding the different personal and professional aspects of his/her life in a rural community setting. Part of this process involves using a S.W.O.T. (Strengths, Weaknesses, Opportunities and Threats) analysis format. Based upon the SWOT analysis, a discussion with your spouse and/or family members can begin. This process leads to making a more informed decision so that hopefully it will result in a successful choice and move for everyone. The decision may also result in remaining in the current position. It is hoped that this will lead to greater retention rates for facilities as a result of thorough investigation and contentment with the decision.

Community Overview

A trip to or contact made with the community’s Chamber of Commerce may significantly aid in answering these community overview questions.

1. Does this community support my spiritual growth through churches, clubs, or organizations?
   If yes, how?

2. Does this community support my physical health well-being (i.e. gyms, outdoors activities)?
If yes, how?

3. Does this community have opportunities for my spouse/family?
   
   If yes, how?
   
   a. jobs
   b. education/schools
   c. organizations/sports
   d. daycare

4. Does this community support my social needs (i.e. organizations, restaurants, shopping)?
   
   If yes, how?

5. What is the basis of culture in this area?

Finances

1. Wages: hourly or salary?

2. Anticipated hours worked?

3. Healthcare benefits?

4. Retirement?

5. Investment opportunities?

6. Vacation/Paid Leave?

7. Holiday Leave?

8. Cost of Living
   
   a. Housing
   b. Food
   c. Transportation needs
d. Childcare

Support Systems

1. Direct staff contact includes?

2. Other allied health professionals
   a. In community?
   b. In area?

3. Assist with national and state organization dues to network?

4. Coverage available for vacation, illness?

5. Technology for communication with clients or other health professionals (i.e. internet, telecommunication devices)?

Recruitment and Retention

1. What factors draw me to this job?

2. What factors will keep me at this job?

3. What factors are negative for this job?

4. How long do I see myself staying based on initial contact?

5. What are the personal growth opportunities?

6. Are there any government programs to assist me in this area?

Education

1. Is there continuing education assistance?
   a. How much annually or biannually?

2. Is there staff coverage during continuing education opportunities?

3. How has my education or previous work experience prepared me for rural practice?
Assessing Myself

1. Am I assertive with communication to have my needs met, both professionally and personally?

2. Am I self-motivated or directed?

3. Am I independent with:
   a. Thinking?
   b. Learning?
   c. Initiating?

4. Am I an advocate for myself and my clients?

5. Have I personally had rural living or working opportunities? Did I enjoy them?

Other comments regarding this community and/or job opportunity?
Summary of Thoughts

(SWOT analysis)

1. Strengths

2. Weaknesses

3. Opportunities

4. Threats
Family Involvement/Discussion

Now take time to discuss the found and analyzed information with your family or significant others in your life. Be open and honest with all involved in the decision making process.

Possible discussion questions may include, but are not limited to:

1. Would I/we enjoy a rural lifestyle
2. Are there opportunities for each member of my family
3. Would I/we get pleasure from a close knit community
4. Would I/we mind a possible lack of anonymity
5. Can I/we advance or gain professionally
Conclusion

In conclusion, supports are all around us personally and professionally even in rural communities. Some may have less personal contact such as websites, but do provide great information professionally. These supports are available on local, state, and national levels, which provide a large range of information and assistance. Also, this is a demonstration that rural communities can have various opportunities for personal growth socially and spiritually. If the community being assessed does not have this many opportunities, it may be gainful to also assess nearby communities for their availability of community organizations and activities. With this manual and information, it is anticipated the job seeker will be able to identify the best decision for him/her and family regarding living in a rural community
CHAPTER V
SUMMARY

The literature review indicates that there is a need for additional research in the areas of recruitment and retention in rural settings by potential employees, and possibly the potential employers. This results in a more successful union between the potential employee and the rural facility when the job seeker is knowledgeable about the facility and the community. Recruitment may be the easier task, but retention is more cost effective for both parties upon hiring. Innovative strategies are necessary at the community, state, and federal levels to provide incentives and benefits to recruit and retain individuals in rural practice. This may include expressing a need for benefits, which may include professional organization dues.

The resource manual to aid in successful recruitment and retention is only as useful as the individual makes of it. Without adequate research and honesty, the product will not be valuable to the user. The recommendations offered are to be brutally honest with yourself and your family regarding your thoughts and feelings about the community and facility being assessed, and to look into the professional and personal resources. After a visit to the community and Chamber of Commerce, the big picture should be clearer of what is appealing or unappealing to the community.
With that, those using the product honestly can only measure outcomes. Feedback and outcome studies will need to be completed in order to have quantitative and qualitative data for interpretation. Based upon the data obtained from those who used the product, the "Rural Healthcare and Living Opportunities Questionnaire" can be improved as needed to continue assisting with recruitment and retention issues. Then further research can be completed in order to add questions to be asked and resources to be utilized.

Also, at this time there reliability and validity of the questionnaire have not been established. Again, with evaluations from job seekers using this information can aid in establishing the reliability and validity. Using the Likert Scale and SPSS data processing, qualitative and quantitative data can be obtained.

In summation, the results of the literature review resulted in a resourceful product for job seekers and potential employers alike to match individuals to communities and facilities, and maintain employment based upon job and lifestyle satisfaction.
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