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Rural Community Nurses: Insights into Health Workforce and Health Service Needs

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Abstract: Community nurses often work in isolation, particularly in rural areas where many other non-government adjunct health services are absent. At times, they feel overwhelmed, stressed and undervalued while undertaking diverse responsibilities. The study aimed to examine the benefits and challenges community nurses experience when working in rural and remote areas of Tasmania, Australia while determining the specialty skills and practices to meet rural health needs. An explorative research design using a phenomenological approach was adopted. Data were collected through semi-structured interviews with a convenient sample of 15 community nurses from the North and North-west areas of Tasmania. This yielded insight into the rural workforce challenges, gaps in services and the community nurses' lived experience of providing adequate health services to these communities. The results indicated significant variations in the structure and type of community nursing services and a number of key challenges were identified within the profession. Despite these challenges community nurses interviewed indicated high levels of job satisfaction and long term employment. Given the diversity in both community nursing roles and factors impacting on the role further research is required to examine the exact roles and levels of integration between specialist and generalist community nursing roles while exploring and more clearly defining the role of the contemporary community nurse in Australia. Consideration should also be given to embracing community nursing diversity which is an important aspect of best practice for future community nursing.

Keywords: Community Health, Rural Health, Nursing, Skills, Challenges, Employment Satisfaction

Introduction

A community nurse's role has undergone many changes and the role remains less well defined. It is influenced by many factors driven by policy and economic change (Bennett and Robinson 2005, Kennedy et al. 2011, Madsen 2009, Philibin et al. 2010). The challenge within the literature is the many various definitions of a community nurse, such as community nurse, district nurse, home care nurse, generalist community nurse, community health nurse, primary health care nurse or domiciliary nurse (Brookes et al. 2004, Farlex 2012, Davy 2007). This variation in definition has an impact on locating 'community nurses' within the nursing profession.

In addition to role definition, many community nurses who work in the primary care setting continue to feel overwhelmed, stressed and undervalued while undertaking a diverse number of responsibilities (Kemp, Harris, and Comino 2005). This has led to work overload and difficulty in maintaining certain responsibilities within the role, such as health promotion and anticipatory care (Kennedy et al. 2011, Philibin et al. 2010, Teo, Yeung, and Chang 2012). In addition to these pressures, the collective voice of community nurses often remains overshadowed by many debates with which they are faced.

The most significant change for community nursing has been the move towards less specialised nursing staff and the addition of lower paid unlicensed staff (Bennett and Robinson 2005, Conway and Kearin 2007, Huang et al. 2011, Lee et al. 2005). While policymakers view this as an answer to some of the economic challenges, it is detrimental to the nursing profession and impacts on patient care, as this had led to a move towards less specialised or lower paid unlicensed staff (Bennett and Robinson 2005, Conway and Kearin 2007, Huang et al. 2011, Lee et al. 2005).

There are other factors which have shifted community health nurses' practice away from communities to individuals, such as increased day surgery and earlier hospital discharge (Bennett

and Robinson 2005, Kwok et al. 2008). The number of community nurses employed needs to reflect the higher numbers of dependent or acute patients with complex needs. There also needs to be a greater focus and culture of proactive or anticipatory care rather than simply reacting to crisis intervention (Dinsdale 2002, Kennedy et al. 2011).

As the debate regarding the changing roles and nature of the nursing profession as a whole continues, due to new technologies, economic and health care reform and due to generational change among nurses, there continues to be a lack of specific role clarification among community nurses (Bennett and Robinson 2005, Conway and Kearin 2007, Huang et al. 2011, Lee et al. 2005, Shacklock and Brunetto 2012). Without an appropriate articulation, definition and professional development there is a possibility for the role to be influenced and controlled by policymakers, rather than evidence and the profession itself (Madsen 2009, Terry 2012). The discipline has the potential of losing its own identity and being reduced to one of menial tasks completed by non-nursing staff (Brookes et al. 2004, Madsen 2009).

Challenges Facing Community Nurses

A number of factors have contributed to changing expectations and focus of the community nursing role. Australia, like other industrialised countries, has developed policy initiatives aimed at reducing costs, improving access, ensuring quality, and improving consumer satisfaction of health care (Brookes et al. 2004). This health care reform has resulted increasingly in care being shifted from acute in-hospital settings to community-based services (Terry 2012). This has led to an increase in service demand within the community setting and in contrast to the less intensive longer term care of the past. Due to this change community nurses reported increasing levels of stress associated with the demands of the job and their working environment (Kemp et al 2005). These increasing workloads are also resulting in the loss of a holistic primary health focus which was considered significant due to the strong links between primary health approach and illness prevention. In addition to these issues, elements such as demographic factors are increasingly impacting community nursing services. Nurses working in community health are of a higher average age than nurses working in any other nursing discipline. Consequently a high proportion of community nurses are likely to retire within the next decade and there will be an associated loss of clinical expertise which has implications for the sustainability of community nursing services (Hunsberger et al. 2009).

Geographical factors are another significant issue. In rural areas health outcomes tend to be poorer and rural people tend to access health services later rather than sooner (Australian Institute of Health and Welfare 2013). In addition, rural communities often have limited, inadequate or antiquated health infrastructure and lower levels of access to medical and allied health services than their urban counterparts (Bushy 2002). These factors suggest that community nurses in rural areas are caring for less healthy people in more acute care situations and may have to practise more crisis management.

Further geographic factors such as distance, travel time, terrain, and transport are additional issues that complicate community nursing service delivery in rural areas. Travelling long distances to visit clients and spending large amounts of each day on the road often with less than ideal terrain and in bad weather can create stressful working conditions (MacLeod, Browne, and Leipert 1998).

Geographical factors can also make it difficult for Community nurses to access opportunities for education and professional development which are essential to nurses' wellbeing and ultimately that of their patients. Hegney et al. (2002) suggests rural nurses have limited access to educational and training programs that are specifically designed for their context of practice. Andrews, Stewart, and Pitblado (2005) found that barriers to accessing education resulted in decreased work satisfaction.

Telehealth, telecommunications, and bio-technology are expanding at exponential rates and are increasingly being used to lessen the isolation experienced by health professionals and to

promote access to training and development and the delivery of care in rural and community settings. However, this approach has implications for community nurses who may increasingly be expected to adopt this role which requires additional knowledge and skills and altered practice (Bushy 2002).

In addition there are often pervasive informal networks which operate which can present challenges in maintaining individual anonymity and confidentiality within a small community (Bushy 2002). Workplace safety issues have also been highlighted in a number of studies including one by Hanna (2001) which identifies personal safety as being a significant issue for rural and remote area nurses.

Specialist Community Nursing Roles

McDonald, Langford, and Boldero (1997) believe that the advent of specific 'specialist community nursing' roles such as breast care nurses, continence nurses, and palliative care nurses is a further issue impacting on the community nursing role. They suggest that these specialist roles may potentially downgrade the community nurse's role to performing more menial tasks which may impact job satisfaction. Similarly, many General Practitioners (GPs) now employ practice nurses who undertake some of the same functions as community nurses. In addition, there are an increasing number of private providers, such the Australian Government Home and Community Care (HACC) Program and policy changes such as the implementation of consumer directed care which has the potential to further impact on the community nursing role (McDonald, Langford, and Boldero 1997).

Despite the significant issues impacting on service delivery, previous research regarding levels of job satisfaction indicates that this is high among community nurses and that they enjoy the diversity of the role (Hegney et al. 2002). There were, however, limited comparative studies in this area and if community nursing job satisfaction levels have increased or decreased over recent time.

Previous research conducted by Hegney et al. (2002) indicates that expectations of the community nursing role have altered significantly due to personal and professional factors and, when combined with the diversity and isolation of working in rural settings, this adds additional load on the community nursing workforce and has the potential to create significant dissatisfaction with the role and potentially impact on the ability to recruit and retain community nurses in the future.

Aim and Objectives

There are a number of factors within the literature that highlighted the need for community nurses' role, skills and practices to be more defined and articulated. As such, the value, contribution and aim of this study is to examine and understand the skills, practices and experiences of community nurses when caring for clients in the rural community settings where other health care organisations were not always present.

The study sought to achieve a number of objectives which included identifying what services are being provided by community nurses across within rural settings; identify what community nurses' needs were within the geographical area they were working and how these might be improved; examine the enablers and barriers which community nurses encounter when working in rural communities; and investigate what strategies were being used to facilitate care and manage the current needs of the community.

Methods

The research design adopted a descriptive phenomenological approach to examine and understand the skills, practices and experiences of community nurses when caring for clients in rural

community settings. The principles of phenomenology were used to understand the lived experience of the nurses as they live and work in these communities (Campbell 2011, Van Manen 1990).

Within health related studies, health researchers are increasingly “pragmatic” in their approach to research, where the most fitting methods are used to answer research questions. Pragmatists focus less on reality and focus on what works in terms of ascertaining the truth behind the research question (Broom and Willis 2007, Teddle and Tashakkori 2003). Pragmatists play a significant role in the selection of the research topic and the interpretation of results (Tashakkori and Creswell 2007, Broom and Willis 2007). Nevertheless, the standpoint, perspectives and assumptions that were used within this study were from an interpretivist or constructivist position, from which the tradition of phenomenology stems (Broom and Willis 2007).

The views and approaches used by health researchers can significantly vary between individuals as it is dependent on their own ontological and epistemological perspective (Broom and Willis 2007). The ontological perspective or how the “world” is viewed by the researcher impacts the shaping of research questions, the interpretation of data and how it is analysed. How the world is observed is dependent upon what the observer has previously observed and experienced (Kuhn 1996, Bowling 2005).

Individuals enter the realms of research bringing with them their own view of reality, how they “view” the world, with each individual not observing reality exactly the same (Kuhn 1996). An individual’s view of the world is often value-laden with their past experiences, personal ideas with undertones of the cultural and socio-political context of the day (Bowling 2005, Kuhn 1996, Creswell and Tashakkori 2007). Therefore, it is vital “for the investigator to be aware of his or her theoretical perspectives and assumptions about the research topic... when designing research and analysing the data” (Bowling 2005, 119).

Thus, it must be indicated that the researcher’s own theoretical perspectives and assumptions as community nurses and health researcher were needed to be taken into account to ensure the research was conducted as “objectively as possible” (Bowling 2005, 120). Objectivity is required from inception to the interpretation of research results; however, this value freedom is the ideal, yet social and natural science research remains innately value-laden.

Setting

The setting in which the research project was conducted was Tasmania a small island state off the south of mainland Australia. It has a population over 510,000 and has three major public hospitals (ABS 2011). The two area health services which the research was conducted were in the North and North West of Tasmania. The larger ‘urban’ centres of Launceston (North), Devonport and Burnie (North West) were excluded from the study as they are not classified as rural. Ten rural community nursing services are located in the North and six located in the North-West region. In addition, there are three non-government community nursing service providers who employ a small number of registered nurses.

Sample

A convenient sample of fifteen community nurses from public and private rural services throughout the North and North-west of Tasmania were recruited for the study through third parties such as site managers or area managers. Semi-structured interviews were used to collect information regarding rural workforce challenges, gaps in services and community nurses’ current ability to provide adequate health services to rural communities, and the organisational and personal factors impacting on the provision of community nursing services.

Recruitment

To facilitate recruitment, every Director of Nursing across the study area was contacted and information provided to them regarding the project. Permission was then sought to contact either the Nurse Unit Managers responsible for community nursing services or Community nursing staff directly to recruit participants for the project. Thirteen of the sixteen sites granted permission to contact community nursing staff at their site. All community nurses expressing a desire to participate in the project were interviewed. This resulted in thirteen female and two male community nurses recruited.

Instruments

Participants were interviewed either face-to-face or by phone between September and October 2013. Semi-structured interviews were between 30 and 90 minutes and were audio recorded with the permission of the participants. Each interview was subsequently transcribed by the interviewer into a Microsoft Word document. The project was approved by the Human Research Ethics Committee (Tasmania) Network.

Data Analysis

The transcribed raw data was cleaned, verified and imported into NVivo 10 software. Data were subject to double checking to ensure the integrity of the information. All of the interview participants were coded according to the order in which they were interviewed, such as CN 1, CN 2 etc. Data were then thematically analysed to systematically identify recurring themes and experiences arising from the interviews.

Results

The participants comprised 15 community nurses, including 13 females and two males. Public employees consisted of 13 community nurses, while two were private community nursing service employees. Eleven nurses were from the Northern region and four were from the North-west Tasmanian region. The years of experience varied from community nurses with less than 12 months to more than 25 years' experience (average 8 years and 10 months).

There were many variations in the structure of Community nursing service delivery across the North and North-west of Tasmania. Some community nursing services were twenty-four-hour seven-day-a-week, some were Monday to Friday with additional after hours and weekend services, while other areas provided day services with no weekend or public holiday cover. Similarly some were predominantly centre-based and others were predominantly community based; some used a team approach with varying mixes of staff, while other services were sole practitioner.

A number of themes were identified within the data, namely, motivation for being a community nurse; the benefits of community nursing; changes in community nursing service delivery; the current challenges associated with the community nursing role, and future needs and issues.

Motivation for Being a Community Nurse

One key theme that was identified within the data was the motivation for being a community nurse and within this theme there were three subthemes that emerged which centred on the philosophy and approach of this type of nursing care, the practical approach that it allowed, and lastly the clients with which they provided care.

The philosophy and approach of the role was the most common motivating factor for nurses choosing to work in community nursing. Nurses discussed helping clients to continue to be independent in their own homes and their role in helping people to learn and develop the skills regarding health care decision making. The focus of the role and philosophy was beyond caring

for the ill and unwell, but was about being in partnership with clients and extended families, making a positive contribution in peoples' lives and helping them to keep out of hospital..

Practical aspects were the second reason for nurses choosing to working in a community nurse role. Nine of the fifteen nurses indicated being a community nurse was also around having better work-life balance. It provided more flexible family friendly hours and allowed the nurse to work closer to where they lived in the country. The third motivation for working in community nursing included factors associated with the client group who were more appreciative of the nurse. This process was about being able to develop relationships with clients, their careers and extended families and work with clients over a number of weeks, month or years.

Benefits of Community Nursing

The benefits of being a community nurse were primarily related to the impact they had on clients. For example, making an impact on clients that developed greater independence, resilience and self reliance among clients. Nurses knew clients longer term which they were able to negotiate care and provide holistic care at an individualise level.

In addition, other benefits were focussed on the approach utilised in community nursing delivery. Nurses particularly commented on the benefits of a team approach to care and the diversity and variety in the role. It was also around the ability to provide personalised education to clients regarding their health and wellbeing, utilising a holistic approach, and being able to incorporate consideration of the social determinants of health in the care of their clients. In addition, autonomy and independence of the role was an important benefit cited many nurses. They liked the ability to develop and maintain their own workload to meet the needs of clients. This allowed greater flexibility to have things completed or address client's needs as they arose according to their needs on the day. The current approach was about being independent and responsible for the outcomes of the care they were providing.

Changes in Community Nursing Service Delivery

Beyond the benefits of the role, it was stated that the role was changing with an increase in the acuity of clients with greater responsibility to provide care with greater knowledge. It was stated that patients were being sent home earlier from hospital with more complex needs than ever experienced before. In some cases additional training was required before the client's could be sent home so that the nurses could adequately provide care. Four nurses commented on the expectation of their role had altered to include more complex care, reducing 'menial' tasks with a much greater emphasis on preventing hospitals admission among their clients. These nurses spoke about no longer undertaking tasks such as showering and bathing of clients, not visiting clients unless they had a specific health issue and providing more time limited nursing care to clients. Some felt this was more effective, while others felt this was moving away from a holistic to a more task oriented approach. These changes were said to have been directed from middle and upper management, however nurse were not sure if these were state-wide changes or specific to the area they were working remained unclear.

Service Delivery Challenges

It was found that the nursing services, although similar and mostly provided within one organisation, there was significant variation across sites as to the models of service delivery. For example, private and many public sector nurses provided home services while other public sectors nurses worked within clinic settings and only undertaking home visits when necessary. As part of these roles, many nurses were challenged by being the sole responsibility for decision making and care, while other nurses constantly worried about the types of patients that may present themselves at any time.

The challenge was feeling confident and skilled enough to address and manage with the diversity of patients within the role. This was a particular issue at clinics where nurses worked in isolation and where there was an expectation to provide emergency services or triage or addressing unrealistic expectations among clients. For example, the nurses needed to be skilled enough to carefully negotiate their role and what the client expected them to undertake when visiting, such as undertaking animal husbandry or domestic duties which was beyond their responsibilities as a nurse.

Beyond client challenges, in rural areas there was limited access to resources and support. However, this developed the skills of many nurses to be creative to solve many patient issues and challenges beyond the scope of the nurses' role or their capacity to solve the issue. For example, many nurses worked in isolation and taking time off was challenging, however one nurse used the opportunity for hospital staff to step into the role, be trained and gains key skills while she could take her annual leave. Other examples include helping patients to move from a culture of dependence to self reliance when taking medications or testing blood glucose levels.

Management and Structural Challenges

In addition to service delivery challenges, a number of management and structural challenges were highlighted. These included staffing, and workplace safety issues. As outlined previously, nurses indicated that there was poor capacity for them to undertake adequate annual leave. In addition there were also issues around isolation which impacted on nurses being able to debrief, discuss or undertake self-development activities outside their daily responsibilities. In addition to the inability to take leave, there were also issues around losing senior staff members due to retirement. This meant that there was a loss of knowledge and a capacity for the newer member of the service to develop many skills.

In addition a number of workplace safety issues were raised. Nurses cited the challenge that working in home environments brought to complex care. Often they have to negotiate pets, poor cell phone coverage and offensive or harassing clients and family members. Three nurses gave examples of occasions when they were on their own with clients and felt threatened, while another nurse recounted an incident of a client stalking and harassing her through social media. Further issues included geographical factors such as isolation of services and working in all weather types where they were exposed the extremes of summer and winter. Road quality in rural areas was also highlighted as an impact including the vast distances to cover to provide care to many clients.

Future Community Nursing Needs

Many nurses were reasonably satisfied with their work situations, yet providing deeper insight into the future needs of community nursing services was challenging. This may be due to the role being focuses on addressing the immediate challenges and needs of the community. As outlined community nurses have been creative and innovative in establishing strategies to address challenges and often these were developed when the need arose rather than being pre-emptive in approach. However, there are a number of challenges that require more than innovated approaches, but middle and upper management approaches to be applied. These included the need for additional staffing, specifically relief staff; increased Community care packages; improved IT resources and systems, particularly telehealth facilities and improved systems to address work health and safety issues, such as duress alarms and more reliable communication systems.

Many nurses stated they were well-supported by their managers and well-resourced in undertaking their role; however, some nurses identified specific equipment that may improve or improve their ability to practice. For example, a community nurse stated that greater use of mobile telehealth facilities would be beneficial to enable the care of patient while they linked with any other service providers or support. However, beyond resources, many nurses stated increased training and support to attend training was needed to enable their practice to be enhanced. Nurses

indicated that the funding was available for training and development, but it was the time away from client care that was impacting their ability to further develop their skills.

Discussion

This study identified key challenges and issues faced by Tasmanian community nurses. These included the role being altered and having increasing expectations; challenges maintaining the skills required to meet the diversity of the role; feeling the need to maintain services at times because no one else was available to do so; and difficulties with communication and integration with other health services, particularly between the acute and community sector.

In addition there currently is a poor perception and lack of understanding regarding the community nurse's role and its perceived value among hospital based nurses. There were also other issues around maintaining professional boundaries; challenges meeting workload pressures which a number of nurses felt were increasing; difficulty accessing ongoing training and professional development; and workplace safety concerns which reflected the literature (Montour et al. 2009, Madsen 2009, Hegney et al. 2002). Despite the challenges, community nurses indicated high levels of job satisfaction and many had been in the role long term. Generally the nurses felt well supported by their managers.

A need was identified for improved access to relief staff; improved communication systems to address workplace safety issues; and improved IT resources and systems particularly telehealth facilities to promote access to training and support. Beyond this, additional community support services or processes are required, an issue which may become increasingly vital as the role expectation to take on more acute and technical care occurs.

Improving access to training and support to facilitate greater involvement by community nursing staff in professional development activities was also identified. Greater ease of access to best practice information, more specific training regarding the community nursing role, and improved levels of professional support, particularly among those working in isolation are important aspects. Consideration should also be given to additional training and support in instances where community nursing staff are required to undertake additional roles or types of care (McDonald, Langford, and Boldero 1997).

The fluid or poor professional identity raised by some of the community nurses highlights the profile of the role needs to be increased and further valued by government, professional organisations, community nursing staff, unions and other nurses (Brookes et al. 2004, Madsen 2009, Bennett and Robinson 2005, Terry 2012). The contemporary community nursing role, therefore, as outlined previously by St John and Keleher (2007), needs to be considered as part of this process, but it must include the impact that nurse specialist positions have on community nurses, while recognising the skills already possessed and the potential for the development of enhanced role options including community nurse practitioners.

Implications of the Study

Addressing the needs of community nurses is complex, due to decades of fluidity that has responded to the needs of the individual, community and governments. However, what was indicated within this study was that the fluidity and flexibility of the role needs to be harnessed and used in a way that moves the nursing profession into the 21st century where greater care, due to the aging population will be required to be provided outside hospitals or where greater acute care will be in the home.

Community nurses work with a diverse range of clients in very complex and at time difficult settings. This in turn requires a high level of diversity of knowledge and skills. This diversity means that community nursing is an extremely complex brand of nursing which cannot simply be broken down into a specific skill and knowledge set. In this way, community nurses have developed skills

that have the potential to be brought back into the hospitals and care facilities which creates a greater skills set, autonomy and a more integrated and collaborative process between health care providers and patients.

Currently, the study has found that it is impossible to be prescriptive in terms of service delivery or policy and procedure development to determine community nursing practice. Prescriptive policies would asphyxiate the creativeness and fluidity community nurses use and require in meeting the needs of their clients and communities they service. Although, this diversity may be observed as a complicating factor, it should be seen as a strength of the service. Community nurses, like some of those in this study, often develop new, innovative, and client centred approaches to meet the specific health needs of the communities they service.

Rather than decreasing the degree of diversity as has been a focus of past governments, consideration should be given to embracing this diversity and tailoring options to suit individual service needs rather than only focussing on across the board solutions. There needs to be the development of sound critical thinking and risk assessment and analysis skills within the community nursing role, which given the diversity of the role is an important aspect of best practice community nursing in the future.

Limitations

It should be noted that there are advantage with phenomenological approaches which allows the researchers to understand the lived experiences of the participants from which thoughts and feelings manifest. While this approach may lead to poor generalizability of the findings, it provides a world view of a phenomenon from the participants perspective that would be otherwise lost if using quantitative approaches alone.

Conclusion

Community nurses are a central workforce for the care of people within the community, particularly within rural areas where other services may not always be present or have the financial capacity to provide care. The community nursing role has, throughout the ages, taken on a less well defined meaning and is influenced by individual community need, political views of the role and economic rationalization. Given the increasing influence of many of these factors further research in this area is required to examine and understand the roles and levels of integration between specialist (community breast care nurses, continence nurses, and palliative care nurses) and generalist community nursing roles while exploring and more clearly defining the role of the contemporary community nurse in Australia. This paper has highlighted that consideration should be given to embrace community nursing diversity and the skills that the role has had to developed through adaptation. This approach may be an important aspect of best practice for the future community nursing, but also for the whole nursing profession.

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