Educational Needs of Rural Nurses

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Introduction

Little, to date, has been published on the needs of rural nurses and rural nursing practice in Australia. In contrast, there has been much written on the education needs, roles and practice requirements of the remote area nurse. It may be that this lack of published information reflects the low profile that rural nurses have had prior to the formation of the Association for Australian Rural Nurses Inc. (AARN).

In Australia, there has been only one study which provides a profile on the length of stay of rural nurses. This study suggested that rural nurses in New South Wales had a higher retention rate than their colleagues in urban areas. In fact, anecdotal evidence supports the view that rural nurses in Australia generally remain in their position for a substantial period of time, particularly if their partner is involved in a rural business.

This trend has been also reported from North America, where Stratton et al. report that rural nurses have a lower turnover rate than their urban or remote area colleagues. One reason for the lower turnover in North America is that rural nurses tend to come to the country with their partners and then integrate into the local community. Additionally, in North America, rural nurses are older than their urban counterparts.

Rural nurses use a wide range of skills in their nursing practice thus enabling them to manage well and ill clients. However, it is difficult to identify exactly what skills are needed by rural nurses. One of the reasons for this is that rural nurses work in both 'specialist' and 'generalist' settings. For example, a nurse who works in a regional centre (base hospital) could conceivably have a similar practice role and responsibility to that of an urban based colleague. In contrast, the nurse who works in a district hospital may have an expanded role with less opportunity to 'specialise'. Regardless of the place of practice, rural nursing is considered to be unique, as there is a greater breadth and scope of practice. Rural nurses must be 'all things to all people'.

Just as the practice role differs, so too will the education needs. Thus education for rural nurses will vary according to the practice area, their geographical location and the support given for education by the employer.

It appears that the majority of rural nurses do not feel that they are adequately prepared for rural practice. For example, Buckley and Grey in their study of rural and remote nurses in South Australia, found that only 3.1% of respondents felt that their nursing education had prepared them adequately for rural nursing practice. Additionally, in the study carried out by the Maclean Valley Health Centre, only 66.2% of the respondents felt that current education programs were adequate.
Identified Barriers to Rural Nursing Education

It is important to recognise that in nursing there are distinct types of education needs. Firstly, rural nurses who have graduated from the previous 'hospital based' programs with a certificate, may wish to up-grade their qualification to a degree in nursing. Additionally diplomates may wish to up-grade their qualification to a degree. Secondly, there is a need for on-going or continuing education to ensure that rural nurses have and retain the skills needed for safe and effective practice. Thirdly, the new graduate with little or no clinical experience in rural practice needs to be considered. What does need to be emphasised from the outset, is that rural nurses are expressing the view that continuing education programs (run by the hospital, professional associations or rural health training units) should be eligible for credit in award programs from tertiary institutions.10

In North America, several studies have highlighted the fact that rural nurses’ continuing education is hampered by distance, cost factors and the lack of relief personnel to provide coverage when nurses are away from work. Isolation is also a problem, and rural nurses report feelings of lack of collegial support to assist with the development of practice roles and boundaries.5,6 Similarly, in Australia, several studies have identified that cost, isolation, lack of administrative and financial support and lack of professional support prevent or limit rural nurses' participation in continuing and award education.7,11 However, there is some disparity between the two major studies of rural and remote area nurses, carried out by Harris and Buckley and Grey, with regard to how these barriers interfere with rural nurses' education (see Table 1).

Table 1: Barriers to education, rural and remote area nurses

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Source: Adapted from Harris (1992) and Buckley and Grey (1991) 1,2

Rural nurses have stated that education providers must be flexible, and to do this they must have an understanding of the role of the rural nurse and be able to identify the specific needs of rural nursing practice.8,10 While urban nurses can teach the 'theory' of nursing practice, in most instances urban nurses do not understand the conditions faced by rural nurses such as limited equipment, little support from allied health professionals and in the more isolated areas, the lack of support available from medical practitioners (this may mean that medical practitioners are not available or do not support the nurses).5

Another identified problem is the lack of employer support for seminars, workshops or study days. Buckley (1992) found in her study of rural and remote nurses in South Australia, that only 39.1% of respondents had employer support for their education.8 Additionally, the Maclean Valley Health Service study suggested that the smaller facilities were less likely to invest in continuing education and training.7

Continuing Education

Studies in both North America and Australia have identified that continuing education is the most requested form of education. Buckley and Grey reported that sixty-three percent of the respondents in their study wanted continuing education programs.1 The study by the Maclean Valley Health Service found that ninety-one percent of respondents would undertake continuing education programs if they were available.2 It appears that one of the main criteria for these programs is face-to-face contact with the program coordinator.1,2,3 Additionally, programs that require attendance of the group for sessions with an educator enhance networking with colleagues, further enabling discussion of nursing practice.

It has been suggested that clinical continuing education programs are best located in the larger regional centres and that the tertiary institutions are not the venue for skills acquisition as

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they cannot guarantee competency in the clinical skill. This can be disputed, but certainly skill acquisition by the attendance at 'hands on' programs in a regional centre is an effective and cost-efficient way of providing skill based continuing education programs. It is this lack of peer interaction that makes learning by distance a less desirable option for rural nurses.\(^1\,6\,10\,11\,12\)

One of the aspects of working in a small rural hospital is the lack of contact that nurses have with each other and other health professionals.\(^1\) This is of particular importance in nursing, as discussion is a form of learning and ongoing professional development.\(^1\) Thus the preference for learning packages which encourage interactive learning is important for increased professional growth and self-esteem. One way of overcoming professional isolation, and to increase skills, is to arrange for the rural nurse to be placed in a preceptorship program with a regional and/or urban colleague. This type of partnership model has been shown to decrease feelings of isolation, to increase peer support thus facilitating the sharing of learning experiences, thus maximising skill acquisition.\(^1\) Another requirement which has been suggested by rural nurses is that continuing education programs be able to be cross-credited towards a formal award.\(^1\)

**Award Programs**

Rural nurses have stated they want tertiary programs which are designed for rural nursing practice.\(^1\) Tertiary institutions have acknowledged this requirement. In 1992, several representatives from Schools of Nursing from around Australia met in Cairns, along with representatives from AARN and the Council of Remote Area Nurses Inc. (CRANA). As a result of this meeting, a 'university consortium' has been formed which is working collaboratively to establish awards in rural nursing which can be cross-credited from one tertiary institution to another. At present the consortium members are investigating ways to design and offer award programs which will meet the needs of rural and remote area nurses. Factors which have been considered are the availability of 'stand alone' tertiary units which can be credited towards a formal award, and the portability of units studied from one university to another. Yet to be decided is the level of the award. That is, a Bachelor, Graduate Certificate or Graduate Diploma.

While this model appears to suit the known needs of the remote area nurse, it is difficult to state (because of the lack of research data into the education needs of rural nurses) if it is a model which can be implemented successfully for rural nurses. To this end, AARN's Education sub-Committee has been formed to establish what is an appropriate award/s for rural nurses, and suggestions for the content of the award. The sub-Committee will also investigate continuing education needs.

Several studies have attempted to ascertain what content should be included in both continuing education and award programs. Harris\(^1\) and Buckley and Grey\(^1\) have documented a list of subjects which rural and remote area nurses indicate they need for further education (see Table 2). What is striking from a comparison of these reports is that while some subject areas have been given a similar priority in both studies, there are some large differences in the results. For example, law was ranked as most needed by the respondents in the Buckley and Grey study, while it was ranked 29 by Harris.\(^1\)

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<tr>
<th>Topic</th>
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<th>Rank, Buckley</th>
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<tbody>
<tr>
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<td>2</td>
</tr>
<tr>
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<td>3</td>
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<tr>
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<tr>
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<tr>
<td>Law</td>
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Source: Adapted from Harris (1992); Buckley & Grey (1991).\(^1\)
Collaborative Models

Buckley (1992) states that seventy-three per cent of respondents in her study, wished to see centres for excellence in nursing established, with sixty-three per cent of respondents stating that the centre could be located in a regional town. These centres of excellence can be collaborative centres established between a tertiary institution and a regional hospital. Two such centres have recently been established in Tamworth and Taree in New South Wales where the School of Health of the University of New England, Armidale, has established collaborative Nursing Research and Teaching Units. In addition, to their role in undergraduate nursing practice and supervision, these units aim to assist rural nurses with nursing research and continuing and award-based education programs.

Conclusion

It appears that, despite the lack of clear information on the needs and preferences of rural nurses, certain trends are discernible from the published literature on rural nursing. Firstly, it appears that rural nurses do feel that they are disadvantaged by distance and by the type and scope of educational programs currently available to them. In the majority of cases, they do not have the employer support necessary to ensure that they can attend education programs, which are necessary for safe practice, self-esteem and personal and professional growth.

The preferred type of program is continuing education. Included in these programs must be face-to-face sessions with the program coordinator(s). These education programs need to be able to be credited towards a formal award. While only a small number of rural and remote area nurses appear to have a tertiary qualification (diploma or degree), most nurses surveyed in the two major Australian studies did not want to study for formal award courses solely by distance. Few felt that electronic media methods (teleconferencing, video-conferencing, open learning) were a desirable substitution for face-to-face contact.

The major problem that AARN faces is that the studies which have examined the educational needs of rural nurses have included remote nurses in the data analysis. Considering that rural and remote nurses do have different roles and responsibilities, it is essential that further studies be done which examine the needs of rural nurses as a separate group. This study would need to differentiate between nurses who work in the larger regional centres, district hospitals, and smaller centres. Additionally, the education needs of nurses working in community health and other ‘specialty’ areas need to be considered. Until this is done, AARN is not in a position to comment on the plethora of programs that are being developed, in most cases, with little or no consultation with AARN or reference to the available published literature, by rural and urban tertiary institutions and rural health training units.

References

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8. Buckley, P. 1992. Researching and meeting the professional support requirements of registered nurses in rural and remote locations. Trans. 1st Annual Conference of AARN, November.
