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Looking up to the sky! An exploration of new graduate nurses’ perceptions of remote area nursing

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Summary Remote area nursing is characterised by two known realities: health inequalities and nursing challenges. The health inequalities are complex consequences of social determinants and health care access. Remote area nurses must negotiate these realities that powerfully interact. Yet we, as new graduate nurses, contemplate a remote area nursing career pathway with additional points of view, including a strong attraction to the long-lasting image of the 'Flying Nurse' within aero medical remote health services. This image holds for us the possibilities of excitement, drama, vital service, and intensive care. This paper explores the realities of this career attraction, and consequently explores the aspirations of contemplative new graduate nurses, as they assimilate their knowledge of remote area nursing with their plans for their future transitions into nursing practice.

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Introduction

The new graduate nurse contemplates a remote area nursing career pathway with awareness that remote health is marked by inequalities, and that remote health care has workforce shortages. Yet there is also the image of the iconic 'Flying Nurse' that holds the promise of unique career opportunities and exciting life challenges. As a small group of nursing students we explored our perceptions, aspirations and beliefs about the 'Flying Nurse', and how these influenced our future professional plans. Whilst we may not be a representative sample of all nursing students about to transition to graduate nursing practice, we are completing an elective in Rural and Remote Area Nursing, and are examining and reflecting on our future plans. We see the icon of the 'Flying Nurse' as a fine aspiration; it holds for us the possibilities of excitement, drama, vital service, and intensive care. At the same time we are recognizing the challenges of rural remote nursing. The themes emerging from our group reflections are presented here, in conversation with major findings from our readings of the relevant rural remote area nursing literature, facilitated by our university educators.

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Looking skyward — what will we be as remote area nurses?

Remote area nursing is a challenging and rewarding career; it is often characterised as being well-rounded nursing with exceptional skills in all areas. The term ‘generalist specialist’ is frequently used in the literature; describing a nurse who may be confronted by a range of health care challenges (Anderson, 2012). Remote nursing is in marked contrast to urban and metropolitan nursing; it requires organisational structures and processes that respond to different needs, resources, cultures and professional relationships (Wakeman & Humphreys, 2011). As students we are strongly attracted to the opportunity to work and learn within such different environments, meeting new challenges and gaining knowledge.

In our small group reflections we explored our attraction to the image of the ‘Flying Nurse’ and its centrality to our future aspirations in remote area nursing. Best known to us, as nursing students, is the Royal Flying Doctor Service (RFDS) that provides 24-hour 7days a week primary response care, patient transport and education and training to ‘over 80% of the Australian continent’ (Royal Flying Doctor Service, 2012). The ‘Flying Nurse’ is both an iconic and very real part of remote health care (Ayres, 2000). The image of nursing within the RFDS brings forth a sense of emergency care, as the outreach of health care responds to the critical care needs of people in remote areas. It is the nature of the work — of the ‘Flying Nurse’ — that interests us firstly. It holds the promise of excitement, allowing for nursing initiative and a scope of practice that extends beyond the limits of urban hospital-based nursing. It holds the quality of emergency care, which is of high value to those communities it serves. Such critical emergency health care clearly requires a highly trained nursing staff, a fundamental requirement for any nurse to have confidence in undertaking such a role (Millis, Lennon, & Francis, 2007). Within an education based approach, Remote Emergency Care (REC) courses are provided for health care workers in remote Australia to expand their knowledge and skills to provide emergency care. In Australia the REC course was developed in 1998 with the contributions of the Council of Remote Area Nurses of Australia (CRANA), the Australian College of Rural and Remote Medicine (ACCRM), the RFDS and the College of Emergency Physicians (Bowell, 2008) The course signifies itself with a multidisciplinary nature that strengthens the emergency response, with the core concepts of Aboriginal health, paramedic and isolated practice medical work integrated into the one course. RN Susan Green explains in the ABC documentary ‘Flight for life’ that the distinction of nursing with the RFDS is ‘more challenging than working on a ward by the nature of the RFDS health care system’ (Ayres, 2000). Providing critical care may be seen as a core element of nursing, but the health care contexts of the ‘Flying Nurse’ bring a very different professional life.

Then, the nature of the professional life of remote area nursing becomes very significant to us. In our group reflections we perceived the ‘Flying Nurse’ as being a part of remote communities, providing emergency and primary care. This holds the excitement of seeing the ‘other world’ of Australia; of travelling through different places and responding to diverse cultures. However, underpinning these perceptions and attractions are core professional and personal values that we hold. We see that the ‘Flying Nurse’ is a part of a wider endeavour to give to those less fortunate; those who are experiencing health and social disadvantage, and those whose access to health resources and health care is constrained. This endeavour is also seen as taking place within ‘the soul’ of Australia; as rural remote Australia has a powerful iconic value to us as Australian nurses. Wood (2010) explores this notion of ‘soul’ suggesting that nurses can use their historical imagination; engaging with the history of health care and cultures as a strong part of their commitment to nursing in rural and remote areas. As graduating nurses we do uphold the wider project of social justice that nursing can contribute to, within the geographical and cultural centres — ‘the soul’ — of Australia.

Looking downward — what are the challenges that we face?

However, as we look ‘skywards’ to the exciting possibilities of aero medical services and the ‘Flying Nurse’ there are downsfalls that emerge quite powerfully. Firstly, to us as new graduates there are highly promoted urban hospital-based career transition programs, and these are presented to us as the ideal — and idealised — pathway into a nursing career. In their shadow, a rural remote nursing career pathway becomes almost a second rate or lesser option and choice. Whilst we have aspirations towards rural remote practice, these seem to fade into the future and become uncertain. Secondly, remote nursing has a high turnover rate. New graduate registered nurses turnover is up to 86% in rural and remote areas (Bennett, Brown, Barlow, & Jones, 2010). The main reasons for this low retention rate are highlighted by Anderson (2012) who describes tough work in tough environments, with cross-cultural challenges, poor resources, inequitable remuneration and professional role confusion. There also seems to be a lack of social support and being so far away from family and friends leads to our concern that this can affect our abilities to do as well as nurses and this may compromise our health care to patients. Thirdly, we have a lack of solid knowledge of remote nursing. Remote nursing is not a central part of our nursing education, thus, even second hand experiences from other students and nursing graduates are not readily available. However, Neill and Taylor (2002) clearly identify through qualitative evaluations of a clinical placement program that students respond positively and with increased interest in returning to rural nursing after graduation. The provision of rural and remote nursing knowledge and clinical experiences for undergraduate nursing students can help address future recruitment within remote areas, although adequate financial support for students during clinical placements is also necessary. As most strategies deal with remote nursing shortages by emphasising funding for rural re-entry programs, or supporting students from rural backgrounds to attend university courses, assisting current undergraduate nursing students to experience living and working in rural areas has been overlooked. This lack of exposure leads to uncertainties about our abilities to cope with and prosper within rural and remote nursing.
These professional challenges of rural remote nursing evoke some worries for us, and the perception of long hours and high demands/needs outside our scope of practice challenge our confidence as new graduates. A multi-centred study on the effects of distance management on the retention of remote area nurses in Australia explores this challenge, acknowledging the concern from nurses about their nursing practice (Weymouth et al., 2007). Remote nurses identify in this study that it is a validating process to be assured that their skills are not becoming out-dated while they are working in isolated locations. Key issues to feeling supported and valued for remote nurses were effective communication and leadership, staffing replacement and leave, prompt attention to infrastructure issues, and staff development and appraisal (Weymouth et al., 2007). Bennett et al. (2010) show from their qualitative study that new graduate registered nurses in remote communities recognise their limitations as new practitioners and expect their employers to provide a supportive learning environment for them to learn the appropriate skills. Remote nursing is challenging and without the acknowledgment of the support needs of new graduate nurses there is going to be a continual high turnover rate. In their later study, the authors identify the value of supportive learning programs through an evaluation exploring the needs of new graduate registered nurses in Australian remote settings (Bennett, Barlow, Brown, & Jones, 2012). Their Report recognises that there is an expectation that employers will provide a supportive learning environment for new graduate nurses to gain the knowledge and skill set necessary to become proficient and valuable within rural remote health care. This evaluation study makes clear that new graduates have limitations working as new practicing registered nurses. As we reflect upon these support needs, and the reported absences of support, we recognise that we have become resilient through three years of student life, but we may not be ready to take further tolls within our early years of practice. Our wellbeing and health is important.

The final challenge facing us as new graduates is the difficulty in becoming a ‘Flying Nurse’. This ‘ideal future’ that we were aspiring to has significant hurdles within its achievement. There are strict criteria for nurses to become ‘Flying Nurses’. This is to be expected, given the nature of the work (Pugh, 2000). There is an expectation that one must be a registered nurse and midwife as well as have qualifications and/or extensive experience in aviation nursing or adult critical care (NSW Health, 2012). The RFDS is also a competitive professional area for nurses. Edwards (1991) states only 14 positions were available for registered nurses. It requires "nurses to be registered with a minimum of five years postgraduate experience, certified midwives with six months postgraduate experience in antenatal, intrapartum management and neonatal care, and experienced in ICU, cardiac and emergency nursing". The RFDS does not give shape to a nursing graduate program but scholarships are offered within the many professional areas in the RFDS for those who need to obtain further skills and qualifications. The Australian Nursing Journal notes that places are limited and highly sought after with a small number of Midwifery Scholarships for registered nurses (Scholarships for Midwifery training, 2011). Yet there is no requirement for rural remote nursing as a precursor or part of these advanced practising requirements. There seems to an internal contradiction here, that rural and remote nursing experience is not at the foundation of the ‘Flying Nurse’. Instead the emphasis is on critical care and midwifery practice. These significant expectations for ‘Flying Nurse’ positions lead to a long pathway of training, experience, and further study for any new graduate aspiring to this professional goal (Hood, 2006). As nursing students, we may not even be able to experience or directly observe the ‘Flying Nurse’. Our aspirations may well need reality-testing. Similarly, many new graduate nurses have had little or no experience of remote area nursing during their undergraduate studies. Leaders of nurse education must respond to the needs for structured and supported learning programs for undergraduate nursing students to experience and discover the realities of rural remote nursing and rural remote life.

Looking forward — our future nursing pathways

From our reading and research, rural remote nursing has promise as an exciting career with many opportunities to gain knowledge, respect and become a well-rounded nurse. It provides nurses with experience in all areas of nursing including mental health, critical care, intensive care, ambulant care and surgical nursing. From the beginnings of our explorations of this area, it was aero medical nursing — ‘The Flying Nurse’ — which we saw as a challenging and exciting career goal, bringing new skills and knowledge and the constant adrenaline rush of crisis responses (Hanley, Bressan, & Mills, 2010). However as we explored this attraction we also saw the challenges we face. As new nursing graduates we are unable to be at the centre of aero medical services due to our lack of experience, knowledge and expertise. To add to this challenge there is also a lack of promotion and support for nurses to do rural remote nursing and a contrasting high promotion and support for nurses to work within the urban-based hospitals. For newly graduating nurses, this lack of encouragement and support shapes rural remote nursing as a lower priority in our early career pathways. Rural remote nursing also brings about isolation, lack of social contact and separation from friends and family. Further challenges are presented as we read about the long shifts, demanding work, and working outside our comfort zone or scope of practise. We also have to overcome our nervousness as we transition into graduate practice and seek “safe and familiar” places to work.

Rural remote nursing clearly holds challenges for us, alongside its promises of excitement, experience, and purpose. At the end of this exploration, we still hold rural remote nursing within our career pathways, and the ‘Flying Nurse’ remains an object of aspiration. However, we are faced with stronger imperatives to gain nursing experience, knowledge and skills within specialised areas of nursing practice. This is the central dilemma that we see in becoming rural remote nurses; now is too soon, and the transition to it may become more challenging as time passes. Clearly, overcoming these challenges would enable us to become exceptional nurses; in rural remote health.

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Conclusion

As graduating nurses, we seek the support of the nursing profession; through its educational and political powers it must address the challenges and limitations that characterise our career pathways into rural remote nursing. The ‘Flying Nurse’ aspiration that we have explored now seems further away from us. We are now uncertain of the nature of support that we would receive as new nursing graduates in remote health care. The challenges we would be facing are clearly identified, and other career pathways into hospital-based city-based health care are often upheld as our ‘best choice’. Overall, we would ask for a stronger promotion of remote nursing within undergraduate nursing programs, linked to clinical experiences that would strengthen students’ career aspirations. New graduate nursing programs into remote area nursing, and even ‘Flying Nursing’, would capture us and others into a career pathway that could arguably address the workforce shortages in remote health services. Alongside this, the provision of support — educational and social — for remote nurses could become more embedded within transition programs, and systematically evaluated. Looking skyward remains a fine nursing aspiration; the barriers obscuring our view must be made explicit and collaboratively addressed.

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