Preparation For Professional Practice -
The Hole is Getting Bigger

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I am not going to say anything you haven’t heard before or for that matter anything that many of you haven’t said yourself. Like many issues surrounding rural and remote health there has been a lot said but very little done. My topic might even top the list. The difference about today is that here there are over 750 of us who are involved in rural and remote health at all levels and from many different angles. So potentially there shouldn’t be a problem raised that together we can’t fix.

If everyone of us were to take this on and commit ourselves to dealing with the situation in whatever capacity we hold we could actually rectify one of the fundamental barriers to delivering a quality, cost-effective health service in rural and remote Australia.

Every report produced, every recommendation made has a major emphasis on preparation and ongoing education for health professionals as the main issue of reform to address the woes of rural and remote health service delivery. They have done for years. There are reams of them and they have come from every State and the NT saying virtually the same thing. Professional staff, especially nurses, allied health workers and doctors, no matter how well they have been trained in the traditional sense for practice in conventional settings and how committed and well intentioned, are not adequately prepared to work effectively in rural and remote settings with all that is involved there. The need to address this gap by means of orientation and ongoing education is almost without exception the number one recommendation. Yet still the gap widens.

Often the cry for the appropriate orientation and ongoing education is seen from the point of view of a professional group trying to shore up their own profession or seeking special benefits and considerations at the employer’s expense and often as not justified. Nurses especially fall into this category. Also the options put forward are expensive. Given that nurses are the bulk of the health workforce the sheer number of staff to be trained is daunting. Couple this with the mobile nature of the nursing profession so that the training costs would have to be recurrent - it would be easy for health service managers to see this as an unaffordable luxury.

I am only using nurses as an example here. The same is true of all groups but nursing is just so obvious because of the reasons I’ve just stated.

In reality though we do know that preparation for and ongoing learning in the work we do is not an added extra but a fundamental tool which is central to the success of an effective health service. Just how are we going to fund it?
All too often it is seen as something we fund if there is money left over after we have done everything else.

It is difficult to recruit staff to rural and remote services, there is an enormous turnover rate of the staff we do recruit, there is a high staff wastage rate - the professionals lost to rural and remote services altogether because of the personal and professional frustrations and dilemmas they experience. This situation leads to gaps in the services, discontinuity of service and less than optimal quality of service which leads to high turnover, high wastage and so the cycle goes on.

So much of the health service dollar has to go on recruitment costs and the expenses of absorbing new employees that there is little or nothing left over with which to develop the service.

How can we interrupt this cycle? How do we get greater stability and depth of knowledge in the rural and remote workforce? The high turnover leaves us forever chasing our tail. Every nurse that leaves takes with them the knowledge and experience they have gained, reducing the ability of services to consolidate and build on the skills developed by the workforce. It is not an environment in which other professionals flourish and are encouraged to stay. As I said all of this impacts on service delivery. I am not suggesting that lack of preparation and ongoing education is the single cause of high turnover or that it is the only thing we have to sort out to have a magical turn around and everyone will be happy. It is not. It is, however, the greatest leverage point we have.

The numerous studies and reports tell us that one of the major reasons nurses don’t come to work in and do leave rural and remote services is the lack of preparatory training and ongoing educational opportunities. Most of the learning is by experience. Experience is a hard teacher. She gives the test first and the lessons afterwards. She is a particularly hard teacher in the health care setting.

Most of the health services in rural and remote Australia embrace the basic principles of primary health care such as community participation, intersectoral collaboration, equity, self reliance and a holistic approach to health care. The nurses role in this environment, as described by Sally Johnson, is to provide care along a continuum, but especially emphasises health promotion and health education within a social view of health to counteract the still strong influence of the biomedical model. This is a long way from what pre-registration education prepared nurses for. As Buckley points out in ‘Identifying the professional support for nurses’ requirements for registered nurses in rural and remote South Australia’:

“an explosive rate of professional change generated through research and practice development is making knowledge and skills gained through pre-registration preparation obsolete.”

So here we have this huge gap between educational preparation and industry requirements.

The higher education sector is funded to provide the education and training for the health workforce. However, as the Victorian rural nurses reported, there is a high
degree of dissatisfaction with the apparent lack of support and level of co-operation from the university sector. There are too few programs with rural relevance that actually meet the needs of rural and remote nurses.

With the financial climate in universities today it is unlikely they will be mounting expensive practice-based courses that would be relevant for bush nurses.

Even if they did, based on current trends in the level of motivation of nurses to participate in tertiary programs, it is unlikely that many nurses would enrol. Besides the structural and managerial barriers, nurses are not highly motivated to participate in tertiary programs for a few reasons. They are not relevant, they are not sufficiently flexible, and after fulfilling their professional and family commitments nurses just don’t have the time.

So here we are with a situation where:

- the conventional nurses’ education does not prepare them for the expanded role of rural and remote nursing;
- having an appropriately trained workforce is absolutely essential to delivering an effective health service;
- nurses are difficult to recruit and don’t stay long in rural and remote services
- there is huge expenditure on recruitment;
- providing preparation and ongoing education is very expensive in this environment;
- the tertiary sector is experiencing financial restraints and is limited in its ability to mount practice-based courses;
- nurses need practice-based courses;
- nurses are not highly motivated to participate in the current tertiary environment; and
- the remote area nurses who desperately need training work many hours overtime and would have a hard time fitting in added coursework no matter how much they wanted to.

Anna Handley summarises the current situation in her concluding remarks in ‘Australian Rural Nurses: Education, Training and Support; A literature review for the Association of Rural Nurses’:

“The most difficult areas to address in the issues of education, training and supporting rural nurses are structural and physical. No matter how innovative the distance education package, distance is still a significant problem. A multitude of continuing education packages for nurses will not change the fact that some employers do not pay for staff education, or facilitate appropriate leave and replacement arrangements.”

She says rural nurses will continue to face barriers to education, training and support until solutions are found to the financial, structural and physical problems that influence their professional needs.

So there we have the problem. What about the solution?
It seems we have to accept that this is the environment and we have to work how to make it work within this environment, instead of accepting the barriers in the environment as reasons why it cannot work.

The first essential step in that is moving from the current stance of seeing it as the other group’s problem or the other group causing the problem. We are all in this together and the only hope we have of addressing it is for us all to work together: industry, higher education, nurses and community.

INDUSTRY

Industry has to view this not as an extra benefit for nurses but from the perspective of “tooling up the workforce”, to use the industrial term. Nurses are the basis of the health workforce. Their 24 hour presence and the nature of what they do is the basis of the health service. The quality of the service is largely dependent on the quality of the nursing.

No other initiative, no matter how wonderful it is, has any hope of succeeding if there is not the sound foundation of a functional nursing service with the appropriate knowledge, skills and attitude.

Expenditure on skilling the workforce will soon produce offset savings in reduced recruitment costs and the general cheaper costs of running a more efficient service.

HIGHER EDUCATION SECTOR

In the higher education sector nurse academics have for years been struggling within the rigid infrastructures of universities to run appropriate nursing programs that don’t quite fit the mould of the conventional academic course structure. But in this present climate of financial restraints and the will to be more responsive to the community, the universities are freeing up and it is possible for greater flexibility and innovation. There is also a greater recognition of the value of clinical practice and clinical practitioners in the academic framework.

This sets the scene for some exciting innovation and the inclusion of work-based learning as the basis of nursing courses.

As nurses develop in their expanded roles in rural and remote practice they are constantly in learning mode. They are learning to practise. Higher learning programs need to be designed around this practice to enhance and structure the practice-based learning.

Work-based orientation and ongoing education designed to prepare nurses for the expanded role of rural and remote nursing also have value as part of a tertiary program.

There are a number of very good collaborative models between health services and universities now. The majority are in the metropolitan areas so we must extend them to the rural and remote settings.
As the spirit of collaboration develops between different universities and between different health services and the Rural Health Training Units we can achieve a greater economy of scale for courses focused for rural work. The small numbers per course have been a limiting factor in the past.

THE NURSING PROFESSION

The nursing profession will have to pull together on this.

The nursing profession has become very specialist-focused in recent times with individual professional groups promoting the interests and development of their kind. This has the advantage of developing each particular specialty and while this is good for each specialty, it has created divisions and an “I’m all right Jack” attitude. The result is that the profession as a whole does not advocate for rural and remote nurses. Their relative smaller numbers, geographic dispersion and isolation leaves them vulnerable.

There is also a twinge of disunity between the professional groups, policy groups and the industrial groups that slows progress on initiatives that would benefit the advancement of rural and remote nursing practice.

EXAMPLES

Some examples of what can be achieved through collaboration and co-operation between managers, clinicians, higher education, professional groups and the union are going on in the Northern Territory. They will greatly improve the competence of nurses in rural and remote practice and they have overcome the barriers of distance and remoteness.

The Alice Springs Remote Health program ‘Pathways to Professional Primary Health Care Practice for Remote Area Nurses’ is a good example of a comprehensive program to prepare and develop nurses for their expanded role. Nurses may participate in this over a two, three or four year period. It consists of an initial orientation and ongoing training in foundation skills and advanced clinical practice. It can be modified to meet the learning needs of the nurses.

It is a big investment in nurses but this will be offset with savings on recruitment and gaining stability in the workforce.

The program is also complemented by a ‘Partnerships in Practice’ run collaboratively with Alice Springs Hospital. Nurses are employed jointly by the Remote Service and the Hospital and work in both settings on an agreed arrangement. The linkages here will go a long way to promoting the continuity of care for clients.

These programs are ready now to be aligned with a university on a collaborative basis. Discussions are underway. It would be an extremely relevant Masters degree in primary health practice for nurses to undertake.

Another example is a Neonatal Intensive Care program conducted in collaboration between Royal Darwin Hospital, Alice Springs Hospital and the University of Western Sydney. Both of those hospitals have excellent practice settings and enough
expert clinicians to teach the clinical component. A lecturer from the university will come to Darwin for the theoretical component.

Again this is an initial investment in nurses which will have long-term savings.

Another is an Advanced Clinical Nursing program run in collaboration between Royal Darwin Hospital and Royal Adelaide Hospital. This program has an agreed exchange of Advanced Clinical Skills for Cross Cultural Nursing Skills. It is conducted via a video link.

There is a very high demand for each of these programs and other such programs on offer that have a high degree of relevance.

I have spoken about the nursing workforce, however the issues are much the same for other health professionals. We all come through the same education system and work in the same settings and face many of the same dilemmas.

In summary, the gap between nurses’ professional education and professional practice is getting bigger. There are financial, structural and physical problems in bridging the gap. Let us accept that that is the environment in which we have to work and get on with finding ways to do it.

The only way we will do it is by working together: industry, higher education, the nursing profession and the community.

It is not about just spending more money. It is about working together in the actual environment with a joint commitment to making it work.

It is a very high ideal we are serving here. It is not for better deals for nurses, cheaper health costs for industry, more students for universities. It is about providing a better health service for the communities we serve.