

RURAL NURSING IN AOTEAROA NEW ZEALAND AND AUSTRALIA: EMBRACING STRATEGIC FORESIGHT TO SUSTAIN TOMORROW'S WORKFORCE

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INTRODUCTION

The problems facing rural nursing in Aotearoa New Zealand and Australia in the contemporary healthcare environment are very similar. Rural nurses manage a myriad of presentations in their work setting, frequently without medical support. Commonly, healthcare services are provided in either small rural hospitals, in the community, in general practice or in nurse-only rural clinics. Operating with limited infrastructure is a distinctive aspect of rural practice (Francis, Chapman, Hoare, & Birks, 2013). Consequently, rural nurses require a greater diversity of skills and knowledge than their urban counterparts, as they frequently face a broad range of challenges (O'Connor, 2014). These challenges are present in part due to the high numbers of visitors, many of whom take part in adventure tourism, and the transient and seasonal workers employed either in hospitality or in vineyards and orchards (Fitzwater, 2008), all of whom require access to healthcare 24 hours a day. In Australia, older people are touring long distances over protracted time frames while living in caravans, campervans, motorhomes or tents. These individuals are accessing health services largely for management of chronic illnesses and, to a lesser extent, medical emergencies, and this further increases the burden (Raven, 2015). In order to manage these unique challenges, rural nurses work within a purview that is frequently termed "generalist specialist" (Jones & Ross, 2008; Bingham, 2016; CRANA Plus, 2018)

WORKFORCE CONCERNS IN NEW ZEALAND AND AUSTRALIA

In both New Zealand and Australia, rural nurses have advanced their practice into domains normally considered within the traditional boundaries of other health professionals (Ross, 2016). Interventions usually provided by other members of the healthcare team in urban settings are often undertaken by rural nurses in these contexts (Meyer-Brat, Baernholdt, & Pruszyński, 2014). Rural nurses' scope of practice results from adapting to local needs: developing levels of competence in new and emerging areas of practice to ensure that individuals, whānau/families, Aboriginal and Torres Strait Islander peoples, refugees, other vulnerable groups and communities as a whole achieve positive health outcomes. This commitment means that the scope of practice of rural nurses encompasses prevention, intervention and rehabilitation and is inclusive of the provision of cradle-to-grave services. Consequently, rural nurses are considered an asset in their local community (Rural Health Information Hub, n.d.).

Over the last few decades, Western countries have seen advances in nursing practice, such as the establishment of the nurse practitioner role. The Australian government recognised the contribution of nurses and Nurse Practitioners to primary healthcare in the Rural Health Strategy (2018), and has committed to strengthening this workforce to ensure improved health outcomes for rural Australians. As is the case in New Zealand, these roles

have been largely dependent on employer support, access to mentorship and a guarantee of employment when the learning process is complete (Carrier, Boddy, & Budge, 2013).

Numerous patient and professional factors impact on the sustainability of the rural nursing workforce in both Australia and New Zealand. These include the greater number of older adults of higher acuity driven by multimorbidity and polypharmacy living in rural areas, appropriate staffing levels in rural hospitals and timely access to appropriate resources and support services in the current climate. Retention and recruitment issues are more challenging in the rural and remote space due to a number of factors: professional isolation; limited access to professional development opportunities and professional supervision; and inadequate professional recognition, including provision of a career pathway (Chipp, Dewane, Brems, Johnson, Warner, & Roberts, 2011; Litchfield & Ross, 2000).

Of immediate concern is the age of the rural nursing workforce (Beltran & Frezza, 2018). Further analysis of Australian data shows that, overall, approximately two in five nurses and midwives are aged 50 and above (39.9 percent), with an average age of 44.4 years (Australian Institute of Health and Welfare, 2016). Of this number, 46.1 percent of the nurses employed in inner and outer regional Australia were aged 50 years and above (Bingham, 2016). This is paralleled by New Zealand data showing that in 2017 44.2 percent of the overall New Zealand nursing workforce was aged 50 or above and the median age was 47, although Nurse Practitioners and Enrolled Nurses were notably older than Registered Nurses, with median ages of 53, 58 and 46, respectively (Nursing Council of New Zealand, 2017).

Table 1 compiles the demographic data from both countries. However, these figures are not directly comparable due to the method of defining rurality and the inclusion of midwives in the Australian data set. The New Zealand data comes from a recently published Nursing Council report (Nursing Council of New Zealand, 2017) where Registered Nurses, Nurse Practitioners and Enrolled Nurses were asked to self-identify being employed as a rural nurse. The Australian data comes from the Australian Institute of Health and Welfare's Nursing and Midwifery Workforce report (Australian Institute of Health and Welfare, 2016) that uses Australian Standard Geographical Classification data. Nevertheless, it is of interest to consider the general similarities and differences between the two countries. For the purpose of this exercise we combined three Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) categories – outer regional, remote and very remote – to calculate Australian rural nurse numbers.

	<i>New Zealand, 2016-17</i>		<i>Australia, 2015</i>	
<i>Number of Rural Nurses</i>	599		31,767	
<i>% of Total Number of Nurses</i>	1.1%		10.3%	
<i>RNs Average Age</i>	54.2yrs		45.9yrs	
<i>RNs over 50</i>	59.6%		44.9%	

Table 1. Demographic data of rural nursing workforce.

Source: Adapted by the authors from Nursing Council of New Zealand, 2017 Report and Australian Institute of Health and Welfare 2016 Report.

Findings from both of these studies indicate that there is, and will continue to be, a significant issue around the ageing nursing workforce in both New Zealand and Australia. However, in New Zealand this challenge is particularly acute, with 60 percent of the rural Registered Nurse workforce aged over 50. Of this group, 24 percent are aged over 60. Given the reliance on nurses to meet the needs of these unique communities through the provision of innovative, quality care across the lifespan, nursing leaders will be required to rise to the challenge and utilise strategic foresight in order to shape the rural nursing workforce of the future. Such leadership will ensure that citizens who live in rural or remote Australia and New Zealand have equal access to healthcare services as near to home as possible.

To accommodate the healthcare needs of rural populations and to address the ageing nursing workforce in both countries, two key questions that nurse leaders need to consider are who the prospective rural nurses will be and where they will come from. Recent literature highlights the precarious strategy of recruiting rural high-school students and expecting them to return to their rural roots after several years of education and clinical practice, frequently in an urban centre (Reimers-Hild, 2018). Reimers-Hild suggests that a better place to look is in "your own backyard," pointing to "a need to teach and train more non-traditional students, such as women and men in midlife, who already live in rural communities" (2018, p. 47).

The mature student of the future will require nursing institutions to provide customised, online and on-demand education and training, enabling them to complete their study in their own locality. Similarly, the rural 'patient of the future' will use personalised technology to support their healthcare needs, thereby allowing them to remain in their rural location. Acknowledgement of the significant geographical distances that characterise Australia has seen rapid growth in flexible educational opportunities in recent decades, and increasing enrolments in off-campus nursing programs reflects their popularity. Similarly, telemedicine is becoming commonplace in non-metropolitan areas as a way of meeting the needs of these communities.

In 2019, the healthcare system is lagging several decades behind other sectors in New Zealand in terms of digitalising its customer interface, as are the country's health professional training institutions.

CONCLUSION

If we are to recruit and retain a strong rural nursing workforce that is fit for purpose, perceptions of rural nurses will need to change, as their contributions are fundamental to rural healthcare. Given the depth and breadth of skills that rural nurses need to possess, rural nursing needs to be seen and valued as one of the pinnacles of nursing practice.

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