



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.

[☆] This paper was written collaboratively by nursing students and their lecturer, during their Rural and Remote Area Nursing Elective, November 2012.

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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 (Wakerman & 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 (Mills, 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 downfalls 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, inequitous remuneration and professional role confusion. There also seems to be a lack of social support and being so far away from friends and family leads to our concern that this can affect our abilities to do 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.

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