

## Original Article

# Developing a conceptual understanding of rural health practice

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## Abstract

**Objective:** *This study presents a set of concepts underpinning rural practice that could assist teaching health and medical students.*

**Outcome:** *Five concepts, important in distinguishing rural health practice, are presented and discussed. These are rural–urban health differentials, access, confidentiality, cultural safety and team practice. Together these concepts impact the ways in which rural health professionals provide care, due to fewer services, greater distances, smaller populations, less choice of services and smaller workforce.*

**Conclusion:** *These concepts introduce students to some of the positive and negative aspects of rural practice, as well as opportunities for rural practitioners to have a diverse practice, to become involved in all aspects of health and to initiate change. They provide an understanding of rurality from which health students can learn from their practical experiences during rural placements.*

**KEY WORDS:** *access, confidentiality, cultural safety, rural health education, team practice.*

## Introduction

Rural medical education in Australia has tended to be multidisciplinary and community-based, involve partnerships with a range of community and health organisations, be patient-orientated, use small group learning processes and emphasise content that is specific to rural practice.<sup>1–7</sup> Rural placements are important in teaching

rural practice, providing experience of specific contexts, such as indigenous health and isolation, as well as identifying the need for a wide range of clinical skills, increased responsibility and more varied caseloads.<sup>7–9</sup> However, placements alone do not provide an understanding of why and how rural practice differs.<sup>3</sup> Similarly, problem-based learning approaches utilising rural contexts provide exposure, but not necessarily understanding. Students are left to draw conclusions about what is specifically ‘rural’ based on a series of anecdotes, examples and individual experiences. For example, observing racism in a rural community can leave a student with an understanding that all rural residents are racist, which may discourage a rural career.

A framework for learning about rural practice and understanding rural issues is needed:

While the defining characteristic of rural health remains its geography (and related issues of access to health care services), rural and remote Australia is also sociologically, culturally, economically and spiritually different from metropolitan areas, as well as internally diverse. It is these characteristics that define the health behaviour of its residents, determine their health status and influence the way health and medical care is provided.<sup>10</sup>

The present study outlines five concepts important for teaching rural health practice, specifically: (1) rural–urban health differentials; (2) access; (3) confidentiality; (4) cultural safety; and (5) team practice.<sup>11</sup> The five concepts distinguish rural practice from urban, embrace the needs of rural communities, explore the impacts of rurality and provide understanding that rural communities are both an environment of care and a cause of disease.<sup>6</sup>

## Rural–urban health differentials

Of the 10–30% of Australians who live in rural and remote areas (depending on definition), slightly more are men, proportionally more are married, the population

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is ageing<sup>12</sup> and it includes approximately two-thirds of the indigenous population.<sup>13</sup> Further, rural and remote areas provide two-thirds of the nations' exports,<sup>14</sup> even though just under one-quarter of the work force are employed in primary industries.<sup>12</sup>

Despite open space, often cleaner environments and more access to outdoor recreation, the health status of rural and remote residents is poorer than metropolitan residents.<sup>10,15,16</sup> Rural residents have higher rates of injury mortality (especially road accidents), homicide and suicide as well higher blood pressure levels and higher rates of smoking and alcohol consumption.<sup>15,16</sup> Women from rural and especially remote areas are more likely to be overweight.<sup>16,17</sup> These and other risk factors result in higher mortality rates from diabetes, asthma, respiratory disease and coronary heart disease and a reduced life expectancy overall.<sup>16-19</sup> The indigenous population have much poorer health status than non-indigenous Australians with lower birthweights, higher levels of infant mortality, higher levels of chronic illness, infectious disease and mental illness, and higher rates of injury and suicide. Together, these result in a 17 years shorter life expectancy than non-indigenous Australians.<sup>13,19</sup> However, the news is not all bad – rural residents report higher levels of happiness and rural women have reported lower levels of stress than metropolitan women.<sup>16,17</sup>

Therefore, rural health professionals more frequently work with young families, older residents and indigenous Australians, and are more likely to treat chronic illnesses, health problems relating to alcohol, tobacco and obesity, and trauma associated with motor vehicle accidents. Other conditions relate specifically to rural occupations and environments, such as farm injuries and snake-bites. Learning about rural conditions and their causes is important for all health practitioners.

## Access

It is important that rural health professionals consider the range of issues related to and stemming from access to rural health services. It is also important that urban practitioners appreciate the access issues pertaining to rural residents and health professionals.

The limited number of services coupled with distance to services makes access more difficult, time consuming and expensive. Rural life necessitates transport (usually private transport) and choice of services is limited.<sup>20</sup> Further, smaller populations means the demand for specialist services is less. Travel to services, especially specialist care in metropolitan centres, can mean lost wages, child care expenses and travel costs. Much has been written about access<sup>18-20</sup> but the conclusion is clear: 'Metropolitan Australians have access to more health services, better and more frequent public trans-

port services, cheaper telecommunications infrastructure, more employment opportunities, and better and more education/training prospects.<sup>15</sup>

Access is even more problematic due to a work force shortage resulting in fewer medical, nursing and allied health providers per population than in urban areas.<sup>20,22</sup> Rural residents have fewer visits to doctors and other health services than their urban counterparts.<sup>23</sup> Consultations with general practitioners and expenditure per hospital bed both decrease as rurality increases.<sup>21,24,25</sup> This means rural services provide care to a larger number of people and a more dispersed population than urban services. At the same time, rural health services tend to be smaller, less resourced and have additional expenses associated with distance.

Despite fewer health professionals, health services are one of the most strongly valued services in rural communities.<sup>26,27</sup> Access is not only an issue confronting consumers but also health professionals: the lack of services, lack of resources and professional isolation are significant challenges.<sup>8,28</sup>

## Confidentiality

Confidentiality is important in any health practice. In a rural community, social relations impact confidentiality for both consumers and healthcare providers. Patterns of interaction differ between rural and urban communities.<sup>29</sup> Although rural and urban residents have similar numbers of strong ties or close personal relationships (friends and family), rural residents have fewer acquaintances resulting in a smaller proportion of weak ties,<sup>29</sup> argued to be key to social stability.<sup>29,30</sup>

The lack of weak ties means there is a lack of anonymity in rural communities,<sup>29,31,32</sup> which results in social pressure to conform.<sup>29,32</sup> Privacy is more difficult to maintain, as the receptionist, patient, nurse and doctor may have relationships prior to and separate from any healthcare consultation. Sensitive issues can be more difficult to raise with a practitioner who is also a friend or neighbour.<sup>32,33</sup> The lack of anonymity has specific consequences for sensitive health issues, such as sexual health, HIV and mental illness.<sup>33-35</sup>

A practitioner must understand the lack of anonymity, close relationships amongst their patients and complexities of maintaining confidentiality.<sup>36</sup> For example, clinicians must be careful that medical files are not visible to anyone but the patient, that test results are not overheard, and that telephone conversations are private. In social situations practitioners may be asked about a patient. Further, discussions with patients using nameless others as examples is inappropriate given that the nameless other may well be identifiable. Rural health professionals have more information about patients, which can result in emotional responses to

*What this paper adds?: The present study contributes to understanding rurality and its impact on rural health by the application of sociological concepts to rural health in Australia. The present study identifies five concepts important in understanding rural practice.*

1. *Health Differentials: The rural population is in some ways different and their health conditions can vary from the urban population.*
2. *Access: Rural residents have less access to services due to distance, cost, fewer services and smaller workforce.*
3. *Confidentiality: Confidentiality impacts on health consumers and practitioners because there is less anonymity and sometimes a faster flow of information in rural communities.*
4. *Cultural safety: Respecting the identity/ies and needs of everyone is important in rural health services because specialist services are fewer.*
5. *Team practice: Teamwork is vital in rural practice and can improve the management of health care.*

*Teaching these concepts should improve students' understanding of rural health and expose them to some of the diversity, opportunities and challenges of rural practice.*

treating patients.<sup>36</sup> Health professionals in rural areas are also held more accountable; a delayed diagnosis quickly becomes town gossip. In addition, the practitioner unavoidably mixes personal and professional relationships, adding complexity to both personal and professional life.<sup>36</sup>

As a result of a small population, many residents also have more than one role, as defined by their occupation, social standing or community participation.<sup>29,32</sup> Residents are very aware of the multiple roles held by an individual. Information is quickly disseminated and informal networks are extremely important to the flow of information.<sup>37</sup> Rural health professionals, especially doctors, are not anonymous; they are known by most people in town and always carry the doctor role with them. This makes it difficult to be 'off duty'<sup>36</sup> and raises difficulties for themselves and their families in seeking services.

Less often acknowledged are the benefits to practitioners of rural practice. Knowing consumers, their families and their social lives can provide practitioners with increased understanding and the opportunity to work with them for improved health.<sup>1,6</sup> Continuity of care is a more realistic possibility and an attraction for many health providers.<sup>8</sup>

## Cultural safety

Because rural populations are heterogeneous,<sup>38</sup> rural practitioners have the challenge of providing a service that meets the needs of their diverse population. Although metropolitan areas have specific health services for younger people, ethnic populations and indigenous communities, not all rural communities can provide specific services for such groups. Rural hospitals, clinics and health centres must meet the needs of a diverse range of consumers who differ in culture, age, education, income, occupation, gender and residential background. Therefore, it is necessary that rural services are culturally safe.

Eckerman *et al.* define cultural safety as 'an environment which is safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need'.<sup>39</sup> Cultural safety is about empowerment<sup>39,40</sup> and involves 'actions which recognise, respect and nurture the unique cultural identity ... and safely meet their needs, expectations and rights'.<sup>41</sup> Lack of culturally safe health services place people from minorities at risk, especially indigenous people, by dramatically reducing access to services.<sup>42</sup>

Cultural safety moves beyond cultural awareness to embrace the perspective that culture is dynamic, is interpreted differently by different people and does not classify people into single cultural groups.<sup>43,44</sup> Cultural safety acknowledges that we all have cultural views impacting our practice and service use, and recognises the dominant hegemonic position of most health providers and the ways that power differentials are reinforced through practice.<sup>43-45</sup> Rural practitioners are asked to first acknowledge their own culture and position of power in their practice and then to make efforts for consumers to feel safe. Cultural safety is not about primarily understanding other cultures but about the interaction between the practitioner's and consumer's culture/power.<sup>43,44</sup>

In practice, cultural safety means critiquing our own practice, acknowledging the different cultural perspectives of all consumers and recognising that there are different interpretations of culture. Practitioners who are honest and genuine in their approach to meet the needs of their consumers are likely to be effective. The importance of culturally safe approaches in rural health is increased given the lack of access to different and culturally specific services. As rural health professionals are held more accountable, everyone feeling welcome, comfortable and safe in a service is imperative. Although cultural safety fails to address relationships between services and collective cultural groups at the structural level,<sup>43</sup> it provides practitioners with a strategy for improving their own practice by acknowledging their dominant position and own culture, proactively

addressing each consultation for 'safety', and reflecting on their practice over time. It is empowering in that it enables the practitioner to initiate change and 'make a difference'.

## Team practice

Effective team practice is often viewed as a positive feature of rural health practice as it can be developed more easily in smaller healthcare settings. Given the large patient caseloads coupled to the fewer health services and providers, rural practitioners must work with health professionals in other fields. Rural practitioners often have less choice in referrals and must work with local health providers. Multidisciplinary team approaches can improve health outcomes due to improved planning, identification of problems, less duplication and more innovative strategies.<sup>46</sup> In particular, primary healthcare teams have been found to meet the needs of the community more effectively because they focus on both treatment and prevention and provide better continuity of care.<sup>47</sup>

In its most general form, teamwork may be defined as a group activity that has 'a common objective, different professional contributions and a system of communication.'<sup>48</sup> There is no one template for team practice; rather it is best seen as an adaptable approach that can be engaged by the participants to suit each unique rural healthcare setting.<sup>36</sup> This will depend on the degree of autonomy and range of practice skills desired as well as the location, patient profile and professional supports, all of which vary widely across rural settings. Working as part of a team and showing leadership as well as collaboration is key for rural health professionals.<sup>6</sup> Participants in a local, team-based, rural health practice described its strengths as the opportunity for a patient-centred, holistic approach while working in a collaborative and supportive environment. Mutual respect and open communication between members while actively encouraging community participation in team planning processes were other desirable features reported by these team members (personal communication, September 2003).

This does not mean that multidisciplinary practice is inherently cohesive, collaborative and harmonious. Research into interprofessional teams has identified power, knowledge, control, gender and status issues as important. Tension between practitioners working in a team is common and clear role delineation and communication are key to successful teamwork.<sup>48</sup> However, students have identified the experience of team practice as a key reason for indicating preference for a rural career.<sup>8</sup> Further, learning in a multidisciplinary environment is more likely to result in working in a team environment.<sup>48</sup>

## Conclusion

Rural health is not just health in a rural setting but health in a complex web of social relations, cultural history and socio-political networks. Understanding how these impact a health provider in rural practice could improve the training of health professionals. It is important to give students an overview of the current situation, including rural-urban health status and limited access to services, but continued focus on these paints a bleak description of rural health without pathways to change. Including issues surrounding confidentiality, cultural safety and the opportunities for team practice introduces students to the passions, commitments and achievements of thousands of rural health practitioners across Australia. For a health professional, rural Australia can be challenging, dynamic and provide a range of opportunities to have an impact on their population, to witness their impact, and develop a diverse and exciting practice for the whole community. Preparing students to understand, confront and overcome challenges are the tasks of rural health educators. Incorporating the concepts outlined in this paper and their interrelationships should assist in this process.

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