

City slick *with* country know-how: implications of supporting students from urban backgrounds for the future of rural nursing

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INTRODUCTION

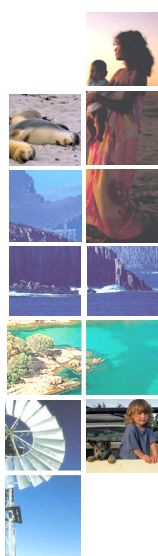
With around 80% of Australia's population residing in largely urban environments, the "Great Dividing Range" may easily be constructed as more than a geographic feature. It is a divide acknowledged as existing in the minds of urban and country dwellers for over two hundred years. City people have been accused of often failing to understand the challenges and needs implicit in sustaining rural populations that in turn sustain those same urban populations. Rural people also have at times expressed their wariness of and disdain for urban cultures and lifestyles that seem to take many aspects of life for granted and move at a pace incompatible with any sense of tranquillity.

These differences in our national character, while providing fodder for literature and other media characterisations that can be both funny and entertaining, have serious consequences when health care is at stake. The health of rural populations is known to be worse on many levels when compared with metropolitan populations. The nation's capacity to meet these significant challenges is seriously compromised by the existence of this divide.

"City slick with country know-how" promotes the view that real and sustainable change will only be achieved when divisions are removed and the strengths of each population are harnessed to improve health services for all. More than just being an interesting idea, we believe this to be a model that can potentially benefit all sectors of our community. For too long Australia has been segregated by an "us and them" mentality when it comes to urban/rural relationships which may be seen in strategies aimed at improving recruitment and retention among rural health care workforces.

AIMS

This paper seeks to expand arguments put forward by Neill & Taylor (2002) in an article that looked at recruitment implications of supporting urban-background nursing students to undertake rural/remote clinical placements. It will outline the results to date of the Flinders undergraduate rural and remote program, in influencing career choices of urban-background participants and the potential for further research to better inform future recruitment strategies. It is our contention that there are more than just recruitment benefits to be gained by directing support and resources more broadly than to existing rural/remote students. There may in fact be



long term cultural, political and social implications in supporting urban-backgrounded undergraduates. Not only can they enhance rural workforces directly, but also improve the wider understanding of rural/remote issues, which impact on these populations when receiving health care in metropolitan areas.

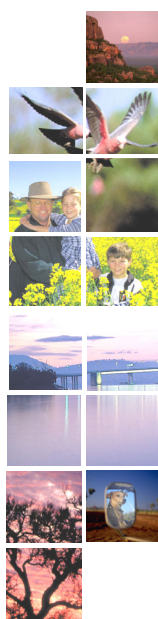
To this end, we propose that criteria for support of nursing and other health students be expanded to encourage more urban-backgrounded people to participate in rural/remote clinical experiences. We also suggest that rural/remote and Indigenous health issues be more strategically addressed in nursing curricula, in recognition of the social justice concerns of ongoing neglect of these areas in the non-rural consciousness. Finally, traditional preparation for the role of nurse has focused strongly on tertiary care, in spite of a long-standing national commitment to Primary Health Care (PHC). There are significant numbers of students who show an aptitude for community and primary health care nursing with little enthusiasm for hospital based practice. While these are not areas exclusively found in rural/remote Australia, the opportunities to practise PHC and community care are clearly found in abundance in less well-resourced health service areas.

CITY SLICK *WITH* COUNTRY KNOW-HOW

City slick *with* country know-how is an effort to succinctly portray the potential benefits of bringing together two seemingly different worldviews, rather than retaining the status quo we believe may be self-limiting in the long term. The suggestion that those with a rural/remote background are more likely than others to seek employment in areas of highest need should be examined more critically along with evaluation of current criteria for supporting only these categories of students. It is not our suggestion that rural backgrounded people do not warrant such attention. Rather that background should not be the sole consideration in the allocation of supports.

We suggest that other factors, including motivation and expressed interest in rural/remote practice should also be considered when directing resources for nursing students to undertake clinical placements. In terms of health care, the existence of targeted approaches and exclusive rather than inclusive selection criteria has meant that relatively few urbanites ever get to cross that divide between city and country, leaving rural workforces stretched and perpetually understaffed. In the past decade concerted efforts to address shortages in rural/remote health workforces, have included financial and practical supports to undertake study and/or clinical placements, for individuals who originate from or currently reside in rural or remote areas (Hegney, Macarthy, Rogers-Clark & Gorman, 2002). With finite resources and competing priorities, targeted approaches to those deemed most likely to stay in rural areas are easily justified but do little to raise the profile of rural and remote health care issues within the 80% who reside in urban Australia. More than targeted approaches are required to ensure that rural and remote issues do not fade from consciousness now that the “Year of the Outback” is behind us.

In 2002, the “Year of the Outback” became an opportunity to direct the public and policy makers toward issues affecting rural and remote Australia. Funding became available for a range of initiatives aimed at addressing workforce shortages. While welcomed, it is all too clear that the issues affecting rural/remote Australia will still be



around when priorities are shifted elsewhere. With a rural/remote workforce averaging in their mid forties and demographic trends that show rural young lured to new environments, opportunities, and experiences of larger city areas, different markets must be found and fostered. Even if every potential rural backgrounded person took up opportunities to study for or re-enter the nursing workforce, the needs of rural health care are greater, and will always require an injection of “outsiders” if they are to be sustained.

We believe that a cultural shift is required within **both** rural and urban populations to help bring together the powerful combination of city and country skills, knowledge and experiences. Anecdotal evidence suggests significant numbers of urban-backgrounded nurses only discovered an aptitude and enthusiasm for rural/remote practice after circumstance rather than planning took them into these areas. A focus solely on rural-backgrounded individuals, fails to acknowledge the need to share the “secrets” of rural and remote environments. By all means, encourage, promote, persuade and support rural backgrounded students, but health services, educational institutions and policy makers also need to put some effort into promoting approaches which will foster a healthy exchange of skills, knowledge and life experiences. By exposing more and more urban people to the challenges and benefits of rural/remote living and workplaces, hopefully, the urban/country divide will disappear.

Apart from people with an expressed desire to experience rural/remote nursing, further research is also required to evaluate the potential impact of clinical placements on those who had perhaps previously not considered this area of practice. The following excerpt from University of Tasmania undergraduates who were randomly selected to participate in a rural placement highlights this view:

We were randomly selected to undertake our clinical practice rotation in a rural environment. Only two students in our cohort had ever lived in a rural area. Rural nursing was not a career priority at the beginning of clinical practice.... An unexpected corollary however was the overwhelming influence this positive experience had on our broad perceptions of rural health care and increasing our interest in rural nursing as a future career option (Dalton, Butwell, Cottrell, Carlson, Husband, Schmidt, Smith & Hillier, 2002).

FLINDERS RURAL/REMOTE UNDERGRADUATE PROGRAMS

The impact of a rural experience on the Tasmanian nursing undergraduates is echoed in some of the participant evaluations of the Flinders Rural/Remote Programs. Flinders School of Nursing and Midwifery (FSONM) in recognition of the special and challenging health needs of rural and remote Australians, including Indigenous populations, has been proactive in its efforts to attract undergraduate students into non-metropolitan nursing careers. Since 1998 a comprehensive rural/remote placement program, has seen some 67 final year and 30 second year students undertake placements for between 6 and 16 weeks in Central Australia. Prior to 2002, informal tracking of these students after graduation revealed that approximately 21% of participants have returned for at least 12 months and more to Central Australian health services, including remote practice, with a further 26% working in other non-metropolitan areas of South Australia and other states (Figure 1) (Taylor, unpub. data 2002).

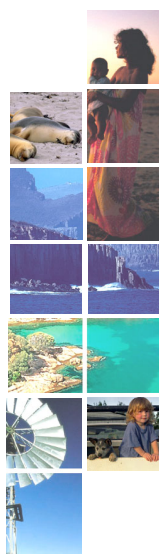
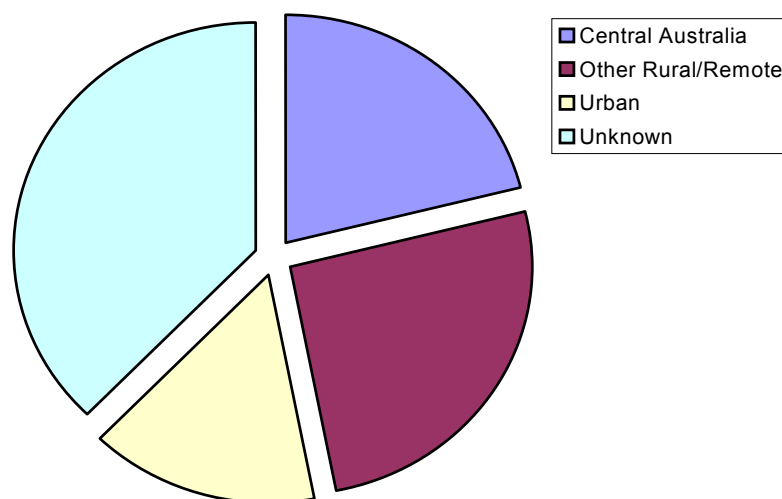


Figure 1 Employment following Central Australian placements, 1998–2001



The Central Australian program provides students with a comprehensive experience which includes orientation to rural/remote health, PHC, Aboriginal cultural awareness and clinical practice in hospital, community and remote health services. Currently, selection has been based on academic strength and personal motivation, in the belief that the unique challenges of the environment require high calibre individuals who are self reliant and able to study away from their usual supports. The Rural/Remote program now includes the Eyre Peninsula, north South Australia, the Riverland, and will expand to the Mallee regions of South Australia (Figure 2). A formal tracking of participants for up to five years post graduation is planned to evaluate the impact of background and the program on career choices.

When the Flinders program first commenced, rural and remote issues received nowhere near the attention they have of late. In fact, for many urban background students, there were noted disincentives to even venture into rural/remote domains (Neill & Taylor, 2002). With the vast majority of the nursing workforce practising in metropolitan areas, rural and remote nursing has often been viewed somewhat negatively by those entrenched in city environments. Although a growing recognition and respect appears to be developing, it is too long in coming. In the early days of the Flinders program, a number of undergraduates who expressed a desire to return to their clinical placement venues in rural/remote areas reported being advised by family, friends and some nursing academics that it would be much better for their careers if they stayed in the larger metropolitan areas “to consolidate”.

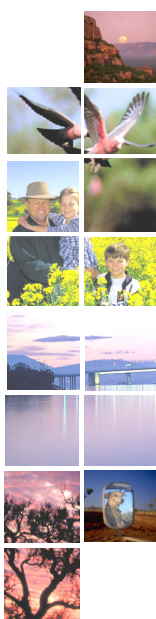
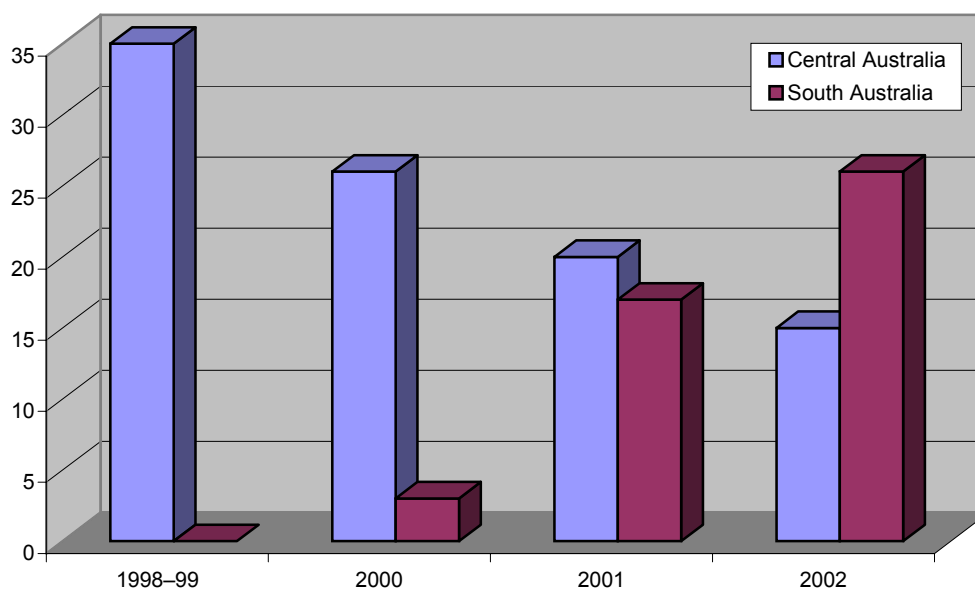


Figure 2 Overview of student numbers in rural placements to 2002



After five years of consistently positive feedback, from students brimming with enthusiasm and passion for a very different experience, many of those discounting comments are rejected. Student evaluations from the 2002 cohort are typified by the following examples:

ED was very good. Learning lots and lots. The experiences I had there would have been impossible to get in a regular urban Adelaide placement. (Year 3 student, 2002)

I would just like to say "thanks"!!! This has been an amazing experience. Hopefully this program will be running for future students. It is of great learning value... (Year 3 student, 2002)

Fantastic! An eye opener and an excellent way to learn basic nursing skills and learn about one self and what one can handle, and a great way to get to know the beautiful Aboriginal people and learn from them about their culture and way of living. (Year 3 student 2002)

Working at an Aboriginal community has been challenging, but rewarded me with lots of good memories. This has by far, been the best placement I've ever had in nursing education. I also changed my views toward Aboriginal people to a more positive attitude. (Year 3 student 2002)

IMPLICATIONS FOR HEALTH SERVICES, POLICY MAKERS AND EDUCATIONAL INSTITUTIONS

To date, supports and incentives have been directed toward rural people on the premise that this group will stay and of course, many will. While there is no suggestion that people should not stay for entire lifetimes if that is their desire, a homogenous workforce, consisting only of rural backgrounded people could also prove disadvantageous. Change is a necessary part of development and change often requires an injection of fresh eyes and ideas, which is just one of the potential benefits of inviting urban backgrounded people to share the rural/remote experiences. City people have as much to offer as they have to gain by bringing a new and different



perspective to a region. For those city people that do get to experience life outside of the familiar, many are often won over by the positive aspects that characterise rural/remote communities, especially in regard to their clinical practice.

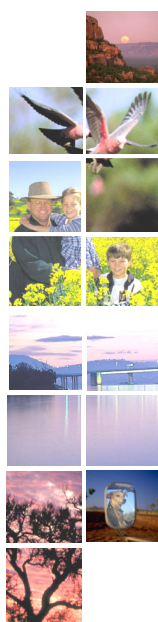
A review of current scholarship criteria for undertaking study and or clinical placements, including the Royal College of Nursing Australia (RCNA) Commonwealth Scholarship and the South Australian Rural Education Scholarships, require applicants to either have originated from rural/remote backgrounds or be currently residing in rural/remote areas (Australian Nurses Journal, 2002 p.1) Some criteria associated with the RCNA Scholarships also require that students not only have a rural background, but are attending a university with a rural campus (RCNA 2002). This disadvantages students from Flinders University, as it does not have a rural campus, even though it has a demonstrated record in promoting rural and remote nursing through its undergraduate initiatives.

Other potential barriers are found in demarcation between state and territory borders. While South Australia and NSW offer support for clinical placements, students become ineligible if they seek to go interstate. This means there is little practical support for Flinders students to attend the Central Australian programs, yet Territory patients are often sent to Adelaide for specialist health care. Many rural/remote people will at times find themselves in need of health care from urban health services. For those students who have participated in the rural/remote programs, they return to metropolitan hospitals far better equipped to understand the needs and circumstances of rural/remote clients and families.

Hegney, et al (2002) found in research looking at the factors that influenced nurses to stay in rural areas, that these could be categorised into personal, professional and rural influences. Significant in the findings was that for many in rural practice, job satisfaction was generally rated as high. According to Hegney et al (2002) a most persuasive factor in retaining nurses in rural practice was their previous exposure to rural/remote lifestyle and their consequent attraction to the strong social networks that characterise country life and provide a sense of belonging. For the research participants, although the majority originated from rural backgrounds, not all did and yet they too cited a desire to live in rural or remote area as influencing their decision to take career opportunities away from their origins.

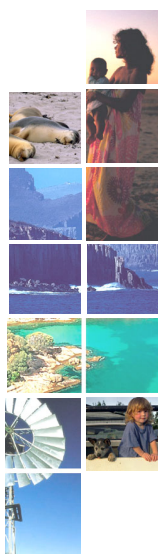
While demographics indicated that those who work in rural areas had usually trained in metropolitan areas and returned to work in area in which they grew up it also showed nurses who trained in a regional university were more likely to seek employment in rural and remote areas. The implications for regionally based universities therefore suggest that background alone should not determine who is to receive support and encouragement for clinical placements in rural/remote areas, but also that metropolitan universities such as Flinders can provide influential experiences which support a career choice outside of their immediate environment.

We believe that quite separate to the need to encourage anyone with an existing interest in this very unique and rewarding field of practice, there are other less tangible, but equally important reasons for re-examining current approaches. Diverse and unique characters have historically populated rural and remote regions of Australia. While there are undoubtedly those that can point to several generations (or more for Indigenous people) of their family who have lived and stayed in rural areas,



there are also a significant numbers of people who have contributed decades to a place they may have intended only as a holiday destination.

An informal survey of nurses, who participated in the Central Australian program, revealed that it was not generally those with a rural background who returned to Alice Springs or other rural areas. Of the students participating in the Central Australian programs, only a very small number identified as being from a rural background. To date, the background of students participating has not been formally collected, but anecdotal evidence suggests significant numbers of urban students have a strong interest in rural/remote nursing, highlighting a need to include this in any future research. For those from urban backgrounds, the rural and remote environments offer many life-changing opportunities. One such story is told in Neill & Taylor (2002) where former Flinders students acknowledged the profound impact of their clinical experiences, but also noted the financial disincentives for students to even try out rural and remote practice as a career option.



MATURE-AGED STUDENTS

The inclusion of means testing and HECS payments should also be examined in the context of the looming crisis in nursing workforces in rural/remote areas. Currently in Alice Springs, the Northern Territory University commenced a locally based Bachelor of Nursing program, with the aim of attracting existing rural/remote students to train in their own territory. For a small few Commonwealth and Indigenous Scholarships were gladly received. For the majority who are mature-aged students however, eligibility criteria precluded individuals deemed to have assets that in theory meant they could support their own studies. Many mature-aged students will have been in full-time employment prior to study. For one individual in particular, with no successful scholarship applications, her only stated option was to sell her home to finance her studies, (Personal comm, M. Post, 2002).

Hegney et al, (2002) suggest that “There is an urgent need to recruit more (and younger) skilled nursing staff to ensure the short and long term viability of rural and remote health services”. Again, without overlooking this approach, we would suggest that there is a existing market of mature-aged individuals who for various reasons may be ready for a career change and for urban-backgrounded people, a change that takes them somewhere new for the last half of their working lives. While younger recruits may give a few years initially, many use their nursing qualification to travel. Mature-aged recruits on the other hand, may prove more stable, staying in regions for the last 20–30 years of their working lives.

PRIMARY HEALTH CARE OPTIONS

Traditional approaches also assume future career path for most graduates to be via the hospital system. This too is an area that requires further investigation. Of the students participating in the Central Australian programs, several identified their preference for community, primary health care nursing. One of the factors identified by those who left to travel, was their total disinterest in hospital nursing against their enthusiasm for the primary health care role. Given adequately supportive environments, Flinders graduates have demonstrated that it is possible to “fast track”



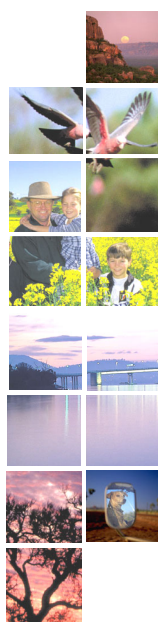
into rural/remote practice. Students, who have participated in the rural programs, have then returned to Alice Springs for their graduate year including a three-month remote elective. Several have then successfully been employed in team situations in remote health services.

Since 1998, at least 12 urban-backgrounded people have returned to Alice Springs after graduation because of their undergraduate experiences of rural/remote life. According to Cosgrove (personal comm., 2002) it was a desire for a different experience that saw her opt for a graduate program in Alice Springs that included a remote elective. Alice Springs Hospital is an excellent example of what the free exchange of cultures can achieve. Although often portrayed as a negative, the constant turnover of staff does have its positive aspects. This transience brings with it fresh ideas, current up to date practice from across the country and a certain collegiality that is sometimes lacking in the bustle of larger metropolitan health care settings. City people also bring those elements of culture which geographic isolation may prevent others from accessing. Demand brings with it new ideas and businesses to communities, fostering economic growth and community development.

CONCLUSION

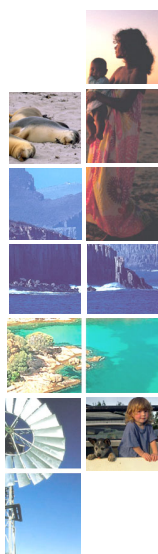
Recommendations from Hegney et al (2002, p.185) included a suggestion that the “Commonwealth direct all university nursing courses quarantine a minimum of 10% of places in pre-registration nursing courses for students with a rural or remote background” and that regional universities give local applicants priority entry. We need to examine the results of the targeting strategies and establish ways of tracking students post graduation. Rural and remote work and living environments while undeniably challenging and at times heart-breaking, may also be considered this country’s best-kept secret. For people to make life-changing decisions to go to rural/remote areas, they need to feel they are not entering into a place reserved for only certain categories of people.

We would like to see rural/remote issues made a compulsory part of all nursing curricula, with expanded placement support and resources to be provided. As stated previously demand from rural/remote health services will always outstrip supply and while there is no denying shortages affect even the most populous regions, a two-way flow of health personnel is something that should be encouraged. There is an urgent and ongoing need to increase the rural/remote profile throughout all training and education institutes and strong reasons for doing so. For a sustainable approach to workforce shortages, we believe that selective strategies targeting only those with rural/remote origins will remain limited in the capacity to impact on the problem. Rural and remote Australia will not go away. It has and will always be the lifeblood of our nation and as such there is a shared obligation to look after the areas that look after the entire country.



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PRESENTERS

Kerry Anne Taylor was the first School of Nursing and Midwifery Lecturer appointed to Central Australia in 1998 to support Flinders' innovative rural and remote programs. With almost fifteen years in Central Australia, Kerry has worked in both health and education disciplines and is currently undertaking a PhD aimed at examining cross-cultural communication in health care.

Jane Neill is a Senior Lecturer in Nursing and Coordinator of Rural and Remote Education at Flinders University School of Nursing and Midwifery. Jane has a background in science, nursing, and education with most of her working life spent in the Adelaide metropolitan area. Her research interests include people living with chronic illness and rural and remote nursing education. Jane has worked with Kerry since 1998 and their collaboration also illustrates the "city slick/country know-how" theme of their presentation.

