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An Overview Of A Study Into The Role And Function Of The Rural Nurse In Australia



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The Role and Function of the Rural Nurse in Australia

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Executive Summary

This national study aimed to:

- identify the role and function of the rural nurse in a hospital setting in Australia
- collect data to provide a base-line for the development of competencies for rural registered nurses in different size health service locations
- identify areas of priority for continuing and award education and training for rural nurses in different practice settings

In phase one of the study, 72 rural nurses were interviewed individually or in small focus groups and 29 were interviewed on the telephone, in response to a national, toll-free 'phone-in', organised over two days in December, 1994. Data from these interviews were analysed to elicit views on rural nursing. In the second phase of the study, a stratified, random sample of 129 rural health care facilities which offered acute care services participated in a one-day census on July 31, 1996. On this designated census day, a series of questionnaires were administered and the work of the nurses in each facility was observed. Facilities from all Australian States were involved in the study.

The study generated extensive data on the nature and current characteristics of rural nursing in Australia. A range of variables which impact upon the job satisfaction of rural nurses and therefore retention of the rural nursing workforce were isolated and differences between nurses working in different size health care settings were identified. Overall, the job satisfaction of rural nurses was high, but the complexity of rural nursing and the variability in roles across facilities were both unexpected.

The results suggest that the rural nurse in Australia offers an extremely comprehensive range of health services to rural people. This pivotal role in health care was found to be undervalued by other health professionals and managers and not well understood by rural people. Rural nurses expressed a need for better preparation to perform in these diverse roles.

An extensive literature review and the findings of the study, highlight a high level of ambiguity surrounding the role and function of the rural nurse and a number of inconsistencies between the metropolitan-oriented, dominant perceptions of what constitutes everyday nursing practice and the realities of rural nursing. The findings of the study give rise to the following recommendations.

Recommendations

The Role Of The Rural Nurse In Australia

The role of the registered nurse in rural Australia is complex and requires expertise in a wide range of sophisticated health care activities. The majority of these nurses provide nursing care in the absence of on-site medical and allied health support staff. Rural nurses are central to the delivery of health care in rural areas but the centrality of their role is largely invisible. It is therefore recommended:

Recommendation One

That Federal, State and Territory Health Departments accept this report and implement the recommendations by establishing a national taskforce to advise governments on:

- *the preparation of nurses for rural practice*
- *the skill levels and mix of nurses required for rural practice (beginner, advanced, registered, enrolled)*
- *the type and content of education and training programs*

It is further recommended that this taskforce make recommendations to State and Territory governments on the implementation of changes to legislation and industrial awards to reflect contemporary rural nursing practice.

Membership of the taskforce will be drawn from professional and industrial nursing bodies (Australian Nursing Federation, Royal College of Nursing, Australia, The Association for Australian Rural Nurses Inc); nurse advisers employed by State Departments of Health; The Commonwealth Office of Rural Health; Rural Health Policy Units of State and Territory Departments of Health; and relevant medical organisations such as the Australian College of Rural and Remote Medicine (ACRRM). The RHSET program is the recommended funding source with the Commonwealth providing oversight of the progress of activities.

Recommendation Two

That the Australian Nursing Federation form a working party to review the career structure for rural nurses. The working party will comprise of representatives from rural nursing organisations (the AARN); other professional nursing organisations and Colleges; Nurse Advisers employed by State Departments of Health; and universities and other education and training providers (eg RHTUs). The RHSET program is the recommended funding source with the Commonwealth Office of Rural Health providing oversight of the progress of activities.

Recommendations

Recommendation Three

That the Commonwealth Office of Rural Health establish a working party under the auspices of the National Rural Health Alliance to develop a CD-ROM or on-line resource, based on WWW technology, which rural nurses can access in emergency and non-emergency situations. Membership of this working party will comprise representatives from the Association for Australian Rural Nurses; education and training institutions (professional nursing colleges, Rural Health Training Units, universities, TAFE); the Rural Health Policy Forum; Nurse Advisers employed by the Department of Health; and the ANF. The development of this material will be funded by the RHSET program with the National Rural Health Alliance responsible for progress to the Commonwealth Office of Rural Health.

It is further recommended that State and Territory Health Departments accept responsibility for the placement of the material on-line and for on-going maintenance.

Recruitment And Retention Of Rural Nurses

Rural health services are highly dependent on registered nurses to function effectively. Although strategies to recruit and retain medical practitioners have been developed, little attention is paid to recruiting and retaining well qualified and experienced rural registered nurses. It is therefore recommended:

Recommendation Four

That State and Territory Departments of Health implement strategies as a priority to recruit and retain university prepared nurses into rural health services with less than 50 acute beds and that strategies include the use of the funding currently allocated to Graduate Transition to Work programs.

Recommendation Five

That all nurses employed for locum relief in rural areas have undergone an accredited advanced nursing practice program to prepare them for rural nursing practice. Funding for such training is to be made available from State and Territory Health Departments Casemix budget allocations for education and training.

It is further recommended that State and Territory Health Departments contract the development and delivery of such programs to providers such as the Rural Health Training Units. The development of such programs could be funded by the Commonwealth's RHSET program.

Recommendations

Recommendation Six

That each State and Territory Department of Health establish rural nursing locum relief banks for use in Government and non-Government rural and remote health services from which services can purchase suitably educated nursing relievers. Locum relief banks, once established, will be self-funding.

Recommendation Seven

That Federal, State and Territory Departments of Health establish a working party under the auspices of the Royal College of Nursing, Australia for the development of a national marketing strategy which promotes rural nursing as a professional career with high job satisfaction. Membership of the working party will include professional and industrial nursing associations (ANF, RCNA, NSW College of Nursing, AARN, CRANA); representatives from the higher education sector (especially regional universities); representatives from the Rural Health Training Units; and representatives from the Federal, State and Territory Departments of Health. Funding for the working party would be allocated from the RHSET program, with the Commonwealth Office of Rural Health responsible for the progress of the working party.

Recommendation Eight

That State and Territory Health Departments ensure that line managers, at the local level, have undergone management training which enables them to implement strategies to deal effectively with change. In particular, the implementation of the principles of primary health care will improve interdisciplinary and community involvement and cooperation.

Recommendation Nine

That Government and non-Government Health Authorities acknowledge the importance of relationships between nurses and other health professionals in rural areas and the impact of role conflict on recruitment and retention of nurses by formalising and legitimising existing roles of nurses. Local health managers must introduce strategies to overcome interdisciplinary tensions over role boundaries.

It is further recommended that the implementation of a Primary Health Care Model of service delivery be prioritised in small rural health services to improve interdisciplinary relationships.

Recommendations

Education, Training And Support For Rural Nurses

Rural registered nurses require advanced education and strong support if the health status of rural Australians is to be maintained. This education and training should begin at the undergraduate pre-registration level and continue throughout the nursing career. It is therefore recommended:

Recommendation Ten - Undergraduate Education and Training

That the Commonwealth, through the Minister for Health and the Minister for Employment, Education, Training and Youth Affairs:

- (a) have all higher education institutions involved in nursing education quarantine a minimum of ten percent of places in pre-registration nursing courses for students with a rural background; and*
- (b) direct regional universities to give priority of entry into undergraduate pre-registration courses to local students. This could be achieved by the quarantining of a specified number of places. The number of places will be based on the information provided by State and Territory Health Departments on projected workforce requirements.*

Recommendation Eleven

That State and Territory Governments adjust Casemix formulae for education and training to reflect the increased costs of accessing education and training for rural nurses. Health services eligible for the adjusted funding rates will be a minimum of two hours drive from a provincial, regional or metropolitan university, Rural Health Training Unit or other education and training provider.

Recommendation Twelve

That all education and training providers of rural nursing programs respond to the identified barriers to education and training within this report and provide programs that are flexible and meet the needs of individual rural nurses rather than those of the education and training institutions.

Recommendation Thirteen

That all Government and non-Government Health Authorities make available, in consultation with rural nurses, adequate childminding facilities to allow nurses better access to education and training programs. These facilities can be available at the nurse's employment venue as well as at the education and training provider venue. As health is the responsibility of the community as well as the Government, local health services could consider a joint project with the community for the provision of these services.

Recommendations

Recommendation Fourteen

That all health authorities provide rural nurses with on-going access to advanced nursing practice courses. These courses will include education and training in advanced nursing skills. Funding for the development of these courses will be provided by the Commonwealth's RHSET Grants. In recognition of the identified existing barriers in accessing education and training programs, State and Territory Health Departments will endorse the recommendations made regarding access to overcome these barriers. The program, therefore will be provided using various methods of delivery (on and off-site) and include education and training in the following areas:

- *accident and emergency, first-line emergency care, acute assessment skills and triage*
- *midwifery*
- *paediatrics*
- *coronary care*
- *intensive care*
- *general medical/surgical and perioperative knowledge and skills*

It is further recommended that the Advanced Nursing Working Party currently established by the Commonwealth Office of Rural Health, make recommendations on the structure and implementation of such courses for rural nurses.

Recommendation Fifteen

That all Government and non-Government health authorities include in Enterprise Agreements the right for all rural registered nurses to a set number of paid study days per year. The number of days will be negotiated between nursing industrial bodies (ANF, QNU, NSW Nurses' Association) and employers.

Recommendation Sixteen

That all Government and non-Government health authorities use as a measure of the outcomes of the health service the annual performance of managers in relation to the extent to which nurses have accessed education and training programs.

Recommendation Seventeen

That all education and training providers (professional nursing colleges, universities, TAFE, RHTUs) state clearly and publicise information concerning the availability of courses, entry requirements, selection criteria, cost of courses and the means of application. To increase rural nurses' awareness it is recommended that education and training providers utilise regional newspapers and newsletters such as the Queensland Nursing Council's Forum.

Recommendations

Recommendation Eighteen

That all registered nurses undergo an orientation program to rural practice prior to commencing work in rural health services. The orientation program will be of a duration sufficient for nurses to upgrade to the knowledge and skills necessary for the beginning advanced practice role. The program will include advanced nursing skills (cannulation, suturing, taking of X-Rays and so on; cultural orientation; and an understanding of the diversity of rural communities). The program, designed to be offered by a variety of education and training providers (RHTUs, universities, professional nursing colleges) will articulate into an accredited advanced nursing course.

It is further recommended that this orientation course be developed by a working party established under the auspices of the Commonwealth Office of Rural Health. Membership of the working party will include nurses representing universities; representatives of the nursing advisers from the State Department of Health; and the Rural Health Training Units.

Recommendation Nineteen

That the Commonwealth, through the Minister for Health and the Minister for Employment, Education, Training and Youth Affairs establish a working party under the auspices of the Commonwealth Office for Rural Health to develop an accredited preceptor program for registered nurses currently employed in practice. The program would incorporate adult learning principles; clinical teaching skills; and the role of the preceptor in student learning.

Membership of the working party will be drawn from professional nursing bodies (the Colleges, AARN, CRANA); nurse advisers from the State Departments of Health; the universities and TAFE; and Rural Health Training Units.

Recommendation Twenty

That education and training providers recognise the difference in training needs brought about by the impact of hospital size and rurality when developing and delivering programs to nurses in rural areas. It is further recommended that these programs be flexible to meet the individual needs of rural nurses.