



MONASH
University

SCOPE OF PRACTICE OF NURSES AND ALLIED HEALTH PRACTITIONERS IN EAST GIPPSLAND

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RESEARCH AIMS

- to gather information on the perceptions and experience of established rural nursing and allied health practitioners in meeting the health needs of their community
- particular focus on an expanded scope of practice
- how they came to identify their learning needs, and their experience in gaining expanded knowledge and skills.

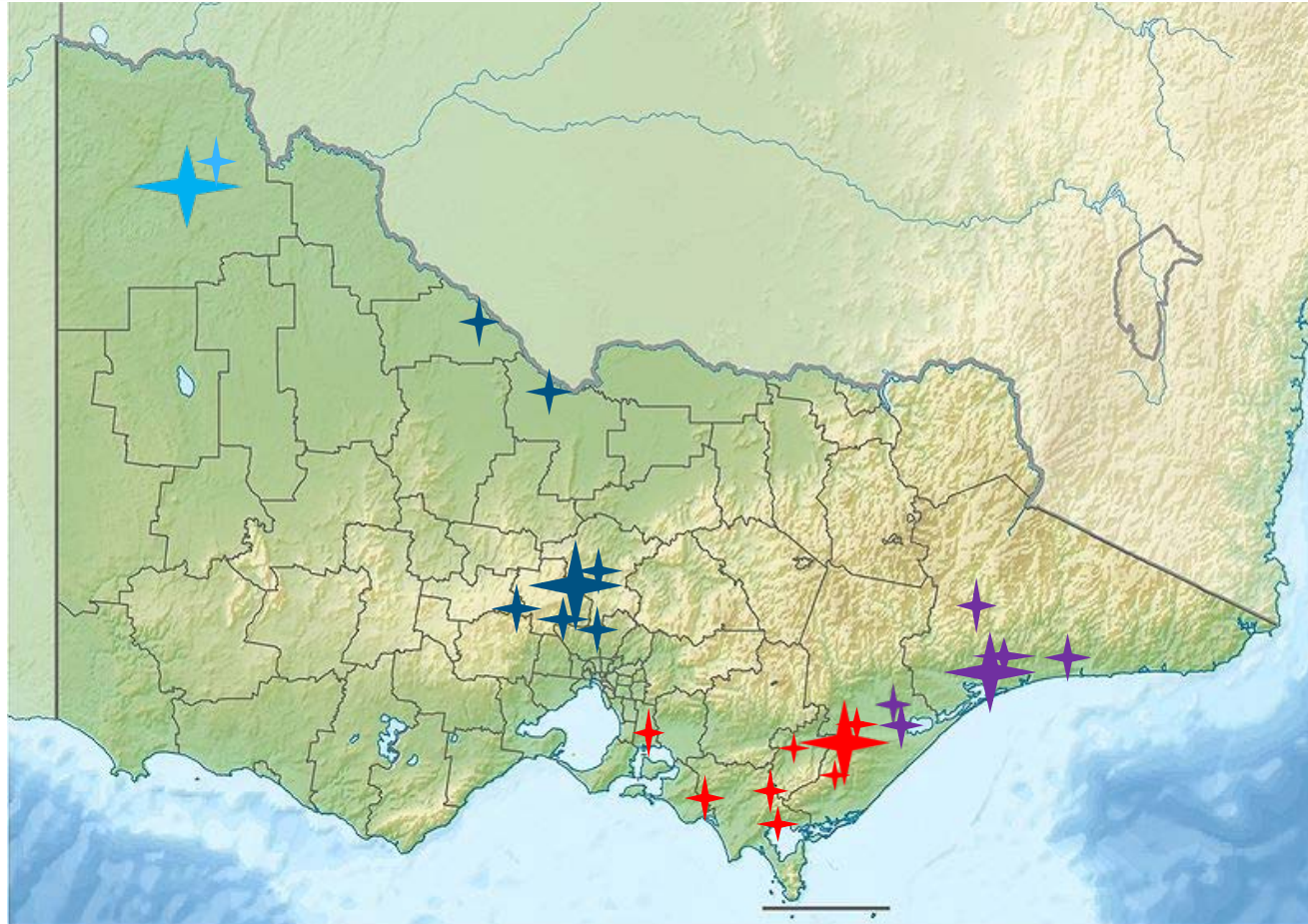
East Gippsland


- Eastern Victoria, Australia, extending from Stratford to Mallacoota near the NSW border, from 280km to 550km in distance from Melbourne.
- In 2015, The East Gippsland Region had a population of 43,995 .
- Along with an ageing population, it has been reported that 6.5% of the East Gippsland population require health care and social assistance with core activities.


East Gippsland (cont)

- The health care and social assistance sector had the highest employment rate in East Gippsland (14.4% of the population employed in this sector).
- The East Gippsland area has three hospitals, community health centres in four towns, and five bush nursing centres.

East Gippsland



-  **School of Rural Health - Bendigo**
- Bendigo Health
 - Kerang District Health
 - Swan Hill District Health
 - Maryborough District Health Service
 - Castlemaine Hospital
 - Kyneton District Health Service

-  **East Gippsland Regional Clinical School**
- Central Gippsland Health Service
 - Bairnsdale Regional Health Service
 - Orbost Regional Health
 - Maffra Regional Hospital
 - Omeo District Health

-  **Gippsland Regional Clinical School**
- La Trobe Regional Hospital
 - West Gippsland Health Care Group – Warragul
 - Maryvale Private Hospital - Morwell
 - South Gippsland Hospital - Foster
 - Bass Coast Regional Health - Wonthaggi
 - Gippsland Southern Health Service – Leongatha
 - Frankston District Hospital

-  **Mildura Regional Clinical School**
- Mildura Base Hospital

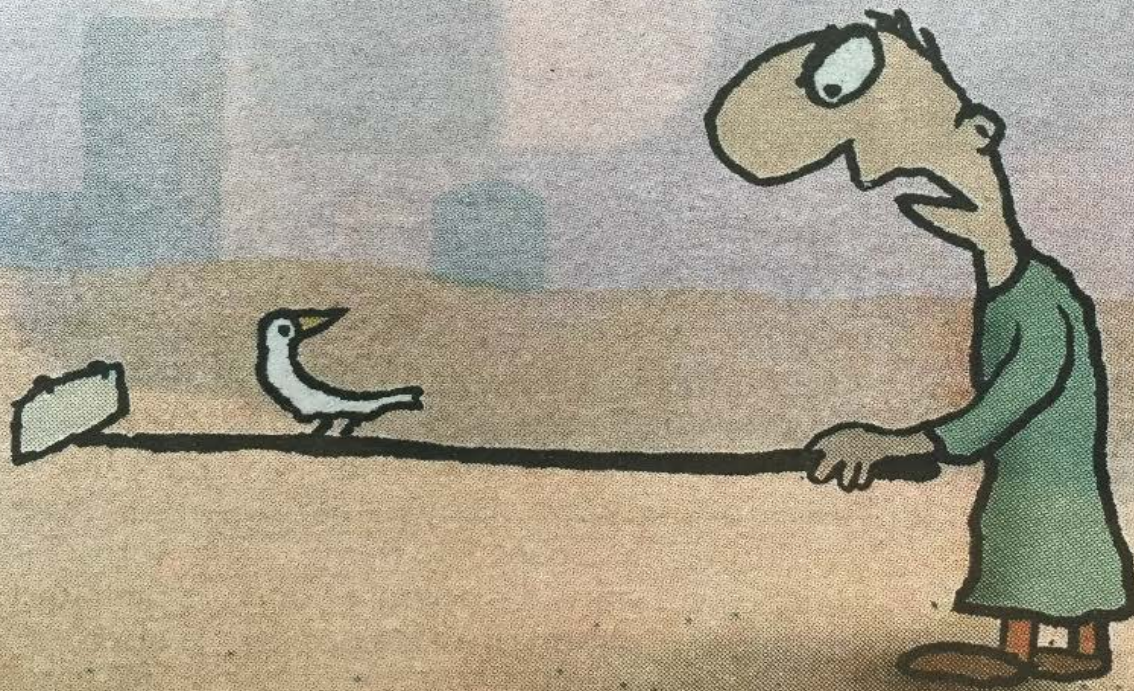
Research Project

- The Project was conducted in the second half of 2016.
- Ethics was approved by Monash University Human Research Ethics Committee (approval number: CF16/2354 – 2016001186).
- Target group of participants included rural nurses, midwives and allied health professionals in the East Gippsland Local Government Area.
- Potential participants were identified firstly by an internet search of practitioners in the individual fields in the East Gippsland region, and through a practitioner search on the Department of Human Services practitioner directory, a local database of health professionals who have provided details for research purposes, and hospitals and major community health centres in the region.
- Invitation emails were sent to the identified potential participants along with an explanatory statement about the study and an electronic link to the questionnaire

Questionnaire

- The 33-item questionnaire was developed by the research team based on demographic questions and the research study aims, with subsequent contributions from the Project Steering Committee and external stakeholders.
- A draft of the questionnaire was then distributed to a representative selection of nurses and allied health professionals in the Latrobe Valley area (distinct from East Gippsland) for feedback focusing on several aspects.

Get off my selfie stick
you egotistical narcissist.



RESULTS

- 44 responses
- 11 excluded

- 26 female
- 7 male
- 36% respondents in 50-59 age group
- 14 nurses
- 18 allied health practitioners
- 1 unidentified

Respondents' Professions

Rank	Profession	Number of Respondents	Percentage of all respondents
1	Nurse	11	33.3
2	Midwife	3	9.1
3	Occupational Therapist	3	9.1
4	Optometrist	3	9.1
5	Dietician	2	6.1
6	Podiatrist	2	6.1
7	Psychologist	2	6.1
8	Social Worker	2	6.1
9	Speech Pathologist	2	6.1
10	Exercise physiologist	1	3.0
11	Not identified	1	3.0
12	Physiotherapist	1	3.0
TOTAL		33	

Results

- 1 -56 years total clinical experience
- 42% less than 10 years' rural experience
- 23% 11-20 years' rural experience

- 23 respondents had tertiary bachelor-level quals
- 6 nurses hospital-based quals

- 30% had rural placement during undergraduate training
- 73% had undertaken postgraduate qualifications and training

Results

- 82% had experienced barriers to CPD
 - travel and distance
 - financial constraints
 - locum relief
- Respondents were asked (11-point Likert scale), the extent to which their initial qualifications adequately prepared them for rural practice (0 = not at all and 10 = completely).

30% of respondents ranked this at 4 or 5, and 30% at 7 or 8. The mean rating was 5.27.

Results (cont)

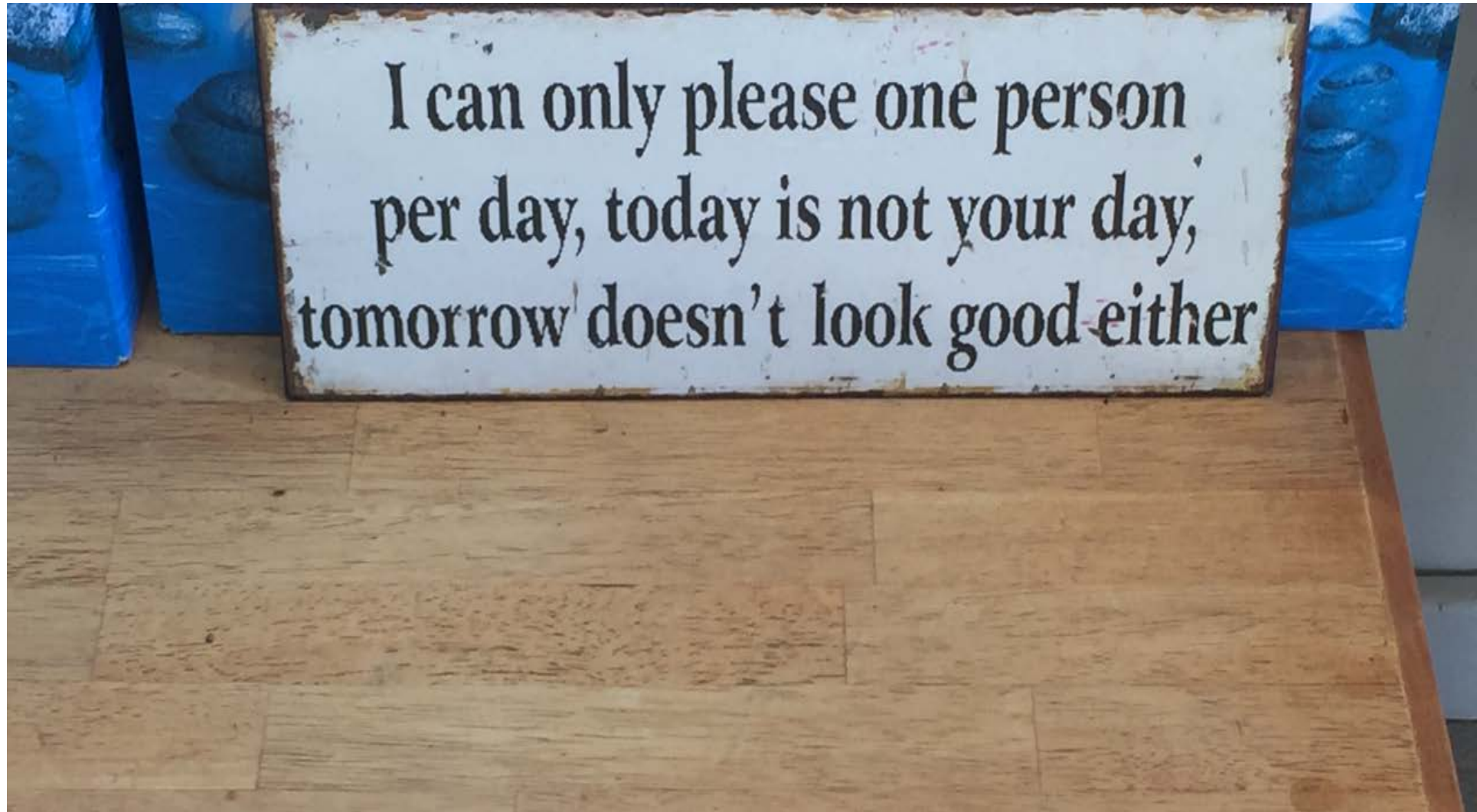
- Respondents were asked how often (0 = never, 10 = very often) they had been presented with ***a clinical situation in rural practice that was difficult to manage.***

One third (30%) of respondents rated this at 7 or 8. Three respondents (9%) said they were never presented with a difficult-to-manage situation and one respondent said this occurred “very often”.

The mean rating was 5.27, again with no statistical difference between the professions.

- Increased frequency of difficult-to-manage clinical situations was related to a greater sense of isolation from other members of their own profession and a sense of being required to work outside their scope of practice.

Rural Workforce



Results (cont)

- 75% of respondents said that there was nothing else that could have been done to better prepare for rural practice.
- 25% suggested strategies such as
 - more rural placements during initial training
 - being involved in a mentor program in the early years of rural practice
 - undertaking specific education about Indigenous Australians, paediatrics and clinical assessment skills.

Results (cont)

Risk Management Strategies

- Use of Clinical guidelines
- Referral to colleagues
- Informing patients about scope of practice
- Use of collaborative networks

Results (cont)

Adaptive Expertise

The ability to invent new solutions in response to daily workplace challenges. Adaptive experts are innovative and flexible in their approach to problem-solving, particularly when faced with unfamiliar problems.

Just under half of respondents identified with this description of themselves, and reported comfort with this approach. There was no significant differences across the sub-groups of practitioners.

Results (cont)

Generalist or specialist?

Scope of Practice

Teamwork

- More than half of respondents rated themselves as a generalist “to some degree” more than a specialist.
- Just over half of respondents reported that they never or infrequently worked outside their scope of practice.
- 13% said they “often” worked outside their scope of practice.
- AHPs were more likely to report working outside their SoP than nurses.
- 55% of respondents reported that they often or very often worked actively as part of a team in patient care.

Our collaborative network



Discussion

- Significant amount of rural experience amongst respondents
- Thoughtful and reflective cohort with good understanding of rural practice
- Commitment to maintenance of professional knowledge and skills - 73% undertaken PG training
- CME barriers identified
- Standard of care provided is directly related to maintenance of professional skills, in response to community needs

Recommendations

- There is considerable value in providing all undergraduate nursing and allied health practitioners with a rural placement as part of the training for their initial qualification.
- Consideration should be given to providing all rural health practitioners with adequate support to undertake postgraduate education programs and continued education.
- Further research is required to investigate the resources that rural nursing and allied health practitioners find most helpful in supporting clinical practice and reducing clinical risk.

Recommendations (cont)

- The concepts of adaptive expertise and rural generalism should be promoted amongst nursing and allied health education programs to provide rural practitioners with a greater sense of professional identity.
- Further research is required to quantify the scope of practice of rural nursing and allied health practitioners, to enable a more comprehensive understanding of the education and training pathways that adequately prepare practitioners for rural practice.

