Professional Nursing 2: Workforce Shortage in Rural Health Care

by Mary Madelaine ABELO

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The problem of workforce shortage in the health care setting persistently exists in different rural and remote communities in Australia, as it had been reported by the Australian Bureau of Statistics (ABS) that only 22 percent of the all nursing workers reside in inner regional areas, ten percent in outer regional and a mere two percent in remote and very remote communities (ABS, 2007). Though the percentage of the nursing workforce is relatively proportional to the population on a national level, there are areas, however, with significantly lower distribution particularly in remote Queensland, inner regional Western Australia and South Australia, and regional and remote areas of Tasmania (Australian Government Department of Health and Ageing [AGDHA], 2008).

Two factors which would greatly have an impact on nurses are ageing and population growth. It could be noted that nurses who practice in the rural and remote setting seem to have an older profile compared to those in major cities (ABS, 2007). The faster the one is ageing, the faster one would get into retirement. Schofield, Page, Lyle and Walker (2006) had found out that more than 50 percent of the nursing workforce is presumed to give up work within the next fifteen years. With the prediction of an increase in the population of Australia between 30.9 and 42.5 million people by 2056 and a decrease of overall mortality rates (ABS, 2011), the country would be facing devastating consequences if the shortage problem would not be addressed properly, especially in those areas that have the least number of workers.

The content of this essay will focus on the current nursing workforce shortage in rural and remote Australian communities. Included in the discussion is the interplay of various factors that contribute to the scarcity of nurses in the areas mentioned and, more importantly, its legal and ethical repercussions to the caring profession. This would be followed by some measures that the government and other nursing-related

organisations have created to address the problem of the inadequacy of workers. A synthesis of all the points shall be presented at the end.

Currently, there has not been any formal definition of rural and remote nursing. However, Drury, Francis and Dulhunty (2005) had analysed and compared several research studies and noted that the lack of accessibility and availability of health services, as well as the insufficient of support from other allied health members and tertiary services due to distance and isolated location are usually common attributes of rural and remote nursing.

There are several factors that contribute to the inadequacy of nurses in secluded communities. Kidd, Kenny and Meehan-Andrews (2011) had found out from various research studies that two of the greatest difficulties rural nurses experience in the setting is isolation and undertaking professional development. Differences in the customs within the community, work culture and lifestyle are also considered, as well as the standards and quality of health care as compared to the services in the urban areas (Kidd et al., 2011; Wendt, 2009; Australian Government Department of Transport and Regional Services [AGDTRS], 2006; Humphreys & Wakerman, 2008; Drury et al., 2005; Grigg & da Silva, 2008). These factors and the corresponding impacts on the nurses shall be examined in detail in the following discussions.

Nurses in rural and remote areas need to have a more advanced generalist role compared to the urban nurses. As presented in the literature review conducted by the AGDTRS, it was found out that due to the unavailability or lack of specialists, rural nurses are expected to take over responsibilities that are usually beyond their duty of care (AGDTRS, 2006). The nurses have a higher level of independence and autonomy, which entails furthering one's level of education and undergoing different

trainings that is suitable for one's practice. This, however, would require putting out money, as well as travelling and other expenses (Kidd et al., 2011), a big factor that weighs heavily on most nurses.

In the *Productivity Commission Report* by the Australia's Health Workforce, it was revealed that nurses and other health professionals who come from the city are not so keen to work in far-flung communities due to concerns about the compensation, which nurses view as meagre due to the amount of work and level of responsibility the institution expects the nurse to fulfil (AGDTRS, 2006). For example, a recent qualitative study conducted by Kidd et al. (2011) in Victoria provided a good observation on the experiences and level of confidence of nurses in rural emergency departments. The data revealed that out of 120 respondents, not even 50 percent could identify themselves as being confident enough to handle emergency cases, mentally-ill cases as well as drug and alcohol cases. Majority of the group fear that one might make wrong choices in deciding for the care of the clients mentioned, typically due to lack of ample training or exposure to such situations. Also, the nurses are usually anxious to inform some physicians who do not like to be called in non-emergent conditions like tooth extraction, which is beyond the nurse's duty of care. Hence, the culture at work creates distress among nurses, not really of physical nature but the psychological and emotional kind (Kidd et al., 2011). Additionally, mixed feelings of anxiety, fear and confusion is aggravated further by the fear of potential outbursts of violent behaviour from the mental, drug and alcohol clients, especially when the police is hours away from the hospital.

In relation to factors affecting the work performance of rural nurses because of the lack of confidence, the detriment caused by 'skills rusting' due to the spasmodic exposure to different situations is also a key issue that needs to be tackled. Kidd et

al., (2011) had cited different studies saying that the level of proficiency involved for rural and remote practise may take years to attain because of the diversity and irregularity of the exposure to cases that come in for medical attention. As a result, the health workers find it a challenge to achieve the optimum level of competence.

Skill mix has been identified by Hegney, Eley, Plank, Buikstra and Parker (2006) as a major factor in the improvement of client health outcomes, and the researchers had observed that this was because of the smaller number of experienced nurses over a large number of inexperienced ones. On a similar note, Humphreys and Wakerman (2008) had argued that while health centres in rural and remote places usually have an oversupply of acute beds, the services such as palliative and respite care, however, are not available to the community. The dilemma of having a relatively small community that must be provided with a range of health services at any given time is probably one of the most difficult challenges the current policy makers and nurse managers have to address.

Another important aspect in practice that remains a challenge for rural nurses is how to sustain professional growth in an environment that is not as conducive as those in the urbanity. It is clearly stated in the National Competency Standards for Registered Nurses that the professional must regularly update one's knowledge and skills to ensure safety and quality care to clients (Australian Nursing and Midwifery Council [ANMC], 2006). The lack of support and trainings not only from different agencies but also from other nurses, however, makes it very difficult for one to facilitate continuing professional development (AGDTRS, 2006). Moreover, the accumulation of all the negative feelings and circumstances have been found out to create disruptive behaviours among members of the staff, which have a profound impact on the relationship between the workers and the quality of care the clients receive

(Rosenstein & Naylor, 2011). Some of the factors Rosenstein and Naylor had identified to have caused the behaviour were time delays, inadequate staff members, unavailability of up-to-date equipments and poor infrastructure, as well as vague roles and responsibilities, all of which could be observed in a rural setting (Kidd et al., 2011; Grigg & da Silva, 2008; AGDTRS, 2006). In a much broader sense, the author believes that this becomes an ethical issue, as the quality of care the clients receive is deeply compromised.

Difficulty of transport and barriers in communication due to the differences in cultural backgrounds between the incoming nurse and community members, the town physician and other members of the health care team who have most likely adapted to the ways of the local culture could also affect the preference of nurses to work in a totally different setting that one might not be well accustomed to. The interplay of all these determinants discussed has significant consequences on the attraction, retention and turnover of the health care staff.

The author argues that the issue is not really about the lack of number of nurses *per se*. Yes, there is indeed a shortage in the health workforce in all areas, but preceding literature have shown that it is not merely the numbers that is lacking, but more importantly, the number of workers who are equipped with the proper skills, knowledge, and confidence in handling various kinds of illnesses and condition, as well as the sporadic, almost random nature of the job (Kidd et al., 2011). Therefore, strategies that would entice skilled nurses to work in the rural areas, as well as policies to improve trainings and education relevant to nursing in the context of rural and remote nursing practice must also be considered.

Massive efforts have been put forward by different Australian policy makers, one of which is the Council of Australian Governments (COAG). In 2004, the COAG had commissioned a recommendation paper acknowledging the national problem (National Rural Health Alliance, 2006). The Productivity Commission further elaborated the report and came up with recommendations to improve the current health care delivery system in rural and remote areas which included restructuring current rural workplace standards and practices, making trainings and education more readily available for workers who may want to partake and providing more funds and incentives to rural health, to name a few (Russell, 2007).

Changes in the current scope of nursing practise to cater to the needs of both the nurse and the community must be planned and executed properly. As work culture in the urban hospitals differ greatly compared to the practises in rural areas, nursing regulatory boards must acknowledge and address the need for a wider scope of practise (AGDTRS, 2006) to provide urgent medical attention to emergency situations such as vehicular accident victims, mining accidents, women about to give births, mental illness and other acute conditions. It is also helpful to provide trainings on workplace safety, updating protocols, and enhance the security protection for nurses whenever violent behaviours among patients arise.

The author believes that the need to revolutionise the current practises of rural health care workers must be prioritised. More in-house service trainings and education must be provided to the staff in the workplace. Funding for different projects and plans should be provided, as well as adding more incentives to the nurses who choose to work in the rural areas must be granted.

Further investigation on the numbers and professional mix in health care rural sectors must be done, as AGDHA (2008) claimed that no data regarding the status of the population in relation to the types of professionals required to meet all of the health care needs of the citizens.

It would also be of great help if improvements in the nursing curriculum would be done, such as mandating and funding rural nursing clinical placements. In the research study carried out by Barnett, Walker, Jacob, Missen, Cross and Shahwan-Akl (2011) in Tasmania, the researchers believe that the clinical placements expose students to a different kind of work culture and possibly attract future nurses to take on jobs in the areas mentioned. True enough, out of all students who actually had placements in these areas, around 40 to 50 percent came back to work in the same hospitals (Barnett et al., 2011). Consequently, rural hospitals, in turn, must welcome more student placements and become teaching institutions.

The discussion presented had shown evidences of the present challenges with regard to the workforce shortage in rural and remote areas, and it clearly still has a long way to go. The Australian health care system in relation to attraction and retention of professionals in the areas mentioned has to be improved, and different governing bodies, nursing organisations, and nurse leaders must work together to improve the current practises and system for the benefit of the health workforce which would ultimately provide the quality of care and service the clients deserve.

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