

NURSES IN RURAL, REGIONAL AND REMOTE AUSTRALIA

...good health and wellbeing in rural and remote Australia

The nursing profession is the largest single health profession in Australia. Notwithstanding, there are not enough nurses, particularly in rural and remote areas. An ageing workforce continues to be an issue of concern for Australia's nursing workforce: it increases the demand for nurses in a market that already faces serious workforce challenges due to global demand. Supportive measures for rural nurses include increasing access to clinical supports and assistance and provision of incentives for retention, in addition to local supports provided to other health professions.



Structure of the nursing workforce

There are two levels of regulated nurses in Australia – Registered Nurses (RNs) and Enrolled Nurses (ENs). A RN is a person who has completed as a minimum, a three-year bachelor degree and is registered with the Nursing and Midwifery Board of Australia (NMBA). An EN has completed an 18 month Diploma after an 18 month training program at a TAFE or registered training organisation. An enrolled nurse has successfully completed an education program of study accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and approved by the NMBA. The EN provides nursing care, working under the direction, delegation and supervision of a RN, as part of the health care team and usually performs clinical procedures under the supervision of RNs (Health Workforce Australia).¹

Nurses have become sub-specialised in response to the increasingly complex health demands of society. Some areas of speciality with which nurses identify include: intensive care nurse, emergency nurse, cancer care coordinators, palliative care nurses, McGrath breast care nurse or advanced practice nurse.²

Regulation of Nursing and Midwifery in Australia

The Nursing and Midwifery Board of Australia (NMBA) regulates the practice of nursing in Australia. The NMBA has developed standards, codes and guidelines for professional and safe practice of nurses and midwives in Australia. The Code of Conduct for nurses sets out the legal requirements, professional behaviour and conduct expectations for nurses in all practice settings, in Australia.³ Professional codes and guidelines have been developed for: registered nurses; enrolled nurses; nurse practitioners; and midwives.³ In Australia, nurses and midwives can register as an enrolled nurse, registered nurse, midwife, or a combination of registered nurse and midwife.

Nurses and midwives can register under the National Registration and Accreditation Scheme (NRAS). Registered nurses can work in a range of areas including training, education, policy and regulation and maintain their registration. However they will need to undertake a refresher course before they can practice in a clinical setting.

How many nurses?

The total number of all nurses and midwives registered in Australia increased from 330,680 in 2011 to 360,008 in 2015 (8.9%). Of the 2015 total, over 305,000 were employed in nursing or midwifery, working an average of 33.5 hours per week. Among those employed, 9 in every 10 nurses and midwives were women; 2 in every 5 were aged 50 or over.⁴

Nursing scope of practice

The nursing scope of practice is driven by the context in which nurses' work. This context is determined by aspects such as: small communities with variable access to amenities; the social, cultural and economic characteristics of the community; the availability and access to other health care options; and the communities' expectations on their local rural nurses.²

What is a rural nurse?

Rural nurses are specialist generalists delivering care across the lifespan and health continuum, often with reduced access to clinical supports and assistance compared to their urban colleagues. Rural nurses are high profile members of their community, who are expected to respond to health needs and emergencies as they occur.

Spatial distribution of the nursing workforce

The nursing workforce data can be classified into five remoteness categories namely: major cities, inner regional, outer regional, remote and very remote.

Full Time Equivalent (FTE) per 100,000 population by remoteness area

Employed nurses and midwives

In 2015, the overall supply of employed nurses and midwives varied across remoteness areas, from 1,083 FTE per 100,000 population in outer regional areas to over 1,219 FTE per 100,000 population in remote areas.⁴

Registered nurses only

While the overall supply of registered nurses varies across all remoteness areas, it has generally increased between 2013 and 2017. In 2015 and 2017, the supply of registered nurses was highest in very remote areas (953 and 1012 FTE per 100,000 respectively) and lowest in outer regional areas in the three comparison years (2013; 2015; and 2017).

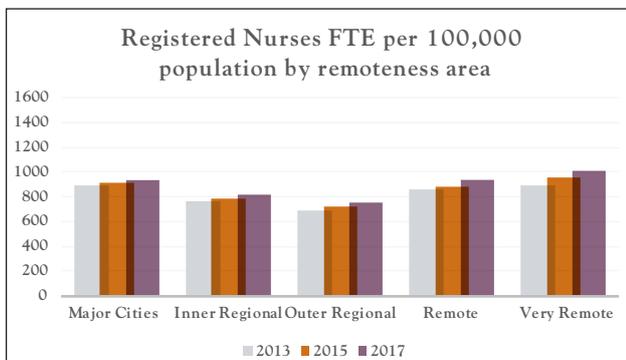


Figure 1: Registered nurse FTE per 100,000 by remoteness area (Source: <https://hwd.health.gov.au/datatool.html>)

Enrolled nurses only

In 2015, the proportion of enrolled nurses in both inner and outer regional areas was above 20 per cent, higher than the national average (15.8%). The proportion of enrolled nurses was lowest in very remote areas where it was 12.1 per cent.⁴

Data obtained from the Department of Health's Workforce Data Tool shows a similar distribution of enrolled nurses by remoteness area (Figure 2).

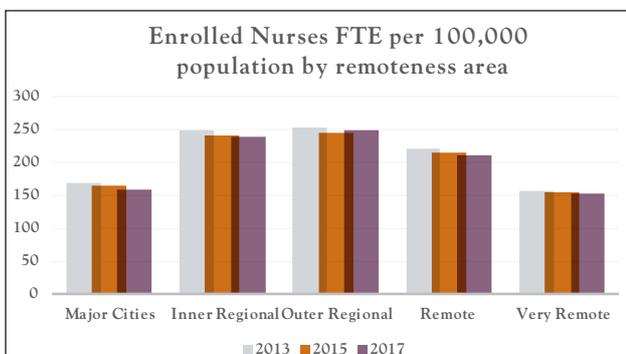


Figure 2: Enrolled nurse FTE per 100,000 population by remoteness area (Source: <https://hwd.health.gov.au/datatool.html>)

Measures to determine nursing workforce availability

The ratio between the number of health professionals and an area's population is one measure used to determine workforce availability.

As the Australian Institute of Health and Welfare notes, while the ratio between the number of nurses and an area's population is a useful measure, it should be noted there is no nationally agreed workforce to population ratio. It also does not account for a number of issues, including that the roles of the nursing workforce varies with increasing remoteness. In the most remote communities, nurses can often be the only health professional providing regular face-to-face health services within the community.

Policy implications

While supply of registered and enrolled nurse varies across remoteness areas, the nursing profession stands out as the best distributed health workforce in comparison to other professions. Nevertheless, there still are not enough nurses. The Health Workforce 2025 report projected a significant shortfall in nurses due to an ageing workforce.¹ Current figures show that the average age of the nursing workforce is older outside of major cities. This indicates that while the current distribution is relatively even, the ageing of the nursing workforce may lead to a mal-distributed workforce in the future.¹ An ageing workforce therefore continues to be an issue of concern for Australia's nursing workforce, as it also increases the demand for nurses in a market that already faces serious workforce challenges due to global demand. Rural areas not only require a large number of nurses but also nurses who have the requisite skill sets to meet demands of the rural context.

Yet the nursing profession continues to suffer poor retention rates. This is partly due to the long hours that nurses and midwives in very remote areas work compared to other remoteness areas. For example, in 2015 nurses and midwives in very remote areas worked the greatest number of hours, 40.1 hours per week compared with the national average of 33.5.⁴ Rural nurses are less supported compared to their urban colleagues.

Supportive measures for rural nurses would include increasing access to clinical supports and assistance and provision of incentives for retention, in addition to local supports provided to other health professions. A comprehensive national approach is required involving coordination of policy responses that address both supply and demand side factors.¹ These measures could potentially ensure better health outcomes for people living in rural and remote areas and a more robust and resilient nursing workforce.

References

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