

**Rural and Remote Health Research: Key Issues for Health Providers in
Southern Queensland**

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Rural and Remote Health Research: Key Issues for Health Providers in Southern Queensland

RM Eley, Centre for Rural and Remote Area Health, University of Southern Queensland

PG Baker, Centre for Rural and Remote Area Health, University of Southern Queensland, Queensland, Australia and Rural Clinical Division, School of Medicine, University of Queensland, Queensland, Australia

Correspondence:
Dr. Rob Eley,
CRRAH,
University of Southern Queensland,
West St.
Toowoomba,
4350.

Telephone 07 4631 5477
Facsimile 07 4631 5452
Email eleyr@usq.edu.au

RME and PB contributed to study design, data collection, analysis and writing.

Running title: Health Issues in Rural Queensland

Abstract

Objective: To determine what community health service providers in rural southern Queensland considered were major issues affecting their efficacy. Results will inform the future research strategy of the Centre for Rural and Remote Area Health with the aim of addressing specific regional needs.

Design: Interactive research workshops.

Setting: Health providers and other key stakeholders.

Subjects: Participants from organisations directly involved with health care were complemented by representatives from local government, the police service and church groups.

Main outcome measures: The workshops used the nominal group technique to identify what participants considered were key health issues in their locations. These issues were then prioritised by the participants. Thematic analysis of the issues generated a ranking of themes by importance. Results were compared with a similar exercise undertaken in 2003.

Results: Seventeen themes were identified with *workforce* by far the major concern of health providers. Recruitment and retention of health workers were the principal issues of concern. The other four highest ranked themes across all workshops were *mental health care, access to health services, perceptions and expectations of consumers* and *interagency cooperation*. The workshops provided important information to CRRAH for developing research strategy. Additionally, new alliances among health providers were developed which will support sharing of information and resources.

Conclusion: The workshops enabled organisations to meet and identify the key health issues and supported research planning. New alliances among health providers were forged and collaborative research avenues are being explored. The workshop forum is an excellent means of information exchange.

Keywords: Research planning, health, Queensland.

What this paper adds

What is already known on the subject?

- Research in health must be supply driven
- Health professionals working in rural environments are faced with unique challenges

What does this study add?

- Up to date information on key issues affecting the provision of health services in rural Southern Queensland
- A comparison on how issues have changed in the recent past
- Identification of key areas of research in rural health.

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Introduction

The mission of the Centre for Rural and Remote Area Health (CRRAH) is to conduct and facilitate health-related research and training in rural and remote communities for the benefit of the community and the health workforce. This mission supports the vision of CRRAH in improving the well-being of rural and remote communities. Success in meeting the goals will be supported by undertaking work that is topical and applicable to the targeted communities. In other words relevant demand driven research which may be obtained by engaging those communities in an appropriate forum.

In 2003 CRRAH ran an interactive research workshop (Baker et al., 2004). Research needs identified at that single workshop successfully informed the research strategy of CRRAH over the period 2003-2006. The aim of the research reported herein was to build on past success by conducting a series of interactive workshops in mid 2006 with key stakeholders from targeted communities in order to increase the ability of CRRAH to:

- network with stakeholders
- identify and prioritise research needs
- identify potential researchers and partners to future research activities.

Method

Ethics: Ethical clearance was obtained from the University of Southern Queensland's Human Research Ethic's Committee.

Venues: Eight Southern Queensland towns (Charleville, Dalby, Hervey Bay, Kingaroy, Roma, St. George, Toowoomba and Warwick) hosted workshops. The towns were chosen as being representative of major population centres in the region. With the exceptions of Toowoomba (population 100,000) and Hervey Bay (40,000) the town populations fall between 5,000 (Charleville) and 12,000 (Warwick). All the towns have large rural or remote catchment areas which double or even treble the town populations.

Participants: Key stakeholders in health provision and other organisations with an interest in community health in the target communities were invited. Participants were recruited through existing networks of CRRAH and through local radio and newspapers. In addition, snowball sampling (Morrison, 1988) was utilised, where prospective participants were asked about other stakeholders who might wish to attend the workshop.

Format of the workshops: The workshops used the nominal group technique to identify key health issues (O'Neil & Jackson, 1983). The workshop began with silent generation onto cards of key health issues. Ideas from the participants were then presented in plenary until all issues had been exhausted. Issues were then pooled into themes and participants were given the opportunity to rank the key issues. Those with the highest priority were discussed further in small groups and key points presented.

Analysis: Data were analysed by content analysis; thematic coding, comparison through the process of indexing and re-analysis through text search. In addition the data were quantified within and among both workshop and thematic issue according to prioritisation by participants, frequency of theme appearing and number of comments generated. Combining all these data generated a ranking of themes by importance.

Results

Participants: A total of 85 participants representing 47 services and 41 different organisations attended the eight workshops. Represented were national agencies (5), care delivery organisations (8), community health services (9), local government (2),

counselling services (3), private and public hospitals (6), Indigenous medical services (2), pastoral services (5), health professional support organisations (4) and tertiary educational establishments (3).

Prioritisation of themes: Identified themes and the prioritisation of those themes are presented in Table 1.

Insert Table 1 here

Themes: Delegates identified workforce issues as being the largest threat to sustainability of health services in rural and remote Southern Queensland. The number of comments generated was 326; second only to aged care. However in the case of workforce, comments were distributed across all workshops, whereas half of the aged care comments came from one the workshop in Hervey Bay.

Within the theme of workforce the main issues raised by participants were general lack of qualified and trained health providers in many rural areas, a fall in recruitment in some disciplines and an ageing workforce, particularly in nursing.

After workforce, mental health was the most important theme and was considered to be the greatest health condition affecting people in rural and remote areas. Participants from all disciplines expressed concern over the rising incidence in mental health issues exacerbated by the drought and the changes in economic climate. The need for a proactive approach with early intervention, and active management strategies was identified, but lack of services, inadequate staff numbers and client attitudes towards mental illness were seen as major obstacles.

The theme of access contained concerns about limited availability of services in rural and remote areas for diagnostics, primary care and specialist health services, transport, accommodation, counselling and respite care. It was recognised that rural towns were attractive to live in because of lifestyle and the lower cost of living; however, their health services had fallen behind those offered in urban areas at all levels. As a result the health of the populace was being compromised. Those who are at particular risk were identified as the youth, those with disabilities, the aged and the mentally ill.

One general comment was that services were being taken out of rural communities without a real understanding by policy makers of what the demands of those communities are. The general feeling was that decisions based on financial costs or population figures can be ill-founded in terms of community consequences. There was a consensus among participants that views of the general public towards health service provision have changed, such that current models of care no longer meet rural community expectations, with constant lack of consultation between policy makers and consumers an important contributing factor.

Interagency cooperation was one of the top five health themes. Providers are concerned that they communicate poorly amongst themselves. It was recognised that greater communication is required for greater understanding of service scope and avoidance of duplication of services. Various reasons for the lack of cooperation were suggested. These included ownership issues intensifying lack of coordination, and collaboration, problems associated with the sharing of intellectual property, competition for funding, over-regulation and workload. It was felt essential that health providers recognise the importance of relevant timely information to effective health care provision.

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Concerns about aged care were raised in seven of the eight workshops. It was noteworthy that participants from Hervey Bay, which has an aged population 50% greater than the state average, considered this issue their highest priority.

Comparison with the workshop in 2003: Comparison of results from the 2006 workshops with those of the single workshop undertaken in 2003 was not a specific objective of the project. Nevertheless it is interesting to determine whether the same themes and issues identified as being of major importance in 2003 were so in 2006.

Compared to the single workshop in 2003 there were five themes that bore great similarity to those generated in 2006 (bold entries in Table 2). Other 2003 themes containing similar issues to those with the themes in 2006 appear are matched on the rows in the table.

Insert Table 2 here

Discussion

One of the key objectives, namely engagement of health service providers and other community services with an interest in health working in Southern Queensland, was realised by the workshop approach. The forums proved an effective means of enabling health professionals to interact constructively to identify relevant issues. Improved networking was also an important positive outcome; given that even in the relatively small towns visited in this project some health professionals had not previously met each other.

The five most important themes and indeed most of the other themes are inter-related. For example, workforce deficiencies impinge on access to services and provision for mental health, while expectations of the community are related to both health information and health education. One of the principal objectives of the program was to inform future research activities and strategic planning of CRRAH and the results will certainly support that objective. However the inter-relationships will have to be considered very closely in that process.

The comments on workforce mirrored those collected by CRRAH in 2001 and 2004 studies of Queensland Nurses Union members (Hegney et al, 2006) and from rural health professionals in 2003 (Baker et al, 2004). A variety of causes and solutions to the problems were offered with the common denominator overwhelmingly being conditions of service. It should be of concern that since 2001 very little has changed in the eyes of the health professionals who are offering direct care.

Almost half of the participants at the 2003 workshop came from university departments and not surprisingly there was a heavy research emphasis on the recommendations from the workshop. In 2006 virtually all of the participants were direct health providers who admitted to having no research background at all. However there was a genuine interest generated in participants to undertake research in future. This response achieved another stated objective of the study, namely to identify and encourage future researchers.

In 2006 only about five percent were from an academic base. Given the differences in participants, the similarity in health concerns between the two years was surprising. This may be considered to be indicative of the importance of those themes and issues. The major differences between the two years were the increased focus in 2006 on interagency cooperation, access to services and health information. Whether these reflect changes with time or are merely a product of the different participants is not known.

The theme of mental health may be concluded to be one of great importance by a large variety of health professionals and clearly they consider current services to be inadequate.

Of greatest concern is the lack of interventions for individuals who do not exhibit the severity of illness to meet the criteria for health service support.

The type of services offered in any location is affected by resources such as personnel and finance or by policy. Resultant access to services influences consumer perceptions and expectations of the health services. What became very clear during the workshops was that health providers are concerned that they are not meeting both their own standards and their clients' requirements. There was the very strong opinion that there have been major increases in the expectations of the general public in what their health services should provide.

During the course of the workshop program many opinions about lack of services were offered. Assessment of these services may be required to determine if the perceived lack of services are actually real supply issues. This is exemplified by the recent view by many health providers in Toowoomba that bereavement or grief support was lacking. Subsequent research by CRRAH identified over 20 local providers of such service and concluded that information about service provision and not the supply itself was the limiting factor.

Health providers are client focussed and activities that are not seen to directly advantage clients are given a low priority. Cooperation among agencies should improve patient care, however current practices suggest that cooperation is not perceived to do so. Possible research in this area could determine and then demonstrate the benefits of increased cooperation especially in terms of patient/client care.

The consequence of migration of the aging population also appears an avenue worthy of further exploration. Many health workers are concerned with what they perceive is a lack of forward planning to match future needs with population changes and demands. It has been a common practise for both rural people and those from inter state to retire to the coast. However changing economic conditions have made coastal properties expensive and many retirees have been moving to rural towns or are remaining on their properties. Changes in migration patterns have huge implications for future health service demands. Gathering a clearer picture of what is happening in this regard would be beneficial.

In summary the research achieved all its stated objectives of community engagement through workshops, identification of new research areas and identification of new researchers. In addition highlighting the views of health providers has raised the profile of important health issues. Already preliminary results of the project have been discussed within the State Parliament. Overall the outputs of the project are expected to contribute to improved health in rural and remote areas of Southern Queensland, and strengthen the collaborative relationship between the university and the local community.

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References

Baker PG, Hegney D, Rogers-Clark C, Fahey P, Gorman D, Mitchell G. Planning research in rural and remote areas. *Rural and Remote Health* 4 (online), 2004: 266. Available from: <http://rrh.deakin.edu.au>

Delbecq AL, Vande Ven AH. A group process model for problem identification and program planning. *The Journal of Applied Behavioural Science*, 1971: 7(4), 466-491.

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Hegney D, Eley R, Plank A, Buikstra E, Parker V. Workforce issues in nursing in Queensland, Australia: 2001 and 2004. *Journal of Clinical Nursing* 2006; 12, 1521-1530

Morrison V L. Observation and snowballing: Useful tools for research into illicit drug use? *Social Pharmacology*, 1988: 2, 247-271.

O’Neil MJ, Jackson L (1983). Nominal group technique: A process for initiating curriculum development in higher education. *Studies in Higher Education*, 1983: 8, 129-138.

Table 1. Prioritisation of themes

	Number workshops theme raised	Ranking of prioritisation of themes	Ranking by number of comments	Overall ranking of themes
Workforce	8	1	2	1
Mental health	8	3	9	2
Access	8	4	3	3
Perceptions expectations	8	7	4	4
Interagency cooperation	7	6	7	5
Aged care	7	2	1	6
Transport	7	15	6	7
Substance abuse	6	5	12	8
Carers	6	8	11	9
Counselling	6	11	16	10
Health education	6	12	8	11
Health information	6	17	5	12
Youth	6	13	15	13
Health providers	6	16	10	14
Disability	5	10	17	15
Chronic disease	4	14	14	16
Indigenous health	4	9	13	17

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Table 2. Comparison of themes emerging from the 2003 and 2006 workshops

2006 themes	2003 themes
Access	Access to health service delivery
Aged care	Post acute/aged care
Carers	
Chronic disease	Management of common conditions of which little is known
Counselling	
Disability	
Health education	Mechanisms for identifying regional/local needs
Health information	
Health providers	Economic impact of new programs
Indigenous health	Indigenous health
Interagency cooperation	
Mental health	Mental health
Perceptions and expectations	Health and interaction with the environment
Substance abuse	
Transport	
Workforce	Health workforce including volunteers Health professional development and support
Youth	
	Evidence-based practice
	Outcomes impact of research partnerships