Postgraduate Training for Remote Area Nurses

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Existing studies reveal that legislation pertaining to nursing practice and nurse education in Australia do not ensure competent and accessible care relevant to the health care needs in remote areas of Australia.

Nurses are frequently the first and the only point of contact in many remote area health services. Distribution of medical and allied health personnel, community health care needs and organisational context influence remote area nurses' practice and educational needs.

Remote area nurses are on call 24 hours a day 7 days a week in the absence of other on-site health professionals and acute hospital facilities. By necessity they perform many functions that are usually the responsibility of others in the health care system (Kreger, 1991; Watson, 1990; Philp, 1988; Remote Area Nurse Practice Committee, 1987; Munoz and Mann, 1982; Committee of Enquiry into Health Services in South Australia, 1973). The diverse, expanded and essential practice demanded is not recognised nor supported by legislation, clear practice guide-lines and appropriate resource distribution.

In the presence of these limitations, the following characteristics of remote area nursing practice indicate a primary health care approach is attempted by remote area nurses:

(1) initial and short term illness and trauma management including emergency care
(2) ongoing care through the provision of clinic, mobile and home based nursing services
(3) provision of client, family and community support and counselling involving collaboration with other health, welfare and community agencies (where available)
(4) a population focus through health promotion and education, for example, antenatal, postnatal, child health services and the surveillance and control of endemic and chronic disease
(5) community development including Aboriginal and Torres Strait Islander health worker support training and education
(6) management and administration of the health service (Kreger, 1991; Ministerial Working Party, 1989; Philp, 1988; Remote Area Nurse Practice Committee, 1987).

The rhetoric regarding reorientation of health care delivery to a preventive and promotive focus is strongly endorsed by remote area nurses. Current resource distribution in remote area health services is not consistent with the expectation of a primary health care approach.

Time constraints prohibit discussion of the additional functions undertaken by remote area nurses. Suffice to say, that the substandard circumstances in which RANs attempt to provide primary health care present serious practice dilemmas which are beyond the responsibility of nurses alone to resolve. Failure to educate remote area nurses appropriately, recognise
their functions legally and protect their occupational health and well-being is not congruent with the responsibilities of Governments, statutory authorities and employers.

In the presence of these deficits, Cameron Traub (1987) found RANs had initiated ‘trial and error’ learning in an isolated and non-supervised environment, rather than through their preferred methods of special courses and supervised practice. Assessment and diagnostic skills, clinical skills and procedures, and emergency procedures were considered of prime importance to safe and effective practice to the RANs surveyed throughout Australia. While these skills have “not been developed in nursing courses to a level of competency that would enable RANs to practice safely and effectively in remote areas” they are essential to the well-being of many residents in remote and rural areas (Cameron-Traub, 1987, p8).

Inadequate education places remote area nurses at both professional and personal risk reasonably frequently (Cameron-Traub, 1987). The implications for remote area residents are yet to be investigated.

Last year, I conducted a study that identified the scope of remote area nursing practice and the ‘real’ rather than the ‘perceived’ educational needs of remote area nurses (Kreger, 1991). I found that education in professional nursing issues, management, politics and sociology to be prerequisites to the achievement of clinical nursing practice of a professionally acceptable standard in remote areas of Australia. RANs must be prepared for their professional responsibilities in redressing the role conflict and ambiguity, organisational dysfunction and legal limitations which undermine standards of nursing practice in remote areas. Until these issues are resolved no RAN, irrespective of her or his educational preparation, is assured of the ability to maintain professionally acceptable standards of nursing practice in remote areas of Australia.

A number of other matters influence education for remote area nurses. The vast array of employers, some of whom are non-government and employ single or very small numbers of nurses, prohibit the development of effective employer-based education in many areas. Studies have shown that most employers have not been able to fulfil their responsibilities associated with orientation, inservice and continuing education programs for RANs (Kreger, 1991; Cameron-Traub, 1987; Munoz and Mann, 1882).

The workload demands and unpredictability of RAN practice severely limit RANs' participation in external studies programs. Significant delays in postal services and the costs and difficulties associated with communication with academic personnel are further disincentives.

High travel costs from remote to urban areas are incurred in attendance at residential courses in urban centres. For many RANs, these costs prohibit their participation in further study. Study leave, scholarships, travel assistance and relief staff are not usually available. Provision of specific scholarships and waiver of the Higher Education Contribution Scheme fees may provide an incentive for remote area nursing service.

Experienced role models and mentors are virtually unavailable in remote areas and nurses experience strong pressure to conform to previous inappropriate practice precedent. The knowledge and skills gained from interaction with other RANs and nursing colleagues is important in the development of professionally accepted standards of practice. Intra-professional debate and collaboration is essential to a perspective which views RAN practice in terms of the broader nursing profession (Kreger, 1991).
Critical analysis and research skills are essential for remote area nurses. Lecture and tutorial interchange, intercolleague debate and competency in the use of academic libraries are pertinent to the development of those skills. Current literature, journals and academic library services are not readily accessible to most RANs (Kreger, 1991).

The social and professional impact of continued isolation through the use of distance communication technology in education for remote area nurses requires assessment and evaluation before it is implemented in education courses for RANs (Kreger, 1991). Remote area nurses must not be further disadvantaged and exploited by lack of equity in access to internal study programs.

The availability of qualified nurse academics experienced in RAN is extremely limited. RANs emphasised the importance of previous RAN experience to overcome the problems now encountered by students who report poor understanding by academics of the circumstances and actual practice of RANs.

Consideration of my findings with regard to the Nursing Education Targets 1989-2000 has lead me to conclude that education to meet the theoretical and clinical education needs associated with complex, independent and interdependent nursing practice in remote areas of Australia requires the specialist approach provided by a tertiary post graduate diploma.

The development of remote area nursing courses demands national coordination so that both the limited material and human resources can be utilised appropriately and access is ensured for all RANs, particularly those employed by small non-government agencies.

Postgraduate education for remote area nurses must be considered in terms of the substantial changes in nursing education that are currently taking place throughout Australia. The transfer of preregistration nurse education at Bachelor degree is anticipated to be completed by 1996. Existing hospital-based education programs are to be phased out within the next two years. The situation presents a demand for varying levels of education for a workforce composing both tertiary and hospital qualified nurses.

The Australasian Nurse Registering Authorities Conference (ANRAC) have developed nationally approved competencies essential for registration or enrolment as a nurse. This identification of beginning practitioner competencies and associated assessment processes paves the way for the future determination of the competencies required in advanced and specialist nursing practice at a national level. Further study of the competencies specific to remote area nursing practice is essential for the development of a curriculum and assessment for a post graduate course.

The current ad hoc approach to education for specialist nursing practice is likely to fulfil the differing levels of need during the ongoing research and development phase for a post graduate course. Accreditation of existing continuing education units to enable credit to award courses will facilitate the achievement of bachelor degree qualifications for registered nurses with hospital based education.

The main streams for post graduate or masters level studies in nursing are in clinical, management, education and research. Primary Health Care is considered a legitimate area of specialist nursing practice. I suggest that comprehensive Primary Health Care is the framework from which post graduate education for remote area nurses can be developed. I conclude this brief overview by emphasising that collaboration and negotiation between RANs, employers, consumers, health care colleagues and funding bodies are essential to the identification of an appropriate scope of practice for remote area nurses. I commend the
Department of Community Services and Health, the Australian Health Ministers' Advisory Council and the Rural Doctors' Association of Australia for initiating this Conference. Collaboration with consumers and those who provide health care is crucial to the development of appropriate standards of health care in remote areas of Australia.

References


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