

*Editorial***RURAL AND REMOTE AREA NURSING:  
AN AUSTRALIAN PERSPECTIVE**

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Editorial Board Member

G'day from the land of Oz. I would like to thank Professor Jeri Dunkin and her team for my appointment to the Board. I live in a provincial city of about 90,000 people with a further catchment of about 250,000 people. Toowoomba is the largest inland city in Australia. Situated on the Darling Downs it sits on the edge of the Great Dividing Range (which is nothing like your Rocky Mountains) and is a major service centre for the Darling Downs and further west. Queensland, the state in which Toowoomba is situated, has the third largest population in Australia – about 4 million people. I always feel I should remind people that Australia's population is only about 19 million people. Toowoomba is a beautiful city known for its gardens. At present we are in the middle of a protracted drought that has seen crop failure and stock being slaughtered due to the lack of water and feed. However sad this always is, Australia is a dry country and in many cases the European farming practices we have used have decimated a fragile environment.

I hold a joint appointment with the public sector – Toowoomba Health Service as well as the University. We have two private hospitals of about 200 beds each as well as a similarly sized public hospital. There are mental health and aged care facilities in Toowoomba and these are all in demand, as many people from western Queensland prefer to come to Toowoomba rather than the capital city, Brisbane. The Centre for Rural and Remote Area Health (CRRAH) was established in July 2001 and you can access our activities through our website: <http://www.usq.edu.au/crrah>. At present USQ offers a nurse practitioner accredited program at the Master's level. We also offer research only degrees at the Masters and PhD levels. We do not offer any professional doctorate programs.

I trained in Brisbane in a private hospital in the late 1960's. I then, like many of my generation, traveled around Australia until I met and married my husband. As my husband was a farmer, I ended up living on a farm for the early part of my married life, until an extended 8-year drought made us leave the land to move to Toowoomba. As a city woman, it was only after I met my husband that I experienced rural life. As he had moved to the East Coast (we met in Sydney in New South Wales), both of us were 'newcomers' in the farming district when we established our orchard and production nursery.

In 1991 I established the Association for Australian Rural Nurses Inc and the *Australian Journal of Rural Health*. At that time, the 'rural health' movement in Australia was just beginning to have some momentum mostly due to the pressure from rural doctors. Last Friday I was in Canberra (our national capital) where a workshop was convened by the National Rural Health Alliance (NRHA) to discuss 16 recommendations relating to rural and remote area nursing. The major players were the Association for Australian Rural Nurses Inc (AARN), the Council of Remote Area Nurses (CRANA) and

the Australian Nursing Federation (ANF). Approximately 100 people attended the workshop and members included consumers as well as nurses.

The workshop, through group selection, prioritised 7 recommendations for immediate action. The remaining recommendations are still considered to be important, but will be progressed at a slower pace. The workshop could not have been held at a better time with the Nurse Education Review and Senate Inquiry into Nursing having been released in the preceding 6 months. While the workshop participants recognised the importance of these two reviews, it was believed that work begun should continue for rural and remote area nursing.

An overview of the seven recommendations is provided below.

1. That all nursing schools that offer education and training (universities, TAFE, hospitals and so on) ensure that they cover rural and remote area nursing, cultural safety and Indigenous health and that the Federal government provide sufficient funding to allow nursing students to access clinical placements in rural and remote areas.
2. That health service providers in rural and remote areas where it is difficult to attract and retain nurses offer incentives including re-imburement of relocation costs; an accommodation allowance; appropriate housing; financial recognition for years of experience in rural and remote areas; annual airfares to the nearest capital city for nurses and their families; a salary loading to reflect the degree of isolation; education on local cultural issues guaranteed locum relief and regular isolation leave.
3. That health services providers in rural and remote areas provide workplace environments which have adequate levels of human, financial and material resources including adequate facilities and equipment, flexible employment models, reliable relief systems and professional support mechanisms.
4. That postgraduate advance practice training programs for rural and remote area nurses be funded and include context specific advanced clinical nursing skills and public health, clinical supervision and coordination of trainee support and placements.
5. That the AARN, CRANA, ANF, State and Territory governments and rural and remote communities co-operate to market to the public and all other relevant stakeholders an image of nursing in rural and remote areas that is positive, enthusiastic and contemporary, highlighting that nurses are valued and necessary for the continued health care of these communities.
6. That health service providers meet their duty of care obligations to nurses in rural and remote areas by adopting risk management strategies covering comprehensive orientation for practice relevant to the specific health setting of practice including context relevant clinical skills, occupational health and safety, violence, personal safety and coping skills and cultural safety.
7. That health service providers provide IT access and the education necessary to use IT to all rural and remote area nurses.

The workshop was funded by the Federal government's Department of Health and Ageing and it was wonderful to have this support.

There was time for reflection of the role of the nurse and a message that was given to us from a previous member of the Federal Senate was that nurses do not market themselves and the work they do. As she noted, this was particularly evident in the media presentations of the Bali bombings where the work of medical practitioners have been highlighted and there is barely a mention of nurses and their contribution to this terrible Australian tragedy.

The work facing rural and remote area nurses in Australia is to make rural and remote area nursing a place where nurses not only wish to gain employment but also wish to continue to work within. Like all other countries we have a shortage of nurses who wish to work in nursing. Certainly the workshop and the work of AARN, CRANA and the ANF is a step forward. We all look forward to the continued work of these associations on our behalf.