

# IRCSTWHILE

## Another First for IRCST: The Inaugural NSW Rural & Remote Health Conference



With just one month to go, the inaugural NSW Rural and Remote Health Conference is shaping up to be a wonderful event.

More than 200 registrations have been received, with people travelling from all over NSW; from a range of health backgrounds and disciplines.

The Conference Organising Committee has worked hard to develop a program with something for everyone, and has focused on the themes:



### Inside this issue:

IRCST funded project: "Rural and Metropolitan Emergency Department Nurses: Are they different?"	2
Award for IRCST Chair, Dr Austin Curtin	3
Office of Executive Director to relocate	3
2006 Rural Research Capacity Building Candidates	4
New intake of future researchers	4

- Doing it better!
- Once you've seen one small rural town, you've seen one small rural town
- Health outside hospital walls
- Our Workforce – where to from here?

The conference is enhanced through a series of two hour to one day workshops including:

- Effective Stakeholder Consultation
- Extended Care Paramedic Program
- Radiotherapy and Radiation Induced Skin Reaction
- Advance Care Planning—Knowledge and Skills
- Dental Emergencies (one day workshop)
- Primary Health Care in Rural NSW: Challenges and Wins
- Ambulance initiatives in rural and regional NSW
- Addressing Health Inequity in Rural NSW: A systematic approach

IRCST is now an accredited provider with the Royal Australian College of General Practice (RACGP) and the conference is approved for up to 20 Category 2 CPD points. Some of the Saturday workshops will also be approved for Category 1 points.

The Australian College of Rural and Remote Medicine (ACRRM) has approved the conference and the Dental Emergencies workshop. And CPD points from the Royal College of Nursing, Australia (RCNA) can also be allocated for the conference and workshops.

The conference will be held at the Opal Cove Resort, Coffs Harbour from 20th to 22nd November 2008 .

Registrations are still being taken, and additional information can be obtained by logging onto the conference website (see below).



*ACRRM, RCNA and RACGP accreditation have been received for the conference, with some of the Saturday workshops also being approved.*



Conference Website:

[www.hotelnetwork.com.au/conferences/conferences/rural\\_health](http://www.hotelnetwork.com.au/conferences/conferences/rural_health)

## Putting the spotlight on:



# “Rural and Metropolitan Emergency Department nurses: are they different?”

*Last year IRCST allocated almost \$2 million in funding for a range of research and service improvement projects.*

*This project was managed by Ms Ann Relf, Clinical Nurse Manager/Clinical Nurse Specialist, Hunter New England Area Health Service, who provided this article. It is a descriptive study of rural and metropolitan Emergency Departments. It is envisaged that research results will be published in their entirety later this year.*

Emergency health care is an area requiring the continual supply of adequate service provisions. With the majority of health resources now situated in larger populated areas, patients are purported to have greater access to advanced levels of health care in metropolitan areas. Insufficient literature, however, exists to describe the roles and skills of emergency nurses employed at either metropolitan or rural hospitals. The aim of the study was to explore the characteristics of both metropolitan and rural emergency departments (ED), while eliciting information that nurses felt was relevant to their unique areas of practice.

Using a qualitative descriptive methodology to inform this study, data from observation of practice and focus group interviewing with emergency nurses were obtained from two metropolitan and two rural ED located within New South Wales. Each ED was observed for up to two days to engage with staff and to gain insight into the roles of nurses within each facility; field notes were taken during this time. Then 24 ED nurses were invited, using purposive sampling, to participate in a focus group lasting 60-90 minutes; the focus groups were audio-taped and transcribed verbatim. A thematic analytical technique was used to analyse the data.

Consistent with previous research nurses working in metropolitan areas were younger than those employed in rural facilities. In this study, the mean age of nurses employed at both metropolitan EDs was 36.5 years of age as opposed to the rural EDs where the mean age was 48 years. Nurses in rural facilities had longer lengths of service, in comparison to metropolitan ED nurses, with mean years of services being 26 and 13 years respectively. While all partici-

pants held post registration qualifications, 21 per cent of nurses in metropolitan areas were undertaking higher tertiary education at master's level.

Four hospitals were used as data collection sites; two metropolitan and two rural facilities. Results of the study highlighted the similarities and differences experienced by ED nurses in rural and metropolitan hospitals, and were centred on five themes. These were: skills, responsibility, support, equipment and isolation.

A collective agreement emerged from both observation data and focus groups which identified two distinct levels of ED skills; basic and advanced. However which skills were placed in basic and advanced was dependent on work setting. Though rural nurses viewed these advanced skills again as necessary prior to working as a sole practitioner within the ED.

While all nurses were observed to take on significantly high levels of responsibilities regarding patient care, it became apparent that differences existed. Disparities existed relating to facility staff numbers, medical officer availability in the units and or facilities and the nurse's need to be patient advocates when necessary involving many multidisciplinary team members.

The theme of support, revealed both similarities and differences between metropolitan and rural EDs. Support from doctors was discussed as being largely individually determined, though rural participants described a collaborative relationship built on mutual respect, which had developed with the doctor working at the facility for numerous years. While at the larger rural site, a reliance to perform accurate initial assessment, enabling the doctor to prescribe appropriate interventions.

While metropolitan nurses were perceived to have endless support, results from both focus groups highlighted issues that countered this perception. While rural nurses were disadvantaged due to geographical factors, metropolitan nurses described similar accounts of isolation within their units.

While there was unanimous acceptance of the need for continued skill development, issues regarding organisational support became evident. Factors such

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*"..emergency nursing can demonstrate some identifiable core skills and competencies that make it unique as a speciality, but there is a continuum along which these skills and competencies are applied dependent on the nurse's location of work"*

as distances, time, and financial remuneration were common themes that developed out of the results.

Emergency backup in metropolitan facilities was described as "endless" amongst participants; while inequalities were evident in rural facilities. Problems were identified in relation to limited staff numbers, with after-hours and weekends described as the "worst" as these times are compounded by inadequate skill mix and no available support staff such as social worker services. Security issues were also seen as a major problem within the rural facilities.

Equipment and resource distribution was discussed at all facilities with differences reported between equipment availability in metropolitan and rural facilities. Both metropolitan facilities appeared to have an abundance of emergency equipment, while at the rural sites equipment was observed to be minimal if not unavailable. While metropolitan EDs experienced their own resource issues, as noted during the observation period, with inadequate staffing levels and minimal space available to cater for the influx of presentations that the department was experiencing.

In conclusion both groups of nurses practice in unique ED environments, so any comparison will be flawed. The study has demonstrated that emergency nursing can demonstrate some identifiable core skills and competencies that make it unique as a speciality, but that there is a continuum along which these skills and competencies are applied dependent on the nurse's location of work. The themes identified by the study could be used as a guide for describing work and skill variation between rural and metropolitan emergency nursing. This clearly has implications

for reviewing training methods and the incorporation of videoconferencing for tertiary-based distance education courses as a means to decreasing the isolation of practice. This will also have the benefit for supporting the high levels of responsibility imposed on rural ED nurses.

Future research opportunities: It is clear that, regardless of location, neither group has superiority over the other in terms of skill; however, the results of this study warrant further research. Research examining how to acquire the specific ED skills needed in both rural and metropolitan nurses needs to be adequately covered. Lastly, the nurse practitioner role in the ED is an exciting future direction for nurses, and the scope of this role in both rural and metropolitan areas should be further investigated.

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## Award for IRCST Chair, Dr Austin Curtin

Congratulations to Dr Austin Curtin, Chair of the IRCST Executive Committee, for recently being made an Honorary Fellow of the Southern Cross University.

Dr Curtin, who is a general surgeon in Lismore, has served as IRCST's Chair since it was formed in 2004. Dr Curtin is also co-chair of the Clinical Excellence

Commission, a member of the Rural Health Task Force and an Adjunct Associate Professor of Southern Cross University.

This is a well-deserved award for Dr Curtin, who has provided a high level of leadership in the research and medical fields.

## Office of Executive Director to relocate

Towards the end of the year, the Office of the Executive Director will relocate from the GWAHS Area Office to a shared facility, with NSW Ambulance, in Bultje Street, Dubbo.

For the time being the email and mailing addresses will remain the same; but soon new telephone and fax numbers will be allocated.

# 2006 Rural Research Capacity Building candidates complete their reports

A big congratulations goes to the 2006 Rural Research Capacity Building Program candidates. Eight have now submitted their final reports which can be accessed and downloaded via our website (follow the links to the Rural Research Capacity Building Program).



We can guarantee you will be as impressed with the reports as we are! Well done to Lynn Davies, Michelle Daly, Christine Stanford, Rosa Flaherty (pictured right), Leanne Wright, Karen Saunders, Margaret Hewetson and Debbie Schwebel (all from NCAHS).

# 2008 Program gets underway

Just as our 2006 candidates are completing their reports, the 2008 intake have commenced, under the guidance of IRCST Rural Research Officer, Ms Emma Webster.

This year 16 candidates were accepted, with a strong quantitative flavour apparent. Approximately two thirds of the group are undertaking quantitative projects and a third undertaking qualitative projects.

Congratulations to:  
Tod Adams (SESIAHS)  
Camille Dowling (Justice Health)

Rebecca Hemmings (HNEAHS)  
Kerith Duncanson (HNEAHS)  
Graham Fazio (HNEAHS)  
Rachael O'Brien (HNEAHS)  
Maryann Anderson (NCAHS)  
Leigh Bryant (NCAHS)  
Craig Knox (NCAHS)  
Georgina Neill (NCAHS)  
Christian Tremblay (NCAHS)  
Cath Bateman (GSAHS)  
Marjo Roshier-Taks (GSAHS)  
David Schmidt (GSAHS)  
Jocelyn Dyde (GSAHS)



Emma Webster (bottom right), along with the 2008 candidates and other future researchers at NSW University for the Research Methods Short Course



**OUR VISION:**  
*TO CONTRIBUTE TO AN  
EFFECTIVE AND  
SUSTAINABLE  
RURAL AND REMOTE  
HEALTH SYSTEM*

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