Original Article

RURAL AND REMOTE MENTAL HEALTH PLACEMENTS FOR NURSING STUDENTS*

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ABSTRACT: Clinical placements can be instrumental in encouraging nursing students to consider a future career in rural Australia. Twenty nursing students from a metropolitan university were provided with the opportunity to undertake a clinical placement in mental health in a rural or remote setting. The majority of placements were between 2 and 4 weeks in length. They took place in community health centres and rehabilitation centres in New South Wales and in hospital inpatient facilities, remote areas and community health services in the Northern Territory. On return from the placement, students completed an open-question pro forma giving their views and impressions of their experiences and contrasting this with clinical experience gained in urban settings. The content of the students’ responses was analysed and presented under the following themes: scale relating to urban and rural differences in population; geographical and health facility size; staffing matters; the environment; the students’ perception of the clients; and professional interaction. Additional material relating to remote area placements is presented. Questions are raised about the maintenance of students’ interest and the development of rural careers.

KEY WORDS: clinical placements, mental health, nursing students, rural/remote.

INTRODUCTION

Nurses are increasingly recognising that working in rural and remote areas of Australia requires demonstrated high levels of skill over a broad area in the provision of quality health care. The majority of universities in Australia are in urban areas offering urban nursing experience, while the nurses in rural and remote areas operate outside the experience of nursing practice they have undertaken in their undergraduate programs. Lately, more attention has been given to the need to offer undergraduates a comprehensive program, which may lay the foundation for later development of nursing practice in a wide range of clinical and geographical settings.

Undergraduate nursing students at the University of Sydney, Cumberland Campus, have the opportunity to attend the clinical mental health component of their course in rural and remote areas. This is both encouraged and supported by the academic staff as a means of their gaining an insight not only into the lives of clients but also mental health professionals working in different settings across Australia.

The students who are the subject of this paper were all third-year undergraduate students in nursing who had previously undertaken clinical mental health placements in urban Sydney in the second year of their degree. The rural/remote placements visited by the students include Orange, Narrabri, Dubbo, Broken Hill, Alice Springs and Northern Territory Aboriginal communities. The placements were organised and arranged by the Faculty in consultation with the students and the clinical facilities. Funding assistance, in some instances, was given by the Rural Careers Project.

The University of Sydney Rural Careers Project is funded by a Commonwealth Rural Health, Support, Education and Training grant. One of its functions is to offer financial support to assist undergraduate students who
wish to undertake a clinical placement in rural and remote areas prior to graduation. Scholarships are awarded to students from nursing, medicine, dentistry and allied health disciplines including Aboriginal health. Applications are considered by a multidisciplinary panel of staff from the relevant health-related university faculties. There are strong links between the Rural Careers Project (RCP) and the University of Sydney multidisciplinary student rural health club which is known as multidisciplinary interest in rural and general health education (MIRAGE). This serves to foster and maintain interest in rural and remote health delivery and services. Both the RCP and MIRAGE are aware of the need to continue to foster in students an interest that will continue into a future when enough postgraduate experience has been gained for them to feel confident about working in rural or remote practice.

The National Rural Health Strategy, its subsequent revisions and updates, and the series of national rural health conferences all recognise the crucial need to maintain health professionals’ interest in rural careers. They include among their foci the need for attention to be paid to matters of recruitment and retention of health professionals in a variety of disciplines. Continued funding was made available in the Federal budget of 1997/1998 for programs of Rural Health Support, Education and Training and the education needs of nurse practitioners in rural and remote areas was recognised. In New South Wales, scholarships were made available by the Health Department in 1998 to support students in rural areas who wished to undertake degrees in nursing either in urban or rural universities. When these have been evaluated, it is hoped that funding may be provided in the future for registered nurses from metropolitan areas to undertake clinical placements in rural areas. Nationally, the Royal College of Nursing, Australia, began also to offer scholarships in 1998 to assist nurses from rural areas with funding for educational programs.

STUDENTS AND PLACEMENTS

Twenty students were involved in rural placements in a variety of health-care facilities in New South Wales and the Northern Territory. Most placements were in community centres and rehabilitation centres, with a few in Northern Territory hospital services and remote areas. On returning from their clinical experience, students are expected to write a short report. An analysis of reports by students from a range of health disciplines over a 5-year period has been reported elsewhere. The nursing students who were the subject of this paper were asked to complete a questionnaire on their return to Sydney. Open-ended questions were used to seek their impressions of the placement experiences. Some of the students had family in the rural areas of their placements with whom they stayed. The placements varied in length from 1 week to 4 weeks at a time. The places they visited included those listed in Table 1.

One student also went to Cairns in Queensland, having a placement in both the hospital and community setting.

QUESTIONNAIRES

On their return to Sydney, the students were asked for their views in writing, and their ideas and opinions concerning their clinical placements. The following headings were used to guide their responses: placement information; experiences; comparison of urban and rural clinical placements; services available; clientele; and other comments section.

The responses to the open questions varied in length with some students illustrating their views with descriptions of people and situations they had encountered to illustrate the point being made. The content of the responses was analysed and grouped under a number of common themes. These themes were concerned with the scale of rural and remote healthcare delivery, staffing issues, the environment, the students’ perception of clients, and professional interactions. Each of these themes is discussed for students whose clinical placements were in rural areas. Many of the comments related also to those students who went to remote areas. There is a separate discussion on remote area placements.

<table>
<thead>
<tr>
<th>TABLE 1: Places visited by nursing students in their rural and remote placements</th>
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<tbody>
<tr>
<td>New South Wales</td>
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<tr>
<td>(community health centres and inpatient hospital services, rehabilitation centres) remote facilities and community health centres)</td>
</tr>
<tr>
<td>Broken Hill</td>
</tr>
<tr>
<td>Dubbo</td>
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<tr>
<td>Gosford</td>
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<td>Narrabri</td>
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<td>Port Macquarie</td>
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SCALE

The students had all undertaken previous clinical placements in metropolitan Sydney. The differences in scale between these and the rural or remote clinical placements had a major impact on the students. Scale refers to differences in the size of the town or community, its population and the size and extent of the healthcare services available. Most noteworthy was that in rural placements specialties such as early childhood and psychiatric nursing services were not separated and often physically together in the same centre. This resulted in broad experience being provided, often within the framework of a multidisciplinary team, and with the service being provided over a large area. Involvement with the local community was noted for activities associated with projects directed towards, for example, drug awareness, which were presented in local pubs and clubs and with the use of local radio and newspapers. Some students felt, however, that in small rural areas the lack of human resources affected the motivation and the potential creativity of staff. Staff were spread too thinly to do anything other than immediate and essential work.

A number of students raised issues about privacy and confidentiality which were reportedly of concern also to the staff with whom they worked. These issues were seen to be a problem because of the nature of the rural area; that is, a small number of people living in the area, and the fact that most people knew each other and their families very well. This problem of scale was something that two students particularly commented upon. They noted that the staff they had worked with at times also had difficulty in finding solutions to problems of maintaining privacy and confidentiality.

STAFFING

The majority of comments related to the friendliness of staff who were seen to be more relaxed in the country than their urban colleagues. It was acknowledged that some areas were short of staff and that others covered services in regions outside their own. In many instances, a good learning experience was provided for the students with staff willing to teach and share their experiences. Staff were seen as positive role models who gave the students opportunities to participate and be responsible for activities such as running a group with clients. Involvement in day-to-day activities was variable, and in a minority of placements it was felt that as both the staff and the clients were not used to having students, this affected the extent of their participation. It was the Aboriginal Health Worker in one such placement who most involved a student. Other students were pleased to have been involved in individual sessions with clients without any qualms.

ENVIRONMENT

Comments about the environment were positive. Many areas were seen to have good facilities with dedicated patient areas. A number of comments related to the cleanliness of the physical environment with friendliness of staff and the high degree of personal contact enhancing the students’ experience. A private facility was contrasted adversely with little student involvement reported and less staff friendliness.

Transport problems affected both the take-up of services by clients and the decisions about their treatment and care, although from the students’ perspective, the need to travel to clients in their own homes provided an interesting experience. Two students reported that:

…going out of town to visit clients was the best way to know how clients were going.

PERCEPTION OF CLIENTS

Students were placed in a variety of mental health facilities. For some students, the clients presented few new experiences or challenges. They were seen to be very little different from clients in Sydney and several commented on the clients’ talkativeness or that they were ‘like any other person’ apart from some emotional problems. Some students had experience of clients in a Drug and Alcohol Unit who were mainly of Anglo-Celtic origin, male and between the ages of 18 and 30 years. In another area, the high incidence of homelessness and suicide was noteworthy. In regional rural centres, students experienced a larger Aboriginal population than they had been used to in urban Sydney and clients who were several hundred kilometres away from the mental health facility. In one rural area, which was centred around a large town, students commented on the ‘social beliefs’ held by the general population that psychiatric patients were ‘abnormal, dangerous, segregated and ridiculed’.

PROFESSIONAL INTERACTION

Many students commented on the multidisciplinary nature of their clinical experience and the benefits of this. Despite the relaxed atmosphere and the slower pace than students were used to in their urban placements, there were comments about the hierarchy that existed among
the staff in one unit. This was contrasted with the experience in Sydney, which acknowledged the existence of a hierarchy, while everyone was seen to be treated equally and able to socialise at the same level. Another student commented on the nature of a ‘traditional’ split between nursing and medical staff with social and professional differences which were felt to be more predominant in the rural area.

Despite the differences in the experiences of the students, the majority of students commented positively on the value of clinical placements in rural areas. Similar comments were evident in the reports of students who had received scholarships through the University of Sydney Rural Careers Project in the previous 5 years. In this study, 92 students’ reports were analysed, many of whom were nursing students.

REMOTE AREA PLACEMENTS

Students who travelled to remote areas spent longer in clinical placements than their colleagues in rural areas. They were also recipients of the University of Sydney Rural Careers Project Scholarships and won funding to support travel to gain experience in rural and remote health. Students are expected to put in some of their own time in addition to any required for a placement and the areas themselves expect students for a period of 4 weeks in order to maximise their experience.

As the numbers of staff in remote areas are so few, visiting students tend to be regarded as part of the workforce when necessary. One student, for example, was left with a nurse who had only been in her position for 3 weeks, while the other staff were attending a study day. Fortunately, when there was a serious car accident the student’s experience as a member of the State Emergency Services contributed to her able handling of the situation.

The high Aboriginal population in remote areas resulted in the students embarking on a steep learning curve relating not only to cultural matters but also to the nature of nursing. Remote area nurses function as nurse practitioners, focusing their practice on the clients’ responses to health problems. In addition, remote area nursing practice includes diagnosing and treating patients and, in one student’s experience, the occasional injured dog! Students were introduced to the practice of holistic nursing with clients and extended families within a framework of primary health care. This experience would be very hard to acquire in urban Sydney. Frequently, the students became involved, for example, in mental health assessments involving extended families and learning about social mores and customs found in indigenous life.

This contributed to their cultural awareness and extended their knowledge base in this area.

Staff were seen to make the most of few and, at times, primitive resources. Students found them willing to teach everything they could in a short space of time. Indigenous health issues were confronted first hand and provided a valuable learning experience.

CONCLUSION

This paper has addressed some of the issues that the students experienced during their rural and remote clinical placements. The students compared their impressions of rural or remote areas with their urban clinical placements. They commented on the clients and staff who they encountered, the working environment and services available. Most importantly, in rural area placements remote areas in particular, students had the opportunity to observe the comprehensive role of nurse practitioners and to observe their understanding of the community within which they worked.

The Faculty of Nursing, along with other health disciplines in the University of Sydney, gives students the chance to have what in the majority of instances is reported to be an interesting and rewarding experience in rural and remote areas of Australia. A recently introduced curriculum has addressed the need for longer placements for students who are attending rural placements. The opportunity for rural and remote clinical placements for students from urban universities has an important role in offering experience, which may lead to offers of subsequent employment.

The question needs to be asked about how the interest of students is maintained. If remote and rural nursing is where the students intend to work in the future, then the recruitment drives that target the new graduate nurse specifically could be a starting point in ameliorating the shortage of nurses in these areas of Australia. It has been shown that programs for new graduates with appropriate mentorship contribute to their retention as well as providing a variety of experience.

The profile of nursing in rural and remote areas is being raised. Postgraduate courses are necessary to provide appropriate experience for nurses to work in rural and remote areas. A Masters program in remote area nursing is offered through the University of Sydney Faculty of Nursing and the Far West Health Service operating out of the Department of Rural Health of the Faculty of Medicine at Broken Hill. The Faculty of Nursing has also been successful in being awarded substantial funding from the New South Wales Health Department to establish
a Chair in Rural and Remote Nursing in partnership with the Far West Area Health Service and the Department of Rural Health, Faculty of Medicine. This is one of three similar positions recently established; the other two Professors of Rural Nursing being with Charles Sturt University, Bathurst and the University of Central Queensland. All three are joint initiatives with designated health services.

The small taste of country life and work that the nursing students experience has shown to be rewarding both personally and professionally. It is hoped that it will contribute to a continuing interest in the possibility of a future career in rural and remote area nursing and that in the long run it will prove to be profitable to the nursing profession of the future.

REFERENCES