Occupational Health and Safety in Remote Rural Areas: A Nursing Perspective

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1st National Rural Health Conference
Toowoomba 14th - 16th February 1991

Proceedings
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A nursing perspective of Occupational Health and Safety (OH&S) in rural and remote areas in which medical backup is frequently unavailable is approached under four major headings: OH&S characteristics specific to rural and remote areas; Preparation of the nurse for a role in OH&S; Factors influencing the nurse's clinical role in OH&S; and Factors influencing the OH&S of nurses employed in rural and remote areas. A consistent theme linking all these issues is the low priority commonly afforded OH&S by employers and employees.

Occupational Health and Safety Characteristics Specific to Rural and Remote Areas

1. Rural industries (e.g., mining, agriculture) are characterised by higher than average levels of occupational injury and disease. (Workcover NSW, 1990)
2. Specific geographical or land use regions may be associated with abnormal levels of morbidity. e.g., a high incidence of inflammatory respiratory disease occurs in the wheat belt. (Clarke, L. 1990)
3. Rural areas contain a high percentage of self-employed people. This group may neglect to maintain adequate personal worker's compensation insurance during times of economic difficulty.
4. Workers in many rural industries operate alone with potentially dangerous machinery.
5. Partly as a result of the factors already noted, there is a lack of adequate supervision of employment practices by employers, industry, and government representatives.
6. Rural workers – especially those working in remote areas – have limited access to medical support or advice in the event of occupational or other health problems. In the event of an accident or if disease symptoms occur, people initially contact the nearest community health nurse.
7. Existing groups and organisations such as FarmSafe are responding to the specific OH&S requirements of rural workers and industries.

Factors influencing the Preparation of Nurses for Work in Rural and Remote Area Occupational Health and Safety

Most nurses working in rural and remote areas accept responsibility for the local community's initial OH&S needs as part of the expanded work role commonly associated with rural employment. Therefore, unless they have been employed specifically as an OH&S nurse, past training and education is unlikely to have prepared them for this work. Indeed, nurses who have gained employment in rural areas are rarely aware prior to commencing duty that OH&S responsibilities are included in their work role. This is a measure of the low priority...
given to OH&S by rural employers when preparing job descriptions, at interview, and during staff orientation programs.

Graduate Diploma courses in OH&S are becoming available, although such study is really only practical for those nurses interested in pursuing a career in this field. State branches of the National Safety Council of Australia offer a six week Diploma in OH&S. Basic course costs are approximately $4000. (NSCA NSW, 1990) Final costs to an employer – if substitute temporary staffing was required – would be approximately $10,000. Employers are obviously unlikely to contemplate such expenditure to enhance what they see as a minor aspect of the nurses role.

The National Occupational Health and Safety Commission (Worksafe) has prepared a range of publications on OH&S issues. Distribution of this material is required. Remote Area Nurses surveyed recently noted that OH&S information and information sources are not easily available (Kreger, A. 1990)

Factors Influencing the Clinical Role of Nurses Associated with Occupational Health and Safety in Rural and Remote Areas

Nurses directly employed in OH&S are often also required to maintain other work roles. Staff on offshore platforms double as radio operators. Nurses in mining centres usually maintain a general clinical service for the surrounding community, and many also undertake administrative and secretarial duties not directly associated with their OH&S activities. In such an environment, the status of OH&S is lowered, often to a level of bandaid treatment only. Workplace health promotion and disease prevention activities may be neglected. As a result, worker health suffers, especially given the insidious nature of many work related illnesses.

Effectiveness of the nurse’s clinical role is limited by their lack of knowledge of OH&S regulations and procedures. In this situation, their ability to protect the rights and best interests of employer and employee is restricted. Legal and health complications which arise from such situations generally occur as a result of inadequate staff preparation rather than as a result of poor quality standards of practice.

Implementation of the Community Development Employment Program (CDEP) on Aboriginal communities throughout Australia provides an example of the lack of preparation of nurses for responsibilities in OH&S. CDEP workers are employed within the guidelines of OH&S legislation. Injuries should be reported and documented, time off requires a medical certificate. Over night, some larger communities gained a workforce of two or three hundred people. No effort was made to prepare nurses employed in such communities for CDEP related changes.

On occasion, an employer’s interpretation of OH&S requirements may differ from those recognised by the nurse. Physical and professional isolation, as well as the ambiguity associated with the nurses OH&S responsibilities in rural and remote areas, makes resolution of such conflict difficult.

Workforce characteristics also influence the nurse’s clinical role and the potential effectiveness of OH&S activities. Some rural employers have supported the development of comprehensive OH&S programs. Shift workers (two weeks on site, and two weeks off) and transient employees may feel little commitment to such programs and continuity of activities such as smoking cessation or exercise programs may be compromised, creating a challenge for OH&S staff.
Factors Influencing the Occupational Health and Safety of Nurses Employed in Rural and Remote Areas

1. Heavy workloads and on-call duties, professional isolation, and role conflict/ambiguity result in high levels of stress being experienced by staff working in remote and isolated rural areas. High levels of staff turnover result in part from this situation. (Kreger, A. 1990)

2. Quite reasonably, many staff have difficulty in coping with the high levels of socially destructive behaviour and direct threats of physical violence which may occur in isolated communities.

3. A number of physical environmental factors experienced in rural and remote areas may threaten the health of nursing staff. The absence of adequate lifting or transport equipment and poor clinic design results in high incidences of occupational back pain (Kreger, A. 1990). Recognition of higher than previously accepted radioactivity levels in the Maralinga homelands (SA) raises concerns for staff who have worked in that area (Dept. of Primary Industry and Energy, 1990). Difficult work environments, and the need to operate unassisted during clinical procedures results in an increased potential for AIDS or Hepatitis B transmission.

Conclusion

The information provided in this paper has briefly outlined major issues associated with the OH&S responsibilities of nurses employed in isolated rural and remote areas of Australia in which medical backup is frequently unavailable.

It is important to recognise that in accepting these ‘hidden’ responsibilities, nurses are usually able to respond appropriately to the immediate (simple trauma) occupational health needs of communities in which they work.

However, poor staff preparation and inadequate employer recognition of the nurses role in OH&S results in the potential for inadequate support of workers who suffer complex trauma or those who require ongoing assessment and treatment. Similarly, the occupational health promotion and illness prevention requirements of rural and remote communities are unable to be provided in the current situation.

References


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