



## Strengthening nursing and midwifery capacity in rural New South Wales, Australia



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### ABSTRACT

A small rural health service and two university schools of nursing joined forces to establish a rural clinical school to advance clinical education and research. The collaboration, while in its infancy, has given rise to outcomes that strength the capacity of nursing and midwifery services in the community.

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## 1. Introduction

In rural and remote Australia, nurses form the basis of health-care services and may, in more remote areas, provide the only health care to the communities in which they work (Senate Community Affairs Committee, 2002). Rural nursing practice is generalist in nature requiring depth and breadth of knowledge (Francis,

Chapman, & Davies, 2014). Low populations and geographic distance from major urban hubs are recognised as challenges for health employers meeting workforce and service needs. Further, the general ageing of the nursing and midwifery workforce (Australian Institute of Health and Welfare, 2012) is compounded in rural locations by the drift of younger people to metropolitan areas to access education and employment opportunities (Hillman, 2007).

Attracting and retaining nurses and midwives to small rural communities continue to be a challenge (Bragg and Bonner, 2015; Francis & Mills, 2011). Even when recruitment strategies are successful, the mentoring of, and supporting a junior workforce can pose particular challenges for health service managers (Bish, Kenny, & Nay, 2012; Cant, Birks, Porter, Jacob, & Cooper, 2011)

It has been suggested that one of the problems has been the inadequacy of universities to sufficiently prepare undergraduates

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to enter rural nursing practice. In line with this, [Hegney, McCarthy, Rogers-Clark, and Gorman \(2002\)](#) found high attrition rates in rural areas for new graduates, suggesting that this could be attributed to limited opportunity for rural undergraduate clinical placements and a sense of “culture shock” resulting from moving to a rural area. In 2002, a Senate committee report on nursing in Australia ([Senate Community Affairs Committee, 2002](#)) suggested that part of the high attrition of rural nurses was poor educational opportunities in remote locations. To address this issue, the Senate committee recommended additional funds be provided to universities to extend clinical education in rural and remote regional hospitals.

By 2015, 18 rural clinical programs had been established, creating an extensive national network of rural clinical and regional medical schools in every state and territory ([Greenhill, Walker, & Playford, 2015](#)). These have been associated with extensive positive impacts on rural and regional communities with rural clinicians being described as ‘thriving’ on new opportunities for education and research.

In response to the need to deliver clinical educational opportunities for nursing and midwifery in rural New South Wales, Australia, a partnership was developed between a rural health service and two universities. This resulted in the establishment of a Rural Nursing and Midwifery Clinical School located at the health service. The formation of a clinical school was conceptualised to advance nursing and midwifery practice, build workforce capacity and promote and undertake clinically relevant research. This paper describes the establishment of the clinical school, outlining the achievements attained and future capacity.

## 2. University partners

The two partner universities offer pre-service bachelor degrees leading to registration as a nurse and post graduate nursing, with one of the universities offering entry to practice midwifery programs. These schools provide education programs, both on-campus (internal) and off-campus (distance education and off-shore). Together these schools supply a substantial proportion of the nursing workforce for the footprints in which they are located.

## 3. Partner health service

The partner health service is a 43 bed hospital which delivers outreach services to a number of smaller outlying townships. The hospital provides emergency, medical, surgical, maternity and community services. Telehealth facilities are available linking the hospital to specialist services for oncology, maternity and emergency care. The range of services offered by the health service is delivered by 137 staff, which represents the largest employer in the region.

## 4. From conceptualisation to reality: a Rural Nursing and Midwifery Clinical School

The Rural Nursing and Midwifery Clinical School was officially opened in November 2014. This initiative was the result of discussions between a rural health service and two university Schools of Nursing, with one providing midwifery education. The advancement of nursing and midwifery practice was identified as a primary goal by the health service partner. Supporting pre-service education of nursing and midwifery students were important considerations of the two universities and all partners were committed to undertaking clinically relevant research. This collaboration was also united in their commitment to developing pathways into their respective nursing programs and exploring modalities of course

delivery that would best meet local student needs ([Francis et al., 2014b](#)).

## 5. Outcomes

### 5.1. Students

There have been increased numbers of nursing and midwifery students accessing the health service for clinical experiences.

### 5.2. Recruitment and retention

The establishment of the clinical school has enabled the health service to increase the number of new graduate nursing positions. Historically the health service offered one full time equivalent (1.00 FTE) position. This increased to three and a half (3.5 FTE) positions in 2016. Post-graduate education has increased with seven staff undertaking graduate certificate studies in effective leadership and three staff members undertaking study at Masters level.

### 5.3. Clinical education of nursing and midwifery students

The rotation of students through the health service and increasing clinical placement capacity has been a focus of the health service. Clinical nurse educators and staff are engaged in strategic planning activities to promote and accommodate clinical nursing and midwifery education requests. Many staff have attended preceptorship workshops offered by the partner universities. Their participation in these programs ensures students will be well supported during clinical experiences within the health service.

Nursing students at both partner universities are encouraged to identify the clinical school health service as a preferred venue for clinical experience. To build workforce capacity, nursing students interested in graduate positions are encouraged to apply for positions offered by the health service.

### 5.4. Post-graduate studies

An effective leadership course was implemented using practice development principles through one of the university partners. Seven members of the hospital leadership team enrolled in the initial program. Encouragingly, the health service reports that there is a high degree of interest from clinical staff to participate in the program when it is next offered. Engagement by hospital staff in this program is enabling the health service to build local leadership and research capacity. Furthermore, there has been an increase in the interest and use of evidence based practice throughout the facility. The involvement of staff in these endeavours is providing nursing and midwifery staff with opportunity to influence policy and practice and advance their own careers as well as supporting succession planning within the health service ([Dawson, Stasa, Roche, Homer, & Duffield, 2014](#)).

### 5.5. Effecting change using practice development

The health service was keen to implement practice development as a method for engaging nursing and midwifery staff in quality review and improvement processes. NSW Health encouraged health services to utilise this approach for transforming work-based cultures ([NSW Health, 2013](#)). A senior nurse academic from one of the university partners acknowledged for her practice development expertise and familiarity with the NSW Health initiative, *Essentials of Care* ([NSW Health, 2015](#)) facilitated workshops for the health service. These workshops led to the identification of clinical projects including the following two projects:

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