Summative Literature Review Report

Factors Effecting Engagement and Disengagement for Rural Nurses

October 2016
EXECUTIVE SUMMARY

Is the rural nursing workforce in Australia engaged or disengaged?

CRANAplus recognised there was a void in professional representation within the health industry for rural nurses and commissioned the Rural Nursing Project, with the aim to identify opportunities for CRANAplus to be more relevant for Nurses working in rural context of practice. Contemporary professional practice clearly recognises the respective nursing and midwifery professions, this paper draws on the parallels between nursing and midwifery. The project commenced in July 2016 with the undertaking of a narrative literature review. The literature review was to explore the means of engagement and disengagement of rural nurses, in both Australia and the developed countries, namely, New Zealand, Canada, United States, Great Britain and Scandinavia. 700 abstracts were found pertaining to this subject with 49 articles being examined. This summary document highlights the key points from the literature review.

The reviewed literature acknowledged that the rural nurse’s skills encompasses a broad knowledge and expertise base = generalist approach. The papers indicated that the bedrock of our rural health services, nursing and midwifery, had been suffering from the gradual withdrawal of structural supports for over twenty years. A change in public policy from one of social welfare to a market economy, caused by regionalisation and rationalisation of health services. This had a negative impact on the smaller communities and significantly deskilled the local rural specialist and generalist nurse / midwife thus leading to disengagement.

The erosion of vital and essential services including surgical and birthing, has seen the slow deskilling of the rural health workforce. Nurses also expressed their loss of decision making within their practice. This was paradoxical, considering the more recent legislative changes to endorse the roles of the nurse practitioner and midwife. These practitioners are a means of adding value and supporting rural health services. The inflexibility within the workplace, such as rosters was also a feature of the literature. Nurses sought a work life balance but with the changes in roles and the demands of work, families and lifestyle were compromised.

Graduate nurses who had begun their careers in the rural areas, reported that they felt poorly prepared through their undergraduate studies and were not able to meet the required breadth of skills as novice nurses. The rural nurse simultaneously struggled with role creep as a result of competing demands of the health service. There was a clear lack of recognition and acknowledgement by the employer of the specialist generalist’s roles of the rural nurse and midwife.

Rural nurses reported that their preference for Continuing Professional Development (CPD) education was for onsite, face to face training. Inhibitive financial, social and family impacts to attend training, was highlighted, along with the need to gain management support to be released from work.

Significant advances in information technology for training included web based training, webinars, online resources and high fidelity simulation has been acknowledged as improving access to ongoing education, however unreliable internet connections impacted on the usefulness of this form of training. Acceptance of this delivery mode was variable amongst the generational workforce.

A recognised strength of the rural areas was the vibrant relationships and informal networks, which were deeply embedded within the local culture. This provided a means to integrate and support the new graduate entering the workforce and those who had been recently recruited from overseas. This also led to positive methods of collaboration with community members and was extended to
multidisciplinary health teams to ensure that the breadth of services was available to the rural communities in Australia.

The key themes emerging from the literature review are,

- Education
  - Continuous Professional Development (CPD)
  - Undergraduate programs
  - Transition to Professional Practice (TPP)
- Workforce recruitment and retention
  - Orientation (Cultural and workplace)
- Models of care
  - Nurse Practitioner
  - Nurse (or Midwife) Led Care
- Government Policy

INTRODUCTION

CRANAplus commissioned the Rural Nursing Project with the aim to identify opportunities for CRANAplus to be more relevant to Nurses working in rural context of practice, including improving recruitment, retention, professional development opportunities and rural pathway for Rural Nursing. The context of this study we acknowledge the role of the duel qualified Registered Nurse and Registered Midwife who have traditionally provided the maternity care in the rural setting. This paper principally refers to Nursing roles unless midwifery was specifically included in the articles identified in the Literature review. Enrolled Nurses were included in this review however there is a dearth of literature regarding their role in the rural setting.

The project has commenced with the undertaking of a narrative literature review, to explore the means of engagement and disengagement of rural nurses and midwives in both Australia and the developed countries of New Zealand, Canada, United States, Great Britain and Scandinavia who share similar political, social, economic systems. The purpose of the literature review was to provide guidance and shape the questions needed for the project’s consultation process and development of resources.

Bish, Kenny, & Nay (2015) p 382 describes and defines the rural nurse as specialist generalist who uses the ‘knowledge of the community [that] they reside in combined with advanced clinical skills to provide a nurse led service that responds to the health needs of their community in a contextual way’. 
METHODOLOGY

A narrative literature review was undertaken to investigate factors, which engages or disengages nurses working in the rural areas in developed countries of Australia, New Zealand, United States of America, Canada, Scandinavia and Great Britain. Each country shared similar or shared professional, social, political and environmental settings.

Inclusion criteria for the review included both qualitative and quantitative publications in print between January 2014 and August 2016. The Griffith University Library catalogue was utilised and included the Science Direct, ProQuest, Scopus and CINAHL databases for the literature search.

To achieve a broad perspective and understanding of rural nursing the keywords selected included the terms; professional identity, collegiality, motivation, career, membership, professional development, professional needs and graduate programs. These were then matched against the primary search terms of rural and nursing and midwifery.

The literature search included a total of 748 publications with a final 49 articles accepted that met all the inclusion criteria. A thematic analysis was then undertaken of these articles to identify what engages or disengages the rural nurse or midwife. (Braun & Clarke, 2006) Five main themes became evident within the research and included: professional development, recruitment, retention, organisational and government policies that support neoliberalism and corporatisation. These themes were then further explored and sub groups were identified which described the existing context of rural nursing and midwifery embedded within the national political, social, environmental and industrial milieu of the twenty-first century. To further develop the presentation, within the thematic sub groups, examples have been provided of the extensive research undertaken as identified within this literature review.

THE RURAL NURSING AND MIDWIFERY WORKFORCE IN AUSTRALIA

To contextualise and gain an understanding of the Australian rural nursing workforce a brief overview is provided as a means of introduction to the study and does include some data on midwives. The rural and regional areas represent 27% of the total Australian population. These areas are known to have higher rates of illness and mortality. They also experience greater barriers in accessing services through geographical distances and reduced access to health services.(Welfare, 2014) Nurses and midwives make up the largest workforce in rural and remote Australia.(Bish et al., 2015; Mills, Francis, McLeod, & Al-Motlaq, 2015) These professions in Australia continue to be challenged by an ageing workforce.(Pugh, Twigg, Martin, & Rai, 2013).
Data and Definitions

The Australian Institute for Health and Welfare (AIHW), publish the ‘National Health and Workforce Series’ included within the annual publication of the ‘Nursing and Midwifery Workforce’ Report. This publication utilises the Australian Standard Geographical Classification (ASGC) employed by the Australian Bureau of Statistics (ABS) to classify five major geographic regions; Major cities, Inner regional, Outer regional, Remote and Very remote (Pink, 2011). For the purpose of this paper we have used the classifications; Inner and Outer Regions, to define the rural areas in Australia.

The AIHW uses data obtained from the workforce survey that is provided annually by the Nurses and Midwifery Board of Australia (NMBA) to all nurses at the time of their renewal of registration. This data has been utilised in this study to describe the current rural workforce for nurses.

The table below is adapted from the AIHW publication, ‘Nursing and Midwifery Workforce 2012’ and the 2015 workforce data sets published online. There is evidence of a small increase in the rural workforce since 2012 and also a 7.55% increase in the 50 plus age group. The average total weekly hours worked remained similar from 2008 to 2015, which was also comparable to the hours worked by nurses and midwives in the major cities. (Welfare, 2013, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Inner &amp; Outer Regional</th>
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<tbody>
<tr>
<td></td>
<td>2008</td>
<td>2012</td>
<td>2015</td>
</tr>
<tr>
<td>Number</td>
<td>79,414</td>
<td>77,742</td>
<td>80,445</td>
</tr>
<tr>
<td>Average Age (Years)</td>
<td>45.50</td>
<td>46.35</td>
<td>46.35</td>
</tr>
<tr>
<td>Age 50 and over (Percent)</td>
<td>38.55</td>
<td>45.35</td>
<td>46.1</td>
</tr>
<tr>
<td>Average weekly hours worked</td>
<td>33.15</td>
<td>33.00</td>
<td>33.1</td>
</tr>
<tr>
<td>FTE rate (per 1,000 population)</td>
<td>1,148.55</td>
<td>1,101.03</td>
<td>1,093.75</td>
</tr>
<tr>
<td>Population (total)</td>
<td></td>
<td></td>
<td>6,347,479</td>
</tr>
</tbody>
</table>

Table 1: Employed Nurses and Midwives for rural areas (Inner and Outer Regional) selected characteristics 2008 – 2012 Adapted from Nursing and Midwifery Workforce 2012 (Welfare, 2013) page 31 and the National Health Workforce Data Set 2015 Detailed Supplementary Tables (Welfare, 2015).

Enrolled Nurses also constitute 29.06% of the rural nursing workforce and work similar hours to the Registered Nurse. This is described through data adapted from the 2014 National Health Workforce Data Set (AIHW) as provided in the table below. (Welfare, 2015)
### Regional Number

<table>
<thead>
<tr>
<th></th>
<th>Regional</th>
<th>Regional</th>
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<tbody>
<tr>
<td>Registered Nurses</td>
<td>42,925</td>
<td>19,402</td>
</tr>
<tr>
<td>Enrolled Nurses</td>
<td>12,122</td>
<td>5,996</td>
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<table>
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<tr>
<th></th>
<th>Average</th>
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<tbody>
<tr>
<td>Registered Nurses</td>
<td>32.9</td>
</tr>
<tr>
<td>Enrolled Nurses</td>
<td>31.1</td>
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**Table 2**: Employed Rural Nurses and Midwives 2015 as adapted from the National Health Workforce Data Set 2015 Detailed Supplementary Tables (Welfare, 2015)

The ageing and contracting rural workforce has also been reflected internationally in such countries as the United States of America and Canada (K. L. Francis & Mills, 2011; McCool et al., 2013; Medves, Edge, Bisonette, & Stansfield, 2015; Nowrouzi et al., 2015; Yates et al., 2011).

## ENGAGEMENT AND DISENGAGEMENT FACTORS FOR RURAL NURSES

Extensive research has been undertaken over the past twenty years to address these ongoing changes in the health workforce in an attempt to meet the demands of those living within the rural areas. The following discourse represents a thematic analysis of factors, which engage or disengages nurses working in the rural areas of Australia, USA, Canada, New Zealand, Great Britain and Scandinavia within the past five years (2011 to 2016). The following diagram represents the thematic analysis of the literature with the presenting themes of engagement and disengagement which focus on the elements of education, recruitment, retention, government policy and corporatisation.
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CRANApplus Professional Services
October 2016
ENGAGEMENT FACTORS FOR RURAL NURSES

EDUCATION

An Overview

The literature review has focused on engagement factors for the nursing workforce, from both an international and Australian perspective. Engagement begins with the introduction of nursing as a career to local high school students, which promotes these professions as well as being a process for potential recruitment to undergraduate university education. (Benavides-Vaello et al., 2014)

The placement and support for undergraduate students is also a means to recruit nurses and midwives back into the country. It requires strong supports through a clinical facilitator embedding the student into a welcoming community and recognising the social qualities of both professional and personal relationships, which are the cornerstone of a rural community. (Smith, Lloyd, Lobzin, Bartel, & Medlicott, 2015)

The provision of a transitional and post graduate training that utilises different forms of media to support development, such as high fidelity equipment, but prioritises opportunities for local face to face education. (Missen, Sparkes, Porter, Cooper, and McConnell-Henry, 2013).

Strong orientation programs facilitate a means to provide an overview of the workplace but also introduce the nurse to the community. This includes cultural orientation for entering indigenous communities but also for overseas workers who require clarity in communication protocols and social etiquette. (Dywili, Bonner, Anderson, & O' Brien, 2012; Yonge, Myrick, Ferguson, & Grundy, 2013)

Preceptorship and the role of clinical facilitators were viewed as the preferred means to support students and employees for undergraduate, transitional and orientation programs. Mentoring created demands on the mentor who also had demanding clinical roles. It was the responsibility of the University to employ clinical facilitators, which was promoted by both the students and rural facility hosts. Both graduates and undergraduates sought to receive regular constructive feedback on performance and a means to achieving their set goals. (Gray & Brown, 2016; Mbemba, Gagnon, Paré, & Côté, 2013; Pront, Kelton, Munt, & Hutton, 2013)
The use of immersion through bush camps or study days, were used to provide a purview of rural life and prospective work for students and employees. They were also an instrument for academics, seeking to improve their understanding and involvement in student rural placements. (Deutchman, Nearing, Baumgarten, & Westfall, 2012; Page et al., 2016; Sutton, Patrick, Maybery, & Eaton, 2015)

All nurses and midwives are required to complete mandated professional development hours to gain renewal of their registration with the Nurses and Midwifery Board of Australia. To achieve this nurses indicated their preference for local learning activities with face to face in multidisciplinary teams with clinical placements as opportunities for skill and knowledge development.(Phillips, Piza, & Ingham, 2012)

RECRUITMENT

Overview
Recruitment has been an ongoing challenge for the rural sector. Opportunities to recruit began at high schools, through immersion projects, inviting students and prospective employees to attended workshops located in rural communities. This principle was sustained through undergraduate placements and by attracting nurses and midwives into the country for their graduate transitional programs. While these are potential recruiting opportunities they do need to be appropriately resourced with well-researched programs that include face-to-face local services, clinical facilitators funded through universities and regular feedback and support for professional development plans.

Another means is to consider the opportunities for inviting those who have chosen to retire or leave their professions by offering incentives that are attractive and relevant. Rural areas are attractive and provide a means to welcome back nurses and midwives into the local workforce. (Voit & Carson, 2014)

WORKFORCE RETENTION

Overview
Retention of staff is dependent on a web of interlaced factors which includes the need for nurses to be recognised for their work and standing in the community. The Nurse generalist has a breadth of skills and knowledge that exceeds the generalist role in the urban setting. There is a clear need for nurses to be recognised and to function autonomously, with the underlying support of managers and government policy makers.(Hildingsson et al., 2016)
The role of nurse practitioners, nurse led clinics and midwifery case managers is a means to ensure that health services remain in the smaller rural communities. (K. Francis et al., 2014)

Networking both informal and formal as well as interdisciplinary team collaboration is seen as a strength in both the rural and remote areas. This is part of being community and is an incentive to living in the country as it professionally, personally and culturally embeds the worker into the local workplace and town. (Cox, 2003; Crotty, Henderson, & Fuller, 2012; Jesse & Kirkpatrick, 2013)

Flexibility is also a value that is required by rural nurses which includes the openness of management, funders and policy makers to support alternative models in nursing and midwifery led care. This also includes recognising the generalist roles of the nurse but also identifying that changes in workloads with increased responsibilities needs to be shared or redistributed.(K. L. Francis & Mills, 2011; Pugh et al., 2013)

**DISENGAGEMENT OF THE RURAL NURSING WORKFORCE**

**CORPORITISATION AND ECONOMIC RATIONALISATION**

**Overview**

The role of neoliberalism and the rationalisation of government supported services to the country continues to impact on the retention and recruitment of rural nurses and midwives (West, 2013). Changes in Government public policy has led to centralisation and regionalisation with the rationalisation of health services and the subsequent withdrawal of services in the smaller rural communities. This has had negative implications for the nursing and midwifery workforce who have experienced changes in their own workplaces and roles. Through inadequate resourcing, significant gaps in education, and inadequate workforce retention strategies, the professions have suffered disengagement.

**EDUCATIONAL CHALLENGES**

**Overview**

Disengagement for rural nursing is well represented in the literature and this includes identification of barriers, which inhibit a rewarding learning and working environment. As with the means to engage undergraduates in the workforce, there still remains barriers to support students in rural
placements when resources are stretched and clinical workloads demanding, as was the experience for some Tasmanian nurse preceptors. (Zournazis & Marlow, 2015)

Post-graduate transitional programs also experience challenges in resourcing regions that are impacted through restructuring and diminishing infrastructure. (Lea & Cruickshank, 2015) The graduate also has demands placed on them to have a broader scope of practice and responsibilities than prepared by university training. This left them overwhelmed with a feeling of being abandoned. (Bennett, Barlow, Brown, & Jones, 2012; Mellor & Greenhill, 2014) This was aggravated by senior nurses expectations for work readiness which was beyond the graduates skill level, which became a barrier to the learning environment and negatively impacted on the graduates adjustment to rural living. (Bennett et al., 2012; Ostini & Bonner, 2012)

The requirement to meet mandated hours of continuous professional development is a statutory requirement for renewal of registration by the Nurses and Midwifery Board of Australia. It is also fraught with challenges for those living and working in the rural sector. Distances, costs of travel and accommodation, seeking leave approval and having access to specialist courses are challenges that continue for the rural nurse and midwife. Understanding the requirements for developing a professional development plan and using reflective practice were also concerns that need to be met by the professions working in the rural sector. (Brideson, Glover, & Button, 2012)

**RETENTION CHALLENGES**

**Overview**

Rural nurses felt undervalued with imposed changes to their generalist and specialist's roles. This created a sense of abandonment by other health disciplines, management, funders and policy makers. This was experienced in the milieu of a sector, which continued to place increasing demands and expectations on a contracting and aging workforce. Mental health workers and midwives described, an expectation for the practitioner to meet multiple demands whilst having no means to address inequitable service provision and loss of roles and expertise. It was also viewed as divisive when urban and rural sectors competed for resources and funding particularly the case for the growing nursing specialities and midwifery led models (Crowther & Ragusa, 2011; Yates, Kelly, Lindsay, & Usher, 2013; Yates et al., 2011).

These experiences created a sense of dissatisfaction in the workplace. Increasing work demands with minimal management support, led to work-life imbalance, particularly when family demands also increased. (K. L. Francis & Mills, 2011; McCool et al., 2013; Pugh et al., 2013)
CONCLUSION

The developed countries have similar factors contributing to the engagement and disengagement impacts on rural nurses. The mixture of government and employer policies and funding models, recruitment and retention incentives and educational resourcing factors determines the extent of engagement by nurses within their rural communities. Given that, it is important to recognise there were limitations within this literature review on the extent of the impact of specific rural government policies and initiatives, which have effected the engagement of rural nurses.

Contemporary professional practice clearly recognises the respective nursing and midwifery professions, this paper draws on the parallels between nursing and midwifery. However, this paper has principally referred to Nursing roles unless midwifery was specifically included in the articles identified in the Literature review. When nurses and midwives are recognised as health practitioners in their own right, who are empowered to either fulfil their generalist or specialist roles, engagement happens. When Universities appropriately resource and employ clinical facilitators to support undergraduate student placements, then the future rural workforce is strengthened. When transitional graduate programs offer comprehensive and supportive mentors who assist to embed the nurse, into the local community, retention of staff is a likely positive outcome and engagement happens. With the use of immersion, use of technology [i.e. photovoice, audio/visual and net base] cultural integration and other innovative means to attract and retain staff, then the rural workforce becomes truly engaged.

There is a great strength that emanates from rural communities who welcome and foster relationships, which openly welcome the need to attract, support and embed nurses within their local communities. Rural health services that provide flexible working conditions and a supportive, learning environment attract and retain staff, equates to engagement. Provision of educational programs, tailored to the needs of the nurse/midwife, and are provided locally is a means to build the capacity and capabilities of the workforce.

Government and government policy makers, funders, educational bodies, employers, and leaders within the nursing and midwifery professions will determine the future of the rural workforce. Rural nurses need strong leadership to voice and advocate for the profession and to ensure they are appropriately resourced to meet future service demands.
REFERENCES


Factors Effecting Engagement and Disengagement for Rural Nurses


Yates, Karen, Kelly, Jenny, Lindsay, David, & Usher, Kim. (2013). The experience of rural midwives in dual roles as nurse and midwife: “I’d prefer midwifery but I chose to live here”. *Women and Birth, 26*(1), 60-64. doi: [http://dx.doi.org/10.1016/j.wombi.2012.03.003](http://dx.doi.org/10.1016/j.wombi.2012.03.003)

