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Retention of outer regional, remote, and very remote speech-language pathologists influenced by professional support and community connection

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Abstract

Purpose: Addressing the retention challenges faced by non-metropolitan speech-language pathologists (SLPs) is crucial for achieving health services equity in Australia. This study assesses the applicability of previous literature findings to the current context of Australian SLPs. Furthermore, identifying specific factors influencing the retention of SLPs in outer regional, remote, and very remote areas of Australia.

Method: Semi-structured interviews were conducted with 30 SLPs, who have been employed in non-metropolitan areas of Australia within the last 5 years. The collected data underwent online screening, with the interviews transcribed and analysed using content analysis techniques.

Result: Retention rates of non-metropolitan SLPs in Australia were categorised into three themes: professional, personal, and latent. The professional category included professional support, professional development, premature responsibilities, generalist skills, and funding. The personal category included community, family/relationships, burnout, and social justice. The latent themes included finances, management, and faith.

Conclusion: Retention rates of non-metropolitan SLPs in Australia are influenced by both protective factors and risk factors. Three recommendations to improve community access and reduce the current equity gap are outlined, namely: (a) tailored/bespoke professional education to maintain/enhance the clinical competence required, (b) prioritise community immersion and improve mentoring, and (c) strategies and policies to support SLPs.

Keywords: *remote retention; remote workforce; remote employment; professional development; isolation; workforce*

Introduction

It is well documented that lack of access to speech pathology services for children can lead to communication delays, lower self-esteem, difficulties in school, early drop-out rates, and the likelihood of involvement in the juvenile justice system (Durey et al., 2015; Schoo et al., 2016; Verdon et al., 2011). Services that speech-language pathologists (SLPs) provide encompass a vast array of diagnostic and intervention approaches for communication disorders, including difficulties with speaking, listening, understanding language, writing, reading, social skills, swallowing, and using voice (Speech Pathology Australia [SPA], 2020). Australia is faced with the

challenge of geographical dispersion, given its vast and diverse landscape. The living conditions vary considerably between the areas of classification as taken from the Accessibility/Remoteness Index of Australia (ARIA+) shown in Figure 1 (AIHW, 2017). ARIA+ uses indexes of remoteness derived from measures of road distance between populated localities and service centres (Australian Institute of Health and Welfare [AIHW], 2017). These road distance measures are then used to generate a remoteness score for any location in Australia. The Australian Institute of Health and Welfare (AIHW) classifies speech pathology services as only moderately accessible in inner regional, remote, and very remote areas of Australia (AIHW, 2017). The Speech

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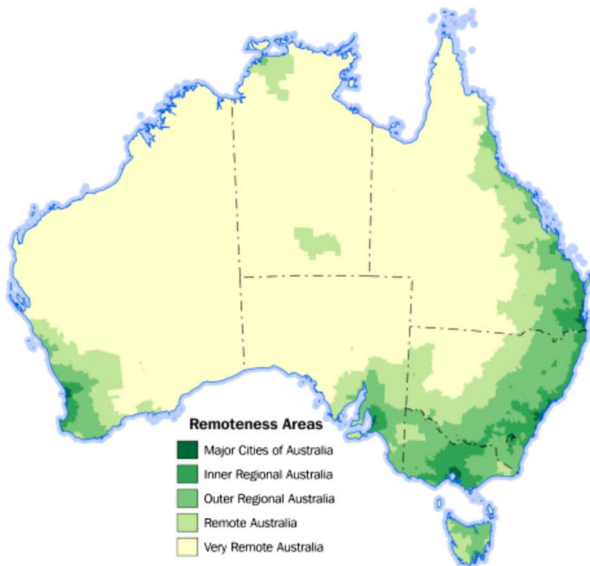


Figure 1. Remote area classifications.

A colour coordinated map of Australia, with colour corresponding to degree of remoteness. Degree of remoteness has been measured using the Accessibility/Remoteness Index of Australia (AIHW, 2017) classification, which derives indexes of remoteness from measures of road distance between populated localities and service centres. These road distance measures were then used to generate a remoteness score for any location in Australia and classify them into categories. The remote area classification categories are seen in the bottom left corner (major cities, inner regional, outer regional, remote, very remote). Source: Australian Bureau of Statistics (2023).

Pathology Workforce Analysis: Preparing for our future report (SPA, 2023) echoes similar sentiments noting that the majority of SLPs are concentrated in areas of higher population density, particularly along the Australian Eastern seaboard and in capital cities. Conversely, fewer SLPs are dispersed in rural and remote regions. This distribution has the potential to create disadvantage, as individuals living in more remote areas are less able to access the speech pathology services they may need.

In order to more clearly understand the diversity and spread of the population across Australia, it is important to understand the terminology and density of the population living in more remote areas. According to the AIHW (2017), 29% of the population live in rural and remote areas in Australia. The terms rural, regional, and remote are referenced terms that encompass all areas outside Australia's major cities. For the purposes of this paper, the terms rural and remote may be used interchangeably with one another. In addition, the term non-metropolitan will be used to refer to any location outside of the major Australian capitals. However, where indicated, the researchers will specifically identify classification (i.e. regional, remote, or very remote) as findings should not be generalised across all area classifications outside of metropolitan locations. Data presented by the AIHW highlighted that those living outside of metropolitan areas have poorer access to

healthcare, including allied health services (AHS; AIHW, 2017; Cosgrave, 2020; Jones et al., 2008). The outcome of this is projected lower life expectancy, as well as higher morbidity and mortality rates. A proposed solution for this concern is to ensure that allied health professionals (AHPs) are available in remote locations in Australia, and, more importantly, are retained (Wakerman et al., 2019).

The demand for SLPs in Australia has increased significantly in recent years (McGill et al., 2020). Whilst the exact reason cannot be known, the literature indicates that it is influenced by an ageing population and an increase in disability funded services (Nickless et al., 2023) such as the National Disability Insurance Scheme (NDIS; McGill et al., 2020; SPA, 2020). The introduction of the NDIS in 2013 has led to a substantial increase in demand, as it has reduced the financial barrier to accessing speech pathology services for many individuals (SPA, 2020). SPA predicts that this increased demand will continue into the near future, and are therefore focused on addressing the shortage of SLPs Australia wide (SPA, 2020).

Despite demand seeing a consistent upward trend in Australia, poor retention rates outside of metropolitan areas have remained constant (Cosgrave et al., 2019). A study by McLaughlin et al. (2008) stated that there are some key considerations regarding the attrition and retention rates of SLPs in general, namely: (a) positive aspects of the speech-language pathology profession—such as the interesting nature of SLP work, undertaking client intervention/treatment, and developing and imparting knowledge to help clients; (b) workload that is excessive affecting the quality of care; (c) flexible employment permitting non-work obligations; (d) desire to be effective—often in spite of organisational compromise and decisions made contradictory to SLP expertise; (e) lack of recognition and appreciation of the SLP role and abilities; (f) the need for support given the emotionally challenging and often professionally isolating role; (g) learning (i.e. maintaining contemporary professional development); and (h) the lack of, and/or need for, administrative and clinical autonomy. While the study by McLaughlin et al. (2008) revealed key findings that are applicable to general attrition and retention causes across a variety of settings and services, including emotionally challenging caseloads such as palliative care (Chahda et al., 2021), additional research is needed to explore contemporary impacts on SLPs working in non-metropolitan areas within the speech-language pathology profession.

Building upon the research by McLaughlin et al. (2008), a mixed methods study conducted by Millar (2010) investigated whether personal or professional factors influenced SLPs' decision to move to and/or stay in remote locations. The results from this study indicated that both professional and personal factors played a role, however, personal motivations including

domestic relationships and social connections were the most common motivation for SLPs to remain in a remote location. These results were supported by subsequent literature, including Mills and Milstead (2002) who found that those who engaged in community activities stayed in positions longer. In addition, other research found that health professionals were more likely to remain in remote areas longer as participants purported rural areas as desirable places to raise a family (Gallego et al., 2015; Hall et al., 2007; Morell et al., 2014).

In terms of factors that would decrease retention rates in non-metropolitan areas, a range of studies highlighted the lack of professional development opportunities as the main factor for leaving a rural or remote role (Campbell et al., 2012; Gallego et al., 2015; Morell et al., 2014). In contrast, Snowdon et al. (2020) found that AHPs were more likely to be retained if they were provided with adequate clinical supervision (Snowdon et al., 2020). In addition, research has also found that AHPs were attracted to working in rural locations due to the more diverse scope of practice and the broader range of experiences compared to metropolitan areas (Kumar et al., 2020).

Though several studies have identified some key factors that would increase or decrease retention of AHPs in non-metropolitan areas (Fisher & Fraser, 2010; Johnsson et al., 2017), there is still a limited amount of literature focused on the retention of SLPs as an individual profession. To address the unequal access between metropolitan and non-metropolitan SLPs across Australia, the researchers emphasised the importance of understanding the factors influencing SLPs to remain in outer regional, remote, and very remote communities.

Aims

The aims of this study were to replicate and build upon Millar's (2010) research to identify if any new factors needed to be considered in regards to attrition and retention trends for non-metropolitan SLPs since the 2010 study. In addition, this current study explored recent events such as the introduction of the NDIS and the COVID-19 pandemic to determine whether either had a meaningful influence on non-metropolitan SLP retention and attrition rates. For context, the previous study aims from the Millar (2010) study included: (a) to identify common themes in SLPs' motivations for choosing to move to, and remain in, a rural location within Australia; (b) to determine if there were particular professional or personal characteristics that motivated major life decisions within rural SLPs; (c) to determine the reasons why long-stay rural SLPs remained in a location; (d) to determine why SLPs who were happy in a rural location moved; (e) to determine what personal

qualities contribute to an SLP remaining in a rural area; and (f) to determine what professional qualities contribute to an SLP remaining in a rural location.

Given the objectives of the Millar (2010) study, the research questions for this study included:

- i. the reasons why (if any) SLPs remained employed in a rural or remote location;
- ii. why SLPs chose to relocate from a rural or remote area;
- iii. what professional characteristics contributed to SLPs remaining in a rural or remote location; and
- iv. what personal qualities, if any, contributed to SLPs remaining in a rural or remote area.

Method

Ethics approval

The study received human research ethics committee approval from the University of Canberra (#10493).

Participant recruitment

Participants were recruited to this study with the assistance of SPA, who advertised the project to their database of SLPs via a monthly newsletter. Based on previous data from the study by Millar (2010), the researchers anticipated that a total of 50 participants would reply of whom 25 might be eligible to participate (expected response rate = 50%). The study was subsequently advertised by the researchers on SPA's networks and Facebook pages including the states and territories of Victoria, Western Australia, South Australia, Northern Territory, Tasmania, and New South Wales. Participants could elect the time and day they would like to be contacted and details were provided for all potential participants to consider via the Qualtrics platform.

Participants were selected using the following inclusion criteria: employed in a role defined as an SLP, working in a rural or remote health service in the past 5 years, hold a tertiary degree in speech-language pathology, and be eligible for certified practicing membership with SPA.

Participant age, sex, race, background, and length of professional tenure did not exclude participants from involvement.

A total of 34 expressions of interest were received. Four were excluded because they did not meet the inclusion criteria of working in a rural or remote location in the past 5 years. Thirty participants were eligible to participate. Participants either selected to be contacted via videoconference or via teleconference. Of these participants, 16 were contacted via videoconference and 14 via teleconference.

As the SLP professionals in remote areas are highly identifiable, only basic demographic information was collected that was considered essential for the research; namely, whether SLPs were located in regional or remote areas, and the length of tenure of SLPs in those regions. Sex was also included. Of the

participants who agreed to complete the study, all were female and there was a fairly even spread of tenure between working for over 6 years in rural or remote areas (36.6%), had worked 4–6 years (30%), or had worked 1–3 years (33.3%; see Table I). At the time of the interviews (April 2022), the participants who were currently in regional, remote, or very remote areas equated to 73.3%, while 26.6% of participants interviewed had worked in such areas but then left these areas.

The distribution of participants represented Australia-wide regional and remote geographical areas. Predominately, participants were working within the following remote area classifications: outer regional (40%), remote (33.3%), or very remote (26.6%). The number of participants from each remote area classification is shown in Table I.

Data collection

Informed consent forms were signed by participants using the program Qualtrics. Participants elected their preferred method of communication, either teleconference or videoconference, and confirmed the times and days they were available to participate in the interview.

One of the three researchers conducted and recorded the interview(s), while the two remaining researchers observed the process and recorded field notes during the interviews. For professional development and workload distribution reasons, researchers rotated their responsibilities. At the conclusion of the interview, the designated interviewer used the audio recording to develop and edit a Microsoft Word transcription of the conversation to reflect the participant's data verbatim. To ensure participant confidentiality, all transcribed material was deidentified and participant data was coded chronologically (e.g. P1, P2, P3). The one-to-one interview generated valuable individual participant experiences, which is an advantage of the interview technique method. This method also helped to ensure qualitative conformability and objectivity of the research findings (Schoo, 2005).

The structured interview questions were developed based upon a systematic literature review and subsequent research by Millar (2010). The open-ended

questions explored the following themes: participant's background; reasons for studying speech pathology; feelings towards their regional, remote, or very remote health position; and whether job satisfaction influenced participants' desires to stay in a non-metropolitan location.

Following the semi-structured questions, participants were given the opportunity to comment freely on themes raised or to identify anything they felt had not been discussed.

Data analysis

Systematic coding was performed on all the collected interview data. All three researchers were involved in the data collection and the coding. The coding process refers to the identification of topics, issues, similarities, and differences that are revealed through the participants' narratives and interpreted by the researchers (Sutton & Austin, 2015).

Upon manual analysis of the transcripts by the researchers, common themes were identified. A logical qualitative analytical process was followed, namely: identifying repetitive/common key words, phrases etc. within and across transcripts; collating/summarising common dominant themes and subthemes representative of the key words, phrases etc.; and creating, naming, and allocating thematic categories and codes representative of the various themes and subthemes.

These themes were used to analyse the transcripts through the program NVivo, which enabled searching for common key words, terms, and phrases that could then assist in the coding of transcripts into thematic categories (Minichiello et al., 2008). The contents of each transcript could be coded into more than one category if more than one theme was identified in the data. Field notes collected during each interview were used as a complementary source of information to facilitate the process of coding; field notes were taken by all researchers and helped to identify common themes in real time. Field notes also helped to reduce memory bias that may have impacted the interpretation of data (Sutton & Austin, 2015).

This research also involved the quantification of some qualitative responses. Contrary to those who believe qualitative research should never be subject to the formation of quantitative statistics, the structure of this research sought to utilise the concepts and techniques of Nvivo analysis. This encourages the quantification of repetitive strings of text or key terms/words, which in turn may provide basic descriptive statistics identifying common responses and perspectives among participants, in order to further enhance an understanding of the professional and personal factors influencing the retention of SLPs. Although structured interviews assist in the process of easily quantifying the qualitative data transcripts, it is important to note that statistical results, regardless of the final calculation, do not inherently assign more or any less importance, or greater or

Table I. Demographic information of participants.

	N = 30 (%)
<i>Remote area classification</i>	
Outer regional	n = 12 (40.0%)
Remote	n = 10 (33.3%)
Very remote	n = 8 (26.4%)
<i>Sex</i>	
Male	n = 0 (0.0)
Female	n = 30 (100%)
<i>Length of tenure in area</i>	
1–3 years	n = 10 (33.3%)
4–6 years	n = 9 (30.0%)
>6 years	n = 11 (36.4%)

Note. Only basic descriptive demographic details were collected to ensure privacy of participants.

lesser accuracy, than other responses. Quantifying qualitative material simply provides an additional perspective on the prevalence of a particular viewpoint.

Result

Inductive analysis provided the key findings of this study's qualitative data (Campbell et al., 2012). The identified themes were primarily divided into two broad categories: professional and personal. The professional category included the following themes: (a) professional support, (b) professional development, (c) premature responsibilities, (d) generalist skills, and (e) funding. The personal category included the following themes: (a) community, (b) family/relationships, (c) burnout, and (d) social justice. There were additional themes identified that did not fit under either category and were thus placed in their own category called latent themes.

Professional factors

A summary of the professional factors identified in this study and how frequently they were referred to is displayed in Table II.

Professional support

The most dominant professional factor identified was professional support (73.3%) being provided, or not provided, during SLPs' professional practice. In fact, participants who referred to professional support could be decisively divided into two main groups: those who felt supported in their workplace (59.1%) or those who felt isolated or unsupported (40.9%). Whichever side of the argument the participants were on, both groups expressed the considerable impact this factor had on retention. One participant commented, "I thought that it won't be very supported, but I think in most people's experience, it's the exact opposite" (P30). Another said, "the actual work and support at my work is the reason for leaving" (P19).

The participants' unanimous opinion that working outside of a metropolitan area is challenging complimented the notion that professional support is vital, particularly for less experienced clinicians. A participant expressed:

difficult or frustrating [work] you can cope with if you have a supportive and cohesive team and a

leadership that's similar, that you trust. If that's not good, then even if everything else is great, the other stuff falls away (P10).

The importance of multi-, inter-, and transdisciplinary teams providing support was also a reoccurring theme (50%). Collaboration was acknowledged as being an ideal in work environments to achieve positive outcomes. As one participant explained:

people are just more willing to work collaboratively in rural Australia. I'm talking about across agencies, there are more like-minded people who are wanting to push the boundaries. [To] do things differently, see a need, be part of a team, let's do this together and see how far we go (P24).

Professional development

Another major theme identified was professional development (66.6%). It is important to note that there is some overlap with this category and the theme professional support; however, there is a subtle difference in that professional development focused upon proactive education, whereas professional support was primarily concerned with reducing a sense of isolation. Participants mentioned that before COVID-19, remote workplaces did not have adequate budgets and/or measures in place to upskill through professional development. However, the advances of the digital age in conjunction with COVID-19 have resulted in many professional development courses becoming available online. This has reduced the longstanding geographical and financial burden of attending professional development.

While this evolution has been positive, time constraints and pressure from increasing caseloads were persistent obstacles for acquiring professional developmental credentials that may not be specifically isolated to working outside of a metropolitan area as a SLP. These issues could all have a substantial impact on a clinician's job satisfaction. As one participant stated, "I wasn't getting the professional developmental support I needed. I felt it was almost deskilling me being out there. If I wanted to go for professional development who would cover the wards?" (P1).

In conjunction with professional development, other issues such as career advancement and promotions were prevalent topics with conflicting views. While some participants saw an opportunity for advancement and promotions (40%), others mentioned progression and the associated workload was too rapid to be feasible (60%). This may well have been the case in some outer regional, remote, and very remote areas given the inception of NDIS, which led to greater access to more equitable funding models (Nickless et al., 2023), and therefore private practice could be a more lucrative option for SLPs not wanting to work in excessively demanding government roles. The NDIS in effect expanded the work and opportunities for SLPs adding to incentives to

Table II. Professional factors identified during participant interviews, which influenced the retention of speech-language pathologists.

Professional factors	N = 30 (%)
Professional support	n = 22 (73.3%)
Premature responsibilities	n = 21 (70.0%)
Professional development	n = 20 (66.6%)
Generalist skills	n = 20 (66.6%)
Lack of funding	n = 16 (53.3%)
Multidisciplinary professional support	n = 11 (36.6%)

Note. Of the professional factors, more than one factor could be identified by each participant.

remain in locality. However, the added professional responsibilities, lack of governance, and inadequate systemic structures became evident for some SLPs. As indicated by one participant, “[what] would help retention is providing timely career progression. With the growth of the NDIS, practices haven’t been able to keep up with the career progression that people want, in a sophisticated way” (P13).

It was also mentioned that the presence of grants, funding, and scholarships specifically allocated to rural/remote professional development is an incentive for retention. One participant said:

I had so much career opportunity that there was no motivation at all to return to the metro area. There were significant advances in my career because I was in a rural setting ... I think I’m more qualified than many of my metro counterparts (P24).

Premature responsibilities

The requirement to take on responsibilities prematurely was a common factor identified (70%). Premature responsibilities were largely seen as a negative experience amongst participants. New graduates mentioned drawbacks such as the lack of supervision, managing workload, excessive responsibility, and burnout. A participant recounted her first career impressions, “when I first graduated, I was basically running two hospitals, two outpatient clinics, three nursing homes, and home visits” (P27).

Some participants who referred to this theme expressed their belief that most SLPs who move remotely are new graduates (30%). Some participants mentioned many clinicians work for a short yet influential time in a remote area before moving back to the city.

These factors in turn impacted new graduates’ opportunities for professional development and deterred them from focusing on learning and implementation of clinical skills, “a lack of supervision and support for early career clinicians is one reason it’s difficult to retain staff in rural locations” (P26).

Nevertheless, other participants mentioned team members supporting new graduates in their new roles, “to the new grads, [don’t] be scared to come out to the country. Everyone is really friendly and willing to help and support new grads because most of us have been there” (P11).

Generalist skills

The acquisition and need for generalist skills in non-metropolitan areas was a recurring theme (66%). Although it was mentioned commonly, there were a wide range of opinions about whether it was a positive or negative factor. The most common perspective being that generalist skills, though difficult and overwhelming, was a major incentive for rural/remote retention: “every client is very different, every hour of the day is very different, which I think is a really big positive” (P8) and “basically, we’re like specialist

generalists, you have to be a specialist across everything to work rural; it is really challenging” (P30).

Participants expressed gratitude and valued their broad skill set and the positive effect it can have in practice. The term “pigeonholed” (i.e. confined to narrow role or scope of practice) and the desire not to be confined was mentioned several times: “I really loved the flexibility of overall health and broad practice areas that you just don’t get in the city” (P27).

While most participants embraced the benefits of a generalist skillset (75%), others were more ambivalent (25%). “I feel like those positives can also be drawbacks in the sense that you are expected to see everyone and anyone” (P10). In some cases, participants indicated that generalist skills may be counterproductive regarding retention—their reasoning being that generalist skills were perceived as a good foundation for career beginnings and then to leave and specialise in the future (20%). Some participants also noted that specialising is not conducive to rural/remote clinical operations (15%).

Funding

The lack of funding in the government funded services was an overarching issue for retention (53.3%). Participants mentioned dilapidated and substandard facilities, a chronic lack of staff, and out of date resources; all factors that can have a negative impact on a clinician’s perspective and performance. Participants mentioned that, “it adds an extra layer of hard to an already hard job” (P7) and “it [referring to an unequipped, rundown clinic and out of date assessment tools] definitely felt like I was compromising my ability to be the best that I could be” (P15).

Remarks about false promises (from employers) for new resources, upgrades, and facilities were also present in the data. Additionally, securing funding was deemed as a long and difficult process by several participants. Inadequate resourcing puts undue stress on SLPs to deliver best practice intervention to support their clients. Lack of funding support can at times be generalised to a lack of support, which has an impact on retention. There were mentions of purchasing resources from the clinicians’ own funds because they demonstrated the desire to do the best for the individuals accessing their service, however, there was insufficient funding to support the service delivery.

Personal factors

A summary of the personal factors identified in this study and how frequently they were referred to is displayed in [Table III](#).

Community

The most dominant personal factor identified was community connection (73.3%). A majority of participants identified having a connection with the local

Table III. Personal factors identified during participant interviews.

Personal factor	Number and percentage of participants
Community	<i>n</i> = 22 (73.3%)
Family and relationships	<i>n</i> = 18 (60%)
Burnout	<i>n</i> = 9 (30%)
Social justice	<i>n</i> = 9 (30%)

Note. This table shows the different factors identified during participant interviews that were categorised under personal factors. It also shows number of participants and the percentage of total participants that mentioned that each personal factor influenced the retention of SLPs in rural and remote communities.

community was a positive factor that influenced them to remain in their rural position (86.3%).

One participant expressed, “being able to get to know people and be part of the community, that’s what I really liked. Yeah, that’s definitely why I’m here now” (P11).

The data was very positive towards the rural/remote communities themselves. Participants used phrases, such as, “really friendly people” (P30), “lovely welcoming community” (P28), and “slower pace” (P30). Others said, “everyone rallies around each other” (P14), “community partnerships are stronger” (P29), and “a sense of belonging to a community” (P29).

However, in some cases, even though the community and lifestyle were reasons to remain, other professional factors overpowered those personal intentions. A participant explained, “I was looking for every chance I could to actually stay ... I liked the community. I didn’t really want to leave from a personal perspective” (P19).

Additionally, a major influence for clinicians to remain in these communities was the need for SLPs and appreciation from the residents. The clinicians’ dedication and contributions to the communities were also frequent observations in the data. Participants commented, “I’m here for the duration. [We’re] definitely needed in our community. I’m finding that really rewarding” (P16), “I’m seeing really tangible benefits of the services delivered” (P30), and “I want to keep doing it for a long time” (P23).

Family and relationships

The next most common personal factor mentioned was family and relationships (60%). A majority of participants mentioned that their decisions were heavily influenced by their families, with some citing they were a major reason for remaining in their rural workplace (55.5%) and others citing they were a reason for leaving (44.4%). Participants mentioned:

I found my husband here, so I really do think a big retention strategy ... If you want people to stay, you need to get speed dating. People stay out here when they find someone ... You just stay so much longer I think because of relationships that you develop as opposed to the job (P28) and

I’ll end up moving back to the capital city where my friends, family, and support networks are. [This is] probably the tendency of 95% of the people I work with (P10).

The theme of family intertwined closely with community for several participants. Additionally, like other remote and rural personnel, it is suspected that SLPs took strategic advantage of the situation to either work from home or shifted closer to relatives and/or made use of electronic media to undertake their duties. As a participant stated, “I want to raise the family in the country and that’s precisely why I’m still here” (P16).

Burnout

Several participants expressed feelings of being overworked and burnt out (30%). Participants described being overwhelmed: “pressured” (P8), “tired” (P28), and “frustrated” (P7). For multiple participants this was the ultimate deciding factor for leaving their position. Some participants referred to a correlation between burnout and job satisfaction. Others expressed that burnout was amplified due to professional factors such as the lack of professional and personal support. Participants indicated a cause of concern was being a disservice and not providing the best quality service to the clients. Two participants cited the dangers of burnout, for example, the risk of car accidents due to fatigue.

Social justice

Themes relating to social justice were mentioned by several participants (30%). The issues and challenges faced by clients from low socioeconomic backgrounds and disadvantaged communities were frequently mentioned. Participants expressed that working with these clients was both challenging and rewarding. In addition, multiple participants expressed a passion and determination to provide the same quality service as a client would receive in an urban setting.

Latent themes

A summary of the latent themes identified in this study and how frequently they were referred to is displayed in [Table IV](#).

Finances

Participants mentioned their salary (20%) with a third speaking positively about their current finances, mentioning well-paid roles and free accommodation as main contributors to their satisfaction (33.3%). In contrast, the remainder of the participants expressed their dissatisfaction regarding their wages. The public sector was specifically mentioned as lacking in equitable wages and flexibility when compared to the private sector, in addition to the lack of financial compensation for relocating.

Table IV. Latent themes identified during participant interviews.

Latent themes	Number and percentage of participants
Finances	<i>n</i> = 6 (20%)
Management	<i>n</i> = 5 (16.6%)
Faith	<i>n</i> = 3 (10%)

Note. This table shows the different factors identified during participant interviews that were categorised under latent themes. It also shows number of participants and the percentage of total participants that mentioned that each additional factor influenced the retention of SLPs in rural and remote communities.

Management

A portion of participants (16.6%) referred to the managerial responsibilities put on them, rather than management itself. Participants stated the need for management to be supportive, attentive, and understanding towards the clinical staff. For one participant, management was the primary reason for leaving their position. Another participant mentioned management contributed to their lack of job satisfaction.

Faith

Some participants (10%) spoke of the importance that their faith had in their lives. The interplay between their connection to family, their faith, and helping others was evident and participants reported that their faith had an influence on their work location.

Discussion

Past research has identified factors that impact the decision-making of all allied health professions (including SLPs) and thus influence retention rates irrespective of the location or uniqueness of outer regional, remote, and very remote areas (Kemper et al., 2021, Veitch et al., 2012). However, given the vastly different roles of AHPs, it is not known if this information is generalisable to any one individual profession. Therefore, this project aimed to identify which factors influence the retention rates of SLPs working in outer regional, remote, and very remote areas of Australia specifically.

This study identified several factors that negatively influenced the experience of outer regional, remote, and very remote SLPs. The majority of these factors were found to be similar to those previously identified for AHPs as a collective (e.g. professional isolation, lack of professional development opportunities, and diversity of caseload). A majority of participants in this study mentioned a lack of professional support as a factor that was influential in their decision to either remain in or leave their rural workplace, with 40% of total respondents reporting they felt unsupported. Inadequate support is a factor that has been previously recognised to negatively impact retention rates of rural AHPs (Johnsson et al., 2019).

Furthermore, a large proportion of participants in this study identified premature responsibilities and

being asked to work above their level of experience as another key factor that negatively influenced their experience in rural workplaces. This too has been previously identified by the World Health Organization (WHO) about health workers as a collective “having to provide services beyond the remit of their training” (WHO, 2010, p. 23). These results are noteworthy as not only do they suggest that the factors known to negatively influence the experience of AHPs are generalisable to SLPs as an individual professional, they also suggest that previously identified factors are yet to be effectively addressed. If the inequalities of speech-language pathology access in remote communities are to be improved, resources and funding must be directed to speech-language pathology centres to address key issues.

A factor in this study that positively impacted the decision of SLPs to remain in outer regional, remote, and very remote workplaces was having strong links to the local community. The importance of community integration has been previously identified in research aimed at AHPs (Abelsen et al., 2020), with strategies such as training professionals through a rural pipeline suggested to increase the likelihood of community integration (Durey et al., 2015). The results from this study support the implementation of these strategies, as improving community integration of new SLPs is likely to increase the likelihood of retention.

In addition, another key positive factor influencing the experience of remote SLPs identified in this study was the opportunity to develop a generalised skillset. A large proportion of participants in this study identified the broad range of clientele seen in rural communities as a positive factor, as it created variety in the workplace and necessitated the development of a wide range of generalist skills. Previous studies have also shown similar findings for AHPs (Kumar et al., 2020). However, these results are in contrast to those of Campbell et al. (2012) who suggested that generalist clients and limited opportunities to specialise was a negative factor for many young AHPs. This suggests that although generalist skills are desirable, there needs to be a reasonable cap on the scope and breadth of skills that the SLP is expected to know and demonstrate on a daily basis. In addition, there should be an emphasis on recruiting individuals with generalist interest and not those wishing to specialise. These individuals would be more likely to enjoy rural work conditions and may therefore improve retention rates.

There were several additional factors identified in this study that influenced retention of SLPs in outer regional, remote, and very remote communities, which have been acknowledged in previous literature (McLaughlin et al., 2008) but not specifically in relation to retention of SLPs. These previously unidentified negative factors included practitioner burnout. Practitioner burnout from being overworked and

constantly under pressure was a significantly negative factor, leading many participants to leave their rural jobs.

Finally, financial incentives were identified as a positive factor influencing SLPs to remain in rural communities, whilst poor wages were a negative factor influencing people to leave. It is unclear if these factors have not previously been identified because these were specific to SLPs and not other allied health professions. Alternatively, these factors may have become more influential to remote health professionals over recent years and therefore were not identified in older studies. Regardless of why, these factors have not been previously identified, yet were found to be an influence on participants (20–30%) in this study. Therefore, future research should attempt to elaborate on our knowledge of such factors so we can better understand how these also influence SLPs who work in a remote area. In addition, it would be beneficial to compare the differences between less experienced and more experienced SLPs as part of this study. This would enable any additional factors to be addressed when developing work conditions for outer regional, remote, and very remote SLPs in the future.

Limitations

A limitation to be noted for this study relates to the outer regional, remote, and very remote participants' interviews being conducted via telephone or teleconferencing, which may have affected the dynamic of the researcher-participant relationship and therefore rapport, which is often essential for a researcher's ability to read a participant's emotions in qualitative research (Boland et al., 2022). Also, this study would have benefitted from a comparative analysis of less experienced SLPs with those of SLPs having more substantive positions. In addition, given the relatively low number of participants ($n = 30$), this study would have benefitted from a larger sample size to strengthen findings and trends.

Conclusion

The aim of this study was to investigate the factors that contribute to the retention of SLPs in rural and/or remote Australia. This study found that retention of outer regional, remote, and very remote SLPs could be influenced by professional support and engagement with the community.

While urban areas of Australia have some issues with staff turnover, the impact is not usually as substantial on the local urban community compared to outer regional, remote, and very remote communities, particularly given the long term skill drain (i.e. complacency in role, reduced capacity to upskill, burnout etc.) that occurs in remote geographical areas and the substantial geographical barriers in communities accessing alternative SLP services.

Urban areas have the advantage of a higher population per capita and, consequently, increased services to match demand, and therefore increased corresponding employment opportunities for SLPs.

To improve community access to SLPs in outer regional, remote, and very remote communities of Australia, the collated data suggests that increased funding is required from employers for SLPs to engage in tailored/bespoke professional education so as to maintain/enhance the clinical competence required for rural/remote SLPs, and in turn incentivise SLPs to remain in outer regional, remote, and very remote communities. To achieve this, it is also important to prioritise community immersion and improve mentoring for outer regional, remote, and very remote SLPs so as to increase professional support. Future strategies and policies should be implemented that attempt to address these issues. Ideally, this is an opportunity for collaboration with SPA, government managed health services, and policy providers to identify ways to decrease the equity gap between Australian rural/remote and metropolitan speech-language pathology services.

Disclosure statement

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