

An underutilised resource: The evolving role of clinical nurses contributing to rural health research

Suzanne Clayden MNP^{1,2}  | Hannah Beks MPH¹  | Laura Alston PhD^{1,3}  | Vincent Versace PhD¹ 

¹Deakin Rural Health, School of Medicine, Warrnambool, Victoria, Australia

²South West Healthcare, Warrnambool, Victoria, Australia

³Colac Area Health, Colac, Victoria, Australia

Correspondence

Suzanne Clayden, Deakin Rural Health, School of Medicine, P.O. Box 423, Warrnambool, Victoria, Australia.
Email: suzie.clayden@deakin.edu.au

Abstract

Aim: We aim to discuss the advantages of supporting clinical nurses' involvement in place-based research in rural health services.

Context: Australian health services are currently struggling with increased demand in services from an aging population, chronic diseases and nursing workforce shortages. This impact is amplified in rural and remote regions of Australia.

Approach: Investment in place-based clinical nursing research provides opportunity for nursing recruitment, career and leadership development, and retention, while addressing local health issues and creating pathways for implementation of evidence-based practice.

Conclusion: Collaboration between rural health services, universities, policy makers and the Rural Health Multidisciplinary Training program will enable the opportunity for establishment and ongoing development of strong research programs in rural health services to address local health issues and workforce needs.

KEYWORDS

health services research, nurses, nursing research, rural health services

1 | BACKGROUND

The Australian health care system is under significant stress.¹ Like other high-income countries, Australia's public health system is facing increased demands of an ageing population and increased prevalence and complexity of chronic diseases.² Adding to these pressures are resource constraints and the expectations of policy makers and consumers to improve the quality and efficiency of services, and outcomes of care.² The impact of the COVID-19 pandemic has highlighted the vulnerability of our aged population with complex health issues, particularly where there are socio-economic limitations

and isolation, while also highlighting the inefficiencies and complexities of our health care systems.³ These factors are exacerbated for rural and remote populations where inequalities to accessing health care services are well established.⁴ In these areas, a proactive, sustainable, productive, contented and healthy workforce has never been more critical.

1.1 | Challenges for rural health services

Populations residing in rural and remote areas of Australia (defined as Modified Monash Model 3–7, where

approximately 20% of the Australian population resides),⁵ continue to experience poorer health outcomes and socioeconomic disadvantage when compared with metropolitan counterparts.⁶ Further, rates of potentially preventable illness, hospitalisation, and mortality increase with geographical remoteness.⁶ Variations in health inequalities experienced by populations residing in rural and remote Australia are complex, but are understood to be influenced by demographics, socioeconomic status (income, education, employment), lifestyle behaviours (higher rates of smoking, and alcohol consumption),⁷ inadequate access to health services, maldistribution of health professionals, and costs associated with accessing care.⁸ Contributing to inequities, populations residing in rural areas experience poorer availability of health care providers (50 per cent less per capita when compared with metropolitan settings), and subsequently utilise health-related services at a lower rate when compared to urban Australians.⁹ Further, the National Rural Health Alliance estimated an annual deficit of \$6.5 billion in government spending on rural health with the 7 million Australians living in rural or remote areas of Australia missing out on \$850 health care access annually.¹⁰

Despite government incentives, and investment at scale (e.g. the Rural Health Multidisciplinary Training (RHMT) program)¹¹ attracting and retaining health professionals, including nurses, to rural areas remains challenging.⁸ The rural nursing population is ageing,¹² and has been experiencing a decline in recruitment and retention prior to the COVID-19 pandemic.¹³ Globally, the nursing workforce is chronically stretched with nurses intending to leave the profession citing increased workload intensity, workplace shortages, shift work, pay inequities, job stress and organisational culture as contributors.¹³ In rural and remote areas, the additional pressures of professional isolation, lack of career and leadership development opportunities also contribute to increasing dissatisfaction with the nursing role,¹³ and high turnover rates in rural health services; which may compromise the quality of care.¹²

With knowledge of local community health care needs, rural health services are uniquely positioned to inform strategies to address disparities, and implement and embed evidence based practice through the development of locally driven research agendas.¹⁴ Globally, nurses are the largest group of health care professionals across rural settings, and in rural and remote settings are often the 'mainstay' of health care services.¹³ There is acknowledgement that a lack of rural research activity has contributed to a lack of evidence-based solutions in rural areas,¹⁵ and that health services have a critical role to play in addressing this.^{14,15} Engaging nurses in research activities, particularly in rural and remote settings, has the potential to provide immense opportunity for development of local

research capacity, improvement in efficiencies and ongoing provision of high quality patient care.¹⁶

1.2 | Engaging clinical nurses in research: an opportunity

In rural and remote communities nurses are often the main provider of person-centred and high quality primary, acute and emergency health care from birth to end of life with expectation of advanced generalist skillset.¹³ Nurses are uniquely positioned to observe and identify gaps in knowledge and practice across several disciplines (nursing, medicine, allied health), due to their continuous presence at the patient's bedside.^{13,16} Yet, nurses are less likely to be engaged in research and evidenced based practice activities due to barriers such as workplace shortages, insufficient time, organisational support and lack of knowledge and understanding of relevance of research to practice.¹⁶ Strong nurse led clinical leadership in rural health settings has an essential role in addressing the health disparities in rural areas.¹⁷ Nursing leadership which recognises the individual needs and aspirations of staff and advocates and empowers staff development, leads to improved clinical governance, produces safe and high quality health care and improved workplace satisfaction.^{12,16,17} Developing the research capability of clinical nurse leaders in rural health services offers the opportunity to enhance development and evaluation of innovative nurse led models of care which meet and promote local access to alternative models of health care delivery.¹⁷

As health service pressures grow with increased patient demand and acuity, along with an ageing population, barriers to nursing engagement in research and implementation of evidence based practice at the bedside grows and the gap between research findings and clinical practice widens.¹⁶ Nursing research has been primarily performed in academia,¹⁸ and in nursing practice the translation of evidence based finding into practice has been found to be slow and often unsuccessful despite significant advances in nursing research.¹⁹ In the clinical environment, Research Nurses and Clinical Trials Nurses are often involved in the delivery of large trials and assist with: protocol development, ethics approval, participant recruitment and consent, treatment delivery, data collection and trial evaluation.²⁰ Identification of poor practice, translational research activity and implementation of improvement processes and evidence-based practice could be applied to rural health services through managerial support of provision of time for nursing education, and research engagement.^{17,19} Evidence supports that nurses' professional satisfaction and retention is highly influenced by career opportunity, professional

development and upskilling.^{12,13} Organisational cultures and governance structures that enable clinical bedside nurses to evaluate and challenge nursing practice is essential to embedding evidence based practice that promotes high quality patient care and safety outcomes whilst also driving a culture of innovation.¹⁶

Supporting nurse participation and engagement in place-based research may contribute to the retention of nurses and will be key to ensuring quality and safe care for our health care system into the future. A pilot study by Fitzpatrick et al.²¹ identified that nurses who engaged in quality improvement or research activity reported improved levels of job satisfaction and workplace well-being, felt supported in pursuit of professional development, and were less likely to have unplanned leave.²¹ Despite nurses having a vital role in the implementation of evidence-based practice, there is a paucity of Australian data regarding engagement and sustainability of embedded change in Australian health care settings.²² An initiative for promoting the uptake of evidence based nursing practice in the South Australian (SA) public health sector demonstrated that structured programs are able to assist with application of evidence based practice in complex health care settings.²² Co-funded by the SA Australian Nurses and Midwifery Federation and the SA Department of Health, the Best Practice Spotlight Organisation, demonstrated that a structured program assisted with implementation of evidence based nursing guidelines, and promoted an organisational culture focussed on sustained quality improvement, and patient focussed safe care.²² The success of this program was reliant on a highly engaged and supportive organisational culture and governance which was able to implement structures to drive continuous quality improvement through networking, communication and consumer engagement.²²

1.3 | Towards place-based clinical nursing research

Evidence supports the notion that nurses value a workplace that promotes patient safety and high-quality care, positive relationships, communication and workplace culture, and a supportive working environment that provides them with autonomy, respect, and values their input and development of their expertise.^{12,16} Creating a workplace culture that can promote investment in place-based nursing research, not only has the potential to support sustainable change practice, improve health service performance and patient outcomes,¹⁴ but also to create an environment which embraces embedding of evidence based nursing practice and nursing innovation. Nurses report that a lack of managerial support and career progression and/or development directly influenced their intention

to leave a rural and/or remote nursing area.¹² Therefore, rural health services have an opportunity to promote and empower their nursing staff in research through multiple strategies including provision of protected time to undertake research (similar to medical practitioners),¹⁶ creating opportunities for nurses to undertake higher degree in research, and collaborating with doctoral qualified research nurses to provide mentorship within the health service by promoting and leading nursing research activities.^{15,17} Through nursing research, a health service also allows for opportunities for development of 'nurse leaders', with evidence demonstrating that clinical leadership capacity promotes an organisation's culture around safety and quality, and uptake of evidence based care.²³

This is especially critical in rural areas, where the impact of such research could be even more amplified in communities of high need. Alston and Versace¹⁴ highlight that due to relatively small organisational structures, research activity within rural health services has the potential to create immediate influence not only on innovation with the organisation but for the wider community which they serve. The Australian Government funded RHMT program aims to improve rural health outcomes through the development and capabilities of rural health workforce through rural health training programs and rural health research.^{11,17} Within the RHMT, in particular the University Departments of Rural Health, have been found to contribute to high quality rural clinical training experience and production of significant research addressing health inequities in rural Australia and maldistribution of health workforce.^{17,24} Specifically within the RHMT framework is the requirement to maintain and progress an evidence base and the rural health agenda.^{11,14,17} This parameter includes aspects such as rural health workforce development, rural training strategies, supporting rural research opportunities for students, graduate outcome tracking and innovative rural service delivery to meet community needs.^{11,17,24} While the RHMT and its predecessors date back to the late 1990s,²⁵ there are contemporary tailwinds in the form of certain Medical Research Future Fund that will assist nurse-led research over time. These calls have guidelines around Chief Investigator eligibility including requirements for registered clinicians who need to have lived in a rural setting for a set period prior to submission.¹⁴

2 | CONCLUSION

Collaborating with academic institutions involved in the RHMT program, provides opportunities for the establishment and ongoing development of strong research programs in rural health service to address local health issues

and workforce needs. There has been no better time for health leaders, academics, policy makers, health professionals and health services to fully embrace the opportunity for nurse-led research in improving patient care, and also the satisfaction and retention of our critical rural and remote nursing workforce.

CONTRIBUTORS AND SOURCES

Each of the authors of this commentary work (MM3-5) and reside in rural Australia (MM5). Suzanne Clayden and Hannah Beks have a clinical nursing background with strong research interest in development of rural nursing workforce and addressing inequities in rural health. Dr Alston is an Accredited Practising Dietitian and the Director of Research at Colac Area Health. Dr Alston's research focusses on investigating rural health disparities in Australia and globally. Professor Vincent Versace is the Director of Deakin Rural Health. He has been a co-author of over thirty peer reviewed publications addressing rural population and public health issues. He is responsible for delivering on the parameters of the Rural Health Multidisciplinary Health Training (RHMT) program, which aims to reduce health workforce maldistribution in rural and regional Australia. This role also involves developing the capacity and capability of health services researchers.

AUTHOR CONTRIBUTIONS

Suzanne Clayden: Conceptualization; writing – original draft; writing – review and editing. **Hannah Beks:** Writing – review and editing. **Laura Alston:** Writing – review and editing. **Vincent Versace:** Writing – review and editing.

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ETHICS STATEMENT

Not applicable.

ORCID

Suzanne Clayden  <https://orcid.org/0000-0002-8602-3486>

Hannah Beks  <https://orcid.org/0000-0002-2851-6450>

Laura Alston  <https://orcid.org/0000-0002-4551-8845>

Vincent Versace  <https://orcid.org/0000-0002-8514-1763>

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