

# Qualitative Perceptions of Opportunity and Job Qualities in Rural Health Care Work

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## Abstract

With rural health care worker shortages projected to only worsen in the coming decades, many rural communities are attempting to institute local training and education in hopes of retaining a stable local direct care workforce. This study uses qualitative methods to explore how local health care training, education, and employment are perceived by rural residents in one isolated community where most of the local jobs have transitioned from manufacturing and natural resource extraction to health care and education. Based on 60 in-depth, semi-structured interviews and 40 hours of participant observation primarily as a volunteer in a long-term care facility, I find that perceptions about the opportunities in health care that remain in “Independence Creek, Washington” are complex and divergent. The majority of participants speak positively of the local trainings for nursing assistants and the innovative on-site two-year nursing program and argue that these opportunities, seen as either a stepping stone for college-bound young adults or a pathway to decent employment for place-bound individuals, are much needed. Perceptions of pay for nurses are also favorable. Perceptions of pay for nursing assistants are more mixed. Respondents consider it better than other service work, but also not a livable wage. Job security is perceived as a big plus, as respondents describe the ability to “get a job anywhere” as a nurse or nursing assistant. However, job stability (having regular hours and work place stability) are not described as strong qualities of working in rural health care. Despite

issues with some negative perceptions of rural health care work, this study demonstrates a continuing need for more local training as we work towards higher quality working conditions and compensation.

**Keywords:** Nursing assistant training, Nursing education, Pay, Job stability, Job security

### **Qualitative Perceptions of Opportunity and Job Qualities in Rural Health Care Work**

For decades, the Department of Labor has been tracking and predicting the growing need for all types of health care workers, including registered nurses (RNs) and direct care workers (DCWs) such as certified nursing assistants (CNAs) and nursing assistant-certified (NACs) (U.S. Department of Labor's Education and Training Administration, 2010). These terms are used interchangeably in this paper. In Washington State, demand for nurses is expected to grow from about 35,000 to 60,000 in 2020 (Skillman, Andrilla, & Hart, 2007). However, with current degree programs and student slots, the projected supply of nurses is actually expected to drop to near 30,000 in 2020. This need is even more critical in rural areas of the United States, which are home to about 65% of all Health Professionals Shortage Areas (National Advisory Committee on Rural Health and Human Services, 2011). For rural residents the pursuit of college, including nursing education, almost always means leaving their hometowns (McDonough, Gildersleeve, & Jarsky, 2010; Molinari, 2001). While community colleges have been partnering with rural communities and local institutions for some time, little is known about how increasing local educational and training opportunities is perceived by the individuals who live in the affected communities. This study builds on existing literature regarding access to training and education in rural places and the nature of jobs in rural health care to explore how residents in one rural remote Pacific Northwest community perceive and integrate opportunities in health care into their own discourses regarding education and work. More specifically, this study examines how

local training and educational opportunities in health care are perceived and how individuals describe the pay, stability, and security of health care employment.

### **Theory and Literature Review**

For rural people, the intersection of educational opportunities and the labor market plays an important role in making decisions about employment and career choices. Utilizing a grounded theory approach (Glaser & Strauss, 1967; Wuest, 2012), this project focuses on relevant patterns of beliefs about education and employment in health care to illuminate perspectives of direct care workers who occupy a position of lower privilege in the overall health care system compared to others in health care. To follow is a brief summary of what is currently known about rural educational opportunities, the changing rural economic landscape as it relates to opportunities in health care and what makes some jobs more attractive than others. This literature provides a background for understanding how the rural context is currently understood and how perceptions of opportunities in rural health care might be constructed by those in or considering the field.

#### **Access to Post-Secondary Training and Education**

Individuals living in rural communities have significantly less access to local post-secondary educational opportunities than those living in urban or suburban areas (Gibbs, 1998; McDonough et al., 2010). This lack of local opportunity, coupled with more pervasive and long-lasting poverty (Tickamyer & Duncan, 1990; U.S. Department of Agriculture/Economic Research Service, 2010) helps explain the large gap in college attendance and completion that exists between rural and nonrural young adults (Gibbs, 1998; Provasnik et al., 2007). Previous research suggests that a community's proximity to urban centers and educational institutions influences the out-migration of young adults through the variation in access to education and employment opportunities within commuting distance (Gibbs, 1998; McDonough et al., 2010).

Community colleges across the United States have recognized this problem and many have taken steps in an attempt to increase access to education for rural individuals (Benson et al., 2008; Eller et al., 1998; Jaeger, Dunstan, & Dixon, 2015). Since the early 1990s, community colleges have stepped up their efforts to reach potential students in economically distressed rural communities by investing in branch campuses, extended campus centers, and/or collaborating with other local institutions to provide on-site training and credentialing that met the communities labor market shortages in fields such education and health care (Baldwin, 2001; Holly, 2009; Proffit, Sale, Alexander, & Andrews, 2004; Rubin, 2001; Torres & Viterito, 2008). For local residents, these new opportunities meant that for some communities, out-migration was not the only way to get an education. However, little is known about the impacts of these changes on communities, families, and individuals. Some youth and young adults cannot or do not wish to leave their rural communities. For these individuals, education and training opportunities may be one of the primary ways to stay and be economically secure, although much of the success of retraining in rural places may depend upon what types of jobs are left for adults to fill and how those jobs are perceived.

### **Health Care Work in Rural America: Good Jobs and Bad Jobs**

To better understand how local trainings may be perceived and perhaps utilized, it is useful to explore the types of jobs available in rural health care and how they can be assessed in terms of job quality. In a national assessment of in-migration at the county-level, Johnson (2006) found that rural communities experiencing the most growth were those where “retirement, service, and recreation” (p. 16) dominated the local economy. For these counties, the impact of in-migration of older and retiring adults changes the demands for services, especially around health care. The growing demand for health care workers has been accompanied by a marked decrease in jobs

available in other industrial sectors, especially those mostly occupied by men in rural manufacturing, resource extraction, and farming primarily due to technological advances (reducing need for manual labor), changes in industry and trade regulations, and shifting demand for materials produced through natural resource extraction (Flora et al., 1992; Morris & Western, 1999). These economic shifts were most notable in the 1990s and have remained fairly stable since. Despite the increased demand for health care workers, there is a growing problem of recruiting and retaining RNs and DCWs in rural areas which appears to be, among other factors, the result of decreased interest in caretaking and nursing as a profession and job dissatisfaction (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Roberge, 2012).

Unfortunately, decreasing interest and job satisfaction are partially related to the fact that many health care occupations are what Mitnik and Zeidenberg (2007) would consider bad jobs. To distinguish between bad and good jobs, researchers look at a number of factors. First, to be a good job in the United States, the job must pay a decent wage (Mitnik & Zeidenberg, 2007). Mitnik and Zeidenberg (2007) suggest that a good wage is one in which a single full-time earner can support a family of four at higher than 150% of the poverty threshold. In a foundational study of rural families and labor, Nelson and Smith (1999) found job stability and character of the workplace are also important in identifying a job as bad or good. According to these authors, good jobs are those which are full-time and year round. In turn, bad jobs are those which are temporary, part-time, and/or seasonal. Good jobs are also characterized by having a regular schedule which does not vary from day to day or week to week. Additionally, workplace characteristics which would imply a good job include benefits and overall workplace stability (few layoffs, little concern about financial stability of the company). Finally, good jobs provide

opportunities for advancement through increased access, skills-training, and education (Mitnik & Zeidenberg, 2007).

By these standards, many of the jobs in the health care field, especially in skilled-nursing facilities and home health care, might be considered bad jobs. Although the structure of the health care industry and its dependence on insurance companies and very limited government monies makes it difficult for these types of jobs to move into the status of good jobs, some facilities are attempting to address issues related to the negative qualities of jobs in health care through increased access to training and education which may make upward mobility more possible than in the past. Unfortunately, the structure of direct care work in long-term care facilities and in home health care is such that there is a greater need for staff at the bottom of the staffing hierarchy (who provide the direct care of residents and patients) than at the top (Mitnik & Zeidenberg, 2007). Nonetheless, according to this same study, hospitals may actually be places where upward mobility is possible with increased access, training, and education, because of the more balanced distribution of bad and good jobs (although the majority of jobs, especially for those without higher education are bad).

The intersection of growing training and educational opportunities, increasing demand for rural health care workers at various levels, and changing rural demographics provides an interesting backdrop for this project. This study explores the following questions regarding the local opportunities for training and education in health care and the nature of the jobs which can subsequently be pursued after completion of local training or education:

1. How do individuals perceive local training and educational opportunities in health care?
2. How do individuals describe the characteristics of local jobs in rural health care?

The purpose of this study was to explore how local health care training, education, and labor shortages in rural communities are perceived by rural residents and how these perceptions fit in the larger social context.

## **Methodology**

### **Study Site**

Names of places, people, and some occupations have been changed to protect the confidentiality of the participants and socio-economic information presented for this study site are based on the 2010 census which occurred just before the collection of this data (unless otherwise noted). Independence Creek, Washington is a small community located in the mountainous country of Eastern Washington, with a population of about 2,000 people, of which 92% are white. According to the Washington Department of Health (2006), Independence Creek has a small town/isolated rural designation. Independence Creek's population swelled during the early part of the 20<sup>th</sup> century, because of ample farming, logging, and mining opportunities. However, changing regulations and diminishing resources gradually led to a permanent decline in these industries over the past 40 years. In 1990, 37% of the jobs in Harrison County were in farming, natural resources, mining, construction, or manufacturing (Office of Financial Management, 2012). In 2010, these types of jobs made up just 25% of all employment. During this same period jobs in the service and health care sectors increased. The region took a huge economic hit in 2001 when a nearby mineral refinery plant closed, taking 300 of the last well-paying jobs out of the community in a matter of three months. Although the health care sector only grew modestly while the community was losing the majority of its industrial jobs, care work became one of the primary pathways to stable, year-round employment. Thus, at the time of this study, the majority of good local jobs were concentrated in health care and education. Working

in these fields was also the primary way to gain access employee benefits. Harrison County also has a history of stubbornly high poverty, slightly elevated by the Great Recession. In 2010, 21% of all individuals living in this community and 24% of families with children under the age of 18 lived in poverty (U.S. Census Bureau, 2010). After adjusting for inflation, annual wages in this county have remained stagnant since 1987, hovering around \$30,000, well below the state average (Washington State Employment Security Department, 2010). Specific source tables for these figures are not identified to protect the identity of the county and community. Harrison County has also experienced a long history of higher-than-average unemployment. In 2010, Harrison County had a 12% unemployment rate, while an average of about 9% of those living in Washington experienced unemployment that year. Thirty-eight percent of men and 50% of women were not currently in the labor market in 2010 (Washington State Employment Security Department, 2010). This is compared to 28% men and 40% women at the state level.

### **Local Health Care Training and Education**

In general, recruiting and retaining health care workers in rural areas has been a challenge. Health care administrators' attempts to draw in and retain good nursing staff with incentives such as sign-on bonuses and extra vacation time have not been very effective (Lemay & Campbell, 2010). One of the more successful strategies for recruiting and retaining rural health care providers is to recruit students from rural areas or who have rural connections (Molinari & Monserud, 2008). Physicians from rural areas are, on average, twice as likely to work in rural areas after graduation compared to their urban counterparts (Laven & Wilkinson, 2003). This is also seen as more ethical, as socialization and training for rural nursing is very different than the socialization process for urban nursing (The Frontier Education Center, 2004).

Independence Creek is about an hour from the nearest post-secondary two- and four-year educational institutions. While commuting is possible and definitely done by some, it can be time consuming and dangerous, especially in the winter. Some innovative programs have been developed by local health care and educational institutions in Independence Creek in an attempt to lessen the economic and social impacts of the labor shortages they experience in health care workers. The locally-delivered training and educational opportunities in health care in Independence Creek mirror many of the recommendations outlined by the Department of Labor in the *Allied Health Access Guidebook* (U.S. Department of Labor/Employment and Training Administration, 2010) which are designed to increase access and retention of high quality direct care workers. To follow is a brief discussion of each type of trainings available in or around Independence Creek.

**NAC/CNA certification programs.** In Independence Creek, there is a well-established partnership between the local not-for-profit hospital and the high school. Nurse educators from the hospital have been providing an elective course titled “medical careers” for high school juniors and seniors for over 20 years in which the primary purpose is for students to complete all the requirements to become certified as a nursing assistant. Although this course is titled “medical careers”, the curriculum primarily focuses on nursing and direct care work, not careers in medicine. In addition to this opportunity in high school, the hospital also offers the traditional adult certification training three times a year. This is also a short course (ten weeks) for adults which focuses solely on completing the requirements for certification. This course and certification costs about \$250. For high school students, the cost of the background check and testing fee are waived by the hospital and school. There are also scholarships and some government programs which occasionally help with the costs for both high school and adult

students. While the high school course is fairly unique, many rural communities have adult certification trainings.

**On-site Associates and Bachelors Nursing Degree programs.** Independence Creek is one of the few isolated rural communities that have opportunities like their on-site associates degree in nursing (ADN) and distance degree bachelors of science in nursing (BSN). Employees at the Independence Creek Hospital have the opportunity to apply to the associates nursing program which is facilitated by a community college on the western side of Washington State. Employees may apply to the program after completing 12-15 prerequisite courses in science, math, and general education. Prerequisite courses typically take at least a year and are offered to Independence Creek residents in an online format, at a community college satellite campus about 30 miles away, or at the main campus of the regional community college in Appleton (about an hour drive in good weather). Once accepted, students complete the rigorous two-year program which includes everything one could expect from a high-quality associates program delivered at a community or technical college. Because of the intense nature of this program and limited opportunity to interact with patients and other professionals in this remote rural community, only two students are selected each year. The total cost to the student is about \$12,000 in tuition, books, and other additional costs. For nurses who already have associates degrees interested in administration, the hospital has partnered with the University of Great Falls to provide an online degree program for completing a bachelors. To date, only a few people have taken advantage of this program, but this collaboration reduces the total tuition costs for students from about \$27,000 to about \$7,000.

## **Research Design**

This study relies on data collected from November 2010 to November 2011, consisting of 60 recorded, in-depth, semi-structured interviews with individuals with ties to health care training and institutions in Independence Creek and 40 hours of participant observation, primarily spent volunteering in health care settings. These methods allow for an in-depth understanding of how individuals perceive and experience the local health care educational and employment opportunities. The interviews covered a variety of topics related work and education experiences, migration, and perceptions of local employment and educational opportunities (see Table 1). Interviews lasted about an hour on average and ranged from 35 minutes to 2.5 hours.

The bulk of the participant observation was conducted between June and October of 2011 and took place mainly during volunteer shifts at the local long-term care facility. Volunteer activities included working with the activity aides to take residents via wheelchair to the local farmers' market, the thrift store, and other community events, as well as playing cards and visiting with various residents. During these activities, I also interacted with staff and observed how they interacted with residents, patients, and each other. Most employees knew I was conducting a research study and were very friendly. Several were willing to take moments in their hectic work to explain the work they did and tell me a bit more about themselves, the residents, and patients. Because many of the questions asked respondents to talk generally about their experiences, individuals were free to talk about anything they felt was important.

## **Interview Recruitment and Sampling**

The principal investigator originally made contact with and interviewed key informants in both education and health care. One of these key informants became instrumental in future recruitment of individuals who had participated in the local health care educational programs.

Thus, most of the respondents were initially recruited through the health care education coordinator at Independence Creek Hospital. Additional respondents were also recruited during participant observation. At the end of each interview, respondents were asked if they knew anyone else who would be interested in participating in this study and this resulted in 65% of the total sample being recruited through snowball methods. Purposeful recruitment was also utilized in an attempt to recruit types of individuals who were missing from the sample (such as men). As recommended in grounded theory (Wuest, 2012), as interviews revealed additional themes and questions, I specifically recruited individuals who could speak to those experiences or processes.

### **Limitations of Methods and Recruitment Strategies**

While qualitative research provides a rich and in-depth examination of the social experience and environment, there are some limitations related to reliability and generalizability that should be noted. First, the information collected here is assumed to reflect the actual experiences of those involved in the study. While trustworthiness can be an issue in qualitative research, this study focuses on the perceptions of those involved, regardless of their objectivity. When possible, I conducted interviews with multiple people involved in similar events or experiences. This made it easier to see commonalities and differences in their perceptions of the overall process. Next, recruitment of men was challenging. As in much of health care, men are very under-represented in health care in Independence Creek. Unemployed men and men in occupations outside of education and health care were difficult to reach and commit to interviews. In a few instances, men canceled and rescheduled more than three times and never actually participated in a formal interview. Although gender comparisons are noted in this study, it seems the perspectives and experiences of the 21 men interviewed is more varied than those of the 39 women.

Table 1

*Brief Examples of Interview Questions*

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Questions
Section 1: Introduction
How long have you lived here? What brought you to Independence Creek?
What do you like/dislike about living here?
What types of jobs are available in Independence Creek?
Section 2: Experience in Health Care, Education, and Work
How did you become interested in health care work?
What was your training like?
Can you tell me about the people in your training/class? The people you work with?
For people who did training, but didn't pursue health care:
What made you decide not to pursue health care?
Section 3: Work
What kinds of things have you done for work in the past?
What did you like most/least?
What do you do for work now?
Probes: How long? How did you get this job? How do you like it?
Are you looking for something else? Is it what you expected you would be doing?
What type of work would you like to do in the future?
Probes: What kinds of training/education/experience would that take?
What kinds of opportunities do you have for advancement?
Would you consider pursuing these?
Why or why not?
Section 4: Family and Current Relationship Status
What is your family/parents like?
What did they do for work?
Are you in a relationship? If yes, when/how did you meet?
Do you have children? If yes, how old? What are they like?
Can you tell me about a challenge you and your family have faced?
Are you where you thought you would be at this point in your life?
Section 5: Wrap Up
Is there anything we haven't talked about that you would like to share?
Do you know anyone else who might be interested in talking with me?

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Finally, and perhaps most importantly, the results of this are based on a non-random sample in one rural remote community and cannot be generalized to other communities. It is hoped that the finding here regarding how the magnitude of health care as a primary industry and one community's attempts at training, educating, and retaining health care workers is perceived and

experienced may provide insight for future research and other communities facing similar challenges.

### **Data Analysis**

From the onset of this study, data collection and data analysis occurred concurrently (Glaser & Strauss, 1967; Wuest, 2012). Interviews and field notes were transcribed and coded for emerging and recurring themes using a grounded theory approach. The principal investigator wrote extensive memos and diagrammed relationships between emerging core concepts. Coding schemes were not pre-established and the very open and semi-structured nature of the interviews did not make it possible to specifically code answers to particular questions. Initially, open coding was used to review each interview transcript in HyperResearch Qualitative Data Management Software (2013). As coding progressed and new codes emerged, earlier transcripts were back-coded. In total, 35 content-specific initial codes emerged. The codes represented in this paper are specific to the research questions outlined previously (which emerged as the study evolved), including participant reflections on the positive and negative characteristics of education and work in local health care, especially those related to availability, upward mobility, pay, stability, workplace qualities, and residential migration. After the initial coding, reoccurring groups of codes were further investigated and theorized as themes regarding perceptions of opportunities, job characteristics, and beliefs about residential migration. This data was entered into excel and then transferred to Stata, a quantitative software package (StataCorp, 2013), to calculate cross-tabs regarding the occurrences of codes and themes by respondent characteristics (such as gender, education level, and job status) for descriptive purposes. When appropriate, differences in perspectives and responses across categories are also noted.

## **Findings**

### **Respondent Characteristics**

This project first received exempt status from Washington State University's Institutional Review Board (IRB # 11637) in November of 2010 and an approved status (IRB Number #12016) in June of 2011 when more extensive participatory observation was added to the study. Ninety percent of the respondents were white (reflecting the racial make-up of the county) and they ranged in age between 17 and 70. Sixty-five percent of those interviewed for this study were women and 55% were either married or cohabitating. Sixty-three percent were parents with children ranging in age from birth to 45, and 42% of the parents were either single at the time of the study or had experienced significant periods of single parenthood in the past. Aside from the five participants who were still in high school, all respondents had at least completed high school. Forty-seven percent had either high school diplomas, GEDs, or some college. Only six respondents had two-year associate degrees, while the remaining 21 (35%) had a four-year degree or higher. This is atypical of the general population in Harrison County and reflects the fact that most of the people interviewed were working in a field that usually requires college degrees for any type of upward mobility or status. Eighty-two percent of the respondents were employed at least part-time. Seventy-six percent of employed respondents worked in health care. Eleven respondents (18%) were either full-time students, stay-at-home parents, or retired, thus out of the labor market.

### **Opportunities in Health Care**

To address the first research questions regarding individuals' perceptions of the local training and educational opportunities in health care, it is clear that some respondents found the local opportunities in health care training and post-secondary education to be insufficient, while

others felt they were very advantageous (see Table 2). Of the 21 respondents working as CNAs, 81% (n=17) expressed a desire to gain training and education that would allow for upward mobility in the health care field. Forty percent of the respondents (n=24) mentioned the local opportunities were not really effective or ideal, while 55% discussed why they were helpful and important in their community. The unique characteristics of these coding clusters are further detailed below.

Table 2

*Count of Cases Describing Themes related to Local Educational Opportunities*

Theme	Case count*
Local educational opportunities as insufficient because...	24
they are expensive, time-consuming, and require commuting.	13
they do not exist, are extremely limited, and require out-migration.	9
there are too few slots and they are too selective.	8
Local educational and employment opportunities in health care are helpful because...	33
they are a stepping stone for those interested in health care.	23
they give place-bound and high school educated people access to training.	24

\*Some cases mention more than one of the themes presented here.

Of the individuals who suggested that they felt the locally-available educationally opportunities were not effective, three related, but distinct themes emerged. First, 54% (13 of 24) discussed the local options being too expensive, time-consuming, and often required burdensome commuting. Scott, a 43-year old nurse with a two-year nursing degree who aspires to become a physical therapist, discussed the difficulties he faces in deciding how to complete his prerequisites while living in Independence Creek.

You are currently finishing up your prerequisites - how are you doing that?  
 “Online. I have weeded out as much as I can do online and then have to go back for Anatomy and Physiology and one more physics class”.

Where do you think you will do those?

*I am looking to take a little bit of time off and probably finish them up next spring and summer quarter, if they are offered then. Probably through [Appleton Community College] or one of the schools down the way... Whichever one is cheaper.*

In reality, Scott's goals of completing physical therapy school will eventually mean moving, at least for a few years, as the closest school with a program is four hours away, but for now, Scott is at least making plans and taking the immediate steps towards his goal. When considering the on-site nursing program, others expressed concern about going into debt to pay for the \$12,000 in tuition, fees, books, and supplies. Others simply struggled to think about how to finish the prerequisites. For instance, Monica, a 27-year old single mother of three had this to say about her hopes of pursuing a nursing degree:

*I have to do a ton of prerequisites, because I've never done any kind of college. I have my GED, that's it...I think I have two and a half years of prereqs...I don't know what all kind of classes...There's [Wrightburg] campus and then a couple different colleges in [Appleton]...Some of it— I would try to purchase a computer first and do on-line, because a lot of the prereqs you can do on-line, 'cause I don't want to go to school every day. I mean, if I can do it at home on a computer, then I would rather do that.*

Although the small satellite campus in Wrightburg is only about 35 minutes away and offers a limited number of courses for local students, it is still a large commitment for a single mother like Monica. Also included in this group of individuals who were disappointed with the locally-available education were some who had obtained a degree while commuting to Appleton up to seven days a week for several years. While some found commuting an acceptable cost for furthering their education, others felt the price was too high. Holly, a 24-year old married mother

of an infant and part-time NAC at the hospital shared this about her experiences with commuting to Appleton in an attempt to complete her prerequisites for nursing school:

*I would commute and it got as bad— ‘cause I tried to take as many classes in [Wrightburg] as I could and then about my last year of my prereqs I had to do all of my classes in [Appleton] and they would be as bad as five days a week, and then you’d turn around and be like, that’s 10 hours a week just on commuting.*

In addition to concerns about expenses, time, and travel, nine of the 24 in this coding cluster rejected the feasibility of commuting and argued that local educational opportunities did not really exist or were extremely limited, and therefore, the pursuit of training or education required moving out of town. Constance, a 24-year old single woman who moved 65 miles away from her hometown to pursue her dental hygienist certification in Appleton had this to say about her experience with nursing assistant work, education, and migration:

*My last year working there I started school in [Wrightburg]...I took as many of the prerequisites as I could, but eventually I ran out—I had to head to [Appleton]. So that’s why I ended up putting in my notice so I could just focus completely on school and get into the program...I have moved a few times, but just stayed in [Appleton], just getting closer and closer to school.*

Eight of those who felt the local training and educational programs in health care were not useful, argued this was primarily because there were too few slots for students and that the existing programs were too selective. This was especially true about the high school medical careers class and the on-site nursing degree program. While singing praises for the success of the medical careers class, Bill, a 52-year old married high school history teacher had this to say: “You can just transfer from the medical careers class to employment— gainful employment

opportunities...but she only accepts eight kids and so there's a limit to the amount of opportunity." Martina, a 20-year old single woman who has worked as a full-time nursing assistant in acute care for two years had this to say about her chances of getting into the on-site nursing program: "The people who typically get it first are the ones who have worked here...and it's basically first come, first serve."

Finally, although there was rarely more demand for the Adult NAC course than could be offered, when asked if the program was capped, Meg, the Director of Education for Independence Creek Hospital had this to say: "I do try to cap that one at eight...because, they're coming in and they were loggers, you know? Are you ready for peri-care?" Quality of training is important to Meg and she feels this can be partially addressed through small class sizes. She also went on to talk about the increasing demand for the on-site nursing program:

*We have phone calls about it every week now. [The on-site nursing program] is getting out...In fact, I'm starting a new adult NAC class...and probably taking 8 students again, and at least 3 of them are [on-site nursing program] seeking students. I mean, they are right up front with me.*

While the on-site program is still new, community members are becoming more aware of and interested in pursuing the opportunity. As Meg points out, 38% of her incoming adult nursing assistant class are taking the class because they know it is the first step to entering the on-site nursing program. Despite some negative comments on the locally-available training and educational opportunities, most of the negative feedback was related to a perceived lack of opportunities, not necessarily that the opportunities are of poor quality or unappealing. In fact, many more individuals felt the training and education in Independence Creek was very useful for area residents.

Fifty-five percent (33 of 60) of the respondents reported that they felt the high school medical careers class, adult NAC course, and on-site nursing degree programs are positive assets for individuals and the community. These responses can be categorized into two main themes. Some described how individuals who were college-bound used the NAC trainings as a way to get medical experience on their way to college. Others focused on providing opportunities for place-bound and high school educated people who were not planning on leaving Independence Creek.

A total of 23 people (38% of the respondents) described becoming certified as a nursing assistant as a “stepping stone” or a way to get into the medical or nursing field. While 15 of the 23 currently worked in health care, the remaining supporters did not. This perspective was shared by younger and older respondents, although most respondents in this category discussed these as opportunities for younger adults. Leslie, a 17-year old junior at Independence Creek High School interested in becoming a nurse felt the class was “a way to get your foot in the door...to get exposure in the medical field.” Two college-bound young men who became certified within the last two years felt strongly that the class was a very good place to start in their pursuit of higher education in medicine. Brent, a 17-year old high school junior noted,

*In talking to people that are in the medical field, it seems like people are a lot more respected when they've worked as a CNA. They've worked as a nurse. They've worked those lower, mid-level jobs in medical before— instead of just going straight and being a doctor and being a doctor who has no point of reference and in their eyes maybe less respect for the jobs that they do just because they didn't spend an extra four years in medical school.*

Although these individuals sometimes also expressed distaste for the type of work that was required of NACs (especially in long-term care), they still expressed positive views for the class and work in general. Nicole, Brent's 20-year old cousin who works in fast food while being a part-time community college student and who also took the high school class share that while her younger cousin "doesn't necessarily like the CNA work, it's a stepping stone to get to where he wants to be." While these three respondents were fairly young, this perspective was shared by their old counterparts from the adult NAC course. Pamela, a 40-year old divorced woman making a career shift out of warehouse work described her enrollment in the class as "a good step" and one that would "open the door" to other opportunities. Nurses and administration also described the class as a good place to start for people interested in a career in health care, even though they did not take that route themselves. Robin, a 35-year old nurse manager at a local long-term care facility said that although she did not take the class herself, she really felt the individuals who did were "already a step ahead in the nursing field." Four mentioned this work as a good "college" job. Meg, the Director of Education at the hospital nearing retirement told me, "You know, even these kids that are gonna go to four-year school schools, most of them need to have a job, so what's wrong with being a CNA?" Finally, an additional ten people in this category expressed interest in the on-site nursing program and identified NAC certification as the first step to being accepted. Clearly, interest in and awareness of this program is high, especially among lower-status health care workers.

Although related to the idea of the class being a stepping stone, a second group of coding clusters emerged around the idea that the local trainings were very positive for the community because they give place-bound individuals and those with only high school diplomas the opportunity to complete training that could lead to stable work that pays more than other jobs

these individuals might be qualified for. A total of 24 individuals either conceptually argued that the training and education were good for other people, or expressed that they themselves had benefited from having these opportunities. The five respondents who discussed how the opportunities are good for others in the community, primarily focused on these jobs as those well-suited for young women, especially those with children. Valerie, a 35-year old remarried mother of four teenage children who took the class herself in high school before becoming a dental assistant summed up the sentiments of several respondents regarding the role of these trainings in Independence Creek:

*It give a lot of these kids, like there was a pregnant teenage girl, who had a baby and I don't know if she's even stayed in or if she's gone to college or what she's doing, but it gave her a little bit of hope. I wish they would open more [slots], even just [for] girls who don't think they're gonna go anywhere in their lives...it gives these girls something. A job, some training – they're not gonna go to college. They're not gonna get out of this town, but at least let's help them not be on welfare. Let's get them a training before they get too far, where all their doing is living off the system.*

For women who were not college bound or likely to out-migrate, becoming a direct care worker could provide them with fairly stable employment in an area important to the community. Six of the women in the study discussed how the training and subsequent employment helped them get on their feet and establish themselves in the community.

These trainings can also be important for those who never want to leave Independence Creek or find themselves either returning or in-migrating for various reasons. Fifty-eight percent (14 of 24) discussed family ties and support as the reason for being place-bound in Independence

Creek and all of them were women. Dawn, a 25-year old single mother of one moved back to her home town after her father was in a car accident and required extensive rehabilitation.

*I ended up leaving to come back here after just a couple months because of [my dad's accident]. So I ended up moving back here because I can't afford— my mom watched [Lenny] for me for free and I can't afford childcare, so, I just wound up moving back because mom was here with [my dad].*

Becoming a CNA enabled Dawn to both care for her father and support her son, but she could not afford to work if her mother was not providing child care for her while she worked the evening and night shifts. Her story was quite similar to three other single mothers in this study.

In sum, more individuals saw the local training and educational opportunities in health care in Independence Creek as more positive than negative. Indeed, most of the complaints regarding the local opportunities regarded a need for more slots and variety. Those who felt positively about the trainings and education tended to see these as a stepping stone, especially for those who are college bound. On the other hand, several individuals felt the trainings and potential employment provided viable alternatives for individuals, especially young women, who might not otherwise be able to acquire stable employment because of their desire to stay in Independence Creek, family obligations, or their lack of education. Valerie, the 35-year old mother of four summed up what many had to say about the positive impacts of having this type of course in the community by sharing about her own experiences with the high school medical careers class 17 years earlier: “It gave me such a head start, even for my dental assistant class, it gives you such a head start with everything and I think this medical careers class is just the best class to have in this community.”

## Perceptions of Job Characteristics

The second research question explores how respondents felt about the available jobs or occupations in local health care. Regardless of whether or not the training and education opportunities were seen as negative or positive for the community, many people in this study had something to say about the characteristics of the jobs which local individuals were being trained for (see Table 3). When respondents discussed work in health care, pay, security, and stability were topics that came up often, with 67% of respondents (40 of 60) mentioning at least one of these themes.

**Pay as an important consideration.** Among the 23 respondents who discussed pay for CNAs and other DCWs, 70% (n=16) felt the pay was not good. Four people specifically mentioned that DCWs were “overworked and underpaid.” Constance, the young woman living in Appleton and finishing her dental hygienist certification shared: “The NAC work was great but, you know, you max out at \$15, anymore. That’s not enough to support yourself.” Emily, the mother of three young children and full-time unit clerk expressed her frustration with the differences in pay among low-level positions in the hospital and long-term care facility. “[Long-term care] was hard, physical work and you get paid less doing that than just paper work.” Rebecca, the married young mother of four girls explained why she is not currently using her certification:

*It’s important, like I said, for me to stay home with my kids. Especially— I mean, I love being a CNA, but you don’t make real good money. So, I would be working just to pay for daycare and what’s the point? I would much rather be with them.*

Table 3

*Count of Cases Mentioning Themes related to Job Characteristics*

Theme	Case Count
Pay	29
For CNAs and other DCWs	23
For nurses	10
For rural health care, in general	11
Job security	21
For CNAs and other DCWs	7
For nurses	8
For rural health care, in general	6
Job stability	19
Disliked unpredictability	15
Valued flexibility	4
Workplace stability	24
Unstable funding	6
Organizational changes	6
Fears of closures, layoffs, and understaffing	4
Felt workplace was stable	3

Despite what some perceived as very low pay for very difficult work, seven respondents (five of whom were under the age of 25) felt the pay was good, especially compared to other entry-level service jobs. Wendy, an 18-year old who landed a home health aide position after taking the medical careers class and who hoped to become a pediatrician someday, had this to say:

*You actually go into their home and help them. It's really cool. [My aunt] was really excited when I told her I took this class... 'cause I work at [Burger King] and they get significantly a lot better [pay] than you do at fast food— I just like the idea of helping people. That's always been my kind of thing.*

Three of the seven noted the slightly higher than minimum wage starting pay as a real incentive for entering direct care work, even if the work was not ideal. Leslie, the 17-year old high school senior who is interested in dermatology explained how she knows people who were

making \$10 an hour doing this work and how “awesome” that would be. She shares, “You know, you wouldn’t think \$2 [an hour] would help that much, but it makes the biggest difference.” Hospital and school administration also pointed to the slightly higher than minimum wage pay as a significant incentive for young people to become certified as nursing assistants. Compared to the mixed feeling about pay for CNAs and other DCWs, the ten respondents discussing pay for nurses almost universally agreed the pay was good. The one exception was a well-established nurse who argued that despite the good pay, single mothers who worked as nurses were not able to afford the health insurance premiums to cover their children. Finally, among the 11 who discussed pay in rural health care, 73% argued the pay was poor compared to urban health care settings while the other three suggested that the pay was adequate, especially if you considered the cost of commuting to urban places. For these respondents, moving for better employment or pay was generally not something they would even consider.

**Job security as a strength.** Respondents’ feelings about the ease of locating, securing, and maintaining employment in their field or having a sense of job security, was also important in this study. Thirty-five percent of respondents discussed how having skills and training in health care and more specifically, nursing and direct care work, gave either themselves or others in their community security in the local labor market. While six respondents generally considered health care as secure, an additional 13 talked specifically about nurses and CNAs (seven and six, respectively). As Tina, a 36-year old married mother of two who returned to Independence Creek after completing her bachelor’s in nursing notes, “Not many people can find jobs...unless you have a degree in some education or nursing field or, medical field.” When Phillip, the 55-year old logger-turned-nurse, was asked why he decided to go into nursing, he also noted changing demographics. “I think the biggest thing was I knew it was a steady job because baby boomers,

we're just getting older—I'm a baby boomer. They need care. You don't get too many layoffs. And you can find a job." Sherry, a 33-year old married mother of four boys who works nights as a CNA in long-term care was well aware of the changing demographics of the nursing population and shared her own experiences with who she saw in classes at the Wrightburg satellite campus when she was completing her prerequisites to apply for the on-site nursing program: "It is a good field for younger people to get into because there should be openings in the future as most of the work force is looking to cut back or retire. So a lot of people there were trying to get into nursing programs." Seventy-five percent of those who discussed job security for nurses felt it was very good.

Opinions regarding job security for CNAs and other DCWs were similarly positive. All the respondents who discussed job security for CNAs and other DCWs felt that these occupational lines in health care provided a lot of security. Stephanie, an 18-year old CNA at a local long-term care facility reported that she regularly encourages her friends to take the NAC training because "You always have a job somewhere, because somebody is always gonna get sick." Martina, the young NAC in acute care who aspires to become an ultrasound technician, shared a similar perspective, although she was not as enthusiastic as Stephanie about her decision to become an NAC. "NACs are kind of – I wouldn't say that they're in high demand, because for a penny, you can have ten aides, but typically, you can find a job almost anywhere...It was an okay choice." Finally, 100% of the respondents who generally discussed job security in rural health care felt it was strong. With the exception of the two respondents worried about too many nurses entering the current labor market, 90% (17 of 19) of individuals who discussed job security in health care felt it was a reliable field to enter.

**Job stability as a challenge.** The topic of job stability (i.e., consistent hours and schedules) was also a topic that emerged as important to about a third of the respondents. All 19 of those who discussed job security also worked in health care, meaning it was a salient issue for about one in every two health care workers. Problems with shift work, being supplemental, on-call, and sent home because of low census were all mentioned. Tina, a 36-year old nurse administrator had this to say about her early career in nursing:

*At that point in my life I...had a small child...And I was going through a divorce and I have a lot of family here and they are a huge support for me, but working evenings, or working nights, it was too hard to leave her at a stranger's house or find a babysitter for those hours.*

Being supplemental meant holding a position in which workers sign up for as many open shifts as they like at the beginning of the month, as long as they do not exceed full-time or 40 hours a week. These are used primarily for DCW and RN floor positions. While flexible, the drawback of these positions is that sometimes full-time work cannot be obtained, and even when workers sign up for full-time work, supplemental workers are the first ones to go home if there are not enough patients to care for. In general, census remains stable in long-term care, but workers are often called off or sent home early on the hospital's acute care floor. Even for nurses who earn a better wage, this can be problematic. For instance, Joe, a 45-year old married nurse supervisor and former Marine highlighted the instability of patient census in rural hospitals:

*You're already at one or two or three nurses, so if you lose those patients...every other person, you're going home. Verses a large hospital, you might have six or seven nurses per shift, so now you're one in six to get it...So you may be sent home, and being sent home*

*every other day during your cycle of shifts, because they don't have the patients – who can afford to lose 50% of their pay checks?*

Typically, new CNAs start at the hospital or in long-term care as supplemental. While individuals in these positions accrue sick and vacation time, they generally do not have the option of health insurance benefits. Seventy-nine percent (15 of the 19) of respondents talking about job stability reported they disliked the unpredictability in their hours, schedules, and subsequent pay. Despite being described by others as one of the long-term care facility's best employees, Stephanie, the 18-year old nursing assistant expressed frustration about the stability of her hours:

*I first started working as supplemental and going to school, and once I got out of doing supplemental I had a lot of hours and then, out of nowhere, they just totally dropped to where I was only getting maybe \$300 on a paycheck— that was it. Driving back and forth from school from where I was living, that just wasn't cutting it.*

Still, four individuals did report that they valued the flexibility that came with working supplemental because it was easier to work around a second job, family obligations, and school. Debbie, a 30-year old single mother who works supplemental as a nursing assistant while she is completing her prerequisites for the associates degree program in nursing explained that “[They] are really, really willing to work with you. I never know what my schedule is going to be from quarter to quarter, so this helps. I like to keep busy, but I like the flexibility.” Those working in acute and ER are more susceptible to being sent home because of low patient census or a lack of need. Some found that being an RN helped protect against some of the negative aspects related to job stability. For instance, Tina, a 36-year old nurse administrator and single mother of two who complained about the unstable schedule eventually pursued her BSN that would allow her to

demand a more regular schedule. While working in health care was perceived as providing good job security, many respondents found the low pay and job instability frustrating. Obtaining bachelor's degrees allowed some to avoid these negative aspects.

**Work place stability sometimes concerning.** Finally, although related to pay, security, and job stability, work place stability (i.e., little fear of layoffs, closures, or downsizing) was also a separate topic that emerged in this study. During the time this study took place state support for rural health care facilities, especially those in “critical access areas,” was being considered for reduction because of the massive cuts the Washington State legislature needed to make to the annual budget. Washington State laws require that the budget be balanced every year, which in lean times puts a lot of pressure on education, health care, and other social services heavily funded by state dollars. Jackie, a 37-year old shower aide in long-term care and divorced mother of six expressed her concern about the stability of rural health care and an upcoming vote on budget legislation: “You hear about our financial difficulties and how if this thing passes on the 28<sup>th</sup>, a lot of rural hospitals will be closing down and it’s scary.” Furthermore, the nature of the rural population (older and poorer) means rural hospital and health care systems rely heavily upon government reimbursement for care through programs like Medicaid and Medicare. Independence Creek is no exception, with 85% of long-term care residents on state-sponsored health insurance and 60-70% of emergency room, in-hospital and out-of-hospital patients either on state-sponsored health insurance or uninsured all together.

During this study, several employee forums were held by hospital administration to discuss the impending budget crunches, shortfalls, and potential cuts. These forums were attended by employees at various levels of service, although those outside of the direct care work delivered in acute and long-term care had more flexibility to leave their offices and current tasks to join the

discussion. Despite the hospital's attempts to calm employee concerns about potential closures or changes in services and benefits, the threat to rural health care was mentioned by 27% of the respondents (16 of 60) and all but one of these respondents worked in rural health care. Debra, a 45-year old married mother of two grown children who works as a paraprofessional at the middle school had this to say about her own concerns: "I'm thankful that we still have a hospital here, [Green Meadows] closed theirs. They just have an urgent care and so, we're lucky. I'm hoping that we keep it." Ten of the 19 who mentioned workplace stability issues were primarily concerned about unstable funding, potential closure, layoffs, and understaffing. Another six discussed some of the recent organizational restructuring that was occurring to streamline positions and eliminate waste in the labor force. Valerie, the 35-year old dental assistant who formerly worked in long-term care as a nursing assistant and has family that works at the hospital explained her perceptions of a growing workload:

*They don't want to hear that you don't have time. You add more, but your room isn't getting cleaned or your patient was mad, you know...that could just be the economic times, but I feel like it's just over the past I don't know how many years, it's just gotten worse and worse. Even before the recession. It's always been, "Do more with less."*

Not everyone felt rural health care was unstable or that the community was in jeopardy of losing its hospital or the local jobs in rural health care. Carolyn, a 53-year old hospital administrator who has worked for Independence Creek Hospital for more than two decades had this to say: "We've gone through some changes and had some growing pains, but things seem to be going well." Janis, a 52-year old board member of a local agency which addresses the needs of the elderly within the community discussed the stability of home health care and services:

*I think it will have to become more important. I think with the Medicaid cuts and the Medicare cuts that are looming and the ones that already happened, homecare is the least expensive alternative if the person is able to be at home without skilled nursing. Then any home care agency is able to fill that gap at the least cost.*

Janis is well aware of the budget crunches local health care faces, but feels strongly that the need for care, especially home care will persist and continue to require a local labor force. In the end, community members and those working directly in health care expressed awareness of potential instability in rural health care funding and employment, but health care was still seen as a stable occupational choice by more than a third of the respondents, even if the organizational structure of care delivery changed.

### **Discussion**

This project explored individual perceptions and beliefs about local training, educational, and employment opportunities in health care. More specifically, this study revealed important information about perceptions of opportunity and work characteristics among rural residents in one isolated community where health care is one of the main avenues to local employment. These beliefs and perceptions about education and employment are embedded in larger systems and locally-constructed social hierarchies in Independence Creek that often support patterns of behaviors that create opportunities for some while limiting opportunities for others (Sherman & Sage, 2011). In rural communities like Independence Creek, beliefs about independence and hard work are often incorporated into how individuals are judged by those around them (Sherman, 2009). This study illuminates how jobs in health care might provide avenues for some to show their ability to work hard and be independent, depending first on how these opportunities are perceived.

### **Serving Dual Purposes: Local opportunities in health care**

Most people in this study perceived the local training and educational opportunities favorably. In fact, more than half said they were valued and desired to have them in their community. Even the respondents who shared negative comments regarding the opportunities felt this way mostly because of the limited nature of what was currently available locally. Beliefs about who was best suited for the local trainings fell into two general categories. For 38% of the individuals, local training and educational opportunities in health care provided a jumping off place. Most individuals who saw the medical careers class or the adult NAC course as a “stepping stone” also performed well in high school and others in the study perceived them as college bound. In general, respondents believed post-secondary education could only be pursued outside of Independence Creek and therefore, they tended to feel that while the entry level classes were useful in getting exposure to the medical field, the local training and educational opportunities, in general, were insufficient. Additionally, family background and social status contributes to the likelihood of college attendance of rural youth (McGrath, Swisher, Elder, & Conger, 2001; Provasnik et al., 2007; Sherman & Sage, 2011; Wilson, Peterson, & Wilson, 1993) and therefore, this could mean that inequality is being reproduced, at least among the more privileged families in Independence Creek. Alternatively, 40% felt the local training, educational, and employment opportunities in health care provided a suitable alternate route to stable employment either with or without the pursuit of post-secondary education. This is important when considering how non-college educated individuals earn status or respect in the community where most of the good jobs of the past are gone. While some individuals in this group tended to believe the local training and educational opportunities were not sufficient, the majority saw these as good for place-bound individuals who either could not or did not want to

leave Independence Creek. They appreciated the local opportunities and a few complained there were too few slots in the on-site nursing program, which they saw as very valuable.

The respondents describe the pay for CNAs and other DCWs as good, or at least better, than other entry-level service jobs. Some, like 17-year old Leslie, were enthusiastic about the pay, while other like Martina, described their decision to go into direct care work as “an okay choice.” These individuals also worried about job and workplace stability, but generally felt they could always find work with their certification. The majority of individuals in this group either forewent college all together in favor of staying in their rural community or managed the difficulties of pursuing post-secondary education without ever leaving. While low pay and a lack of stability make most of the opportunities in rural health care in Independence Creek bad jobs, participants expressed discourses to justify or explain persistence in these positions. Parenthood and other family obligations made staying in Independence Creek important to these individuals. The slightly higher than minimum wage pay places these positions above other service sector opportunities in the hierarchy of employment in Independence Creek. Others argued that the flexibility of working in supplemental or on-call positions was something that worked well with the other demands in their lives. Nevertheless, the majority of respondents who discussed pay for direct care workers agreed that the pay was too low for the level of physical and emotional demands.

Regardless, for individuals who could not or did not want to leave Independence Creek, local training, education, and employment provided a much needed opportunity. This was especially important for young women with children. For those who were staying in Independence Creek, the local pursuit of post-secondary degrees still primarily meant commuting to Wrightburg and Appleton. It seems that this reality may continue, despite the

introduction of the on-site nursing program. Ten individuals currently working at Independence Creek Hospital and their long-term care facility as NACs expressed interest in the program which can only take two new students per year. While it does not appear that upward mobility is going to be readily available to everyone who enters low-status health care work, for some simply entering this type of work gives them a sense of elevated status. Moving beyond this small increase in upward mobility may be difficult.

Overall, the locally-available trainings and education in health care are desired and valued. Although most felt that pay and stability in health care was not very good, it appears that job security tended to out-weight the negative feature of this type of employment. This study builds on what Probst, Baek, and Laditka (2009) found when comparing rural and non-rural respondents in the National Nursing Assistant Study (NNSA) of 2004. These researchers found that while nearly all CNAs, on average, noted that they became CNAs because they liked taking care of people, when asked to rank their reasons, rural CNAs ranked job security or a job close to home as most important, while urban care workers ranked caring for people as most important. Having options for staying, even if they are not ideal, appears to also be important for those wishing to remain in Independence Creek.

If Washington State wishes to meet the project demands for nurses and other care workers in the future, nursing education will need to be expanded. There are simply too few slots in both campus and off-campus programs to graduate enough nurses to fill the projected needs. This factor is something that state officials and health care administrators have been aware of for some time (Skillman et al., 2007), but this study uncovers how potential students view the problem of too few slots and limited access. Although this study focuses on how locally-available training and education was perceived, 42% also discussed wait lists for ADN programs

in Appleton and problems with these programs maintaining their ability to license students. Therefore, even those rural residents who are willing to commute or move in order to pursue nursing degrees often run into problems with enrollment. Whether it is through on-site rural nursing programs or through expanding traditional campus programs, Washington State should set its sights on expanding nursing education. If policy makers are specifically interested in recruiting and retaining quality nurses for rural areas, it seems that recruiting directly from the local community have shown the greatest potential with physicians (Laven & Wilkinson, 2003), and may be the best option for although much more research is still needed on this subject in relation to on-site programming and nursing.

### **Supporting Agency**

Department of Labor: Education and Training Administration

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