Position Paper

Nursing in rural and remote areas

January 2003

This Position Paper represents the agreed views of the National Rural Health Alliance but not the full or particular views of all 24 Member Bodies.
Nursing in Rural and Remote Areas

The **National Rural Health Alliance**, the peak non-government rural and remote health organisation, **notes the following**:

1. Nurses form the largest and most evenly distributed health profession working in rural, regional and remote Australia.¹ Nurses provide a higher proportion of health care in rural and remote Australia than in urban and metropolitan zones.² Having an effective nursing workforce in place in rural and remote areas is therefore crucial to the health of people living in such areas.

2. Despite the fundamental importance of nurses to sustaining and improving the health of people in rural and remote communities, there has been an emerging crisis in nursing in rural and remote areas in recent years.³ The major concerns include supply shortages, the ageing of the existing nursing workforce in rural and remote areas, changing skills and knowledge requirements, violence and, in some areas, unacceptably high turnover rates.

   The nursing workforce in rural and remote areas appears to be older on average than the nursing workforce overall. The Commonwealth Department of Health and Ageing stated in 2002 that the average age of nurses in rural and remote areas was 38 years, with 35% of this workforce being older than 45 years.⁴ Other studies suggest that the nursing workforce in some sectors in health and aged care in rural and remote areas may have an older average age.⁵,⁶

3. Qualified and experienced nurses are leaving the nursing workforce and some graduates are not entering the profession or are leaving shortly after registration. When combined with insufficient numbers being educated, these are major factors contributing to the very evident and critical shortages.

   These shortages are occurring across the spectrum of nursing roles in rural and remote areas, with particular concerns about aged care nurses, midwives and mental health nurses. It is clear that the problems are many faceted and will only be resolved by a long-term approach involving all relevant parties. Policies and programs to deal with nursing issues must take into account the fact that the nursing workforce in rural and remote areas (as elsewhere in Australia) is predominantly female.

   A complicating factor affecting the supply of practising nurses in rural and remote areas is the growing shortage of nurses overall in Australia. Competition between sectors and areas for the services of this dwindling supply adds to the difficulties in rural and remote areas, especially for positions which are seen as more difficult or less attractive, for example in isolated areas or in aged care.
4. In recent years there have been several inquiries into various aspects of nursing, including several dealing with nursing in rural and remote areas and a range of initiatives to start to tackle the challenges facing rural and remote area nursing at national, State/Territory and local levels. A summary of recent nursing initiatives is contained in the Report of the National Review of Nursing Education 2002. Nurses and their representative organisations have welcomed such initiatives. They have especially welcomed new Commonwealth Government programs as a sign that the Commonwealth Government is now acknowledging the fact that the rural and remote area nursing workforce is a considerable national asset that must be nurtured and expanded. Commonwealth-funded programs for rural and remote area nursing include:

- the Rural Midwifery Upskilling Program provided in some States and the University Departments of Rural Health;
- postgraduate scholarships. 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 2001–02 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, but there are concerns that re-entry numbers will be limited if other issues such as violence are not appropriately addressed; and
- a commitment in the 2002–03 Federal Budget to fund the Commonwealth Aged Care Nursing Scholarship Schemes which will provide up to 250 scholarships at up to $10 000 per year for students from regional areas to do undergraduate nursing courses and postgraduate, continuing professional development or re-entry nursing studies at rural and regional universities.

5. A priority recommendation from the 6th National Rural Health Conference held in March 2001 was that the National Rural Health Alliance promote and support a national nursing summit of the peak nursing bodies, to identify rural and remote nursing workforce issues and to develop a national framework for action.
The three nursing organisations of the NRHA, in conjunction with the Australian Council of Deans of Nursing, the Australian Nursing Council, the Congress of Aboriginal and Torres Strait Islander Nurses, the National Rural Health Network and the Royal College of Nursing Australia, formed a Project Committee to implement the recommendation. The Chief Nursing Officers were directly informed and involved through the Project Committee. This a valuable collaborative group of national non-specialist nursing bodies for work to advance nursing in rural and remote areas.

The Project Committee sought financial support and commitment for the Summit from the Commonwealth, State and Northern Territory Governments, both directly and through the Australian Health Ministers’ Advisory Council and its workforce and rural health committees. Consequently, the Project Committee reconceptualised the exercise as a medium to long-term project with its first major event being a workshop *Action on Nursing in Rural and Remote Areas* in October 2002. This timing enabled the reports of the National Review of Nursing Education and the Senate Community Affairs References Committee’s Inquiry into Nursing to inform the workshop deliberations.

6. The Project Committee and its working parties prepared three documents for the workshop: Issues Paper,14 Vision and Required Conditions,15 and Key Recommendations.16 They consulted widely in developing and finalising these documents.

7. The Issues Paper outlined a range of challenges facing rural and remote area communities and health and aged care services in attracting and retaining a sufficient supply of appropriately skilled nurses to maintain and improve the health of rural and remote communities. It describes briefly some recent initiatives at the national, state/territory and local levels to deal with the problems and provides an overview of the challenges facing nursing in rural and remote areas, thus setting the scene for the key recommendations.

Challenges for rural and remote area nursing identified in the paper include:

- broad roles including the use of a wide range of skills, often requiring advanced practice skills, flexibility across a range of different service types, extensive travel, and isolated practice, both professionally and geographically;

- displacement of longer term individual or population health initiatives by an overload of routine care for acute and chronic health problems or crisis management;

- excessive amounts of time on-call and of overtime;

- inadequate arrangements to recognise advanced practice and to facilitate the necessary education to achieve and retain advanced practice skills;
• poor management practices, for example in areas such as succession planning, change management including failure to involve nurses in the early development and implementation of new approaches to health care, lack of career planning and performance management as tools to develop individualised career pathways, insufficient allocation of time to nurse managers for their roles in clinical practice and professional support for nurses;

• insufficient attention to designing and implementing new service models to incorporate features which are likely to attract and retain nurses;

• too limited use of financial and other incentives that will attract and retain nurses in rural and remote areas;

• poor workplace environments;

• inadequate responses by employers to their duty of care responsibilities to ensure that nurses are adequately prepared in terms of the skill and ‘cultural safety’ requirements for a specific position, and to deal with occupational health and safety threats, including personal violence;

• poor image of rural and remote area nursing;

• limited recruitment base for rural and remote area nurses;

• insufficient effort to marketing rural and remote area nursing as an attractive career option to school students;

• major barriers preventing Indigenous young people from entering careers in rural and remote area nursing;

• limited attention to nurse workforce planning, both nationally and at the local level;

• the importance of moving forward in the areas of competency standards, curricula and accreditation for nurses practising in rural and remote areas;

• improving the provision in undergraduate nursing programs of appropriate preparation for graduating nurses to work in rural and remote areas;

• lack of consistency between jurisdictions in their approaches to advanced nursing practice;

• limited access to programs to enable nurses in rural and remote areas to upgrade and maintain their practice skills;

• providing effective nursing leadership at all levels;
• lack of clarity in the roles and responsibilities of the different levels of Government in relation to rural and remote area nursing; and

• continuing problems with inconsistencies between the practical day-to-day requirements of nursing roles in many rural and remote areas and the provisions of health legislation and regulation governing nurses’ scope of practice.

8. The challenges facing nursing are similar to those facing other health professions in rural and remote areas. Considerable effort in recent years has gone to improving the recruitment and retention rates of doctors in country Australia and the quality of their practice. Lessons learned from programs to assist doctors in these locations may have application to other health professionals. More recently there has been an increased focus on programs for community pharmacists and to a lesser degree for nurses and allied health practitioners.

While there is a growing number of individual nursing initiatives there is no integrated, cohesive strategy for dealing with these challenges. Much is already known about what factors can have a positive impact on the recruitment and retention of health professionals in rural and remote areas both from Australian and overseas research and from policy innovation related to nursing or other health professionals. These factors are known to include the provision of childcare, locum relief, recruiting locally, regional co-ordination (for example through Divisions of General Practice and Rural Workforce Agencies in Australia) and a range of other measures to minimise negative aspects of isolation. Hence the emphasis for *Action on Nursing in Rural and Remote Areas* is on building on what is already known rather than on more research.

9. The Issues Paper advocates investment in measures to attract and retain the services of nurses in rural and remote areas and to ensure their continued professional development. Suggested areas for investments include:

• effective and innovative service models;

• preparation for practice;

• attracting and retaining the nursing workforce through improved management practices, financial and other incentives, improved workplace environments including a more family friendly workplace and flexible employment strategies relating to many nurses’ family and farming or other commitments;

• professional support;

• creating and sustaining a positive image for nursing in rural and remote areas, including devising ways to attract more school students and Indigenous people into careers in rural and remote area nursing;
• support for the recommendations adopted by the Council of Aboriginal and Torres Strait Islander Nurses to address a range of barriers preventing a nursing career being attractive to Aboriginal and Torres Strait Islander People;

• more effective workforce planning, education and professional development;

• encouraging practice-based research;

• enhancing nursing leadership;

• legislative reforms; and

• more effective consultative structures.

10. The Issues Paper acknowledges that action on nursing alone can only go part way to providing lasting solutions. What is also needed is an overall blueprint for rural and regional development which addresses wider issues facing rural and remote communities and their health workforces. The paper briefly outlines some of these wider, non-nursing specific issues in two groups.

**Health-Specific Issues** such as the overall poor health status in rural and remote areas compared with that in urban areas; Indigenous health issues; generally more prevalent health risk factors in rural and remote areas; lower utilisation of health services; limited interprofessional support for nurses and other health professionals and excessive administrative requirements; confusion in roles and responsibilities between the three levels of government; substantial issues arising from the way health services are funded; rapidly changing expectations and health service delivery models, changing demographic and disease patterns; and a lack of a single and portable individual health record.

**Environmental Factors** such as overall lower levels of socio-economic status in rural and remote areas; economic downturns and technological changes affecting traditional rural industries and thus the demand for labour; withdrawal of critical public and private sector services; poor and in some cases deteriorating infrastructure; high levels of violence in some areas; low density, highly dispersed, mobile or itinerant, culturally varied population in many remote areas; and climatic extremes.

11. The Outcomes and Required Conditions document presents a vision for rural and remote nursing “...a sustainable, skilled and stable nursing workforce in rural and remote areas continuing to provide quality health care”. This document succinctly describes 10 conditions which, if brought about, would go a long way towards achieving this vision.

12. The Key Recommendations from the Project are the means by which the challenges outlined in the Issues Paper can be addressed to achieve the vision and required outcomes. The workshop considered these recommendations along with others brought to the workshop by
The workshop was held on 18 October 2002 with the following objectives:

- to provide an opportunity for rural and remote nurses and their national organisations to respond in a collaborative way to the findings of:
  - *Our Duty of Care: the National Review of Nursing Education*; and
  - *The Patient Profession: Time for Action — Report on the Senate Inquiry into Nursing*;
- to clarify the rural and remote aspects of current national nursing initiatives; and
- to provide a forum for debate and agreement about the solutions to some of the current challenges facing the nursing workforce in rural and remote areas.

The Commonwealth Department of Health and Ageing provided financial support towards the workshop. Many other organisations have supported the project by paying for appropriate representatives to attend and to remain involved.

The 100 or so delegates at the workshop came from a wide range of organisations and locations with the approximately 50 clinical nurses from rural and remote areas providing a strong element of practicality and realism to the deliberations of the day. There were delegates from a range of other health professions as well as health service providers, nurse regulators and educators and public servants with responsibilities for nursing and/or rural health policies and programs. Many of the (then) 21 Member Bodies of the National Rural Health Alliance were also represented.

The day proved to be productive and cooperative, resulting in consensus on a 7-Point Plan as part of the project agenda for the next two years. Considerable work is required to implement the priority recommendations of this Plan. A further nine important recommendations were endorsed and seen as part of the longer-term agenda.

The 7-Point Plan covers:

- increased incentives, especially locum relief and mentoring;
- improved workplace environments to attract and retain nurses for rural and remote areas;
- risk management;
marketing a positive image of nursing in rural and remote areas;

• a greater emphasis on rural and remote area nursing in nursing education programs;

• improved access to reliable information technology, with support and training; and

• funding for appropriate postgraduate education programs for rural and remote area nursing.

Issues covered in the further nine recommendations include:

• benchmarking nursing management practices;

• additional places in rural and remote areas for new nursing graduates;

• competency standards;

• nursing scholarships;

• nursing research;

• a Principal Nursing Adviser in the Commonwealth Department of Health and Ageing; and

• legislative changes to reflect the reality of nursing practice in rural and remote areas.

15. The NRHA nursing organisations and the Alliance as a whole have recommitted to the project and are working to implement the action plan, including by submitting a number of applications for funding through the Rural Health Support, Education and Training (RHSET) program.

16. The NRHA has pursued several other initiatives in recent years designed to improve the situation of nursing in rural and remote areas. These have included:

• focusing on nursing issues at the biennial National Rural Health Conferences;

• auspicing work to facilitate developments in advanced nursing practice in rural and remote areas;\(^{21}\)

• assisting the Royal College of Nursing Australia to develop electronic systems to administer scholarship programs for rural and remote area nurses; and

• preparing submissions to Senate Reference Committee’s Inquiry into Nursing and the National Review of Nursing Education.\(^{22,23}\)
17. The NRHA’s submission to the Senate Community Affairs References Committee’s Inquiry into Nursing was referred to extensively in the Committee’s Report *The Patient Profession: Time for Action.* Many of the Committee’s recommendations reflect suggestions from the NRHA on ways to deal with issues affecting nursing in rural and remote areas.

The overall conclusion in *The Patient Profession* emphasises that leadership and action are the keys to dealing with the wide range of issues affecting the availability and effectiveness of nurses in Australia today.

_The way ahead is clear. It has been identified in many reports and reviews. What is now required is leadership and action._

18. Although not specific to rural and remote area nursing, many of the recommendations of the National Review of Nursing Education are consonant with directions being pursued by the NRHA for rural and remote area nursing. For example there is an emphasis on improving the image of nursing, improved workplace environments, scholarships for research and continuing professional development, improved workforce planning, a stronger national emphasis on nursing issues, financial rewards for postgraduate qualifications, flexible education programs and national standards for all levels of nurse education.

The National Rural Health Alliance affirms the following principles:

19. Nurses play a vital role in the health care of people living in rural and remote areas of Australia. In some remote areas they are the only primary health care provider, and in many others they are the most highly-educated health care provider. The presence of nursing in those areas is a key determinant of health outcomes.

20. Efforts to strengthen a primary health care approach in rural and remote areas are jeopardised when nurses are fully-stretched and only able to respond to the day-to-day needs of managing acute health problems and regular crises.

21. The increasing shortage and rapid turnover of appropriately skilled nurses in rural and remote areas present a serious threat to the health and well-being of country Australians who already have on average worse health than their urban counterparts.

22. The nursing workforce in rural and remote areas is a national resource that must be nurtured and expanded if the health of people in rural and remote areas is to be maintained and improved. Achieving this requires a co-ordinated approach which includes all levels of Government and a number of policy and program areas in health and aged care departments, as well as health and aged care service providers in the public, private and non-government sectors, nursing organisations, nursing regulators, nurse education providers, other health professionals in rural and remote areas and rural and remote communities.
The National Rural Health Alliance believes the following action should be taken:

23. Governments and professional associations should collaborate on national and regional campaigns to promote nursing as a career to High School students and to promote to the general public a positive view of nursing as a profession.

24. There should be increased incentives, especially locum relief and mentoring, for rural and remote nurses.

25. The Commonwealth Government should gradually enhance its rural and remote nursing scholarship schemes.

26. Governments should adopt a more cohesive approach to health workforce issues across all disciplines so that there can be improved planning and a more co-ordinated approach to meeting the overall health service needs of rural and remote area communities.

27. To underpin both rural community health and well-being and specific recruitment and retention initiatives, there should be a nationwide and long-term policy framework to develop rural and remote regions and communities.

28. The employers of rural and remote nurses, in all sectors, should give increased attention to improving workplace environments, including good risk management practices.

29. There should be a greater emphasis on rural and remote area nursing in nursing education programs at all training institutions.

30. Nurses should be provided with improved access to reliable information technology, and with support and training for its use.

31. Funding should be available for appropriate postgraduate education programs for rural and remote area nursing.

The National Rural Health Alliance resolves to take the following actions itself.

32. To make nursing issues the primary focus of its health workforce activity for the next 12–18 months.

33. To support the three nursing bodies in the Alliance with the Project Action on Nursing in Rural and Remote Area 2002–03, working in conjunction with other national nursing organisations and nursing groups.

34. To advocate for increased investment in measures to improve recruitment and retention of the rural and remote areas nursing workforce and to further develop and support this workforce in directions indicated in this paper.
35. To continue to lobby the Federal Government to expand its role and interest in the future of the nursing workforce in rural and remote areas and to take a leadership role in measures to overcome the problems.

36. To lobby the Federal Government and AHMAC to actively support actions arising from the Workshop *Action on Nursing in Rural and Remote Areas*.

37. To encourage its nursing member bodies to report regularly on progress with *Action on Nursing in Rural and Remote Areas*, both to other Member Bodies of the Alliance and to a wider audience, for example through papers presented at future National Rural Health Conferences.

References


15 Nursing in Rural and Remote Areas Project Organising Committee, 2002, 
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16 Nursing in Rural and Remote Areas Project Organising Committee, 2002, 
*Action on Nursing in Rural and Remote Areas: Key Recommendations*, National Rural Health Alliance, Canberra.


20 Project Committee Action on Nursing in Rural and Remote Areas, 2002, *The Seven Point Plan, NRHA October*.


22 National Rural Health Alliance, 2001, *NRHA Submission to Senate Community Affairs References Committee’s Inquiry into Nursing*, NRHA, July.

23 National Rural Health Alliance, 2001, *NRHA Submission to the National Review of Nursing Education Inquiry*, NRHA, August.

