Nursing on Stewart Island

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*After growing up in an isolated rural environment **Deborah Dillon** has been employed by the Southland District Health Board since 1981 and has served as the resident Rural Nurse Specialist on Stewart Island since 2000. She graduated in 1980 from the first Polytechnic Comprehensive Nursing course offered in Invercargill and completed the PG DipHealthSci (Primary Rural Health) at Otago Medical School in 2001. She spent 2004 studying for Nursing Masters at Otago Polytechnic as one of the recipients of the inaugural Ministry of Health Nurse Practitioner scholarships. Debs is now completing her dissertation on the theory of 'island-ness' and the core competencies required to provide health services to 'island' and 'island-like' communities. She is passionate about rural health and community development and is, above all, an advocate for the patient, patient's family and community.*

Stewart Island is situated 26 miles south of New Zealand on the 47th parallel and is 1746km^2 in size. The Island is predominantly uninhabited rugged terrain varying from bush to swamp to granite mountains, and surrounded by off-shore islands. One of New Zealand's natural treasures! The island is referred to as Rakiura, the 'land of the glowing sky' and our local iwi are Rakiura Maori.

The population of 387 permanent residents is situated in the close confines of the 2% of freehold land around Halfmoon Bay and Horseshoe Bay, in the village of Oban. Many of the dwellings are set among bush and a unique feature of the people is that they highly value their privacy.

The most popular occupation at the 2001 census was aquaculture and fishery work, but this may be changing due to the increasing effect of tourism and the downturn in profits from crayfish, mussels and wet fish. However, the unemployment rate is less than half the national average of 7.5%.[1]

Organisations on the island include the community council, lions, golf club, gun club, garden club, volunteer fire brigade, scouts, Rug Rats, Health Committee, Stewart Island Players and Toi Rakiura, the local arts trust. Amenities include a library, community hall and sporting complex, museum, local grocery store, three bars, five different restaurants, a T-shirt shop, three galleries, a picture theatre and a coffee shop.

A tradition of the islanders is that all these shops, except the store and the pub, shut for the winter, and people often leave the island for their holidays at this time of year. Weather is often overcast and showery, and daylight hours are short in winter. There is a culture of high alcohol intake and recreational drug taking as part of the overall island culture, as in many coastal communities, and the community itself has identified this as a health issue related to island lifestyle.[2] Lack of economic opportunity is identified by the islanders as the main concern influencing the whole population and the higher costs of coal, gas, petrol, transport and freight add hugely to the financial burden of living on the island.[2]

For the women residents, especially those with children, there are added challenges, as it really is a man's world in the sense that the population has approximately three men to each woman, and many pursuits are masculine in the form of hunting and fishing. There is a sense of isolation, and getting to town requires money and forward planning. The only way on or off the island by public transport is by ferry or small plane, and these do not run between five pm and eight am next morning! I personally experienced the full impact of this when my sixteen-year-old son was admitted from Glenorchy to Southland Hospital ICU with meningococcal meningitis at four in the morning, and it was several hours before I could be with him.

Amongst this unique community I live and work as a Rural Nurse Specialist. It is a nurse-led practice staffed by myself and my male colleague, both of whom are full time employees of the Southland District Health Board. My relationship with my colleague is unique; we have great respect for each other's ability, and value a very transparent and loyal relationship, although we do have our differences of opinion, our own private lives and our individual friends.

The practice is busy year round with different seasons bringing different demands. Summer brings up to 40 000 visitors, including approximately 6 500 trampers. March/April brings up to 300 Maori people who go mutton birding on the surrounding islands, and also increased marine activity, as it is the oyster season; May/August is deer hunting season with many hunting parties camping for several days in the bush. August onwards is the fishing season including cray fishing, paua diving and wet fishing. Blue cod are caught year-round.

The nursing service is community based; from our clinic in Halfmoon

Bay, in people's homes or workplace, or in the Rakiura National Park and surrounding Marine environment. The patients refer to us as 'our nurses' and being highly visible as such in the community can bring both positive and negative challenges to the effectiveness of our nursing practice. Acceptance as a member of the community is critical to our success as nurses, and we have a deep knowledge of the intrinsic culture of the island.

We provide a 24hr/7day primary health care service to the peoples of the island and surrounding islands, and emergency PRIME services via our St John service. This is primary health care in the broadest sense and includes accident and emergency care, GP-type care, telephone triage and advice, chronic disease management, well child care, antenatal/postnatal care, immunisations, care of the aged, occupational health care, mental health care, health education, public health care for the school, counselling, terminal care, co-ordination of home help and meals on wheels, and occasionally veterinary work!

To maintain our skill levels the SDHB provides study days, our immunisation and PRIME certificates are updated biannually and we both have a commitment to postgraduate education and are working towards completing our Masters degrees, with the intention to apply for Nurse Practitioner Endorsement with prescribing. The development of evidence-based guidelines in New Zealand since the mid 1990s, Internet access and the general sharing of medical knowledge nationally and internationally in recent times has greatly enhanced the effectiveness of our role.

The island has never had a resident doctor, but Invercargill GP, Dr Anton De Croos has supported our nursing practice by telephone and visits, in a very close, collegial fashion for many years and has only recently been acknowledged for this by the Government in the form of payment! We also liaise where needed with the best person required for the job in hand. This might be a familiar GP, a visitor's GP whom we do not know, a hospital consultant, peers, military dive team, patient's neighbour or whoever. Admission of patients to hospital, ordering laboratory tests, ultrasound and radiology, and specialist referrals are also part of our role.

The medications we access, in a standing order arrangement with medical staff, are supplied by Stewart's Pharmacy in Invercargill. The pharmacists there are a great source of knowledge and are very good-natured about supplying medication at short notice, which entails meeting one of the flights to the island.

Locally on the island we are supported by 'the Health Committee' who will meet with us to discuss concerns of ours, or the community's, or of national concern. They are very supportive. We have a close working relationship with the island's policeman, and we are actively involved in police SAR work in both land and marine environments, in conjunction with the local SAR committee and volunteers. Most SAR work is achieved successfully at a local level. We also train with our local fire brigade, and along with the policeman, they are a great support to the service, and our personal safety.

The weather is the most important factor governing the lives of the people and their activities on the island, and has a huge impact on the way we nurse

As you can see the relationships we form as part of 'the job' are extensive, varied and often without ever meeting the person on the end of the phone, but are vital for the safety and effectiveness of our practice.

Access between the island and the base hospital at Invercargill is by small plane, helicopter or boat. We transport patients around the residential area of Oban in a four wheel drive ambulance. The choice of transport depends on the weather, the reason for evacuation and the site that the evacuation is from. On the island, care of a patient may involve tertiary care levels if they require regular day-patient type treatments, or require observation for a period of time, or while we wait for transport to evacuate them to hospital. Tertiary care at intensive care level may be required for sustained periods of time if the weather is too severe to evacuate the patient off the island. Thus our clinic has enough equipment and supplies to set-up as an intensive care unit for several days and also several beds to allow for multiple patient care.

The weather is the most important factor governing the lives of the people and their activities on the island, and has a huge impact on the way we nurse. It is always in the back of our minds when assessing a patient that it may be safer to fly them out because of deteriorating weather, or to delay an immunisation until we are certain the plane can fly.

Scenarios are as varied as the shells on the beach!

One dark, wet and windy evening my pager went and there was a call to meet someone at the clinic who had fallen. When I got there, one of the locals was waiting in his Land Rover. He carried a man into the clinic like a baby and I saw he was semi-conscious with his face badly injured. The weather was bad and there was no getting off the island to hospital until daybreak when the wind dropped. And so began a long night of suctioning, IV therapy, observation and phone calls back and forth between the Southland hospital emergency doctor, the ambulance service and myself.

Another day I was going about a post natal home visit to a week-old baby and mother when Granddad asked me to vaccinate the new kitten. *'I've got the stuff here from the vet,'* he said. No trouble!

After a long illness, one of our precious patients passed away and I was asked, along with my partner, to accompany the family on the patient's last journey, a 12 hour boat trip to

his favorite coastline where his ashes were released.

Recently the local health committee, the school, garden club, other locals, the nurses and 23 agencies from Invercargill were involved in a Health Day, entitled 'Hooked on Health', which went on for two days, ending in a walkathon and lots of laughs.

And so it goes!

The Rural Nurse Specialist role here on Stewart Island is very 'broad' in nature but 'deep' at the same time; we are referred to as 'generalists' but we are 'intensivists' also.

Marion Litchfield, a New Zealand nurse researcher, defines scope of practice as *'the reach of the nurse: what the nurse attends to and the sphere of nursing activity within the professional partnership.'*[3] I believe my success as a rural nurse comes from the core of 'who' I am and depends on an integrated approach, involvement and integrity.

My background is rural. I grew up on a small farm where I was the fifth generation of my family in the area and had a correspondence school education. My parents were multi-skilled, hard working and actively participated in the community. This has given me a great understanding of the structure and functioning of rural communities; the old-timer-newcomer and kinship aspects, and the intrinsic culture. It also developed my autonomy, responsibility for self, independence and an optimistic outlook that anything can be achieved if tackled creatively enough.

My initial nursing training was as a member of the first polytechnic-based class in Invercargill. I came away from that training with a fundamental belief that nursing was a skill that could be carried out independently in any setting and have since continued to pursue skill and knowledge through St John ambulance training and Master of Nursing study while working in rural areas. This all fits well with the accepted nursing commonality of 'possibility'.[4] Research into models of rural nursing in New Zealand by Litchfield revealed that nurses all felt *'the main significance of their work is their knowledge of rurality and determinants of health, disease and disability, shaping their particular community, and the lives of individuals and families within it.'*[5]

Gail Mitchell, a Canadian nursing researcher, captures in words what it means to be 'nursing' for me: *'nursing practice requires the risk to embrace the inherent ambiguity of the moment and to be with others with explicate commitment, responsiveness, openness, compassion and the intent to serve. Professional practice demands an engagement with the unknown in light of a broad knowledge base and understanding of lived experience.'*[6]

I love nursing, I am passionate about doing my best for our New Zealand communities and thank you very much for the opportunity to share some of my experiences with you.

Competing interests

None declared

Figure 1. Halfmoon Bay

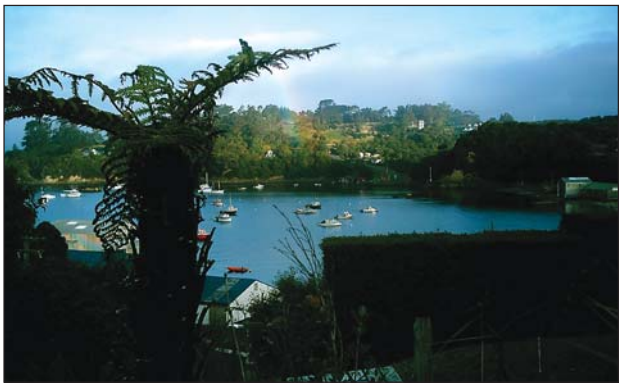

Figure 2. Butterfields Beach

Figure 3. Transferring a patient from an ambulance

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