



Factors Affecting Nursing Student's Intention to Work in Rural Areas: A Cross-Sectional Study

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ABSTRACT

Background

Nurses are essential healthcare providers worldwide; however, unequal distribution of nurses between rural and urban areas remains a major challenge, particularly in low-income countries such as Nepal. Understanding nursing students' intention to work in rural areas is important for addressing rural workforce shortages. This study aimed to assess the intention of nursing students to work in rural areas and identify factors associated with their intention.

Methods

An analytical cross-sectional study was conducted among 119 final-year PCL nursing students in Pokhara Metropolitan City from March to September 2022. Enumerative sampling was used to include all nursing colleges offering PCL nursing program within the metropolitan city, while proportionate stratified sampling was applied to select participants from each college. Data were collected using a self-developed structured questionnaire. Descriptive and inferential statistics were used to summarize the data and to identify factors associated with students' intention to work in rural areas.

Results

More than half of the respondents (52.1%) intended to work in rural areas. The most commonly perceived motivating factors were high healthcare needs in rural areas (86.6%), a favorable local working environment (76.5%), and the friendliness of rural communities (75.6%). Lack of equipment and resources (66.4%) and limited opportunities for continuing education (59.7%) were the major perceived demotivating factors. Locating near to family was the only factor significantly associated with the intention to work in rural areas ($p=0.045$).

Conclusions

More than half of the students intended to work in rural areas. Family proximity emerged as an important motivating factor associated with rural work intention. Findings may help policymakers and educational institutions develop strategies to strengthen the rural nursing workforce in Nepal.

Keywords: Intention; Nepal; Nursing students; Rural areas.

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INTRODUCTION

Nurses are essential frontline healthcare providers, and their equitable distribution is critical for ensuring access to quality healthcare services. However, the unequal distribution of nurses between rural and urban areas remains a major challenge, particularly in low- and middle-income countries such as Nepal. Although nearly half of the world's population lives in rural areas, only about 36% of the global nursing workforce serves rural and remote communities.^{1, 4}

In Nepal, approximately 77.6% of the population resided in rural area in 2024, highlighting the continued need for an adequate rural health workforce.⁶ While the country's health workforce density has improved to approximately 44 health workers per 10,000 populations, disparities in rural workforce distribution persist.^{7, 8}

The concentration of nurses in urban areas limits access to essential healthcare services in rural communities. Understanding nursing students' intention to work in rural areas and the factors influencing their career choices is therefore essential for developing effective policies and strategies to strengthen Nepal's rural nursing workforce and improve equitable healthcare delivery.

METHODS

Study Area

Study was conducted in all nursing colleges of Pokhara Metropolitan City which runs PCL nursing programs.

Study Design

An analytical cross-sectional study was used to examine the intention of the nursing students to work in rural areas and to measure the association between the intention and motivating and demotivating factors to work in rural areas.

Sample Size and Sampling

Study was employed among 119 final year PCL nursing students from different nursing colleges of Pokhara Metropolitan City. Proportionate stratified random sampling technique was used to select the number of samples. Final year PCL nursing students of Pokhara Metropolitan City who were willing to

participate were included in this study whereas 1ST and 2nd year PCL nursing students were excluded from this study.

Data Collection

Data was collected from 119 final year PCL nursing students from different nursing colleges of Pokhara Metropolitan city. Final year PCL nursing students of Pokhara Metropolitan City who were willing to participate were included in this study whereas 1st and 2nd year PCL nursing students were excluded from this study.

Data was collected through administering self-developed structured questionnaire. Data collection period was from March to September 2022.

Data Analysis

Data were entered in Epi data version 3.1 and were exported to statistical package for social science (SPSS16) for analysis. Descriptive data were analyzed by using mean, frequency, and percentage and to analyze association inferential statistics (Chi-square test) was used where p-value <0.05 was considered as statistically significant.

RESULTS

The data depicted in Table 1 shows that more than half (52.1%) of participants are of age 19 and at least (1.7%) are of age 24. The place of birth of (40.3%) participants was municipality, and (5.9%) of respondents' places of birth were sub-metropolitan cities. Participants, those who have spent most of their time in rural areas, are (51.3%). Among the participants, (42%) of respondents had their secondary-level schooling in metropolitan city and only (7.6%) had their secondary-level schooling in sub-metropolitan city. Respondent's families are currently residing in metropolitan city and at least (6.7%) of participants' families are currently residing in sub-metropolitan city. The participants had no desire to work in rural areas before joining nursing college (56.3%), whereas (50.4%) had exposure in rural areas during the study period. The participant who had intended to work abroad after study was (72.3%), while only (20.2%) and (7.6%) had intended to work in public and private sectors, respectively.

Table 1: Socio-demographic characteristics of the participants (n=119).

Characteristics	Frequency n (%)
Age	
18-20	103 (86.6)
21-24	16 (13.4)
Ethnicity	
Dalit	13 (10.9)
Janajati	68 (57.1)
Musalman	2 (1.7)
Brahmin/chhetri	36 (30.3)
Place of birth	
Rural municipality	22 (18.5)
Municipality	48 (40.3)
Sub-metropolitan city	7 (5.9)
Metropolitan city	42 (35.3)
Time spent in rural areas	
Yes	61 (51.3)
No	58 (48.7)
Current family residence area	
Rural municipality	12 (10.1)
Municipality	45 (37.8)
Sub-metropolitan city	8 (6.7)
Metropolitan city	54 (45.4)
Place of secondary level schooling	
Rural municipality	15 (12.6)
Municipality	45 (37.8)
Sub-metropolitan city	9 (7.6)
Metropolitan city	50 (42)
Desire to work in rural areas before joining nursing college	
Yes	52 (43.7)
No	67 (56.4)
Exposure in rural areas during study period	
Yes	60 (50.4)
No	59 (49.6)
Sector intended to work after study	
Public sector	24 (20.2)
Private	9 (7.6)
Abroad	86 (72.3)

Depicted that among 119 participants, 62 (52.1%) reported an intention to work in rural areas. Among the motivating factors, the highest proportion agreed that high healthcare needs in rural areas (86.6%), a favorable local working environment (76.5%), and the friendliness of rural communities (75.6%) encouraged rural practice. Furthermore, 60.5%

perceived opportunity for career development, 58.8% locating near to family, 56.3% low working pressure, and 51.3% high salary and incentives as motivating factors for working in rural areas. Regarding the demotivating factors, the majority of respondents agreed that lack of equipment and resources (66.4%) and limited opportunities to continue education (59.7%) discouraged them from working in rural areas. More than half also perceived limited recreational facilities (52.1%) and inadequate salary and incentives (50.4%) as barriers to rural practice (Table 2).

Table 2: Distribution of participants according to intention to work in rural areas and perceived motivating and demotivating factors (n=119).

Characteristics	Frequency n (%)
Intention to work in rural area	
Yes	62 (52.1)
No	57 (47.9)
Motivating factors to work in rural area	
Opportunity for career development	
Agree	72 (60.5)
Neutral	34 (28.6)
Disagree	13 (10.9)
High healthcare needs in rural areas	
Agree	103 (86.6)
Neutral	9 (7.6)
Disagree	7 (5.9)
High salary and incentives	
Agree	61 (51.3)
Neutral	41 (34.5)
Disagree	17 (14.3)
Local context of working environment	
Agree	91 (76.5)
Neutral	24 (20.2)
Disagree	4 (3.4)
Low working pressure	
Agree	67 (56.3)
Neutral	29 (24.4)
Disagree	23 (19.3)
Locating near to family	
Agree	70 (58.8)
Neutral	22 (18.5)
Disagree	27 (22.7)
Poor family income	
Agree	27 (22.7)
Neutral	62 (52.1)

Disagree	30 (25.2)
People in rural areas are friendly	
Agree	90 (75.6)
Neutral	20 (16.8)
Disagree	9 (7.6)
Demotivating factors to work in rural area	
Isolation from family and friends	
Agree	59 (49.6)
Neutral	18 (15.1)
Disagree	42 (35.3)
Lack of equipment and resources	
Agree	79 (66.4)
Neutral	17 (14.3)
Disagree	23 (19.3)
Less availability of recreational facilities	
Agree	62 (52.1)
Neutral	25 (21.0)
Disagree	32 (26.9)
Inadequate salary and incentives	
Agree	60 (50.4)
Neutral	27 (22.7)
Disagree	32 (26.9)
Low utilization of skills and knowledge	
Agree	54 (45.4)
Neutral	26 (21.8)
Disagree	39 (32.8)
Low self-perceived competency	
Agree	43 (36.1)
Neutral	41 (34.5)
Disagree	35 (29.4)
Few opportunities to continue education	
Agree	71 (59.7)
Neutral	20 (16.8)
Disagree	28 (23.5)
Language barrier	
Agree	54 (45.4)
Neutral	37 (31.1)
Disagree	28 (23.5)

Table 3 illustrates that the association between participants' intention to work in rural areas and perceived motivating factors. Among the motivating factors examined, locating near to family was the only factor significantly associated with the intention to work in rural areas ($\chi^2 = 6.224$, $p = 0.045$). No statistically significant associations were observed between intention to work in rural areas and other motivating factors, including opportunity

for career development, high healthcare needs in rural areas, high salary and incentives, local working environment, low working pressure, poor family income, and the perception that rural people are friendly (all $p > 0.05$).

Table 3: Association between intention to work in rural areas and motivating factors (n=119).

Variables	Intention to work in rural areas		Chi- square	p-value
	Yes (%)	No (%)		
Opportunity for career development				
Disagree	6 (46.2)	7 (53.8)	0.367	0.832
Neutral	17 (50)	17 (50)		
Agree	39 (54.2)	33 (45.8)		
High health care needs in rural areas				
Disagree	3 (42.9)	4 (57.1)	1.022	0.600
Neutral	6 (66.7)	3 (33.3)		
Agree	53 (51.5)	50 (48.5)		
High salary and incentives				
Disagree	8 (47.1)	9 (52.9)	0.216	0.898
Neutral	22 (53.7)	19 (46.3)		
Agree	32 (52.5)	29 (47.5)		
Local context of working environment				
Disagree	1 (25)	3 (75)	1.558	0.459
Neutral	14 (58.3)	10 (41.7)		
Agree	47 (51.6)	44 (48.4)		
Low working pressure				
Disagree	14 (60.9)	9 (39.1)	3.304	0.192
Neutral	18 (62.1)	11 (37.9)		
Agree	30 (44.8)	37 (55.2)		
Locating near to family				
Disagree	9 (33.3)	18 (66.7)	6.224	0.045*
Neutral	15 (68.2)	7 (31.8)		
Agree	38 (54.3)	32 (45.7)		
Poor family income				
Disagree	13 (43.3)	17 (56.7)	2.206	0.332
Neutral	32 (51.6)	30 (48.4)		
Agree	17 (63)	10 (37)		
People in rural areas are friendly				
Disagree	4 (44.4)	5 (55.6)	0.302	0.860
Neutral	10 (50)	10 (50)		
Agree	48 (53.4)	42 (46.7)		

*p- value significant at < 0.05

Table 4 presents the association between participant's intention to work in rural areas and perceived demotivating factors. No statistically significant association was observed between

intention to work in rural areas and any of the perceived demotivating factors, including isolation from family and friends, lack of equipment and resources, limited recreational facilities, inadequate salary and incentives, low utilization of skills and knowledge, low self-perceived competency, limited opportunities to continue education, and language barrier (all $p > 0.05$).

Table 4: Association between intention to work in rural areas and demotivating factors (n=119).

Variable	Intention to work in rural area		Chi-square	p-value
	Yes (%)	No (%)		
Isolation from family and friends				
Disagree	18 (42.9)	24 (57.1)	4.363	0.113
Neutral	13 (72.2)	5 (27.8)		
Agree	31 (52.5)	28 (47.)		
Lack of equipment and resources				
Disagree	12 (52.2)	11 (47.8)	0.376	0.829
Neutral	10 (58.8)	7 (41.2)		
Agree	40 (50.6)	39 (49.4)		
Less availability of recreational facilities				
Disagree	13 (40.6)	19 (59.4)	3.139	0.208
Neutral	16 (64)	9 (3)		
Agree	33 (53.2)	29 (6.8)		
Inadequate salary and incentives				
Disagree	17 (53.1)	15 (46.9)	0.019	0.901
Neutral	14 (51.9)	13 (48.1)		
Agree	31 (51.7)	29 (48.3)		
Low utilization of skills and knowledge				
Disagree	19 (48.7)	20 (51.3)	1.157	0.561
Neutral	12 (46.2)	14 (53.8)		
Agree	31 (57.4)	23 (42.6)		
Low self-perceived competency				
Disagree	14 (40)	21 (60)	3.229	0.192
Neutral	22 (53.7)	19 (46.3)		
Agree	26 (60.5)	17 (39.5)		
Few opportunities to continue education				
Disagree	13 (46.4)	15 (53.6)	0.486	0.784
Neutral	11 (55)	9 (45)		
Agree	38 (53.5)	33 (46.5)		
Language barrier				
Disagree	11 (39.3)	17 (60.7)	2.96	0.228
Neutral	19 (51.4)	18 (48.6)		
Agree	32 (59.3)	22 (40.7)		

* p - value significant at < 0.05

DISCUSSION

The present study assessed the intention of final-year PCL nursing students to work in rural areas and examined the motivating and demotivating factors associated with this intention. The findings revealed that more than half (52.1%) of the respondents expressed an intention to work in rural areas, while 47.9% did not. Although this reflects a moderate willingness among future nurses to serve in rural communities, it also indicates that a substantial proportion of graduating nursing students remain reluctant to choose rural employment. The finding of the present study is consistent with the study conducted by *Siwakoti et al.*, in Nepal, which reported that a considerable proportion of nursing students intended to work in rural areas after graduation, indicating a positive attitude toward rural service among future nurses.¹⁵ Similarly, *Pudpong et al.*, found that many final-year nursing students from five Asian countries expressed willingness to work in rural settings, although the level of intention differed across countries depending on educational experiences and health system characteristics.¹⁴ Likewise, *Silvestri et al.*, reported that a substantial proportion of medical and nursing students from Asia and Africa intended to work in rural areas, emphasizing that rural career intentions are common among health professional students but are influenced by multiple contextual factors.¹⁰ These similarities suggest that rural work intention among nursing students is a common phenomenon across low- and middle-income countries, although the extent of willingness varies according to national policies, educational exposure, and employment opportunities.

Among the motivating factors, respondents most frequently agreed that high healthcare needs in rural areas (86.6%), a favorable local working environment (76.5%), and the friendliness of rural communities (75.6%) encouraged them to work in rural settings. These findings demonstrate that nursing students recognize the importance of addressing health inequities and are aware of the greater demand for healthcare services in underserved rural populations.

Such perceptions reflect professional commitment and social responsibility, which are important attributes for future healthcare providers. Similar findings were reported by *Sidibé et al.*, who observed that students who appreciated the healthcare needs of rural populations and had positive perceptions of rural communities were more willing to consider rural employment.³ Likewise, *Dutt et al.*, found that positive attitudes toward rural healthcare services significantly influenced medical students' willingness to work in rural settings.⁶ Shankar and Thapa also reported that Nepalese medical students who perceived rural communities positively were more likely to express an interest in rural practice after graduation.¹² These findings collectively indicate that awareness of community health needs and positive perceptions of rural life may encourage students to consider rural careers.

The study further found that more than half of the respondents regarded opportunity for career development (60.5%), locating near to family (58.8%), low working pressure (56.3%), and high salary and incentives (51.3%) as motivating factors for rural practice. These findings suggest that nursing students consider both professional and personal factors when making career decisions. Career advancement opportunities and financial incentives may increase the attractiveness of rural employment, while proximity to family provides emotional and social support that may facilitate long-term retention. Similar findings were reported by *Firdaus et al.*, who identified family support, career opportunities, and professional expectations as important determinants of Indonesian nursing students' intention to work in rural areas.⁷ *Isaac et al.*, likewise, demonstrated that personal interests, career aspirations, and self-efficacy significantly influenced rural career intentions among Australian medical students.⁹ Furthermore, *Chuenkongkaew et al.*, reported that students' attitudes toward rural practice were influenced by both perceived competencies and personal preferences across five Asian countries.⁴

Association between intention to work in rural areas

and motivating factors to work in rural areas

Despite the positive perceptions of several motivating factors, the inferential analysis showed that locating near to family was the only motivating factor significantly associated with intention to work in rural areas ($p = 0.045$). Students who valued working close to their families were more likely to express an intention to practice in rural settings. This finding suggests that family-related considerations may have a greater influence on career decisions than financial incentives or professional opportunities. In the Nepalese context, where family ties and social support play a central role in decision-making, proximity to family may enhance both job satisfaction and long-term retention in rural areas. This finding is supported by *Firdaus et al.*, who highlighted family-related factors as significant predictors of nursing students' rural work intentions.⁷ Similarly, *Isaac et al.*, emphasized that personal motivations and social support systems were important determinants of rural career intentions among healthcare students.⁹ Regarding demotivating factors, the majority of respondents agreed that lack of equipment and resources (66.4%), limited opportunities to continue education (59.7%), less availability of recreational facilities (52.1%), and inadequate salary and incentives (50.4%) discouraged them from working in rural areas. Nearly half also perceived isolation from family and friends (49.6%), low utilization of skills and knowledge (45.4%), and language barriers (45.4%) as barriers to rural employment. These findings reflect longstanding challenges faced by healthcare professionals in rural Nepal, including inadequate infrastructure, limited opportunities for professional development, and insufficient financial and social support. A study by Adhikari R similarly reported that poor workforce management, inadequate working conditions, and limited career advancement opportunities contribute to difficulties in recruiting and retaining nurses in rural health facilities.² Likewise, the International Labour Organization (ILO) identified poor working conditions, limited professional development opportunities, and inadequate incentives as major

contributors to the migration of Nepalese health workers.⁸ also a study conducted by Thapa M also reported that career prospects, remuneration, and workplace conditions are important determinants of nurses' employment decisions and migration intentions.¹

Association between intention to work in rural areas and demotivating factors to work in rural areas

Although these barriers were widely perceived, none of the demotivating factors showed a statistically significant association with intention to work in rural areas. Similarly, motivating factors such as career development, financial incentives, healthcare needs, local working environment, and friendly rural communities were not significantly associated with rural work intention. *Silvestri et al.*, reported similar findings, concluding that students' intentions to work in rural areas are shaped by multiple interacting influences rather than any single motivating or demotivating factor.¹⁰ *Pudpong et al.*, also found that rural attitudes, perceived competencies, educational experiences, and individual preferences collectively influenced nursing students' intentions to work in rural settings.¹⁴ *Chuenkongkaew et al.*, further demonstrated that positive attitudes and perceived competency were important contributors to rural career intentions among medical students.⁴

Overall, the findings of this study indicate that final-year PCL nursing students demonstrate a moderate intention to work in rural areas, with family proximity emerging as the only factor significantly associated with rural work intention. The findings emphasize that strengthening the rural nursing workforce requires a comprehensive approach that addresses both personal and systemic factors. Policies should focus on improving rural health facility infrastructure, ensuring the availability of essential equipment and resources, expanding opportunities for continuing education and career advancement, providing adequate financial incentives, and implementing family-friendly deployment and retention strategies. Such interventions may enhance the willingness of nursing graduates to accept and remain in rural postings, thereby contributing to a more equitable

distribution of the nursing workforce and improved access to healthcare services in rural Nepal.

Limitations

The study was conducted only among final year PCL students in Pokhara Metropolitan City. Therefore, the findings may have limited generalizability.

Conclusions

This study, conducted among final-year PCL nursing students in Pokhara Metropolitan City, assessed the factors affecting nursing students' intention to work in rural areas. The findings revealed that more than half of the respondents expressed an intention to work in rural areas after graduation. Among the various factors examined, the motivation of being located near family was found to be significantly associated with nursing students' intention to work in rural areas. These findings emphasize the significant role of family-related factors in shaping nursing students' intentions preferring rural employment. The findings also provide valuable insights for developing strategies to strengthen the rural nursing workforce.

Ethics approval

Ethical approval was obtained from the Institutional Review Committee (IRC) of Pokhara University (Ref. No.: 17-079/080) for the study. Written consent was taken from all participants.

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Conflict of interest

The authors declares no conflict of interest.

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Availability of data and materials

The collected data and detailed analyses will be made available upon reasonable request from the

corresponding author.

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