Action on Nursing in Rural and Remote Areas 2003-2003

Recommendations and Action Plan, including drafts of the Issues Paper, Vision and Required Conditions and Key Recommendations
Status of document

The recommendations are from the Project ‘Action on Nursing in Rural and Remote Areas, 2002-2003’.

The first seven are those that were selected at the Workshop on 18 October as priorities for the Seven-Point Plan. All individuals and agencies in a position to promote any of the recommendations in the Seven-Point Plan are encouraged to do so.

All parties in a position to pick up and act on Plan are encouraged to do so.

The NRHA and other parties involved with this Project will continue to promote the recommendations. The recommendations not in the Seven-Point Plan are also important and will also be pursued at every available opportunity.

The Project Organising Committee will continue its work and will be proposing some regional Workshops in 2003 to take the Seven-Point Plan and the other recommendations to as many people as possible.

Feedback on the Project, including about the recommendations, will continue to be important and can be emailed to nrha@ruralhealth.org.au or sent by mail.

The Project Organising Committee comprises David Lindsay and Kris Malko-Nyhan from the Association for Australian Rural Nurses (AARN), Victoria Gilmore from the Australian Nursing Federation (ANF), Melanie van Haaren, Janine Watts and Sabina Knight from the Council of Remote Area Nurses of Australia (CRANA), Karen Francis from the Australian Council of Deans of Nursing (ACDN), Jan Fletcher from the Australian Nursing Council Inc (ANCI), Sally Goold from the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN), Lexie Brans and Lesley Siegloff from the Royal College of Nursing, Australia (RCNA), and Cathy Veitch and Robbie Amm from the National Rural Health Network. They are assisted by staff of the NRHA.

30 October 2002
The Seven-Point Plan

Recommendation 1
There should be pilot projects to establish national locum relief and mentoring programs, and additional incentives for rural and remote nurses in areas that have difficulty attracting and retaining staff. These additional incentives should include:

- reimbursement of relocation costs;
- an accommodation allowance;
- appropriate housing;
- financial recognition of qualifications and/or years of experience in remote settings;
- annual airfares to nearest capital city for nurses and their families;
- study allowances, including leave to access courses and financial support to attend;
- salary loading to reflect the degree of remoteness or isolation;
- education on local cultural issues; and
- regular isolation leave.

Recommendation 2
Encouragement to health service providers to meet their duty of care obligations to nurses by adopting risk management strategies covering the provision by the employer of comprehensive preparation for practice relevant to the specific health setting of practice including in relation to context-relevant clinical skills, occupational health and safety, violence, cultural safety, and personal safety and coping skills.

Recommendation 3
A collaborative effort involving governments, nursing organisations, non-government organisations and the media, to market to the public and all other relevant stakeholders a positive image of nursing in rural and remote areas. This collaborative effort should involve the Association for Australian Rural Nurses, the Australian Nursing Federation, the Council of Remote Area Nurses of Australia, Commonwealth, State and Territory Governments, the media and rural and remote area communities. The image should be positive, enthusiastic and contemporary, highlighting that nurses are valued and necessary for the continued health care of these communities. The work should start from the premise that there are opportunities in crisis and that nurses are brave and caring people.

Recommendation 4
Insistence that Schools of Nursing, including in the vocational education sector, provide nursing courses that prepare graduates for the realities of rural and remote areas, including through curriculum content, placements and the needs of marginalised groups.
To this end, all Schools of Nursing must ensure that:

- their courses contain elements that cover all contexts in which nursing care is provided, including rural and remote areas;
- Indigenous health and cultural safety education is incorporated as part of their core curriculum;
- access to clinical placements in rural and remote areas is facilitated;
- they establish regionally based learning centres to support locally based undergraduate nursing students;
- funding for nurse education programs in rural and remote areas is appropriate to the unique circumstances applying, such as high travel and accommodation costs; and
- negotiations are undertaken between the Universities, rural and remote nursing organizations, and the Federal Government on the funding formulae for nursing education to achieve adequate financial support for both the administrative costs of clinical placements and the costs incurred by students.

**Recommendation 5**

Action to ensure that health service providers in rural and remote areas provide workplace environments with adequate levels of human, financial and material resources (including adequate facilities and equipment), flexible employment models, reliable relief systems and professional support mechanisms.

**Recommendation 6**

Action to lobby for the provision to nurses in rural and remote areas of regular access to reliable and relevant information technology, including telephones and the internet, and training and support for its use.

**Recommendation 7**

The funding of postgraduate advanced practice training programs for rural and remote area nurses that include context-specific advanced clinical nursing skills, public health, clinical supervision and co-ordination of trainee support and placements.
Other Important Recommendations

**Recommendation 8**
That health service providers in rural and remote areas benchmark their management practices against best practice with an emphasis on:

- meeting accepted standards of service delivery;
- stabilising, educating and focusing on the workforce;
- context sensitivity;
- encouraging and rewarding professional leadership; and
- advancing multidisciplinary models of care.

**Recommendation 9**
That health service providers adopt policies and practices which ensure that all nurses in rural and remote areas are professionally supported and led by nurses who are well-prepared and competent managers.

- in rural and remote public sector services, managers should be employed in dedicated senior nursing positions.

**Recommendation 10**
That State and Territory Governments fund additional positions for new graduate nurses in rural and remote areas. In the case of advanced practice settings in remote areas these positions should be supernumerary and supported by mentors.

**Recommendation 11**
That Australian Health Ministers devise and implement processes and structures that will make workforce planning for nursing in rural and remote areas more effective. These processes and structures must involve Federal, State and Territory health agencies, employers of nurses, nurse education providers and the Federal Department of Education, Science and Training and be closely linked with structures and processes for workforce planning for the overall nursing workforce and for other health occupations.

**Recommendation 12**
That the Federal Government fund national projects in order to inform the scope of nursing practice and education programs for nurses in rural and remote areas. This project will include:

- validation of the Council of Remote Area Nurses of Australia Competency Standards;
- validation of the Australian Nursing Federation’s Advanced Practice Competency Standards; and
- examination of the feasibility of and most appropriate process for developing other specific competency standards for rural nurses.

**Recommendation 13**
That scholarship programs which support education and research programs for undergraduate and postgraduate nurses in rural and remote areas be continued and expanded, and their effectiveness evaluated.
Recommendation 14
That the Association for Australian Rural Nurses, the Australian Nursing Federation, and the Council of Remote Area Nurses of Australia:

- collaborate, in consultation with other relevant parties, to devise a research program for nursing in rural and remote areas, focussed in the short-term on research projects to inform and underpin action necessary for enhancing nursing practice in rural and remote areas; and
- seek funding assistance from State/Territory and Federal Governments to create a development fund to support such research, either from existing health research funds or through new monies.

Recommendation 15
That the Federal Department of Health and Ageing establish a Principal Nursing Advisor position whose incumbent would, inter alia, have a key role in implementing and co-ordinating policies and program for nursing in rural and remote areas.

Recommendation 16
That State, Territory and Commonwealth Governments commit themselves through the Australian Health Ministers’ Conference to introduce and amend health legislation where appropriate to support and enhance advanced nursing practice following their commissioning an update of previous reviews of relevant legislation.
ISSUES PAPER

Status of document

This is a working draft circulated for further discussion.

This draft was prepared by the Project Organising Committee with input from people in rural and remote areas and other individuals from the organisations involved. The Organising Committee comprises David Lindsay and Kris Malko-Nyhan from the Association for Australian Rural Nurses (AARN), Victoria Gilmore from the Australian Nursing Federation (ANF), Melanie van Haaren from the Council of Remote Area Nurses of Australia (CRANA), Karen Francis from the Australian Council of Deans of Nursing (ACDN), Marilyn Gendek from the Australian Nursing Council Inc (ANCi), Sally Goold from the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN), Cathy Veitch from the National Rural Health Network (NRHN), and Lexie Brans and Lesley Siegloff from the Royal College of Nursing, Australia (RCNA). They are assisted by staff of the NRHA.
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ACTION ON NURSING IN RURAL AND REMOTE AREAS
an initiative of the nursing organisations of the NRHA (the ANF, AARN and CRANA),
in conjunction with ACDN, ANC Inc., CATSIN and the RCNA

ISSUES PAPER

PART 1 CONTEXT

Background

For the purpose of this project, rural and remote areas are taken as those areas outside the capital cities and other metropolitan areas, as defined in the Rural, Remote and Metropolitan Areas classification system developed by the Commonwealth (RRMA, 1994).

Nurses form the largest and most evenly distributed health profession working in rural and remote Australia. Nurses provide a higher proportion of health care in rural and remote Australia than in the metropolitan zone. Having an effective nursing workforce in place in rural and remote areas is therefore crucial to the health of people living in such areas.

Despite this fundamental importance, for some years there has been an emerging crisis in nursing in rural and remote areas. The major concerns include supply shortages and the ageing of the existing nursing workforce in rural and remote areas. Qualified nurses are leaving the nursing workforce and graduates are not entering the profession and this, combined with insufficient numbers being educated, is the major factor contributing to the shortages. It is clear that the problems are many faceted and will only be resolved by a strategic long-term approach involving all relevant parties.

Rural and remote areas are short of nurses in many areas and in many specialties, most urgently in the aged care sector. There are instances of aged care places in rural areas being unfilled simply because of the facility’s inability to find staff. In many small rural hospitals the Director of Nursing may be the only qualified midwife and needs to be on call 24 hours a day if required to provide midwifery care.

At the 6th National Rural Health Conference in March 2001 there was a priority recommendation that a summit be held for rural and remote nurses. Increasing interest and action by the Federal Government on rural nursing issues, together with the two national inquiries into nursing initiated in 2001 (Senate Community Affairs Reference Committee’s Inquiry into Nursing and the Federal Government’s National Review of Nursing Education), have helped to create a climate conducive to positive changes for nursing in rural and remote areas. This Project is designed to support those positive changes.

Three Member Bodies of the National Rural Heath Alliance represent rural and remote area nurses. They are the Association for Australian Rural Nurses (AARN), the Australian Nursing Federation (ANF), and the Council of Remote Area Nurses of Australia (CRANA). These three formed a Project Committee in conjunction with the Australian Council of Deans of Nursing, the Australian Nursing Council Inc, the Chief Nursing Officers, the Congress of Aboriginal and
Torres Strait Islander Nurses, and the Royal College of Nursing of Australia. There has never before been such a wide group of national nursing bodies working together on a particular project to advance nursing in rural and remote areas.

Discussions about the proposed work and about the possibility of a Summit were held with rural officers of the Health Departments through the Rural Sub-Committee of the Australian Health Ministers’ Advisory Council (AHMAC). The Chief Nursing Officers were directly informed and involved through the Project Committee. Support for the event was sought from the Federal Department of Health and Ageing, and the proposal was then referred by Tasmania to AHMAC. AHMAC in turn referred the matter to the Australian Health Ministers’ Workforce Officers’ Committee (AHWOC). These advisory bodies agreed on the importance of the work and considered that its timing should be synchronized with the outcomes from the Federal Government’s National Review of Nursing Education, now due to report in August 2002.

The seven national nursing bodies involved in the work, and the NRHA to which the Conference recommendation from March 2001 was addressed, have continued with the work knowing that governments’ considerations of nursing issues will benefit from some specialized inputs relating to their rural and remote aspects. It has been agreed that the first major face-to-face event within the Project will be held after release of the Report from the National Review of Nursing Education, perhaps in October 2002.

The Project Organising Committee is determined to make the project an action-oriented affair, being convinced that sufficient analysis had already been done to provide a sound basis for problem solving. Three documents are being developed for public consultation: this Issues Paper; a Vision and Required Conditions document that describes a set of principles or circumstances whose existence would lay the basis for satisfactory outcomes for nursing in rural and remote areas; and Key Recommendations for Action. (All three are available for comment and can be found at www.ruralhealth.org.au)

This Issues Paper provides an overview of the challenges facing nursing in rural and remote areas and provides the basis for the recommendations. Four working parties of the Project Committee developed the Paper, focusing respectively on nursing roles and services models; best practice in recruitment and retention; education and professional development; and a national framework.

Health workforce policies, nationally, regionally and locally, must reflect nurses’ major roles in maintaining and improving the health of rural and remote residents in Australia and the national interest of ensuring a sufficient supply of effective nurses in rural and remote Australia. This Paper assumes that local level problems related to nursing should be resolved through solutions determined locally and appropriate to the needs of local communities and their health services, but supported and sustained through national and state/territory policy settings and actions which deal with macro level issues.

The Project has adopted the following framework for rural and remote health services as a means of assuring effective health services in rural and remote areas in the future which meet the goal of achieving improvements not only in health status, but in the environment as well:

a. health is positive, multidimensional, and participatory;
b. services must be aimed at the population in their own environment, embracing the whole network of health and community issues; and
c. models of care must adopt diverse, but complementary strategies, based on enabling, facilitating and rewarding.
Recent initiatives related to nursing in rural and remote areas

Several recent initiatives have been developed to help to alleviate the difficulties faced by nurses in rural and remote areas. These include:

- Postgraduate scholarships funded by the Commonwealth. These scholarships commenced in June 1997. They provide a total of $600,000 a year to support Enrolled and Registered Nurses from rural and remote areas to undertake continuing professional education and training to enhance their skills.

- A commitment in the 2001 Federal Government Budget to fund:
  - 100 scholarships per annum for nursing students from rural areas;
  - 10 scholarships per year for Aboriginal and Torres Strait Islander nursing students or other health workers who wish to upgrade their qualifications; and
  - $104m over four years to enable doctors to employ more practice nurses in areas where access to medical services is limited, including, but not restricted to, rural and remote areas. These funds also include 400 scholarships each year to assist former rural nurses wishing to re-enter the nursing workforce.

- A number of state and territory initiatives including:
  - nurse practitioners in NSW, South Australia and Victoria. As an example, NSW has appointed its first nurse practitioner in a rural area, at Wanaaring, providing health services to a community of 450 people in a town 190km north-west of Bourke. Services include limited prescribing and referrals to other health practitioners (Shine 2001). This follows an extensive period of research and consultation on nurse practitioners (see for example NSW 1995);
  - isolated Practice endorsement in Queensland;
  - Rural Health Policy Cadetships in Western Australia, available to undergraduates in any health course to work in an area of rural health policy development during their summer vacations; and
  - rural nursing scholarships that are available through some State Governments, universities and nursing organisations.

Nurses from rural and remote areas and their representative organisations have welcomed these and other initiatives in recent years.

Concerns remain, though, about:

- the piecemeal approach to dealing with health issues in rural and remote areas without an overall “blueprint” for rural and regional development;
- the tendency for the Commonwealth to fund initiatives for rural and remote nurses through General Practice; and
- the lack of an integrated, cohesive strategy for dealing with nursing workforce issues affecting remote and rural Australia.

Purpose of the Project

The Vision and Conditions document and the Key Recommendations set the agenda for the next five years for improvements in the ways that nurses working in rural and remote Australia are educated (including their ongoing professional development), and are managed, supported, rewarded and deployed in the workplace (assisted by their professional associations, colleagues, communities and employers). A key result from this agenda will be a stronger primary health care team in many parts of rural and remote areas, with representatives of the various health professions working closely together and with each of them better prepared and supported for rural and remote practice.
The papers also identify key areas where further national action is required to underpin the development and maintenance of a skilled, effective nursing workforce sufficient in number to meet the nursing needs of remote and rural communities in Australia.

The project’s purpose is to provide support to policy makers, employers, educators, regulators, health services planners, communities and others with a role in nursing policy and practice in their attempts to find ways of overcoming the increasing problems experienced by health services in attracting and maintaining a sufficient nursing workforce to provide for the health needs of communities in rural and remote Australia.

Wider Context

This Project is almost solely concerned with nursing issues. Implementing the Key Recommendations will lead to substantial improvements in the problems now facing rural health services and communities in attracting and retaining a high quality nursing workforce sufficient for their needs.

However it would be naïve to think that dealing with nursing issues in isolation will resolve all the problems affecting the capacity of nurses in rural and remote areas to meet the health needs of their communities.

Clearly there are many issues outside nursing which affect health services in rural and remote areas and the degree to which nurses are able to respond appropriately to the health needs of their communities. The papers from this Project do not attempt to identify and address these issues in detail. These wider issues are frequently reported in the literature. They are briefly summarised here in Appendix 1 for completeness.

Nurses and their organisations recognise that better meeting the health needs of rural and remote communities requires urgent attention by all levels and government and other key parties to these broader issues. Although many of the recommendations require expenditures, the Project Committee’s view is that strategic investments now will lead to cost savings in areas such as health care delivery and human resource management in the near future.
PART 2    ISSUES AND CONCLUSIONS

Introduction

Issues facing nursing in rural and remote areas are multifaceted and complex, with many interactions between different issues. Many of the issues also are relevant to nursing as a whole.

This paper cannot cover every thing in detail. It identifies a range of key areas and issues which are important in informing future action to resolve some of the challenges facing nursing in rural and remote areas. Its conclusions form the basis of the outcomes and recommendations in the other two project documents.

Nursing roles and the service models in which nurses practice are evolving rapidly. Nurses’ working arrangements should reflect their professional status both in the roles that they are expected to undertake and in the opportunities provided to enable them to maintain and extend their professional expertise.

The roles that nurses play and the settings in which they work are major factors affecting other aspects of nursing, for example their education needs, what rewards (financial and otherwise) are appropriate, and the legislative framework. Whatever the roles for nurses in rural and remote areas, both now and in the future, it is important that policies and programs recognise that nurses are well educated professionals who should be encouraged to operate in the workplace with professional autonomy consonant with their education and experience.

Attracting and retaining nurses in rural and remote areas are major challenges. Some services are simply unable to fill nursing positions, or achieve the desired skills mix in a team of health professionals. The turnover of remote area nurses is high overall and as high as 450% in some areas, which is clearly unacceptable and grossly inefficient. Furthermore this highly specialised rural nursing workforce is ageing, with the average age of Registered and Enrolled Nurses in rural areas being 43 years in 1998.

Without effective intervention, the consequences for consumers of the combination of an ageing workforce, national nursing shortage and inability to attract and retain nurses to areas where nurses are often the only interface with health care will be limited access, poor continuity and quality of care, an inferior service and ultimately poorer health.

It is the firm view of the Project Committee that the nursing workforce can be stabilised in rural and remote areas, given appropriate leadership and resources. Once stabilised, investment in education and focusing on the rural and remote nursing workforce will have a high return in the form of better health outcomes for the 30per cent of the Australian population resident in rural and remote areas, some of whom have the worst health status in the country.

For too long nursing issues were regarded exclusively as State/Territory ones. It is now widely accepted that there are several critical areas for national action if effective and lasting solutions are to be found to the issues facing nursing in rural and remote areas.

Given the vital role nurses play in the delivery of health care to residents of rural and remote areas, investment in creating an environment that attracts and retains their services is wise. Investment should be in areas which include effective and innovative service models; preparation for practice; attracting and retaining the nursing workforce through improved management practices, financial incentives, improved workplace environments, professional support, creating
and sustaining a positive image for nursing in rural and remote areas and more effective workforce planning; education and professional development; encouraging practice-based research, enhancing nursing leadership; legislative reforms; and more effective consultative structures.

**Nursing in rural and remote areas**

Nursing is broad in scope, adopts a holistic perspective to client care and has foundations in the biological and behavioural sciences. Nurses themselves have considerable skills in providing holistic assessment including of actual and potential risks relating to physical, psychological and social needs of individuals and families\(^1\).

**Scope of practice in remote areas**

Generally nurses in remote areas are the first point of contact for the provision of health care, prevention and promotion. Support services are often in distant regional centres requiring extensive travel by car, plane or boat.

The role of nurses in remote areas is comprehensive. It may range across the following areas: emergency care including acute dental; health prevention and health promotion; managing chronic and mental illnesses; aged care; environmental and population health. Health care is provided to people of all ages and across diverse cultural and social groups.

Nurses in remote areas also participate in community development initiatives and they may take on a leadership role in such initiatives which have improved health as the key aim.

Some advanced clinical skills are required, but may be used infrequently. There is little opportunity to refresh knowledge or practical skills to ensure that the remote area nurse is well prepared when unusual events occur, for example managing a major burn injury or delivering a premature baby.

Other skills required by remote area nurses include some which most people would not associate with nursing itself, such as cultural awareness, vehicle maintenance and safe driving.

**Scope of practice in rural areas**

In some rural settings, clinical nurses continue a traditional nursing role in hospitals and community settings. They provide nursing care to patients and clients in emergency departments, critical care environments, wards, aged care and community facilities, and homes.

There have been changes in other rural settings to the way that health care is provided, utilising models such as the multi-purpose centre which combines acute and aged care, and integrated care. Community care has expanded.

A primary health care model further modifies the role of nurses in rural areas. A population or community approach has nurses providing education for illness prevention, health assessments, and environmental scanning for factors that affect the health of the population eg pesticides, water quality.

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Operational factors in remote areas

Nurses prioritise their work based on the immediate needs of the community, their own skills, the staff profile, and their access to a wider network of health care providers.

Projects that would have a long-term effect on the health status of the community are often displaced by routine work on cuts, abrasions, and minor illnesses presenting to remote clinics every day. Some nurses are confined to crisis management rather than investing in health education, health promotion, or counselling.

If there are to be longer-term improvements in the health of people living in remote areas it is vital that opportunities be provided for nurses to devote time to prevention and health promotion. For this to occur there must be opportunities for nurses to discuss health priorities with their employers, communities and colleagues. Resource use must then be planned accordingly to enable increased attention to longer-term health benefits.

Nurses in remote areas not only work on a day-to-day basis in professional and geographic isolation, but they often venture even further from support when they travel away from their posts for both routine and emergency care. This can often involve travelling over inhospitable terrain, which requires them to have a range of skills that are not related to nursing as such, but which are essential for safe and effective practice as a remote area nurse.

Limited resources and isolation often mean that remote area nurses are on call for extensive periods or are involved in extended call-outs in demanding circumstances. Often health service managers do not take these circumstances into account when planning nursing workloads, leading to all too frequent rapid burnout of remote area nurses and risks to patients from overstretched nurses. Better monitoring systems of nursing workloads and preventive action against burn out are required.

Operational factors in rural areas

Nurses have had to adapt to these changing working conditions and be flexible as they move for example from home-based palliative care, caring for an older person in a residential aged care facility, to an emergency response to a major farm accident.

Changes in roles in the last ten years have resulted in fewer medical practitioners, increased fly in-fly out specialist services and reduced resources (for example of other nursing staff, ancillary staff and allied health professionals). Decision-making has increasingly been centralised to larger regional centres and many clinical programs are planned and implemented from the capital cities.

Travel is an underestimated part of workloads for rural nurses. Many rural nurses travel many kilometres between patient/clients offering both generalist and specialist services such as postnatal visiting, mental health care, health promotion and acute care at home. Some nurses work between centres and travel on a regular basis to work in different communities.

Education and management responsibilities add further travel requirements, often to regional and metropolitan centres with much of the travelling undertaken in nurses’ own time.

The capacity of rural nurses to be responsive to patient/client needs is sometimes curtailed by the distances, the inability to be flexible with other parts of the workload and little back-up. This adds stress to nurses trying to provide a quality service to communities who have diminished resources when compared to those in regional or metropolitan centres.
Rural nurses do not have the luxury of a large pool of nursing colleagues to call upon either in times of shortage or where workloads expand beyond those for which the staffing is planned. Nurses therefore often work overtime to assist colleagues, staff the health service or because it is essential and this is sometimes unpaid because of concerns about the budget or difficulties in getting approval. They are often encouraged to take time in lieu of overtime, further exacerbating shortages and the cycle of overtime and excess workloads.

Nurses in rural areas, especially in specialist roles such as mental health, midwifery or palliative care, can be on-call for prolonged periods leading to feelings of being tied to the job and indispensable. Adverse effects on personal and social lives can result.

There is insufficient attention by service managers in rural areas to workload demands on nurses including overtime, on-call requirements and travel time. Better monitoring systems and action to alleviate the problems arising from these pressures are needed.

**Advanced practice in remote areas**

Experienced nurses in remote areas have specialised and advanced skills. Advanced practice, including nurse practitioner positions, requires nurses to retain and expand specialist knowledge using clinical practice, education, research, interaction with specialist colleagues and critical reflection on practice.

Nurse practitioners also provide an extended range of health care services permitted under legislation, some of which in other circumstances is usually the exclusive province of medical practitioners, for example to prescribe drugs, request pathology and medical imaging.

All advanced practice nurses should have a sophisticated role in identifying priorities in the range of specialist care that is required and planning for its provision in consultation with managers and other health care providers.

It is important that health service managers in remote areas have a clear understanding of the advanced nature of the role of remote area nurses and that they put in place frameworks to underpin these roles consonant with the needs of nurses.

Remote area nurses often practise within a grey area, that is working outside of their scope of practice because they are very isolated from other health care providers and having to respond as best they can to the health needs of the community. This places nurses in an unacceptable position. More effective action is required by States and Territory to institute mechanisms to provide protection for nurses working outside their scope of practice in situations where more appropriate health care providers are not available, for example nurse practitioner legislation and guidelines for isolated practice.

**Advanced skills in rural areas**

Nurses in rural areas, with reduced support from medical and allied health colleagues, are often placed in a situation where advanced skills are required.

Some managers have a rigid and blinkered approach to this occurring. They use policy manuals as their reference and refuse to acknowledge that nurses are often in situations where the rules need bending. Managers have a responsibility to identify situations where nurses are required to use advanced skills that may be outside their scope of practice and to take remedial action. This will sometimes involve using relevant legislation and authorising nurses as nurse practitioners.
where possible. It will also require nurses, managers and other clinical colleagues to develop guidelines and policies as a framework for nurses required to use advanced skills. These actions should be part of broader risk assessment processes instituted by health service managers to ensure that nurses are protected where necessary.

The move towards nurse practitioner positions has generally occurred because nurses are calling for a legitimate framework in which they can provide these advanced skills. Acknowledging advanced practice in this way ensures that nurses themselves have appropriate knowledge and skill to undertake these roles rather than leaving them professionally unprotected and vulnerable.

There are reports that acquiring back-up during emergency situations is not easy. Some medical practitioners are already stretched to provide their regular services and sometimes have difficulty in responding to requests from nurses in emergency situations. Health service managers have rarely developed effective networks for nurses to receive clinical support before, during or after major incidents.

Nurses are left managing difficult situations with few resources to call upon, thereby adding to their professional burden.

Succession planning
Approximately one third of nurses with advanced and specialist skills plan to retire within the next 15 years. These nurses are the backbone of the bush health system and to date there has been no nationally coordinated approach to ensure they can be replaced. These circumstances compound the difficulties both in ensuring the right skills mix and that continuity of care occurs.

To improve planning for the future nursing workforce in rural and remote areas, managers should ensure that the local nursing workforce is analysed, together with potential changes in demand, for example due to the impact of the ageing population and increasing unemployment rates impacting on the mental health of working people.

As part of this analysis, retiring nurses should be identified and succession plans prepared based on local health service priorities, for example planning to replace a mental health nurse retiring within 5 years. Succession planning involves supporting existing nurses in the area to develop necessary skills and knowledge and recruiting specialist nurses who demonstrate an interest in living and working in the area.

Changing demands
Changes in health care have resulted in more complex treatments for people with chronic illnesses and disabilities. Patients are also discharged quickly from the acute setting and although some patients have staged discharges where they stay close to the treating facilities, patients return to their home communities while still undergoing complex treatments such as chemotherapy and renal dialysis.

This means that rural nurses now require a comprehensive range of skills and a wide knowledge base, often in very specialised areas of health care. The debate over the descriptor for rural nurses remains alive: whether it is a rural generalist or a multi-specialist role.

Some Federal Government funding has been provided to encourage teamwork between health care providers in rural areas, for example the enhanced primary care items and medication reviews, which are expanding nurses’ roles. Although there is an expectation that nurses will be
involved in these types of projects, they are rarely included in either the early development or the implementation of the projects.

This approach further reinforces a view that nurses are invisible health care providers despite their constant and often advanced contribution to rural health care.

The role of the rural nurse has developed significantly during the last couple of decades. Despite this some health care colleagues, health care managers, community members, retired and current nurses are trapping the profession in a time warp, measuring the current rural nursing workforce against a vision of nursing in the 1960s. As nurses battle to establish their place in the changing health environment, they are challenged by misguided typecasting from some of their rural health colleagues.

Some of these problems could be overcome if nurses were more effectively involved at all levels in change management processes and the development, introduction and evaluation of new health care initiatives. Change management must include education and support programs and clinical updates for nurses when new initiatives require nurses to adopt a new role and focus.

Nurses in some rural areas, through choice and/or circumstances, are confined to restricted roles. This confinement can be career-limiting as there may be few opportunities for providing nurses in these circumstances with opportunities to advance their career. Nurses need to have obtainable career goals so their roles remain interesting and worthwhile. There is scope for greater use of career planning and performance management as positive tools to develop individualized career pathways for rural nurses.

One of the keys to ensuring that the issues facing rural nurses are more effectively addressed is to ensure that nurses are well represented at all levels of health care delivery, policy and planning for rural health services.

**Enrolled Nurses**

Enrolled Nurses (ENs) constitute an important part of the workforce in rural areas. They are involved in changing health care delivery models and often have fewer resources for coping with the changing environment. Enrolled Nurses have less access to continuing education programs and they are often placed in positions where they are working outside their scope of practice.

Of particular concern is the replacement of ENs by unlicensed workers in health care in some settings. These workers have less education and variable competency when compared to Enrolled Nurses. In addition, they are unlicensed so that protection of the public is reduced.

Many of the management issues that apply to Registered Nurses are also relevant to Enrolled Nurses. For example, it is important that that ENs are included in change management practices and that they have access to continuing education and clinical updates. Further effective use of Enrolled Nurses requires that their extended practice is acknowledged and appropriately supported and resourced.
Nurse management in rural and remote areas

Nurses in both rural and remote areas have moved into management roles. Both nursing and general management positions offer a career pathway without relocating to regional or metropolitan areas.

The quality of nurse and other managers in rural and remote areas is varied despite the essential role that they play in rural and remote areas. Some nurse managers have higher education qualifications in management or have completed relevant short courses. Some areas provide effective performance management resulting in a high standard of managers. This flows onto others within the organisation and nurses at all levels benefit from involved, knowledgeable and effective managers. Organisations working in rural and remote areas need leadership and constructive management support at all levels.

Rural and remote area nurse managers have a role in ensuring that nurses have access to professional support, critical incident response, etc. They provide relief for nurses undertaking professional development, for example, by developing relief pools that may include recently retired nurses or re-organisation so that nurses can develop new skills and knowledge. They should be developing a succession plan for nurses retiring, resigning or planning to reduce their hours. Implementing a method for identifying risk factors, for example excessive overtime or on-call, violence and other OHS incidents, is another part of their role which will positively impact on nurses working in rural and remote areas.

Nurse managers in many areas are required not only to have sophisticated management skills but also to retain advanced clinical skills.

There is also a role for nurse managers to act as spokespersons for nursing as part of the health care team, both in the local setting and to a wider audience such as health departments and professional organisations.

Given the crucial roles that nurse managers in rural areas play it is vital that they undertake further education and training to assist them in their management role. Their development programs should be based on careful assessment of their own performance.

Management practices

Many of the issue referred to above derive from poor management practices which are often cited by nurses in rural and remote areas as a substantial source of discontent. For many such nurses they constitute a major reason for leaving a particular position. These concerns can be summarised as a lack of recognition by health service managers of the fundamental operational needs of the role of rural and remote area nurses as primary health care providers.

These concerns relate both to generic health service managers and insufficient professional nurse leadership.

Effective management of rural and remote health services is vital, not only from a recruitment and retention perspective, but to achieve the goal of accessible, appropriate and quality health care. To achieve more effective management it would be helpful to encourage benchmarking of

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management practices against best practice standards while recognising the specific needs of the particular location.

These issues are addressed by Key Recommendations 1 and 2.

**Service models in rural areas**

Health care in rural and remote areas is delivered in a range of ways, for example regional hospital, small rural hospitals and community centres, multipurpose centres (including high and low level residential aged care), integrated facilities, isolated health centres, nursing posts, mobile clinics and emergency response teams.

Priorities in the care provided can vary from advanced diagnostic and treatment centres, to continuing care for those with chronic illness, disability and the frail aged; health prevention and promotion; and various combinations of these.

Health service delivery is often arranged in a hub and spoke model with some rural and remote areas being outreach centres and taking their turn at accessing central services including nursing and medical specialised services, for example mental health and gerontic care. Childbirth services, for example, are often located in the regional centres with nurses in rural and remote areas referring pregnant women but requiring specialised skills in order to respond to emergencies such as premature deliveries or antepartum haemorrhages.

Nurses from rural and remote areas report variable relationships with those in regional centres. Effective change management and prioritising the building of effective relationships, at both hub and spoke level, have not received the required attention.

**Service models in remote areas**

Remote area nurses can work alone or they may work with several nursing colleagues as small teams.

Most remote area nurses work with Indigenous health workers. There is a wide variety in the education and backgrounds of Indigenous health workers. This inevitably means that their skills, experiences and competencies vary. Nursing colleagues must seek to understand what each Indigenous health worker can effectively contribute to the team. This contribution will depend not only on their health expertise, but also on family and local cultural factors. It is important the nurses working with Indigenous health workers understand the many factors which influence the capabilities and roles that Indigenous health workers are able to play. These factors are specific to particular communities so that remote area nurses must familiarise themselves with them wherever they are working.

Medical and other support in remote areas may be permanent or transient in nature. Support may be for short periods only as turnover for medical officers can be high and remote area nurses may rely on fly-in services such as the Royal Flying Doctor Service.

Some remote area nurses work with a team involving medical and allied health care professionals, Indigenous health care workers, and unlicensed health assistants.
Innovation in service models

Innovation in service models is being driven by the many factors affecting health care provision in rural and remote areas.

Innovative health service models in rural and remote areas can:
- improve access to services;
- improve health outcomes;
- reduce costs; and
- improve working conditions for nurses.

Achieving these outcomes requires attention to effective change management processes. Several factors contribute to new models of health service being accepted and effective. The factors include:
- a clear vision;
- a model linked to local, priority health needs;
- community participation in defining the model, advocating for change, planning, implementing and evaluating;
- a strategic approach to implementation involving key structures at the local and state levels and community representative organisations;
- a systems approach;
- integration of different elements of the system;
- a focus on developing health and community resources and facilities;
- renegotiation of established relationships and scope of practice between nurses, doctors, the community and management;
- education specific to nurses, managers, the community and other health care providers;
- reorganisation of hierarchical management, power structures and decision making to legitimise and support the new practice model;
- effective communication; and
- collaborative work practices.

Health service delivery in rural and remote areas is often closely linked with other human services such as children’s and family services and the police. These groups should also be involved in health service planning.

Approaches to changes in service provision do not yet always follow the above good practice methods, but things are improving with the slow reversal in planning models occurring in some states and the Northern Territory.

Many local factors drive change, but there is a wider agenda developed at state/territory and national levels. Meeting community wishes means not only enlisting the support of regional and other health managers, but it also requires local managers to have high-level skills for negotiating between communities and the central bureaucracies. Successful implementation of new service models requires that the models are developed together with the community and the health care providers and other key service providers taking into account emerging ideas of best practice change management in health.

Teamwork

The importance of teamwork is increasing as innovation proceeds and the focus on primary health care strengthens. Principles of effective teamwork and collaboration are:

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• mutual understanding of the roles, and an ability to work across the boundaries of traditionally defined professional roles;
• understanding and recognition of differences and commonality between professionals;
• recognising that the expertise brought by each member of the team is equally valid and important, with active promotion of equal status of members within the team;
• understanding that effective conflict behaviour requires both a high degree of cooperation and yet adequate assertiveness; and
• recognition that collaborative skills are not innate, but learned behaviours2.

There is scope for service managers to do more to ensure that all staff are sufficiently trained in teamwork when working in models of care where this is important.

*Impact on nurses of innovation in service models*

There is limited research about the impact of new and emerging service models on nurses. What is clear is that changes in the way health care is provided can have both negative and positive impacts on nurses.

Research does suggest that nurses are happy to work in models which offer:
• nurse leadership which is visible and supportive of staff;
• autonomy in practice;
• status for nurses within the organisation;
• collaborative work arrangements; and
• participative management

Models which do not have these features are likely to have difficulty in attracting and retaining staff. Some recruitment and retention difficulties could be overcome if those involved in planning and developing new service models ensure the design includes features which are positive for nurses and avoid those which are likely to be unattractive to them.

**Financial Incentives**

Despite the vital importance of nursing services in rural and remote areas, the financial incentives for nurses to work in geographically isolated areas are generally poor - certainly not enough to entice a nurse from bedside care in a metropolitan area. This situation is likely to worsen with the growing overall shortage of nurses in Australia as public sector nursing employers increase salaries to attract nurses. While income is not seen as the major factor in influencing rural and remote area nurses’ decisions to stay, it is unlikely that major increases can be achieved in recruitment of nurses to rural and remote areas without an improvement in salaries.

In some geographical areas people are able to claim zonal tax rebates and fares out of isolated areas as tax deductions, but these are by no means available to nurses alone and have done little to attract nurses into the areas. Good financial incentives, for example those offered by Queensland Health and Nganampa in SA, have succeeded in attracting more nurses into remote areas and increased length of stay. Despite the sense of resentment amongst the some long-term local residents who have limited financial resources, financial incentives for nurses must be improved. It is important from a retention perspective, as much as recruitment, to ensure there is equality in any incentive package; otherwise, the reward system in itself will encourage and perpetuate turnover.

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Much more could be done to provide attractive financial incentives for nurses in rural and remote areas where it is difficult to attract and retain nurses. Some offsetting direct savings would accrue through reduced recruitment costs. There would be substantial other benefits from improved continuity and quality of care and reduced familiarisation times. This issue is addressed in Key Recommendation 3.

**Workplace environments**

Inadequate workplace environments continue to be a major issue for rural and remote area nurses and this has a big impact on retention rates. Improving the workplace environment to deal with these issues is addressed in Key Recommendation 4.

*Lack of resources, equipment and facilities*

Many rural and remote health settings lack the resources to deliver the service in keeping with consumer and employer expectations. This creates frustration, compromises professional standards and in some instances reduces the quality and access to care.

**Flexible employment models**

The availability of part-time or flexible working hours is quite limited, yet the vast majority of the nursing workforce is female. Innovative approaches such as formal partnering between remote areas and regional centres can offer greater flexibility for nurses and some relief from the day-to-day pressures of being located in a remote area.

There is also scope to introduce models of employment that enable nurses to move between the bush and metropolitan areas without suffering penalties. One such model exists in Alice Springs, where nurses are employed by the hospital and remote services and move between the two. This model provides nurses with an alternative to seeking short-term contracts in both settings to maintain an annual income.

**Reliable relief mechanisms**

Demands on rural and remote area nurses can be excessive and extremely invasive of personal time. Approximately one third of remote area nurses are on call for more than 50 hours a week.

Nurses in remote areas often experience no difference between their work lives and their personal lives. They work when there is work and they are on-call at other times. This can be an acceptable model for many nurses, but there should be access to *time-outs* so nurses are able to regain time for themselves. These periods are essential for maintaining professional practice. They can usually be organised with careful planning of annual and other leave. Employers and nurses should be proactive and generally plan in advance, but at times nurses will require access to unplanned *time-out*.

Nurses working alone in remote areas have often developed very sophisticated professional and personal coping strategies. These positions remain professionally isolated and nurses are often weighed down by the expectations of health care managers and the community. Provision of relief and locum services, especially, but not only, for remote area nurses in single nurse posts is woefully inadequate. At times, relief resources are stretched even to cover basic conditions of holiday and sick leave. Provision of relief to enable nurses to attend professional development courses is a very low priority.
To overcome these problems there should be moves to convert single nurse posts to two person positions or at least to implement a system where areas are staffed so that nurses in single nurse posts can be relieved when they require a locum, for example following prolonged periods of call-out, sick leave, study and annual leave. It may be necessary to move two nurses in as locum relief because of the professionally demanding nature of the work.

Improved relief arrangement more generally for rural and remote area nurses would make a substantial contribution to improving their recruitment and retention as well as enhancing the quality of care.

**Professional support mechanisms**

The clinical demands on nurses working in rural and remote areas can be extremely diverse. Such nurses often work with little or no support from doctors or allied health professionals.

Support from mentors, clinical nurse consultants and roving specialist nurses can assist rural and remote area nurses to enhance their skills and provide opportunities for debriefing, so important for nurses working in isolation.

Local professional support structures for rural and remote area nurses are poorly developed. Divisions of General Practice are an existing local infrastructure nationally and one Division has become a Division of Primary Care. Given the increasing recognition of the importance of a primary health care approach in rural and remote areas and the team and multidisciplinary approaches required for this, there is potential for other Divisions in rural and remote areas to broaden their scope to encompass nurses and other local health care providers. Similarly there may be scope for University Departments of Rural Health to take a more active role in relation to nursing in rural and remote areas.

Any moves of this sort must not threaten the autonomy of nursing as a distinct and independent profession in its own right. There is scope for alternative models of providing professional support for nurses in rural and remote areas to be investigated.

It is unacceptable that many nurses in rural and remote areas find themselves required to provide services for which they are inadequately trained. Employers have a responsibility to ensure that such skills gaps are minimised.

Other parties must also play their part. Nursing organisations and other educational providers, in consultation with nurses practising in rural and remote areas, must ensure that the range of professional development opportunities is appropriate and relevant to the current and emerging needs of these nurses.

Nurses believe that employers have reduced their contributions to study assistance since the end of the training guarantee levy. While advances in health care have been underway, there have been reductions to study leave, clinical education and opportunities for clinical updates in appropriate settings such as metropolitan referral hospitals. Increasingly nurses have had to update their knowledge and skills in their own time and completely at their own expense.

As professionals, nurses accept that they have a personal responsibility to maintain and develop their skills and knowledge. The balance has tipped though so that nurses have to accept all responsibility, although the employer benefits significantly through higher standards of care. Employers too must play a part in assisting nurses to maintain and enhance their skills.
Study assistance of various forms currently enables some nurses to access professional development activities, but for the majority there is no means of guaranteeing access or even ways of motivating nurses to apply for assistance. Valuable types of assistance include scholarships, maintenance of salary and payment of course fees. There are models from other health professions that might be relevant to nursing as they guarantee equity of access. For example doctors in the NT get $5,000 per annum for study assistance, an initiative well supported by the profession.

**Risk management strategies**

Employers and managers often concentrate on filling gaps quickly rather than ensuring nurses are adequately prepared for the community in which they will be working. Such practice constitutes substantial risks both to nurses and to communities. Employers have an obligation to minimize such risks.

The Project Committee recommends additional positions for new graduates in rural and remote areas. These positions will require significant support in order to retain nurses in the profession and in rural and remote areas in particular.

Key Recommendations 5 and 6 deal with these issues.

**Clinical skills**

Experienced remote area nurses suggest that this initial preparation for practice in a remote area should be 4-5 weeks. Access to courses providing specific skills (for example, advanced practice, primary health care, occupational health and safety, cultural awareness, emergency trauma care, and personal coping skills) to prepare nurses to work in isolated settings is critical. An exemplary model is the Foundation Skills component of the Pathways Program in Central Australia, a 5-week preparatory course for remote area nurses.

Nurses moving to remote areas, whether experienced or not, benefit from a thorough investigation of the health and community setting. Areas that should be explored include out-of-hours support from other nurses and health care providers; personal safety issues; access to continuing education; resources for health service delivery including vehicles for patient transport and other emergency equipment. Other important issues include learning about the history of the community, the issues currently facing it and who are the key people within the community with whom to foster communications and constructive working relationships.

This orientation may result in a more effective practitioner at an earlier stage and it may encourage nurses to spend longer periods in remote areas thus reducing the very short-term assignments. Similar principles would apply for rural nurses.

**Occupational health and safety**

Nurses in rural and remote areas face many threats to their health and safety. High burn-out rates are common. Travel involves risks of accidents, especially where roads are poor or extreme weather conditions threaten other forms of transport. Nurses in rural and remote areas also face similar occupational health and safety issues common to nursing in general such as back injury, exposure to hazardous substances and the harmful consequences of shift work.

**Violence**

Levels of violence against nurses in rural and remote areas are unacceptably high and increasing. As many as 86% of remote area nurses report that they have experienced personal violence.
Concerns about violence are a major factor influencing recruitment and retention. This represents a failure by employers of their statutory responsibility to provide a safe and secure environment for their employees.

There are specific short-term actions that health care managers can take to protect the nursing workforce from violence at work. These include preparatory training for all nurses in rural and remote areas that cover strategies to minimise the risk and impact of violence and security measures and policies to minimise the risk of exposure to violence. This education should also include refresher courses and/or an introduction to mental health nursing as this is unfortunately a common factor related to violence.3

In the longer term what is required is that law and order issues are addressed as a matter of priority in rural and remote areas through a community owned and intersectorally supported plan to curb violence.

Cultural safety
‘Cultural safety’ is about all health practitioners having a minimum level of competence and knowledge of Indigenous and multicultural communities to enable them to practise with those patients effectively, safely and with due diligence.

Indigenous people are major users of health services in rural and remote areas. For nurses in rural and remote areas this means that they need community specific understanding of Indigenous culture if they are to practise in a culturally safe manner.

Personal and family support

Child care
With nursing being a predominantly female workforce, lack of access to adequate childcare is a factor inhibiting recruitment and retention of nurses in rural and remote areas. These problems are exacerbated by the unsocial hours that nurses often work.

In many rural and remote areas formal childcare facilities are not available, and nurses bear the significant costs of one-to-one childcare.

Family assistance
Limited access to good education schools for nurses’ children, or employment opportunities for spouses and older children, also contribute to recruitment and retention problems. These issues are common to all local residents and not readily dealt with through the health system per se. Employers and communities can contribute, for example through financial support for school fees and local job creation projects, though comprehensive solutions depend on broader action by governments to assist rural communities to become more sustainable.

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3 NHMRC Consultation Draft: When It’s Right in front of You: Assisting Health Care Workers in Rural and Remote Australia to Manage Episodes of Violence
Accommodation
There is a dearth of suitable, affordable accommodation for nurses and their families in some rural areas. Furthermore, accommodation for student nurses on placements in rural and remote areas is often unavailable, unsuitable or unaffordable.

Making rural and remote area nursing an attractive career option

Achieving progress in making nursing in rural and remote areas a more attractive career option will require cooperative initiatives involving nursing organisations, Departments of Health and Education, schools and Nursing Schools and the broader community. Such initiatives will have to deal with multi-dimensional matters affecting perceptions of nursing in rural and remote areas including low self esteem, lack of inclusiveness, poor image, new approaches to marketing and recruitment campaigns and effective targeting of potential feeder groups. Key Recommendation 7 addresses these issues.

Nurses believe that health care agency administrators and political bureaucracies often perceive nurses as a workforce to be manipulated, rather than a most valuable asset. Overcoming this problem requires cooperative action. Nurse Managers, administrators and other bureaucrats should actively engage with rural and remote nurses to resolve this perception and generate ways in which nurses can be more valued within their respective organisations.

Widening the potential recruitment base for the nursing workforce and finding ways to enable students and nurses from a wide range of backgrounds to be comfortable within the nursing profession should help to increase the pool of actual and potential nurses for rural and remote areas.

Image of nursing in rural and remote areas
If nursing as a profession is to survive and thrive and be able to provide for the nursing care needs of people in rural and remote areas in the future there must be a much greater awareness and acknowledgement of the vital role played by nurses in rural and remote areas. School children, students, the general public, particular cultural groups, employers, and other health care providers should all be important targets for activities designed to promote and positive and enthusiastic image of nursing in rural and remote areas.

An ongoing campaign
Creating and maintaining a positive, enthusiastic and contemporary image of nursing in rural and remote areas is a key element in making nursing in rural and remote areas a more attractive career option, both for existing nurses and potential ones. A major long-term campaign is required to achieve this. Such a campaign would be best directed nationally, but with regional and local components to ensure maximum impact.

Recruitment campaigns
Recruitment often focuses on the benefits of a rural lifestyle. While this is important, recruitment strategies to attract nurses to rural and remote areas place insufficient emphasis on the distinct and attractive features of rural and remote nursing practice which could be major selling points. These features include:

- the advanced nature of their practice as, regardless of setting, their scope of practice extends beyond that of their metropolitan counterparts; and
- the opportunities for gaining breadth and depth of experience, specialised and advanced skills and autonomy in some settings.
The approach in some States of banding nurses as rural or remote (sometimes both) rather than recognising the distinct features of their practice has the potential to further alienate rural and remote nursing from the professional mainstream. This reduces the perceived portability of skills and knowledge into or out of the field and may inhibit recruitment.

Recruitment campaigns are more likely to be effective if they promote rural and remote nursing as part of a mainstream nursing career pathway. Further, the status within the nursing profession of nurses working in rural and remote areas could be enhanced if the Association for Australian Rural Nurses and the Council of Remote Area Nurses of Australia do more to emphasise the nature of nursing in rural and remote areas to gain appropriate professional recognition for nurses who work in these settings.

**School students**

School students are the major source of the future nursing workforce. Aggressive marketing of nursing, especially of the opportunities and advantages of a career in rural and remote area nursing, in primary and secondary schools is essential, particularly for Indigenous students, if strong feeder lines from rural and remote areas into nursing programs are to be established.

The use of practicums in nursing settings for senior high school students has proved to be an effective way of encouraging them into nursing as a career.

Many Year 12 students in rural and remote areas (as well as in the cities) who consider nursing as an option have a limited choice of subjects that would be interpreted as pre-nursing. Even if health related subjects are available, for example nutrition, health education, child studies and biology, there is no interface with nursing studies, nursing services, other potential nursing students, nursing educators or nurses to encourage binding. Year 12 is an ideal year to channel students into nursing and an enormous opportunity is being missed to formalise linkages.

There is also scope for adopting practices which will interest younger school students in nursing in rural and remote areas as a career option.

**Indigenous people**

Rural and remote areas have a relatively high proportion of Indigenous residents. Indigenous people already make a major contribution to health services in rural and remote areas. The proportion of Enrolled Nurses who are Indigenous is higher than the proportion of Indigenous Peoples in the community at large. Aboriginal Health Workers also play a major role in the health care of remote communities. There is scope for Enrolled Nurses and Aboriginal Health Workers to become enhanced feeder groups into Registered Nursing. Facilitating this would require a resolution of several issues including articulation and recognition of prior learning. All Indigenous health workers should be encouraged and enabled to articulate into all health professions, as well as having a career pathway within their own workforce as Aboriginal Health Workers.\(^4\)

There is a huge potential for attracting Indigenous young people into nursing careers in rural and remote areas. Achieving this will require a long-term strategy, carefully developed and implemented in full collaboration with Indigenous people.

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\(^4\) These and related issues are discussed in the Aboriginal and Torres Strait Islander Health Workforce Draft National Strategic Framework, (DoHA, November 2001)
Increasing the numbers of Aboriginal and Torres Strait Islander people from remote and rural areas who enter nursing would help achieve several objectives. It would contribute to the nursing workforce in these areas, provide employment opportunities for people from Aboriginal and Torres Strait Islander communities and increase the nursing workforce’s understanding of Aboriginal and Torres Strait Islander cultural and health issues. All of these factors would lead to improved health for the group with the poorest health in Australia.

Major challenges must be faced before any substantial impact is likely on the numbers of Indigenous people entering the nursing workforce. These relate, for example, to:

- cultural issues generally and in relation to curricula;
- lack of suitable bridging courses and acknowledgment of prior learning;
- inappropriate selection criteria and interview processes;
- lack of acknowledgment of experience and knowledge in Indigenous health in career structures;
- insufficient support within universities for Aboriginal and Torres Strait Islander nursing students;
- lack of articulation between nursing and Aboriginal Health Worker qualifications; and
- lack of distance learning opportunities to enable students to remain in their communities while undertaking nursing programs.

The Council of Aboriginal and Torres Strait Islander Nurses has adopted a range of recommendations for nursing to address these and other issues covering:
- cultural heritage and identity;
- professional nursing issues;
- recruitment and retention of Aboriginal and Torres Strait Islander nursing students;
- nursing education; and
- the relationship between the roles of Aboriginal Health Workers and the Aboriginal and Torres Strait Islander Registered Nurse.

These recommendations form an excellent basis for future action to make a nursing career more attractive and appropriate to Aboriginal and Torres Strait Islander people. If the relevant parties adopt these recommendations the result is likely to be a greater participation in the nursing workforce by Aboriginal and Torres Strait Islanders and a more appropriate health system, particularly in remote and rural areas.
Workforce Planning

Putting in place effective workforce planning mechanisms, both nationally and locally, is a key building block underpinning improved recruitment and retention for nurses in rural and remote areas.

National workforce planning

There is currently no effective system within Australia of workforce planning for the overall nursing workforce. There is no national workforce planning for rural and remote areas nurses. Yet many issues require sophisticated workforce planning leading to remedial action for their resolution including:

- the growing shortages of nurses overall and within specific sectors and areas of practice;
- the increasing mobility, both nationally and internationally, and casualisation of the nursing workforce which impacts significantly upon the stability, capacity and viability of health services in rural and remote areas; and
- no clear or well-articulated approach or national policy exists on the issues associated with the employment of nurses from other countries into rural and remote areas.

Key Recommendation 8 proposes the establishment of more effective workforce planning processes for nursing in rural and remote areas.

Local workforce planning

At a more local level Rural Workforce Agencies provide an important service in workforce planning for rural and remote area doctors. No such structures exist for nursing in rural and remote areas.

There is currently inadequate succession planning, career path planning and no organised and accepted framework for career development for rural and remote nurses. New service models are emerging that impact on the types of health care workers required. There is strong concern that the nursing role is being eroded in favour of hybrid models of health care worker.

Implementing Key Recommendation 2 should improve local workforce planning.

Curricula and competencies

Providing quality nursing care in rural and remote areas requires that nurses entering rural and remote area practice have appropriate preparation for practice and that they maintain and enhance their skills throughout their careers. This requires sound education programs based on accurate information about the nature and scope of practice of nurses in rural and remote areas. Key Recommendation 9 is a first step towards addressing some of these matters.

Competency standards

The issue of advanced competency standards as a framework to apply to nurses in rural and remote areas remains controversial and inconsistent in its application across States and Territories. Given the diversity of roles that nurses working in rural and remote areas have, applying a competency-based framework remains elusive and as yet untried. This is of particular
relevance given the nature of the nursing workforce in rural and remote areas, that is: ageing, part-time, comprising increasing numbers of agency and overseas staff. Further research is required to investigate the need and applicability of competency standards for nurses working in rural and remote areas.

**Rural and remote area nursing curricula**
There is inadequate and inconsistent inclusion of a rural and remote area nursing and health focus within undergraduate and postgraduate nursing curricula across Australian universities. There is considerable scope for nursing organisations and universities to seek consensus on the rural and remote area nursing content of undergraduate and post-graduate nursing curricula.

**Undergraduate preparation for nursing in rural and remote areas**
There are a number of concerns about current nursing undergraduate programs in relation to preparation for practice in rural and remote areas. These are outline below and addressed in Key Recommendation 10.

**Expansion of Nursing Schools’ coverage of nursing for rural and remote areas**
Not all undergraduate programs in nursing incorporate specific content related to practice in rural and remote areas. Given the shortage of nurses willing to work in rural and remote areas there is scope for all Nursing Schools to include material specific to rural and remote areas. This would give all nursing students the opportunity to have a taste of nursing in these areas, potentially leading to enhanced interest in spending at least part of their careers in the bush.

All provincial universities provide their students with extensive clinical experiences in rural areas. There are also a number of metropolitan universities that have developed innovative clinical education programs which provide students with opportunities to undertaken clinical education in rural and remote areas. A number of these innovations are proving to be highly successful in providing students with positive experiences leading to subsequent employment in rural areas. However, by their very nature these educational initiatives are resource intensive and are limited due to inadequate funding.

**Scope for improvement in undergraduate programs**
There is a range of issues which limit the effectiveness of nurse undergraduate programs as preparation for rural and remote practice. These include:
- insufficient clinical experience, a special problem for nurses in rural and remote areas who have less support and back-up than their urban counterparts;
- limited or no rural or remote experience on the part of teaching staff;
- insufficient content on Indigenous health and rural and remote cultural sensitivity and cultural safety;
- inadequate education funding and accommodation for rural and remote placements; and
- insufficient recognition of and action to resolve the extra load placed on rural and remote health services when accepting student nurses. Such services are already very stretched and it is difficult for them to provide appropriate supervision and training without funding for relief staff.
Enhancing completion rates for students likely to take up practice in rural and remote areas

Several groups which potentially would have an interest in nursing in rural and remote areas are a high risk of not completing university courses. These groups including being a part-time or external student, being an Aboriginal or Torres Strait Islander and being from an isolated area. This situation might be improved if there were enhanced support programs for nursing students at high risk of not completing. Such programs could include specialized induction, rural clubs and mentor arrangements.

Educational preparation for advanced practice

Many nurses in rural and remote areas are already practising at an advanced level. While formal post-graduate training in rural or remote area nursing is the ideal education for advanced practice, it will be many years, if ever, before this is the norm for nurses in these areas. Some post graduate programs are emerging, although development is somewhat haphazard, and there is agreement amongst nursing organisations that post graduate education and training programs for remote area and rural nurses should be designed to ensure the following features are included:

- integration between clinical and theoretical components;
- involvement in teaching of credible and experienced rural and remote area nurses;
- articulation, flexibility in access and delivery, recognition of prior learning and the use of adult learning principles;
- affirmative action for minority and disadvantaged groups;
- use of clinical preceptors;
- resources and affordability to ensure sustainability;
- regular evaluation; and
- delivery processes which are collaborative, multidisciplinary and tailored to meet the needs of the specialty, services and learner.

There is as yet not national consistency in approaches to advanced nursing practice, whether or not it be in rural and remote areas or in other fields of nursing. There are many previous recommendations relating to progressing this issue so that there are no specific Key Recommendations dealing with advanced nursing practice from this project. It is important that all involved parties continue to work to resolve the many outstanding issues in this area.

Scholarship programs

A range of organisations such as the Federal, State and Territory Governments, universities and nursing organisations provide rural scholarship programs for nurses. These are valuable initiatives to support students and practising nurses. These schemes are currently poorly co-ordinated, inadequate in their size and coverage and not well communicated to potential beneficiaries. It is becoming urgent that Federal and State Governments and NGOs take action to ensure that support initiatives for nurses in rural and remote areas are increased and better coordinated, publicised and designed to meet the needs of those nurses. Key Recommendation 11 deals with these issues.

Research

There are many issues relating to research into nursing in rural and remote areas. They include:
- co-ordination of research efforts;
- funding of nursing specific projects;
- articulation of research findings with the realities of practice;
• research priorities;
• the role of University Departments of Rural Health in the research process;
• the role of Universities in providing support and expertise to develop a research culture within nurses practising in rural and remote areas; and
• time and opportunities for nurses practising in rural and remote areas to undertake practice enhancement research.

There are precedents whereby dedicated funding has been provided nationally to nurture research in health areas previously neglected or in emerging issues, for example general practice research and AIDS-HIV. As a first step nursing organisations representing nurses in rural and remote areas might usefully examine the issues related to developing a stronger research culture for nursing in rural and remote areas with a view to developing a long-term strategy to encourage this. In the first instance this should focus on fostering research-based projects which are targeted at resolving issues relating to nursing practice in rural and remote areas and which involve nurses practicing in these areas. Key Recommendation 12 deals with this.

Nursing Leadership

Federal and State Governments have provided funding in other areas of health care, for example for health management and General Practice, to strengthen leadership skills. These initiatives provide useful precedents which might have application to nursing. Collaboration between nursing organisations representing nurses in rural and remote areas could usefully examine how best to facilitate the growth of nursing leadership and, if appropriate, seek support from Federal and State Governments.

National rural and remote area nursing organisations
Currently there is an unco-ordinated approach to issues specific to nursing in rural and remote areas. A united rural and remote area nursing organisation is needed to provide leadership through a robust and cohesive voice for rural and remote area nurses. In these circumstances it is important that the Association for Australian Rural Nurses and the Council of Remote Area Nurses of Australia continue to investigate possibilities for collaboration and potential amalgamation across areas of common interest to their members. Other key organisations including other nursing bodies and rural representative groups should also be involved.

A more defined role for the Federal Government
The Federal Government often states that nursing issues are matters for States and Territories. Yet it has responsibilities directly related to the nursing workforce for example higher education, the aged care sector, migration and national workforce planning. Also, through Medicare and other health programs, it promises access to affordable health care and funds services employing substantial numbers of nurses, either directly as in aged care or indirectly through State and Territory Governments. It also sets priority areas such as asthma, diabetes and heart disease in which nurses play a fundamental role.

In recent years the Federal Government has initiated several welcome activities to support nurses in rural and remote areas. Progress would be assisted if the Federal Government defined a clear role for itself in relation to nursing and in particular rural and remote nursing, articulated that role to all key stakeholders and engaged appropriate staff resources to fulfill those responsibilities.

If the Federal Government were to appoint a Principal Nursing Adviser, as has often been recommended by nursing organisations, the appointee could play a crucial role in articulating a role for the Federal Government. The Principal Nursing Adviser could also provide national
nursing leadership and form networks with and help to nurture emerging State, Territory and regional nursing leaders. Infrastructure support for the Principal Nursing Adviser position would be required in order to achieve results.

A key role for a Principal Nursing Adviser would be to oversee the implementation and coordination of policies and programs for nursing in rural and remote areas as proposed in Key Recommendation 13. Such a position could also play a useful brokerage role in addressing the issues of role confusion outlined below.

**Roles and responsibilities**

There is considerable scope for areas of fragmentation and duplication between the different agencies involved in matters affecting nurses in rural and remote areas at State and regional levels to be identified and processes implemented that will ameliorate their impact/effect.

Similarly it would be helpful if there were a clearer articulation of the roles and responsibilities of the various levels of government for rural and remote nursing.

Currently substantial fragmentation exists across the many stakeholder groups, for example between professional and industrial bodies, the tertiary sector and clinical agencies, government and non-government agencies. This leads to overlap and duplication as well as gaps in services.

Federal and State Government roles in relation to nursing are evolving. Rural and remote nurses are unclear about who to approach regarding issues relating to their practice.

Nurse registering authorities within all States and Territories could usefully work to address the existing inconsistencies associated with the registration and regulation of nurses.

**Legislation impacting on nursing in rural and remote areas**

Concerns about legislation which affects the practice of nursing in rural and remote areas have been identified by nurses from these areas as a substantial problem. Specific issues include:

- the legislation dealing with Poisons and Therapeutic Goods to accommodate the practicalities of day-to-day nursing in many rural and remote areas;
- concerns about the protection of nurses who are regularly required to undertake tasks which are beyond the scope of practice for which they have been prepared or outside the existing legislative frameworks, including issues relating to professional indemnity cover;
- legislation sometimes does not underpin advanced skills for which individual nurses have appropriate education and experience;
- issues remain related to mutual recognition, with some nurses calling for a system of national registration; and
- limited consultation with nurses from rural and remote areas about policy and associated legislation so that changes do not adequately cater for the needs of nursing in these areas.

While there have been some reforms which try to deal with some of the concerns action to date has been insufficient to resolve the problems. A national review is needed to inform further legislative reform. This forms the basis for Key Recommendation 14.
Appendix 1

Rural and remote broader context

Broader, non-nursing specific issues affecting nurses in rural and remote Australia can be divided into two categories, which have many interconnections. These are the health specific ones and environmental factors.

Health-specific issues

One of the key health-specific ones is the overall poor health of the population in rural and remote areas compared with urban areas. Rural and remote Australia has higher proportions of Aboriginal and Torres Straight Islander people compared with urban areas. The poor health of our Indigenous peoples is a major factor, but not the only one, contributing to the overall lower health status of rural and remote area Australians.

Mortality rates increase with remoteness, with age standardised death rates from injury, road accidents, homicide and diabetes in remote areas being markedly higher than in metropolitan areas. The suicide rate for young men aged 15-24 years in regional, rural and remote areas is double that in capital cities.

Health risk factors such as smoking rates and being overweight are generally more prevalent in rural and remote areas. Patterns of health care utilisation vary with geographic location. Use of general practitioner services billed under Medicare falls with increasing remoteness whereas use of public hospitals increases with remoteness. Access to specialist medical services is relatively limited in many rural and remote areas, as it also is for many other important non medical health services, ranging from allied health, dental, aged care, palliative care and optometry through to preventive health measures such as fluoridated water.

The relative undersupply of health professionals places extra pressures on nurses, the most evenly distributed of all health professional groups, adding to their isolation and limited capacity to benefit from professional and personal support from health professional colleagues. As well there are likely to be less administrative and other support staff in rural and remote health services adding perhaps excessive non-clinical duties to the already heavy workloads of nurses and other health professionals.

The challenges of trying to met the complex health needs of remote and rural communities with limited access to health services are increased by complexities from and confusion about the roles and responsibilities of the three levels of government in health care in financing, planning and provision of health care.

Further complications arise from budgetary constraints and pressures. While all health services believe they are under-funded, it is clear that the division of health resources within Australia does not appropriately reflect the population distribution between urban rural/remote areas, nor the lower health status and the extra costs of providing services in rural and remote areas. Additional barriers to providing sufficient and appropriate health care in relatively resource deprived rural and remote areas derive from inflexibilities in health funding and inappropriate use of short term funding.

At the same time as they are coping with resource problems, inadequate levels of services and high rates of mortality and morbidity, nurses and other health care providers are faced with...
adapting to changing expectations and delivery systems. There have been rapid changes in recent years in the locations and emphases in health care, for example an increased interest in consumer focus, greater integration and coordination of services, less reliance on institutional based care (for example ageing in place, community based mental health care and hospital in the home), a greater emphasis on primary health care, but a much greater use of advanced medical technologies and information technology, including telehealth. The growth in community controlled health services has major implications for the role of nurses who often provide a lead role in staff development for Aboriginal health workers, but without any acknowledgement of this in their workloads.

All these pressures arise at a time when demographic and disease patterns are changing. New concerns have arisen. The ageing population has led to an increased emphasis on continuing care for people with chronic conditions and there is a growing recognition of the burden of mental illness in our community. Some rural and remote areas have declining, but ageing, populations whereas others have increasing populations. Each emerging situation presents special challenges for health services already stretched.

Continuity of care is hampered and resources duplicated and wasted by lack of a single portable health record, a problem exacerbated in remote and rural areas with their sometimes mobile and itinerant populations.

Environmental factors
Average income and education levels in remote and rural Australia are generally low compared with those of urban Australians. There is a clearly demonstrated link between health status and socio-economic status. Dealing with poverty and low education levels in rural and remote areas is one key to long-term sustained improvements in the health of residents of these areas.

In recent years major economic downturns have adversely affected the economic well being of many residents of rural and remote Australia. Many factors have contributed to these downturns. Technical change has seen agriculture and mining, two of the leading-edge industries in the more remote areas, increase productivity with a reduced requirement for labour. This has led to amalgamations of enterprises and a further thinning of population.

Many regional areas have been affected by decline in some of the old manufacturing industries such as textiles, footwear and meat processing. Coupled with the variations in incomes due to climatic uncertainty, these things have all led to the situation in which rural and remote areas have experienced a major proportion of the adverse effects of what is called 'structural change' - but not as yet a major proportion of its benefits.

These economic developments have led and been accompanied by the downward spiral which occurs as government and private sector services are withdrawn. Governments are beginning to recognise the need to assist rural and remote communities as they strive for sustainability in the face of a wide range of economic challenges.

Infrastructure standards in many rural and remote areas fall well below what many communities consider to be reasonable. Roads and public transport can be very poor or non-existent. This affects both individuals’ capacity to access health services and health services’ capacity to deliver effective services.

The public service infrastructure has deteriorated in recent years and with it access to social and other services as well as reduced employment opportunities. Housing for health professionals
and health students on rural and remote placements is often inadequate or simply not available. Telecommunications facilities are limited. Ready access to the Internet, roads and other basic infrastructure is vital if communities are to remain sustainable and thrive by taking advantage of new opportunities for health services provision, education, agriculture, business and commerce.

Despite these problems there is a great diversity between rural and remote communities in terms of, for example their socioeconomic status, demographics and stage of development. Some areas are in serious decline, while others are prosperous and thriving. This necessitates a range of models of health service provision and accordingly different requirements in the numbers and mixes of health professionals for health professionals.

High levels of violence in some rural and remote communities spill over into health services, both in terms of the nature of health problems to be attended to and in terms of violence, potential and actual, against nurses and other health care providers.

The population of many remote areas is low, highly dispersed, very mobile, often itinerant and very variable culturally and in other ways. These factors have an impact on the nature of services that can be provided, how they should be provided and on continuity of care.

There are climatic extremes in many parts of rural and remote Australia. This influences health patterns, causes many natural disasters and inhibits service provision as transport and other methods of communication are often adversely affected by inclement weather. It also affects the living and working conditions of health carers, including nurses.
ACTION ON NURSING IN RURAL AND REMOTE AREAS
an initiative of the nursing organisations of the NRHA (the ANF, AARN and CRANA),
in conjunction with ACDN, ANC Inc., CATSIN and the RCNA

VISION AND REQUIRED CONDITIONS
-a statement of desired outcomes relating to
nursing in rural and remote Australia

Status of document

This draft was prepared by the Project Organising Committee with input from people in
rural and remote areas and other individuals from the organisations involved. The
Organising Committee comprises David Lindsay and Kris Malko-Nyhan from the
Association for Australian Rural Nurses (AARN), Victoria Gilmore from the Australian
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of the NRHA.

Preamble

Despite a number of important developments, there is an emerging crisis in the nursing workforce
in Australia. Because of the characteristics of rural and remote areas and the health services in
them, the worst of this crisis is being experienced in those parts of the nation. The background to
this report is the overall national scene, but it focuses on nursing in rural and remote areas.

For some years now there have been reports of an emerging crisis in rural and remote area
nursing. Recently, concerns have focussed largely on current nursing shortages and ageing of the
nursing workforce in rural and remote areas that will result in escalating shortages over the next
ten years. It is clear that the problems are many-faceted and will only be resolved by a strategic
long-term approach involving all relevant parties, led by national action.

There have been many positive developments affecting nursing in rural and remote areas. These
include a range of initiatives by State and Territory Governments such as Nurse Practitioners in
NSW, South Australia and Victoria, Isolated Practice endorsement in Queensland and a variety of
scholarship and cadetship programs. The Federal Government has introduced a range of as yet
modest scholarship programs to assist some nurses in or from rural and remote areas with their education and professional development and re-entry to the workforce.

These developments reflect an increasing recognition on the part of governments and others that nurses remain an essential component of the health system in rural and remote areas, and in terms of their number and distribution, the most important of the health professionals. While nurses form a vital component of the health workforce throughout the health system they are especially central to delivering essential health services outside urban areas.

The initiatives for rural and remote nursing have to date been poorly co-ordinated. There is still clearly a worsening supply and distribution problem, particularly of well-qualified and experienced nurses. For this and other reasons, nurses in many rural and remote areas continue to face unacceptable situations in their daily work. What is required is a strategic approach to supporting the nursing workforce that recognises the vital contribution played by nurses in maintaining and enhancing the health of people living in rural and remote areas.

This document, prepared by representatives of the peak nursing organisations for nurses in rural and remote areas, is a statement of Conditions that must be achieved to sustain the nursing workforce in rural and remote areas over the next five years. There is a separate set of related Key Recommendations which, when implemented, will deliver many of the required Conditions. A separate Issues Paper gives background information describing in some detail many of the issues facing nursing in rural and remote areas, from which the Conditions and recommendations are derived.

The papers focus mainly on issues that are specific to nursing. It is clear, though, that many of the issues limiting nurses’ capacity to be fully effective in rural and remote areas are broader than nursing itself. These include:

- relative under-resourcing of health services in rural and remote areas when the poorer health status and higher costs of providing services are taken into account;
- inflexibilities in funding of the overall health system;
- shortages of all health professionals;
- poor support for health professionals;
- changing health priorities, health schema and models of care;
- a wide diversity of rural and remote communities in terms of geographic location, socio-economic status, demographics and stage of development;
- low socio-economic status and education levels contributing to low health status, exacerbated by the rural downturn in many areas;
- poor and still deteriorating social and physical infrastructure (for example telecommunications, transport and education);
- higher levels of violence, avoidable accidents and self-damage;
- low, dispersed and itinerant populations; and
- harsh environmental conditions.

Successful work to improve health status will require action to resolve or ameliorate the negative impact of these broader issues. Effective action requires full collaboration between nurses, other health care providers, consumers, local leaders, non-professional organizations, civic groups, and local, municipal, regional and national governments. Nurses commit themselves to working cooperatively with other concerned parties, where appropriate, to solve these problems.

**Vision**

There will be a sustainable, skilled and stable and nursing workforce in rural and remote areas continuing to provide quality health care when the following conditions are met.
Condition 1
Nursing resources are oriented toward the priority health needs of their communities within a primary health care framework, while also catering for the needs of community members requiring secondary and tertiary health care.

Condition 2
Multidisciplinary service models that support cross-professional collaboration are utilised.

Condition 3
Health service managers employ best practice approaches appropriate to local circumstances when managing the delivery of health services to rural and remote populations.

Condition 4
The nursing profession, in collaboration with the wider community, promotes nursing in rural and remote areas as an attractive and rewarding career option and identifies, develops and protects career pathways in that setting.

Condition 5
A comprehensive, prospective and strategic plan for the recruitment and retention of nurses to rural and remote areas is resourced and implemented. The plan would include developing a benchmark for the number of nursing positions in Aboriginal and Torres Strait Islander communities and providing for an increase where indicated.

Condition 6
Nurses commencing practice in rural and remote areas are appropriately prepared and are encouraged and supported in their efforts to maintain and update their knowledge and skills.

Condition 7
Nursing practice in rural and remote areas is provided in accord with best practice guidelines, and is developed and validated through evidence and research.

Condition 8
There is effective leadership for rural and remote area nurses evident at the regional, State/Territory and Federal levels.

Condition 9
There are legislative and regulatory provisions in place that support the expanded scope of practice of nurses in rural and remote areas and that underpin all levels of nurse and all levels of practice, from novice to advanced.

Condition 10
National, State/Territory and local structures involving nurses are in place to develop, negotiate and implement policies and programs to support and sustain best practice nursing in rural and remote areas, including nurses in rural and remote areas participating effectively in local service planning, implementation and evaluation.
ACTION ON NURSING IN RURAL AND REMOTE AREAS
an initiative of the nursing organisations of the NRHA (the ANF, AARN and CRANA), in conjunction with ACDN, ANC Inc., CATSIN and the RCNA

KEY RECOMMENDATIONS

Status of document

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Recommendation 1
That health service providers\(^1\) in rural and remote areas benchmark their management practices against best practice with an emphasis on:
- meeting accepted standards of service delivery;
- stabilising, educating and focusing on the workforce;
- context sensitivity;
- encouraging and rewarding professional leadership; and
- advancing multidisciplinary models of care.

Recommendation 2
That health service providers\(^1\) adopt policies and practices which ensure that nurses in rural and remote areas are professionally supported and managed by well-prepared and competent managers employed in dedicated senior nursing positions.

Recommendation 3
That health service providers in rural and remote areas where it is difficult to attract and retain nurses offer additional incentives which include:
- reimbursement of relocation costs;
- an accommodation allowance;
- financial recognition of qualifications/years of experience in remote settings;

\(^1\) State and Territory Governments, Aboriginal Medical Services and private sector organisations.
• annual airfares to nearest capital city for nurses and their families;
• study allowances, including leave to access courses and financial support to attend; and
• salary loading to reflect the degree of remoteness or isolation.

Recommendation 4
That health service providers in rural and remote areas provide workplace environments which have:
• adequate levels of human, financial and material resources;
• flexible employment models;
• reliable relief systems; and
• professional support mechanisms.

Recommendation 5
That health service providers meet their duty of care obligations to nurses in rural and remote areas by adopting risk management strategies covering comprehensive preparation for practice relevant to the specific health setting of practice including
• relevant clinical skills;
• occupational health and safety;
• violence;
• cultural safety; and
• personal coping skills.

Recommendation 6
That State and Territory Governments fund additional new graduate nurse positions in rural and remote areas.

Recommendation 7
That the Association for Australian Rural Nurses, the Australian Nursing Federation, the Council of Remote Area Nurses of Australia and State and Territory Governments co-operate to market to the public and all other relevant stakeholders an image of nursing in rural and remote areas that is positive, enthusiastic and contemporary, highlighting that nurses are valued and necessary for the continued health care of these communities.

Recommendation 8
That Australian Health Ministers devise and implement processes and structures that will make workforce planning for the nursing workforce in rural and remote areas more effective. These processes and structures must involve Federal, State and Territory health agencies, employers of nurses, nurse education providers and the Federal Department of Education, Science and Training and be closely linked with structures and processes for workforce planning for other health occupations.

Recommendation 9
That the Federal Government fund a national project in order to inform the scope of nursing practice and education programs for nurses in rural and remote areas. This project will include:
• validation of the Council of Remote Area Nurses of Australia Competency Standards;
• validation of the Australian Nursing Federation’s Advanced Practice Competency Standards; and
• examination of the feasibility of and most appropriate process for developing other specific competency standards for rural nurses.

**Recommendation 10**
That all Schools of Nursing ensure that:
• their courses contain elements that cover all contexts in which nursing care is provided, including rural and remote areas;
• access to clinical placements in rural and remote areas is facilitated;
• funding for nurse education programs in rural and remote areas is appropriate to the unique circumstances applying, such as high travel and accommodation costs; and
• Indigenous health is incorporated as part of their core curriculum.

Achieving adequate funding to support both the administrative costs of clinical placements and the costs incurred by students will require negotiations between the Universities and the Federal Government on the funding formulae for nursing education.

**Recommendation 11**
That scholarship programs which support education and research programs for undergraduate and postgraduate nurses in rural and remote areas be continued and expanded and their effectiveness evaluated.

**Recommendation 12**
That the Association for Australian Rural Nurses, the Australian Nursing Federation, and the Council of Remote Area Nurses of Australia:
• collaborate, in consultation with other relevant parties, to devise a research strategy for nursing in rural and remote areas, focussed in the short-term on research projects to inform and underpin action necessary for nursing practice in rural and remote areas; and
• seek funding assistance from State/Territory and Federal Governments to create a development fund to support such research, either from existing health services research funds or through new monies.

**Recommendation 13**
That the Federal Department of Health and Ageing establish a Principal Nursing Advisor position whose incumbent would, inter alia, have a key role in implementing and co-ordinating policies and programs for nursing in rural and remote areas.

**Recommendation 14**
That the Federal Department of Health and Ageing fund the Association for Australian Rural Nurses, the Australian Nursing Federation and the Council of Remote Area Nurses of Australia to undertake a comparative study of legislation impacting on nursing practice in rural and remote areas with a view to making recommendations that will improve the
current situation where nursing practice may be compromised. This project should be undertaken in conjunction with the Australian Council of Deans of Nursing, the Australian Nursing Council Inc, the Congress of Aboriginal and Torres Straight Islander Nurses, the Chief Nursing Officers and the Royal College of Nursing (Australia).