

The role of nurses in chronic disease prevention and management in rural and remote areas

Approved 22/3/2019

Review March 2020

The Australian College of Nursing (ACN) considers the role of nurses in the prevention and management of chronic disease to be integral to ensuring optimal health outcomes for all people across their lifespan. Nurses work across all geographical areas, constituting the largest group of health professionals. Many rural and remote communities are dependent on nurse-led services and in these communities nurses are often the sole resident health practitioner available to a community.

People living in rural and remote areas face particular health challenges, with reduced health outcomes on almost all indicators and measures, including a prevalence of disease 20% higher than people living in urban environments¹. A higher proportion of Aboriginal and Torres Strait Islander people live in remote areas (21%), compared to 2% of the non-Indigenous population². The promotion of cultural safety through the practice of culturally competent care is essential. In rural and remote Australia, the complexity of delivering health care is magnified by unique characteristics and challenges, including distance, access and resources³.

An emerging body of evidence exists on the role of nurses in the prevention and management of chronic disease. Australian-based case studies of nurse-led initiatives in rural areas support innovative and person-centred care with recognition of their talent and potential, but low security of funding and staffing can inhibit the maximisation of nursing capital⁴. However there has not been data available on how investment on health care and enhancing role of nursing would increase health outcomes of rural and remote Australians.

“Residents of rural and remote communities continue to experience poorer health outcomes. There are many opportunities for nurses to play a greater role in chronic disease prevention and management in rural and remote settings”

THE POSITION OF THE AUSTRALIAN COLLEGE OF NURSING

1. Support plans to increase the number of nurses educated and employed in the rural and remote setting. The World Health Organization *Global Strategy on Human Resources for Health: Workforce 2030*, adopted by member states in 2016, proposes a framework for making the most effective use of health workers and developing country-specific investment plans to address workforce shortages. There are shortages of health workers globally – not all of which can be ameliorated by finding more effective ways of deploying staff and delivering services.

The expansion of rural and remote based education and training for nurses that supports rural and remote communities to “grow their own”. This includes undergraduate programs supporting students to remain rural and remote, CPD and postgraduate qualifications to develop skills and leadership capacity with a strong rural and remote focus.

2. Develop nurse leadership and support nurse leaders. To drive a culture of innovation, nurse leaders are needed to be in the right places to support nurses delivering their potential across all health care and at all levels, as well as in the development of national health policy. Nurse leaders and managers at all levels require ongoing access to education, training and development of leadership and management roles. Strong executive nurse leadership is essential in developing culture, structures and programs.

Nursing leadership is strengthened through investment in board readiness programs.

Nurses are included in relevant boards, councils, government working groups and committees to represent nursing and the prevention and management of chronic disease in rural and remote Australia.

All policies on rural and remote health should include nursing representation.

3. Enable nurses to work to their full potential through support to embrace opportunities to meet the needs of rural and remote communities. Nurses report that they are not permitted or enabled to work to their full potential and scope of practice in relation to the assessment, co-ordination and delivery of care.

Financial, cultural, regulatory and legislative enablers and barriers are identified and removed and good practice is shared and acted on.

Introduce funding models/pricing methods at a national level that support nurses in rural and remote communities to provide comprehensive primary health care.

Greater investment in advanced practice roles that includes support for nurses to manage medications and referrals as appropriate.

4. Collect and disseminate evidence of the impact of nursing on access, quality and costs in rural and remote areas and ensure evidence is incorporated into policy and acted upon.

Rigorous intervention studies in rural and remote areas are needed to prove both clinical and cost-effectiveness of nurse-led services in the prevention and management of chronic disease. Besides that, knowledge translation initiatives to ensure evidence is implemented into practice and policy are required.

We recommend that research be commissioned to bring together existing evidence and initiate new studies to evaluate how and where nurses reduce risk factors, improve access to care, improve health outcomes and reduce costs. It is vital that major health funders of health research i.e. NHMRC and the Medical Research Future Fund are responsive to projects that seek to address these goals.

CONCLUSION

Residents of rural and remote communities continue to experience poorer health outcomes compared to many city residents. Nurses are well positioned, due to their education, skills and values, to address the need for holistic care that acknowledges the social determinants of health and therefore improve health outcomes. By being embedded within communities, nurses are able to promote public health and disease prevention to make healthier choices, and empower individuals and families through the provision of support and working alongside local populations.

Nurses can create knowledge, skills and confidence within communities around ownership of health, and help to build health resilience in their communities. In the current climate of increasing health burden related to chronic conditions and multi-morbidity, the nurse's role as a culturally attuned promoter of health, as well as provider, are invaluable.

Nursing must be central to policy and plans to achieve the goals of improved health outcomes in the rural and remote settings. We challenge the government to raise awareness of the opportunities for the potential of nursing, commit politically, and establish a process for supporting development. When nurses are unable to fully utilise their education and training and work to their full potential, the community misses out on potential improvements to health service delivery and outcomes and increase the risk of failing to retain nurses in the workforce. Much of what nurses do is necessarily small-scale and invisible to the wider world and their collective impact; capability and potential needs to be much better understood.

There are many opportunities for nurses to play a greater role in chronic disease prevention and management in rural and remote settings. However, adequate investment is vital to ensure there are enough nurses based in rural and remote settings, with adequate education and support to lead and co-ordinate care.

Collaborators

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