



australian
nursing federation

Submission to the Australian Government audit
of the shortage of health professionals in
rural and remote Australia

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The Australian Nursing Federation (ANF) was established in 1924. The ANF is the national union for nurses, with branches in each State and Territory of Australia. The ANF is also the largest professional organisation in Australia, with a membership of over 150,000 nurses, employed in a wide range of enterprises in urban, rural and remote locations in both the public and private sectors. The ANF's core business is the industrial and professional representation of nurses and nursing.

The ANF participates in the development of policy in nursing, nursing regulation, health, community services, veteran's affairs, education, training, occupational health and safety, industrial relations, immigration and law reform.

1. Introduction

The Australian Nursing Federation is pleased to have the opportunity to contribute to the government's audit of the rural health workforce, and offers the following submission in relation to the rural and remote nursing workforce to inform this audit.

Action to address the poorer health outcomes of people living in rural and remote Australia is long overdue. Health outcomes are worse for rural Australians and generally the distribution of the health workforce is biased toward urban and larger regional centers.

Poor access to health services, costs of travel to services, limited availability in the range of services, and the physical challenges of life outside metropolitan areas all contribute to the morbidity and mortality statistics that characterise Australian rural and remote populations.

Nurses form the largest and most evenly distributed health profession group working in rural and remote communities reflecting their vital role across these areas. However, there is a recognised shortage and high turnover of appropriately skilled nurses.

Part of the problem with the nursing workforce stem from disparities between the incentives provided to medical health professionals compared to nursing and allied health, as well as a lack of recognition for the work done by the nursing workforce.

Improved access to scholarships, incentives to enrol rural residents in nursing courses, rural placements for nursing students and incentives for graduates to experience nursing in rural areas are all needed to improve the sustainability of the rural and remote nursing workforce.

One of the most significant factors affecting the delivery of health services in rural and remote areas is the current divided responsibilities between different levels of government which sees different members of the same multidisciplinary health care team funded not only from different government departments, but by different governments. This contributes to the fragmentation and lack of integration in health care service delivery and fails to efficiently utilise already scarce resources.

Action to address these issues, in addition to ensuring a sustainable health workforce, are vital if long term, effective solutions to the problems in rural and remote health are to be found.

2. The rural and remote nursing workforce

Workforce statistics and characteristics:

At the time of the last available nursing workforce survey, the total number of nurses in Australia was 273,378, comprising 218,615 registered nurses and 54,762 enrolled nurses.¹ As distinct numbers for the rural and remote nursing workforce across Australia do not exist, the proportion of 30% that is generally described to constitute the proportion of rural and remote population of the total population can be applied here to estimate the rural and remote nursing workforce to be around 82, 013. The average age of nurses in 2003 was 43.1 years, and 5% of all nurses work part-time.

Workforce shortages:

The same formula used to establish the proportion of the nursing workforce in rural and remote areas can be applied to the estimated shortages. Since the national nursing shortage is estimated at around 19,000,² it is estimated approximately 5,400 nurses and 600 midwives in rural and remote areas are needed to meet demand.

Distribution:

Discussions regarding the rural and remote health workforce tend to focus on shortages, particularly in regard to the medical workforce. However these perceived shortages have more to do with a maldistribution of medical professionals, who cluster disproportionately in metropolitan areas. It is important to note that there is a much more even geographical distribution of the nursing workforce. Nationally the distribution of nurses is 1,191 per 100,000 population. Across geographic regions in 2003, the level of supply ranged from 1,169 full time equivalent nurses per 100,000 population in very remote areas to 1,029 in outer regional areas.³ As nursing constitutes by far the largest health professional group, it is therefore essential to consider how this workforce could be better utilised to improved rural and remote health outcomes.

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 coordinated approach, which includes all levels of government as well as health and aged care service providers in the public, private and non-government sectors, nursing organisations, nursing regulators, nurse⁴ education providers, other health professionals in rural and remote areas and communities.

The size and diversity of the nursing workforce, and investment in ways to attract and retain nurses in rural and remote areas, requires better central planning and coordination at a national level.

Delivering equitable health outcomes for rural and remote communities requires investment in measures to attract and retain the services of nurses in rural and remote areas which must be given the same high priority as provided to other health professionals.

3. Models of care

It is clear from the evidence available that there is no "one-size-fits-all" solution for rural and remote health.⁵ While larger rural communities might be able to support a greater variety of health care services, smaller community populations and the tyranny of distance in more remote areas call for different service options. These populations in particular would benefit from the development of more integrated and comprehensive primary health services in order to maximise the economies of scale and use of existing health workforce.

Successful examples of models of care that utilise the available workforce to provide comprehensive primary health care services in rural and remote areas are those such as the Walwa Bush Nursing Centre in Victoria, the Port Augusta Hospital and Regional Health Service in South Australia, and the Upper Murray Health & Community Services in NSW.

Establishing models of care that utilise a pooled funding arrangement have a greater capacity for flexibility, and thus allow services to be responsive to local needs.

Essential requirements for all rural and remote models of care are: the availability of a sufficient workforce; funding mechanisms that facilitate, not constrain; community input and strong supportive management; sound linkages with other services and resources; and adequate infrastructure, including information/communication technology.

4. Nurse practitioners

The nurse practitioner role was initially introduced in rural and remote areas in some Australian states, and the first nurse practitioner in Australia was a remote area nurse.

Nurse practitioners are now recognised as members of health care teams in all geographical areas and health care settings.

With advanced educational preparation and experience, nurse practitioners offer a health service that can help address rural and remote workforce shortages in other professions and provide high quality health care that can help deliver positive patient outcomes.

Nurse practitioners offer a health care service that is unique in terms of their specific scope of practice. With the ability to initiate diagnostic tests, prescribe specified medications, and make referrals to other health professionals, they can provide a vital service and improve access to care in rural and remote areas. There are already nurse practitioners in rural and remote areas providing a range of effective services either in primary health care as a generalist, or by providing a specialist nursing service, for example, mental health, emergency, community health, drug and alcohol services, women's health, and primary health care.

A national approach to increasing the numbers of nurse practitioners in a wider range of practice contexts in rural and remote communities has the potential to improve access to care and boost rural and remote health care outcomes.

There is a need to create more positions for nurse practitioners in remote health, as nurse practitioners can only practise where positions (and employment) are available. Many very experienced rural and remote nurses are already doing nurse practitioner type work, however greater investment is needed to create more opportunities for existing endorsed Nurse Practitioners to work and for others to undertake the process of endorsement.

Lack of access to Pharmaceutical Benefits Scheme (PBS) prescriber numbers and Medical Benefits Scheme (MBS) provider numbers is placing restrictions on the capacity of nurse practitioners to work to the full scope of their practice, and delaying necessary care.

5. Incentives

Action is needed to ensure that the incentives available to rural and remote health professionals are equitable across the professions. In many rural and remote settings, small numbers of people from a range of health professions work together in teams. Any inequity in the range of incentives that is available to each of the professions undermines the collaborative nature of multidisciplinary team work and should be reduced or eliminated where possible.

At present, there are significant inequities in the incentives available to nurses in rural and remote areas compared to those available to medical professionals. This is demonstrated by comparing the incentives available to nurses nationally in the accompanying document compared to those available to medical professionals outlined in the ARRWAG mapping of incentives for rural medical professionals (also attached).

For example, many incentives are available for medical students to encourage them to consider a career in rural and remote health but few are available for rural and remote nurses. Given that rural origin is an important predictor of rural practice, more effort should be made to encourage rural students to consider a nursing career and for those interested in a rural health career to have the opportunity to undertake rural clinical placements.

Other examples of inequitable incentives include the financial incentives available to doctors through the Rural Retention Program; support networks available to the families of rural and remote GPs through the Rural Medical Family Network; and funds available for training and locum relief.

Facilitating leave for holidays, professional development, and other purposes for nurses requires the availability of adequate replacement staff. Many nurses report difficulty in accessing appropriate replacement staff, which affects their ability to take necessary and accumulated leave.

A comprehensive and consistent approach to education and professional development of nurses is vital to ensure the community receives care that is competent and evidence based.

While existing scholarships are welcome, the number of available undergraduate and postgraduate scholarships is insufficient to have any significant impact on meeting rural and remote nursing workforce demands. There are many more eligible applications from practising nurses seeking access to financial support for ongoing professional development and additional postgraduate qualifications than available funding.

Another problem with scholarships is that funds are distributed across a range of applicants; therefore an applicant may only receive a component of the full cost of undertaking an educational activity. The remaining cost has to be contributed by other means, including personal means, which impacts on the ability of many nurses to take up the scholarship at all.

There are ongoing difficulties for rural and remote area nurses in accessing ongoing education and professional development. As already indicated, the ability of nurses to attend educational events relates directly to the availability of appropriately qualified and readily available relief staff, as well as obtaining leave from their workplace.

Additional challenges to attend educational events include the distance to be travelled, inflexible learning environments, and unrealistic expectations relating to clinical practice and learning opportunities. Many nurses use valuable long service leave and holiday entitlements to attend courses. These issues continue to provide barriers for ongoing education.

Without sufficient scholarship funds to increase the number of nurses in remote and rural areas, and to cover the real costs associated with learning activities, whether undergraduate or for professional development, there is limited opportunity for nurses practising in rural and remote areas to obtain ongoing education.

Clinical placements:

There are shortages in the numbers of available clinical placements for students in rural areas and a lack of experienced staff who can supervise students. Students may be required to fund their own access to, and accommodation at the clinical placement, limiting access for those from other areas who may be interested in undertaking clinical placements in rural and remote areas.

6. Occupational health and safety

The occupational health and safety risks for nurses working in rural and remote areas exceed those of their urban counterparts.

Rural and remote nurses are more likely to face the risk of violence at work⁶; and a high risk of occupational stress from: a high workload; poor orientation to their work environment; inadequate resources; unrealistic expectations; excessive workloads; security; and a lack of professional support.^{7,8,9}

Greater efforts need to be made to ensure that nurses recruited to rural and remote environments are appropriately oriented to their new workplace; have access to necessary personal and professional support; and are protected from the risk of violence at home and at work.

7. Information technology

Rural and remote nurses require access to up to date and reliable information and communication technologies (ICT) in order to deliver effective, evidence based care.

An Australian Government funded study of 10,000 nurses released in 2007¹⁰ revealed nurses are frustrated by limited access to information technology, software that is not always fit for purpose, and a lack of opportunities for training in ICT.

Many nurses are not being provided with the appropriate level of preparation and support to use ICT systems, often having to make do with low level skills, unreliable equipment, little or no technical support, or using personal equipment at home. Technical support is especially poor in more remote locations.

This is having a negative effect on the ability of nurses to deliver safe and effective services to communities.

An organised and equitable national approach is necessary for effective implementation and utilisation of ICT systems by nurses.

This includes improvements in the provision of reliable equipment, formal education to develop competencies in ICT use that will contribute to improved patient safety, evidence based care and the retention of nurses.

8. Indigenous health

Indigenous health provides unique challenges for the rural and remote health workforce, and it is vital that efforts are made to strengthen the Indigenous workforce to ensure the delivery of culturally appropriate care.

This requires encouraging as many Indigenous people as possible to consider entering health careers - this could be achieved by offering supported pathways to education, and increasing investment in education places for Indigenous students.

Efforts need to be made to consider flexible entry methods into university for Indigenous students. Examples of successful initiatives that warrant wider application include that of the Koort Mooditj Pre-Nursing Program, which is designed to prepare Aboriginal and Torres Strait Islander students for first year nursing studies, offered by Murdoch University In Western Australia; and the enrolled nursing program offered by Marr Mooditj, an organisation dedicated to the education and training of Aboriginal people in Primary Health Care.

Cooperative efforts with states and territories to improve career pathways from schools into training and education in the health sector are needed. This could include promotions in remote area schools to encourage Indigenous students to consider a career in health care.

9. Recommendations

The ANF recommends that:

- a) the Australian Government expands its role and interest in the future of the nursing workforce in rural and remote areas and should invest in measures to ensure increased numbers and capacity building;
- b) the Office of the Commonwealth Chief Nurse be given a mandate to address all necessary strategies for effective national nursing workforce planning, recruitment and retention (with specific attention to the rural and remote nursing workforce);
- c) the Australian Government actively supports the development of nurse practitioner roles for rural and remote nurses;
- d) the Australian Government provides nurse practitioners with PBS prescriber numbers and MBS provider numbers in their own right, or establish an alternative schedule for reimbursement of nursing services and prescriptions;
- e) the Australian Government provides more undergraduate scholarships for nurses, more undergraduate places at regional universities, and sufficient funding to support rural and remote clinical placements, as well as additional scholarships for postgraduate education and professional development to ensure the ongoing acquisition of skills and professional development of the nursing profession in rural and remote Australia;
- f) the Australian Government reviews the current criteria of "Rural and Remote" for the purposes of funded education for nurses to ensure there are no barriers from current definitions that prevent access to funds in areas of genuine need;
- g) the Australian Government provides specific funding for the development of innovative approaches to providing postgraduate and professional development education and increase the number and value of postgraduate scholarships for rural and remote nurses to encourage more nurses to seek nurse practitioner status;
- h) the Australian Government in association with State and Territory governments establishes as a priority an incentive scheme to recruit and retain nurses and nurse practitioners in rural and remote areas which is equitable to other professional groups, and which includes but is not limited to: appropriate remuneration, relocation expenses, housing subsidies and appropriate and safe accommodation, bonuses for length of service, access to motor vehicles, and locum relief support to facilitate leave away from isolated areas;
- i) the Australian Government in association with State and Territory governments establishes national locum relief and mentoring programs for rural and remote nurses;

- j) the Australian Government, in association with State and Territory Governments, establishes a national reporting and control system for violence and aggression toward nurses such as the implementation of strategies to improve protection of nurses from violence in their workplaces, supporting the prosecution of violent offenders, and ensuring nurses do not work alone in areas of high or uncertain risk;
- k) the Australian Government in association with State and Territory governments dedicates funding for the development of innovative approaches to e-learning strategies, access to reliable information and communication technology (ICT), formal education to develop competencies in ICT use, and appropriate training and mentoring in ICT skills. Employers of rural and remote area nurses should provide access to reliable and relevant ICT, dedicated time for formal training, and professional technical support; and
- l) additional scholarships be made available to encourage Indigenous students to undertake health careers - the number of Puggy Hunter scholarships should immediately be doubled and increased over time to better address the relativities in shortfall so that the proportion of Indigenous health nurses to Indigenous people reaches or exceeds that of the proportion of nurses to 100,000 population in all geographical areas. Special consideration should be given to initiatives to encourage the development of roles for Indigenous Nurse Practitioners.

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