

# Supporting rural and remote parents and carers in understanding pathways into health careers: integrating rural and remote parents and carers into a Nursing Academy experience

**Debra Jones<sup>1</sup>, Kathryn Naden<sup>1</sup>, Darryl Ward<sup>2</sup>, Janie Peterson<sup>3</sup>**

<sup>1</sup>Broken Hill University Department of Rural Health, University of Sydney, <sup>2</sup>Broken Hill High School, <sup>3</sup>Southern Cross University

In 2007 the Broken Hill University Department of Rural Health (BHUDRH) introduced the Nursing Academy Program (NAP) for secondary school students within the western region of NSW. The NAP aims to promote nursing as a rewarding career choice for rural and remote students and enhance student awareness about entry points and requirements for the nursing profession. The NAP is an inclusive program that places additional emphasis on Indigenous participation. To date over 100 students from Year 7 to Year 12 have taken the opportunity to participate in the NAP. 28 % of participants have been Indigenous. The NAP is an interactive day where participants and teacher supervisors are provided with the opportunity to tour health facilities, speak with health professionals, gain insight into nursing practice and career pathways and participate in clinical skills. Participants can attend the NAP annually transitioning from Year 7 – Year 12. The program is developmental, cohesive and provides a high level of continuity and support.

Historically the greatest contribution the Broken Hill region made to the health workforce was through hospital trained registered nurses. Approximately 30 registered nurses graduated from this program annually. Following the transition of nursing into the university setting there has been a gradual decline of regional students transitioning from Year 12 into undergraduate nursing. It is estimated that currently only 1-3 regional Broken Hill students enter into undergraduate nursing annually.

Workforce literature highlights the importance of targeting rural and remote residents to enter the health work-force as they are more likely to return to rural and remote practice following graduation. Career development literature places emphasis on the provision of career information early in a student's career decision process as well as the critical role parent's play in influencing career choice.

In acknowledging the role of parents and carers in the career choices of their children the BHUDRH has introduced a Parents Supporting the Nurse Academy Program (PS NAP). This program aims to provide parents with a shared career experience and depth of knowledge about nursing and nursing pathways so they are better equipped to support their children in making informed career decisions. It is also envisaged that the PS NAP will strengthen relationships between the BHUDRH and parents and carers within the region. Providing a one-stop contact for nursing career information and guidance. If successful there is the potential to expand these program bases to include Allied Health and Medicine.

## Introduction

The introduction of health career pathways into Australian primary and secondary schools at an individual and systems level is crucial if we are to impact on the career choices of children and adolescents and address the current and escalating health workforce crisis confronting the nation. The Broken Hill University Department of Rural Health (BHUDRH) is investing in the creation of sustainable health career development pathways for rural and remote students. Returns on this investment back into the health professional workforce within primary health care and acute service contexts is expected at a local and regional level.

National and state programs directed at recruiting potential health professionals are heavily invested in post secondary school interventions. This is evidenced by the focus of the Australian Government in targeting undergraduate, post graduate and return to work programs in health, specifically nursing.<sup>1</sup> This approach fails to provide a cohesive and developmental career pathway that initiates aspirations towards health careers within our primary and secondary school student cohorts.<sup>2</sup>

The additional challenges confronted by rural and remote communities in accessing health care professionals provides a strong catalyst for promoting health careers within these school settings. Health workforce literature identifies the gains associated with attracting rural and remote students into the health care arena on the premise that these individuals are more likely to return to their communities of origin to provide service upon graduation.<sup>3</sup>

Targeting individuals within rural and remote settings is not a panacea and additional strategies and investments are essential in providing supported pathways into health careers. The role of parents in supporting or deterring their children from certain career pathways is also widely acknowledged in career development literature. For rural and remote parents who may never have experienced university education it is essential that they are supported and provided with the relevant skills and knowledge to promote child aspirations to undergraduate health career pathways.<sup>4</sup>

Resolving the nations health workforce crisis will require multiple strategies that invest in comprehensive school based career development pathways, undergraduate and post graduate support structures.

This paper focuses on the importance of providing rural and remote parents with career development programs that enhance their ability to support and promote health careers to their children where school nursing career development programs are delivered.

## Current environment

Current approaches to the delivery of career education within the Australian education system have been identified as failing to provide a cohesive and comprehensive approach resulting in a mismatch between policy and practice.<sup>5</sup> The lack of Australian literature and research exploring the impact of career development pathways across the school continuum also contributes to a lack of clarity on how best to support Australian children and adolescents career aspirations, choice and development.<sup>4</sup>

Career development literature identifies that children as young as 4 to 5 years of age have commenced the process of eliminating certain careers based on their gender self-concepts.<sup>6</sup> Further circumspection of career choice occurs as children transition towards adolescence. The identification of power inequities and social status recognition associated with specific career pathways becomes more distinct. Additional limitations on career choice, such as market demand and academic capacity also result in career compromises.

Career development programs that employ a life career approach are not a new phenomenon and are utilised extensively in the United Kingdom, United States of America and Canada. These career pipelines tend to focus on dispelling gender orientations and providing career pathways for underserved or minority populations.<sup>7</sup>

Increasing emphasis at an international level has been placed on the development of health science 'pipelines' that integrate Kindergarten to Year 12 programs in an endeavour to address the shortage of health professionals. These programs include rural and remote health pipelines that operate on the

premise that rural and remote students are more likely to return to rural and remote practice upon graduation.<sup>3</sup>

Westendorf<sup>3</sup> states that nursing organisations need to be encouraging the pursuit of nursing careers in the classrooms of early age school children. Through impacting on the career pathways of these children the nursing profession has the capacity to curtail the predicted nursing shortage that will occur in the next 15 to 20 years when the sudden exit of nurses is predicted.

Australia to date has failed to provide a similar level of investment in the development of health career pipelines and cohesive career developmental structures within our educational systems. The Australian Blueprint for Career Development identifies the need to structure career competencies that are age appropriate and provides a generalist pathway through the career development process however, strategies that integrate health and school based career development remain ad hoc.<sup>4</sup>

The under-utilisation of the Australian Career Development Studies training programs also decreases the capacity of significant external others, such as parents and teachers, in their ability to provide structured career guidance to children and adolescents.<sup>4</sup>

The complexity of career related variables for school aged children and adolescents provides a challenge for governments in the development and delivery of career education models that are responsive to labour market demands, career aspirations of individuals and external career influences. Unless these challenges are addressed and supported by policy and practice changes it is unlikely that current initiatives targeting the development and expansion of the health workforce will attain their full potential.

## **Rural and remote complexities**

Career development pipelines within rural and remote contexts present unique challenges and opportunities for health workforce strategists. Geographical isolation, ageing workforces, resource deficiencies, socio-economic status, parental experiences and self-aspirations, and cultural background are amplified in these settings.<sup>9</sup>

However, familiarity with community, strength of trans-discipline relationships and integrated service delivery models provide strong foundations from which to develop comprehensive and developmental health career pipelines that are responsive to local and regional capacity.<sup>10</sup>

Rural and remote communities are also acutely aware of the burden confronted in the recruitment and retention of health professionals within their communities. This acknowledgement enhances community support for interventions that aim to improve community capacity and health career outcomes for local school children.

## **The BHUDRH nursing career pipeline: school programs**

The establishment of the BHUDRH nursing career pipeline was initially modelled on a similar program being delivered through the East Texas Area Health Education Centre (ETAHEC). Since the pipelines introduction the BHUDRH model has expanded to meet student population demand as well as to integrate areas identified as requiring additional program bases such as kindergarten to year six and parent support programs.

The Nursing Academy Program (NAP) was established in Broken Hill and region in 2007. This program was introduced as a career development intervention to promote nursing as a rewarding and attainable career pathway within the regions secondary school systems. The projected national shortfall of 44 000 Registered Nurses by 2010 highlights the significance and import of addressing the nursing workforce crisis from a multitude of program bases. The current crisis in the nations rural and remote nursing workforce is likely to escalate as nurses near retirement age and seek alternative work models that favour decreased hours on a part time or casual bases.<sup>11</sup>

The NAP is a nursing career development model that is underpinned by the key principles of career pipelines, consistency, cohesion, continuums and development growth for participants.<sup>12</sup> Strong local and regional partnerships between health, education, community and the BHUDRH were critical in ensuring collaboration between industry, health and education and the efficient utilisation of resources. The provision of nursing role models throughout the NAP also enhances student exposure to career attainment.

The NAP has a structured intentional individual career development approach that has evolved through the constructs of Social Cognitive Career Theory (SCCT). SCCT provides a comprehensive view of career development that identifies three major constructs: self-efficacy, outcome expectations, and goals as being critical elements of career development.<sup>13</sup> Self-efficacy encompasses individual belief about self ability within a specific realm, outcome expectations relate to imagined consequences of performing a behaviour, and goals consist of conscious intent to enact a behaviour that will relate to future outcomes.<sup>13</sup>

Intentional individual career development interventions focus on influencing vocational identity, challenging occupational gender stereotyping and influencing the processes of circumspection and compromise.<sup>4</sup>

The NAP initially focused on the provision of a comprehensive nursing career pathway for rural and remote secondary school students in Years 7–12. As the NAP has gained momentum within the secondary school system it has become increasingly apparent that several key components of career development pathways were missing within the model.

Based on Gottfredson's model of career development the NAP model is being expanded to include a Kindergarten to Year 6 career exposure and health promotion program. The provision of male nursing role models within this component of the pipeline will be critical in challenging self-gender constructs associated with a feminised nursing workforce.

Additional strategies targeting the broader systems levels that impact on child and adolescent career attainment have also been introduced into the NAP. The influence of parents and primary carers on the career choices and aspirations of their children has resulted in the piloting of a Parents Supporting Nurse Academy Participants Program (PS NAPP). The PS NAPP aims to provide parents and carers with career development constructs that will enhance their capacity to support their child's health career pathways.<sup>4</sup>

## Parental influence in career decision making

Career development is impacted upon by a range of personal and situational determinants.<sup>4</sup> Super's Theory (1990) describes personal influences as interests, aptitudes, and personality. Situational determinants include family, peer group, school, community and labour market demands.<sup>4</sup> Additional

influences on the career development of children and adolescents include socio-economic status, parent's educational and occupational attainment and cultural background.<sup>14</sup>

Attachment Theory postulates that children develop emotional attachments with their primary care givers. These attachment relationships provide the foundation for modelling and future relationship interactions. Internal models of attachment impact on all areas of an individual's life including career development. Wright<sup>13</sup> state that SCCT and Attachment Theory work in tandem in the development of career attainment.

Parents and family provide a conduit through which children interpret information and perceive their own abilities.<sup>14</sup> Tinsley<sup>15</sup> theorised that experiences of early childhood played an indirect role in transforming career behaviour later in a child's life. The relationship between parents and children influences personality orientations and the development of psychological needs. Vocational aspirations are one way psychological needs are satisfied by individuals.<sup>14</sup>

Parental support and guidance can encompass specific career educational suggestions as well as experiences that indirectly support career development, resources, modelling of paid and unpaid work. The absence of this supportive network can result in floundering and the inability to develop and pursue a specific career focus.<sup>14</sup>

Turner<sup>16</sup> also identifies the critical role of parents in providing positive impacts on children's career development processes. Parents are identified as 'value socialisers' who shape their children's perceptions of the appropriateness of occupation-related decisions. Parents also have the capacity to influence their child's self-perceptions of being academically and vocationally competent.

Literature states that for students to learn in a self-directed way through their career development process they require both the support of their parents and active involvement in comprehensive school based career guidance programs.<sup>16</sup>

## Parent findings

Parents of Year 10–12 NAP participants from 2008 were canvassed to identify need relating to self-knowledge and capacity to assist their children in progressing their interest in health careers. In late 2008 a pilot PS NAPP was held to provide nursing career pathway information to parents. Expressions of interest were forwarded to past Yr 10-12 NAP participants parents to gauge interest and demand for this program model. Initially 12 parents committed to attending the program with 4 attending on the day of delivery.

A pre and post evaluation was undertaken by parents to gauge their knowledge of health career pathways and identify relevance of the information provided.

The pre program evaluation conducted immediately prior to the information session demonstrated a limited knowledge base among attending parents of health career pathway structures and limited self-attainment of post secondary school education.<sup>17</sup> The educational attainment level of parents is identified as a key factor in the career aspirations of children.<sup>18</sup> North American research identifies that rural adults continue to experience lower educational attainment than metropolitan counterparts.<sup>19</sup> This supported the assumptions on which the program was based. Over a period of 2 hours nurse academics and industry partners provided an overview of educational pathways to health careers, specifically nursing, including theoretical and practical components, support structures and other

services available to rural and remote students considering undertaking academic study in nursing away from home community.

Post evaluations were undertaken immediately following the information session. Parents were asked to comment on how the information session:

- impacted on their knowledge of nursing education pathways
- affected capacity to support their children in making career decisions relating to health professions
- impacted on confidence levels to seek further support from nursing professionals if their child pursues a nursing or other health career pathway.

The findings of the post evaluation suggest that parents gained insight into the career entry pathways for nursing, increased their capacity to communicate effectively with their children about health careers and increased confidence in seeking career support from nurse professionals.

## Discussion

Despite the current nursing workforce initiatives being undertaken at a national level the nursing workforce crisis is escalating. The impact of this workforce crisis is likely to be felt greatest in rural and remote communities. These communities are already challenged with recruitment marginalisation and an ageing workforce. Future nursing workforce projections are forecast to amplify this predicament.

Historically Broken Hill and regions greatest contribution to the health workforce was generalist trained Registered Nurses. Prior to the transition of nursing education to universities approximately 25 Registered Nurses graduated annually from this training. There has been a steady decline in Year 12 students seeking undergraduate nursing pathways since this transition with approximately 1-3 entries currently occurring annually.

Since the introduction of the NAP in 2007 over 100 Year 7–12 students have participated in the academy program. This equates to approximately 100 parents, taking into account sibling attendances, who have now had children actively involved in a nursing career experience. As many of these parents are of rural and remote origin their personal exposure to academic education is likely to be limited. A failure to provide these parents with opportunities to gain relevant career information for nursing pathways may result in a failure to optimise the NAP invest and a decreased capacity for parents to promote nursing careers.

As the BHUDRH NAP and PS NAPP consolidate it will be imperative to undertake additional evaluation and research on the career trajectories of participants and the role their parents play in promoting or deterring health career pathways. The further integration and collaboration between health, education and industry will also be essential in enhancing health career pathways and supports available for students and parents.

To date the NAP and PS NAP have been rolling action based quality initiatives. It is envisaged that in 2010 following additional pilot programs and further consolidation of the concept that ethics approval will be sought to explore the impact of program participation for students, parents, and school based career advisors, teachers and supervisors. Longitudinal data on the career impact of the NAP is essential in determining the effectiveness of school based health career developmental programs and impact on the future career decisions of participants. It is envisaged that this data will add to the

literature available at a national level on appropriate models of rural and remote career development programs and career pathways.

The adaptation of the BHUDRH nursing pipeline model to other rural and remote settings will also provide the opportunity to explore career impacts at a greater level and test the transferability and validity of the programs.

The further adaptation of the model to other career pathways that are identified professions of need within rural and remote communities could provide solutions to industry and labour market demands in these areas.

## Conclusion

NAP and PS NAPP are not a panacea to the nursing workforce crisis, but they are critical components in the development of comprehensive nursing career pipelines that provide the foundation for developing parental capacity and health career aspirations in school age children. The responsiveness of these programs to local and regional resources and partnerships enhances model adaptability and transferability to other settings and potentially other career pathways. The investment in rural and remote students from kindergarten to Year 12 and the additional investment in providing parents with the relevant knowledge and resources to enhance their ability to promote health careers to their children is critical. If rural and remote communities are to contribute effectively in addressing their nursing workforce crisis and ensure future access to local and regional health services then sustainable investments are vital.

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## Presenter

**Debra Jones** has worked extensively in rural and remote health for over 25 years. Her passions include Indigenous health, primary health care and recruitment and retention pathways for rural and remote nursing. Deb has recently completed her Masters in Indigenous Health and is currently working on a nursing career pipeline encompassing kindy programs to advanced nursing practice experiences in western NSW. Deb is currently the Director of Primary Health Care with the Broken Hill University Department of Rural Health.