

Barriers to Nursing Workforce Retention and Attraction in Rural Areas

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Oregon Center for Nursing (OCN) is a nonprofit nursing workforce leader that facilitates research and collaboration for Oregon's nursing workforce to support informed, well-prepared, diverse, and exceptional nursing professionals. This project aims to support workforce programs through evidence-based research uncovering the barriers to workforce sustainability and expansion specific to low-income and rural communities.

Every area of practice within healthcare is looking to find solutions to attract and retain nurses because of the national shortage of nurses. However, research tells us that an increased volume of new nurses alone will not solve hiring disparities in certain sectors and specialty practices (UCSF, 2022). The nursing workforce is heterogenous with complex factors systemically perpetuating a maldistribution of the nursing workforce (OCN, 2019). These factors lead to rural areas chronically

struggling to recruit and retain nurses, especially new graduates (Calleja, Adongteng-Kissi, & Romero, 2019; Cosgrave, Malatzky, & Gillespie, 2019). Additionally, community-based practice settings (e.g., long-term care, ambulatory care, public health, etc.) have higher vacancy and turnover rates than found in acute care settings (OCN, 2018). Taken together, community-based practice settings in rural communities face increasing difficulties in finding and retaining an adequate supply of nurses. This situation is deeply troubling as nurses practicing in community-based settings, principally long-term care and ambulatory care settings, have a greater influence on the overall health status of the community (OCN, 2021).

Rural communities face some of the same barriers to recruitment and retention found in urban communities, such as pay, workplace culture, and workloads (LaSala, 2000), but many other barriers have a larger influence in rural communities compared to urban areas. These include barriers associated with a lack of suitable housing, distance to desired services, lack of social connections, the lack of employment opportunities for spouses and

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and partners of healthcare workers, and characteristics of the local community (Abelson, et al., 2020; Cosgrave, Malatzky, & Gillespie, 2019). Because of these factors, many employees view their employment as time-limited commitment, which can severely affect retention of the workforce. Thus, the decision of the healthcare worker to start, stay, or leave a job in a rural community is based on complex set of socioeconomic factors (Abelson, et al., 2020).

OCN has conducted statewide research on the maldistribution of nurses and has found supporting evidence of potential factors contributing to hiring and retaining nurses in our embeddedness work (OCN, 2021). This project will continue that research tailored to low-income, rural settings to unveil the determinants of turnover as well as the detractors in recruitment. Quantitative analysis will be employed to assess the constraints in the local area market for nurses entering and staying in community-based settings within healthcare. This project aims to identify the specific obstacles and resistances to workforce growth of low-income communities that may include women, persons of color, members of the LGBTQ+ community, and members of Oregon's federally recognized Indian tribes. This pilot will also be used to test the interview process and data collection methods to ensure replicability, so it can be utilized in other communities and priority population sectors statewide.

OCN partnered with the Southwest Oregon Workforce Investment Board (SOWIB) to examine the barriers and attractors to recruitment and retention of nurses within the catchment area of Coos County. This county has the third highest rate for both children born into poverty and food insecurity in Oregon. The median household income is \$49,445, markedly below the statewide median household of

\$62,818. The area is also severely underrepresented in nursing for long-term care and in ambulatory care settings. Coos County consistently ranks among the lowest in County Health Rankings & Roadmaps (University of Wisconsin, 2023) in health behaviors, social and economic factors, and is designated as a low-income/high homeless population area with a primary care health professions shortage by the Oregon Health Authority (2023).

Methods

OCN partnered with the Southwest Oregon Workforce Investment Board (SOWIB) to serve as the local partner for the study. OCN staff met with SOWIB staff in Coos Bay on January 6, 2023 to discuss the purpose of the study and to outline the roles and responsibilities of OCN and SOWIB. SOWIB staff were asked to identify and invite appropriate staff from various practice settings across Coos County. OCN identified several practice settings to be included in the focus group interviews; they include, acute care, ambulatory care, long-term care, nursing education (local community college), public health, and school nursing from local school districts. SOWIB was also asked to assist in securing meeting space at a local venue.

OCN staff drafted the Barriers Project Questionnaire based on the available literature and from experience with the Rural and Frontier Listening Tour conducted by the Oregon Office of Rural Health (2016; 2017). The questionnaire (available in Appendix A) was designed to prompt participants to describe the perceived barriers and attractors impacting the ability of employers in Coos County to hiring and retaining nurses in their workforce. The questionnaire asked participants to describe the most impactful barriers and attractors to recruitment at the community and practice-level. Employers were then asked about the barriers and attractors impacting retention.

Questions regarding barriers and attractors focused on factors directly related to the practice of nursing and to factors related to the community. Factors related to the practice of nursing include issues such as pay, workload, and workplace culture. Community factors are those conditions tied to the community where nurses live and work, such as housing, employment opportunities for the spouse/partner, K-12 education, and the ability to assimilate into the community.

SOWIB staff invited staff from acute care, ambulatory care, and long-term care to participate in the focus group interviews held at the [Coos County History Museum](#). Focus group interviews with staff from nursing education, public health, and school nurses were scheduled separately by OCN staff, as they had previous relationships with staff from these practice settings. The focus group interview for staff from public health was conducted at the Coos County History Museum and adjustments to interview locations were made to accommodate the other practice settings near or at their place of work. All focus group interviews were conducted between April 25, 2023 and May 9, 2023. Each focus group interview was scheduled for two hours and was comprised of staff exclusively from the same practice setting, so the unique perspective from each practice setting was preserved during the focus group and not diluted by viewpoints from other practice settings. OCN staff conducted each focus group interview. During the focus group interviews, OCN staff described the purpose of the study and outlined the process for the conducting the interview. OCN staff read each question from the Barrier Project Questionnaire to focus group participants. Focus group participants' comments were recorded by OCN staff for future analysis.

Utilizing the Framework Method, a seven-step procedure for analysis of qualitative

data was followed. The first was to combine the independently developed interviewer notes into a shared data set, assigning case numbers to each interview occurrence. The interviewers then collectively reflected on the notes and recollection of the interviews to ensure all elements of the captured information were represented well in the data set. Next, the data set was imported into a computer-assisted qualitative data analysis software, QDA Miner Lite, to manage and refine the data for interpretation, beginning with coding segments of the data. A combination of inductive and deductive approaches was used to assign codes. Inductive coding allows the content narrative or theory to emerge from the raw data in exploratory research, while deductive coding assigns a predetermined set of codes to match the research question (Gale et al., 2013). The inductive codes were assigned based on interpretation of the words or sentiments captured in the data set, resulting in 132 unique codes.

The deductive codes aligned with the research question were "Practice," "Community," "Attractant," and "Barrier," which were assigned as "categories" in the first of three rounds of coding to maintain integrity of sentiments versus codified response application. Both interviewers developed and reviewed the inductive codes assigned to the text to ensure consistency and to mitigate one perspective from dominating or skewing the interpretation. In the fourth stage, the codes were extracted and grouped into clusters by similarity and question relevance resulting in 35 clusters. Upon analyzing the text in clusters, a thematic title was assigned to each cluster that was then used to index and chart the data for interpretation. Seven clusters were removed from the analysis as they were deemed to be outliers representing a single perception or practice setting.

Results and Findings

During each of the six focus group interview sessions held in Coos Bay, OCN staff discussed and evaluated the process used for the focus group interviews. This evaluation included assessing the questionnaire to ensure the “right questions” were being asked and how the responses from focus group participants fit the questions. OCN staff also discussed the flow of the questions and whether the transitions from one topic to another worked during each session.

As a result of these post-session discussions, OCN modified the questionnaire slightly after the first and second focus group interview. It appeared the question order and flow worked better following these modifications. It was also determined during these discussions that the decision to limit focus group attendance to one practice setting during each session was appropriate. Lastly, based on focus group interview sessions with multiple participants and those with a single participant, OCN staff determined the quality of information received during the session was more informative when only a single participant was present. During sessions with multiple participants, it was apparent to OCN staff that participants were withholding some information due to the presence of staff from other, competing practice sites. During the post-session discussion, it was noted the information received was richer and provided more context when only one participant was present when compared to sessions where staff from multiple practice sites were present. Thus, in future focus group interview sessions, each session will be limited to one participant or participants all from the same practice site.

In addition to the evaluation of the focus group interview process, the responses from these sessions were analyzed to determine if the data collected was of a

quality to describe the issues facing rural healthcare employers in recruiting and retaining nurses, as well as, the characteristics of the practice site and of the community that would attract prospective employees and retain current staff. The following themes were identified by focus group participants during the interview sessions by following the method of analyzing qualitative data described above. These results represent the consolidated comments for each identified theme made by focus group participants. Only comments made in two or more focus group sessions are represented. Please note, these are preliminary findings do not represent the entirety of the comments made during the focus group sessions.

Practice Barriers to Attraction

Requirements not aligned with applicant qualifications/availability: Participants commented about the lack of a qualified applicant pool, training opportunities for certifications not available locally, and an overall lack of training opportunities.

Salary competition: One common barrier observed by participants is the inability to compete with wages resulting in a loss of staff, and potentially the ability to recruit new workers.

Misaligned expectations and values: Participants in about half of the focus group sessions commented that nurses do not understand their role.

Workload management: A few participants commented about the impact of patient-to-staff ratios in their facilities affect their ability to attract workers.

Leadership and administrative challenges: Participants from a few practice settings stated the budget and organizational structure of their setting suppressed wages.

Community Barriers to Attraction

Opportunity, belonging, and connections:

More than half of focus group participants commented about the lack of work opportunities for spouse/partner, the lack of a qualified applicant pool, the lack of local diversity. Fewer participants commented about spouse's satisfaction with the area, the rural lifestyle, training opportunities for certification not available locally, and the poor quality of local K-12 schools.

Lacking available, affordable, and habitable housing options:

Participants made many comments about housing in the area including, housing quality is an issue, lack of available housing, the price of available housing, and housing is affected by cash purchases from non-locals.

Commerce, entertainment, and services:

When describing barriers within the local area, participants commented on the travel distance to "big box" chain retailers, that no "big box" chain stores were local, lack of affordable childcare, and the lack of big-ticket entertainment.

Practice Attraction

Purpose, impact, and culture:

When discussing the positive factors affecting attraction and recruitment to their practice settings, participants described the purpose of the work and the relationships among co-workers.

Schedule and workload management:

About half the participants described flexible schedules and low patient-to-staff ratios as being an attractor.

Benefits, incentives, and pay:

A few participants described their benefits as an attractor. Participants also discuss their marketing campaigns about incentives, relocation packages, and bonuses.

Community Attraction

Area beauty, recreation, and reputation:

When discussing the community attractors, focus group participants said the area was great for "outdoorsy" people, with a lot of recreation opportunities in the area. Participants also mentioned the areas nature beauty, the weather, and the reputation of the community and being attractors.

Public education: While some focus group participants thought the quality of the local K-12 education was poor, others thought the area K-12 education was good.

Turnover

Life priorities and transitions:

About half of the participants said they lost nearly all their staff during the COVID-19 pandemic. Participants discussed how retirements, life changes, reprioritization, and personal reasons affected turnover at their facilities.

Wage competition: Half of the focus group participants said their facilities were unable to compete with wages.

Workload and lack of training: Focus group participants commented about the impact of workload and not having enough support staff impacts turnover.

Culture, governance, values, and incivility:

A few focus group participants commented that leadership culture affects turnover.

Retention

Connection and culture: When discussing the factors leading to the retention of their workforce, participants discussed the role of organizational culture, their home grown/local staff, and co-worker relationships as driving factors in their ability to retain workers.

Passion, purpose, and conviction: Focus group participants said they thought the purpose of the work was an important factor in keeping their workforce.

Schedule and workload: Some focus group participants thought their predictable work schedule improved retention.

Change

Ability to increase pay, benefits, and bonuses: When asked about what could be changed within their facility to increase their success in recruiting hiring, and retaining nurses, the most common response was the change the budget structure and to increase wages.

Other ideas: Comments made by a single focus group participant have not been reported in previous sections. Because of the nature of this question, most responses were highly individualized and typically made by a single participant, it appropriate to list of a few of them to give a sense of the types of change focus group participants thought would be impactful. They include, offering loan repayment, increasing moving bonuses, and remove agency contracts. Also stated were ideas about creating a marketing campaign for rural area nurses, enhance knowledge of the practice setting, enhance value of profession, increase pool of support staff, improve physician/staff relationships, balance workloads, and increase partnerships with other local facilities.

Discussion

The findings and the comments made by participants during the focus group interview sessions reveal some commonality among the perceived barriers and attractors to recruiting, hiring, and retaining staff, and the findings presented here provide some insight into the factors affecting healthcare employers in Coos County. While participants did find some

of the barriers and attractors, there were many noted inconsistencies in how the issues were described by the various practice settings. For example, almost all the participants discussed how local housing affects their ability to attract workers. Interestingly, some participants thought ample housing was available, but of poor quality, and in many instances, the available housing was uninhabitable. Others felt housing was simply unavailable or being bought up by non-locals with cash, thereby excluding local residents from the housing market.

While the focus group participants were able to describe the issues affecting the barriers and attractors in detail, many were unable to offer meaningful solutions to the identified problems or how to increase the visibility of the attractors. Based on these findings, it seems reasonable to conclude the method used in this study was adequate to identify the barriers and attractors of the practice setting and community to recruit and retain nurses. However, it is not clear that practice settings alone can identify and propose meaningful solutions. It seems likely the local workforce investment boards could identify local officials or persons who could collaborate and realize real solutions to increase the area and practice setting success in attracting and retaining their nursing workforce.

This model provides an opportunity to understand the problems unique to the catchment area by clearly identifying the factors perceived to influence nurse attraction and retention. The preliminary test of this method in Coos County provided fruitful information that can be used by local stakeholders to support and grow their workforce. The authors will attempt to validate this discovery method in another rural area of the state to determine its success in approach replicability and reliability.

Conclusions

The method used in this study resulted in several prevailing themes consistent with those found in the sparse literature that is available on rural healthcare worker barriers to attraction and retention. It also aligns with findings that a complex litany of interconnected factors influences a nurse's decision to start, stay, or leave a job in a rural area (Abelson et al., 2020; Gillespie et al., 2022). In as much, there is not a singular solution or silver bullet.

Efforts to address nurse attraction and retention will likely need to be in coordination with several stakeholders, including SOWIB, the individual practice settings, and local community leaders. The authors involved in this study suggest the local stakeholders explore the themes identified to recommend, lead, coordinate, and conduct new initiatives to advance opportunities designed to reduce local attraction resistance and eliminate barriers to entering and staying in nursing to enhance the capacity to launch, expand, sustain, and offer continued support to the nursing workforce through the lens of the whole person experience inside and outside of the practice setting.

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Appendix A: Employers Focus Group Questions

1. Are you able to recruit and hire enough nurses at your facility?
2. What are the most impactful practice-specific barriers to recruiting nurses to your practice setting? Of these, which is the most impactful?
3. What are the most impactful community-specific barriers to recruiting nurses to your practice setting? Of these, which is the most impactful?
4. Thinking more about barriers to recruiting, are there other barriers (both practice and community-specific) that could sometimes impact your ability to recruit nurses to your facility? What about housing? Employment opportunities for spouses/partners of nurses? Community assimilation? K-12 Schools?
5. What are the most impactful attractors specific to your facility? Which is the most impactful?
6. What are the most impactful attractors specific to your community? Which is the most impactful?
7. Is turnover among nurses an issue at your facility?
8. Why are nurses leaving your facility? Do you ask nurses why they are leaving your organization? If not, why do you think nurses leave your facility? Which is the most important reason? Do you have any control over these issues?
9. Why do nurses stay at your facility? Have you asked them why they are staying?
10. If you could change one thing about your practice setting (facility) to increase your success at recruiting, hiring, and retaining nurses at your facility, what would that be?
11. What else would you change to increase your success in recruiting, hiring, and retaining nurses in your facility?