Why nurses in New Zealand stay working in rural areas

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The topic of recruitment and retention of health professionals to work in rural areas has been prominent in health literature in recent times. In Australia, Witham,[1] Hanna[2] and Hegney and McCartney[3] indicate falling numbers of nurses working in rural areas since 1995 as well as high turnover rates of nurses. In New Zealand, on the other hand, research indicates that nurses working in rural areas often stay working in the same areas for greater than five years and some areas identify that there are no shortages of nurses in their rural areas in New Zealand.[4] Why do nurses in New Zealand stay nursing in rural areas when their Australian counterparts and medical colleagues are leaving rural areas at alarming rates?

In a study of the role of rural nurses, Litchfield and Ross identified that a large percentage have stayed in their rural nursing jobs for greater than 15 years.[5] Over 58 per cent of the 85 nurses surveyed had held their positions for more than five years. This data is in contrast to Australian literature that indicates low retention rates of rural nurses and turnover of nurses of up to 450%.[6,7,8] At the same time New Zealand has been experiencing difficulties retaining doctors in rural areas. London's studies have continually showed that doctors have not only been leaving rural practices but that they were not being replaced, leaving rural areas with a shortfall of doctors.[9,10,11]

Heather Maw makes the point in her writings that rural Australia continues to face a nursing and medical workforce crisis and that the Australian rural workforce crisis and their rigorous recruitment strategies in New Zealand are believed to have impacted on the recruitment and retention of doctors to rural areas in New Zealand.[12] However, there appears to be key differences in Australia and New Zealand over how nurses view the attractiveness of working in rural areas. These differences may provide an answer as to why the New Zealand rural nursing workforce appears to be more stable.[12]

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In New Zealand over 50 per cent of rural nurses work in practice nurse positions.[13] The remaining nurses are in an extremely varied range of occupations. Furthermore, the number of rural nurses is increasing in nurse-led and primary health care services. Rural nurses frequently come from within their communities with the exception of those working in more remote practices such as the Great Barrier Island, West Coast, Tokanui and Stewart Island.

The prevalent themes identified as giving the greatest satisfaction to nurses working in rural New Zealand include:

- working with GPs;
- working where there are good relations between the nurse and the community;
- working within a community trust or Iwi provided service; and
- working with autonomy and with diverse populations.

Comparatively, Australian writers identify the poor quality of collaborative relationships as barriers to re-

tention of nurses in rural areas.[14,15] Furthermore, the high profile that a nurse holds and their perceived loss of anonymity is a barrier to retention. In both countries, nurses working in rural settings have generalist skills and a wide variety of advanced skills. Studies suggest that the variety of the clinical work contributes to high levels of job satisfaction with the nurse being able to offer holistic care.[16,17]

Both Australian and New Zealand research addresses the relationships of nurses working in teams or in collaboration with other health professionals as pivotal to job satisfaction. The data gathered from New Zealand indicates that nurses prefer and get greatest job satisfaction from working within a team setting.[13,18] This holds true whether they work as a practice nurse or in nurse-led clinics. New Zealand practice nurses identified that they continue to work in these roles because of the satisfaction gained through the comfort of working in a trusting relationship, over a long period of time.

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Rural communities tend to encourage a culture of teamwork and collaboration in their focus to do what is necessary.[19,20] Ross found that over 50% of respondents in her study believed that working in a multi-disciplinary team made a 'good' or 'very great' contribution to rural primary health and led to greater job satisfaction.[21] More recent studies looking into nurses undertaking on-call work and on-call nurses' relationships with secondary services identified that nurses who have established networks, or have a personal connection to staff in hospital services, tend to get a better reception when seeking advice or technical support. Armstrong contends that those nurses doing on-call after hours work with strong network supports appear to be more able to access good technical advice that may enable the patient to be treated in their community rather than having to travel and be cared for by strangers.[22]

Maw reinforced this by stating *'the smaller, or more remote the community the more interdependent and collaborative the "team" is likely to be, sharing on call and providing collegial and professional support.'*[12]

This in turn supports the predominant view of nurses and doctors working in rural areas that nurses with advanced skills should stay working within the multidisciplinary team rather than outside it.

In Australia, Hanna identifies that where there is a medico-centric focus to health service provision, and nurses' roles are undervalued, there will be a paucity of nurses wanting to stay, compounding the already marginalised rural communities.[2] Hegney cautioned that nurses' relationships with the medical profession are influenced by a number of factors including the nature and quality of that relationship. She asserts that the level of dominance of medicine on nurses' practice often influences the relationship negatively. Aspects that were likely to lead to negative relationships included:

- the time the doctor has been in town;
- the age of the doctor;
- the paternalistic attitude of the doctor;
- the competence of the doctor;
- the amount of trust between the doctor and the nurse;
- the employment status of the doctor, and
- the perceptions by some doctors that nurses encroached upon their domain.

Medical dominance is a barrier to job satisfaction in Australia.[16] In these settings, trust and how the team functioned, whether the doctor used the nurses as a 'handmaiden' and the level of autonomy nurses were afforded affected the interpersonal relationship between doctors and nurses.[20]

The only perceived barrier identified in the New Zealand literature to job satisfaction and collaborative team behaviour has been the funding of nursing services in rural areas. Ross challenged New Zealand policy makers to address barriers to collaborative teamwork by revisiting current funding systems and to value every team member's contribution, at the same time utilising the most appropriate member to undertake the task. She asserted that funding systems in New Zealand have caused conflict between professionals.[20] This challenge has in part been met by recent changes to Accident Compensation Corporation funding, which is now outcome specific. A doctor is no longer paid solely for being a doctor but the practice is paid for providing a service to rural New Zealand. Also, in part, rural funding earmarked for recruitment and retention paid to some New Zealand practices has allowed for greater flexibility in utilising nurses in differing roles in the team. Molloy asserts that new funding models have genuinely encouraged teamwork.[23] However, Humphries and colleagues note that collaboration between multi-discipline parties, including the community, might not be realised and acted upon until the focus of activities and accountability of all are orientated towards bringing about improvements to the health outcomes of rural communities.[24]

What Australian rural nurses have identified as retention and recruitment difficulties have not been addressed in New Zealand literature to date. There is a paucity of information about whether the dynamics relating to relationships between nurses and general practitioners are truly a factor in why nurses stay working in rural areas in New Zealand. Is it possible that for some nurses the employer-employee and traditional relationship between the nurse and the general practitioner

is mutually acceptable whereas for others it may well act as a muzzle? Difficulties with retention of nurses in Australia may offer valuable lessons to New Zealand policymakers who appear to consider nurses as a cheaper option to solving problems in medically underserved areas. Hegney and colleagues share their belief that the next generation of rural nurses may come as a result of being offered clinical experience in a rural area during nurses' undergraduate education.[14] Perhaps then sustainability of the rural workforce may also benefit from the development of collaborative undergraduate education opportunities in which doctors and nurses are educated together in the rural arena.

It is clear that new models of health care provision under the primary health care strategy do offer nurses and doctors an opportunity to work differently towards improving better outcomes for our communities. New Zealand writers have established that overall the way forward to better health outcomes for rural communities is through development and maintenance of strong collaborative relationships. Malloy, Chairman of the New Zealand Rural General Practice Network, boldly asserted to his Australian medical colleagues recently that *'we cannot provide the positive outcomes we do if we don't work as a team. Doctors and nurses work closely alongside each other, treat each other with respect and complement each other's skills. Furthermore, our aspirations are not dissimilar as we both strive to provide high-quality care in our respective disciplines to continue to learn, to develop our professional skill set, and to have those skills acknowledged in our career pathways. Ultimately that acknowledgement takes the form of adequate remuneration as an arbiter of value placed on those skills. In the past, the necessity of isolation and collegiality in a small rural workforce has driven us to work together.'*[23]

Overall the way forward to better health outcomes for rural communities is through development and maintenance of strong collaborative relationships

It is a fair assumption then that this acknowledgement by our medical colleagues of the comfortableness in which the collaborative relationships occur within New Zealand rural practice teams does contribute to why nurses stay working in rural areas longer than their Australian colleagues.

Competing interests

None declared

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