Check for updates

Received: 2 October 2023 | Revised: 29 February 2024 | Accepted: 4 March 2024

DOI: 10.1111/ajr.13107

ORIGINAL RESEARCH

Nurse Navigators – Champions of the National Rural and Remote Nursing Generalist Framework: A solution

Amy-Louise Byrne PhD[1] | **Janie Brown PhD**[2] | **Eileen Willis PhD**[1,3] | **Adele Baldwin PhD**[1] | **Clare Harvey PhD**[4]

[1]School of Nursing, Midwifery and Social Sciences, Central Queensland University, Rockhampton, Queensland, Australia

[2]Curtin School of Nursing, Curtin University, Bentley, Western Australia, Australia

[3]College of Nursing and Health Science, Flinders University, Bedford Park, South Australia, Australia

[4]School of Nursing, Massey University, Albany, New Zealand

Correspondence

Amy-Louise Byrne, School of Nursing, Midwifery and Social Sciences, Central Queensland University, Rockhampton, QLD, Australia.
Email: a.byrne@cqu.edu.au

Funding information

Office of the Chief Nursing and Midwifery Officer

Abstract

Introduction: Nurse Navigators were introduced in Queensland, Australia, in 2016. Nurse Navigators coordinate person-centred care, create partnerships, improve care coordination and outcomes and facilitate system improvement, independently of hospital or community models. They navigate across all aspects of hospital and social services, liaising, negotiating and connecting care as needed. People stay with Nurse Navigators for as long as required, though the intent is to transition them from high-care needs to self-management. Nurse Navigators are a working model in rural and remote areas of Queensland.

Objective: To describe where the rural and remote Nurse Navigator position fits within the Rural Remote Nursing Generalist Framework and to define the depth and breadth of the rural and remote Nurse Navigator's scope of practice.

Design: Using template analysis, data from focus groups and interviews were analysed against the domains of the recently released National Rural and Remote Nursing Generalist Framework. Navigators working in rural and remote areas across Queensland Health were invited to an interview ($n=4$) or focus group ($n=9$), conducted between October 2019 and August 2020.

Findings: Rural and remote Nurse Navigators are proficient in all domains of the framework and actively champion for their patients, carers and the communities where they live and work.

Discussion: This research demonstrates that rural and remote Nurse Navigators are a working model of advanced nursing practice, acting as 'champions' of The Framework.

Conclusion: The Nurse Navigator model of care introduced to Queensland exemplifies proficient registered nurse practice to the full extent of their knowledge and skill.

KEYWORDS

Nurse Navigator, person-centred care, rural and remote generalist, rural and remote health

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.
© 2024 The Authors. *Australian Journal of Rural Health* published by John Wiley & Sons Australia, Ltd on behalf of National Rural Health Alliance Ltd.

1 | INTRODUCTION

The provision of equitable healthcare to people who are geographically distanced from central services is an ongoing difficulty for healthcare providers around the world, challenging their intentions to contribute to achieving the Sustainable Development Goals (SDG), particularly SDG 3, to 'ensure healthy lives and promote wellbeing for all at all ages'.[1] The goals recognise that healthcare inequity exists even in high income countries and that sustainable strategies must be developed and implemented to reduce healthcare inequities. The Australian experience shows there are population groups who have poorer health outcomes, some of which are clearly linked to where people live. The health and wellbeing of people living in rural and remote locations are poorer than those who live in regional and metropolitan areas,[2] and they experience a greater burden of disease, including decreased quality of life and premature death. Overall, people living in remote locations have a mortality rate 1.5 times higher than that of urban dwellers.[2] Of note is that Aboriginal and Torres Strait Islander populations living in rural and remote regions make up a higher percentage of the rural and remote population compared to their city counterparts.[3] This is a key consideration based on the reality that Australia's Aboriginal and Torres Strait Islander people, generally, have higher levels of illness and experience a decreased quality of life and lower life expectancy, all of which underpin the *Closing the Gap* initiatives.[4,5] Thus, this specific population group requires additional consideration when discussing healthcare provision in rural and remote regions.

As well as cultural barriers to accessing equitable healthcare, the tyranny of distance often results in limited availability and timely access to healthcare, with people in rural and remote areas less likely to seek medical services or regularly see a general practitioner.[2] Further, building and sustaining a suitably qualified rural and remote workforce to meet the unique needs of the population is a challenge. Rural and remote locations have fewer staff overall,[6] with nurses being the largest rural and remote health workforce.[7] However, retaining nursing staff in rural and remote locations remains problematic. Solutions such as graduate transition to practice programmes and temporary exposure programmes[8,9] have been implemented to familiarise nurses with rural and remote practice and to address recruitment and retention issues. These strategies, although somewhat effective, result in a less experienced workforce with limited access to senior staff and professional development opportunities.[10] Employing nurses on short-term contracts is commonplace, but it leads to disruption in the continuity of care and lower capability for local health care while increasing the costs of service provision.[11]

What is already known on the subject

- Rural and remote nursing practice is unique and challenging, requiring specialised skill and experience.
- Nurse Navigators deliver a well-established nurse-led service, working across Queensland, Australia, including rural and remote areas.

What this paper adds

- The role of the rural and remote Nurse Navigators aligns with the "proficient" capability of the National Rural and Remote Nursing Generalist Framework.
- The depth and breadth of the role of rural and remote Nurse Navigators highlight the complexities of healthcare provision for chronically ill people living in areas at great distances from metropolitan health services.
- Inclusion of rural and remote Nurse Navigators in current and future models of care to "champion" health outcomes for people living in remote areas is essential.

Despite these limitations, nurses working in rural and remote locations provide a bridge between decreased medical support and patient care needs.[12] Experienced rural and remote nurses are described as delivering 'advanced' care via their scope of practice,[12,13] with this term being interchangeable with that of 'full capacity', 'top of license' or 'top of scope'.[14,15] This means that experienced rural and remote nurses work within the same scope of practice as any other registered nurse in Australia, with the depth of the scope changing based on experience and education. Conversely, nurse practitioners work within a unique and extended scope of practice as per their regulatory frameworks.[16,17] Recently, the Australian College of Nursing, through the White Paper *A new horizon for health service: Optimising advanced practice nursing*, defined advanced practice as:

> ...the experience, education and knowledge to practice at the full capacity of the registered nurse practice scope. It is neither a title nor a role: it is a level of clinical practice that involves cognitive and practical integration of knowledge and skills from the clinical, health

14401584, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajr.13107 by Massey University Library, Wiley Online Library on [29/04/2024]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

systems, education and research domains of nursing. The nurse practicing at this level is a leader in nursing and health care.

(p. 6)

It is therefore imperative to examine the relationship between the strategic intent of rural and remote health service provision and the nursing workforce that provides much of it, particularly their scope of practice. What is important to the scope of practice is context, in this case rural and remote areas, whereby the context of practice dictates the breadth and depth of the nurse's scope of practice.[18]

The introduction of the *National Rural and Remote Nursing Generalist Framework* (herein referred to as The Framework)[19] signals an important point in defining and showcasing the role of nurses working in rural and remote areas. It describes the unique context and the core capabilities for practice, aligned with the Nursing and Midwifery Board of Australia's (NMBA) Registered Nurse Standards for Practice.[20] The Framework recognises that rural and remote registered nurses provide care across the spectrum of services (primary, acute and aged care), often in small teams or in isolation, but makes no reference to any particular or specific models of care. The Framework is built around four domains (Figure 1): Culturally safe practice; Critical analysis; Relationships, partnerships and collaboration; and Capability for practice.[19] Across all domains, capability for practice is described as learning (formative), confidently/actively (intermediate) and championing (proficient).

The Queensland Health Nurse Navigator Service is one initiative that positions nurses centrally in service provision. Nurse Navigators are experienced, highly skilled registered nurses who work to the full scope of RN practice, as described in The Framework, in providing care coordination, person-centred care and system change, with the goal of improving patient outcomes.[21] This paper examines a comprehensive dataset and compares the role of rural and remote navigators to The Framework, providing a new understanding of the depth and breadth of the role. It considers its positioning as a generalist, advanced practice role as an integral component to improving health services and thereby health outcomes in rural and remote areas.

2 | BACKGROUND

Nurse and Midwife Navigators were first introduced in Queensland in 2016 as an election commitment by the Queensland state Government.[22] Four hundred Nurse Navigators were pledged across all 16 hospitals and health

FIGURE 1 The Framework domains and capabilities. From: The National Rural and Remote Nursing Generalist Framework (2023–2027), by Office of the National Rural Health Commissioner, 2023.

14401584, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajr.13107 by Massey University Library, Wiley Online Library on [29/04/2024]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

services to provide care for those with complex chronic illnesses and co-morbidities.[21]

Nurse Navigator positions were advertised within each health service based on a level 7 senior nurse criteria and other local specific required knowledge and skills. In addition to the functions of a registered nurse, these senior nurses are required to possess skills and experience in leadership, advanced specialist knowledge, demonstrate educational expertise, lead change management processes and coordinate quality improvement. Nurse Navigators work at the same clinical level as a nurse unit manager or nurse educator; however, their focus is on direct patient support and coordination. The model of care for Nurse Navigators differs in each health service; however, many sit outside of traditional service clusters (for example, they are neither hospital nor community staff), but rather they transcend all services.

Nurse and Midwife Navigators, as defined by their service toolkit, are tasked with (1) coordinating person-centred care, (2) creating partnerships, (3) improving care coordination and outcomes and (4) facilitating system improvement.[21] Evidenced by formal evaluation,[23] Nurse and Midwife Navigators in all areas of Queensland demonstrated the ability to optimise care and ensure that care supports (physiological and psychosocial) wrap around the person. The model that promotes autonomous practice sits independently of hospital or community approaches and traverses all aspects of hospital and social services, liaising, negotiating and connecting care as needed. People stay with Nurse and Midwife Navigators for as long as required, though the intent is to transition them from high care needs to be self-managed. This specific analysis focuses on data and a framework that refers to nurses only (rather than midwives), hence reporting on Nurse Navigators only.

3 | AIMS

The aim of this paper is to describe where the rural and remote Nurse Navigator position fits within the Rural Remote Nursing Generalist Framework and to define the depth and breadth of the rural and remote Nurse Navigator's scope of practice.

4 | METHODOLOGY

We conducted a statewide evaluation into the efficacy and impact of the nurse and midwifery navigator service between 2019 and 2021, utilising a Theory of Change framework,[24] which allowed for ongoing review of data and collaboration with the Nurse Navigators. The evaluation analysed service measures such as hospital avoidance and emergency department usage, along with quality-of-life measures, and explored the Nurse Navigators' perceptions of their role. The evaluation found that Nurse Navigators optimise care by reducing care duplication, which impacts the quality of life of the people they care for, with subsequent demonstrated reductions in hospitalisation.[23] The research team clearly identified that there were subgroups of navigators, based on specialisation and role (for example, rural and remote, midwifery, aged care, nurse practitioner). Monthly focus groups were held with rural and remote Nurse Navigators, facilitated by the lead author. Nurse Navigators working in rural and remote areas across Queensland Health were invited to attend.

The sample included 32 participants, four of whom participated in individual interviews ($n=4$) and 28 who attended one of nine focus groups (Table 1). One-on-one interviews were conducted at various times throughout the data collection period by author four, and the focus groups were set up as a monthly 1-h meeting and recorded via Zoom and conducted by the lead author. A calendar invite was sent to all consenting participants. Focus group participation ranged from two to five people (exclusive of the evaluator facilitating groups), and participants could choose to attend as many or as few sessions as desired. No specific agenda or prompting questions for the focus groups were used, allowing navigators to explore real-time issues or areas of interest.

4.1 | Data analysis

This sub-study used a template analysis approach to re-analyse the dataset. Template analysis allows the researchers to approach the data with pre-determined hunches, models or theories based on their knowledge of the area of inquiry.[25] Data from the focus groups and interviews were transcribed and collated into one document via Adobe. Using The Framework,[19] we re-analysed the rural and remote navigator qualitative data against the domains of The Framework; *1. Culturally safe practice, 2. Critical analysis, 3. Relationships, partnerships and collaboration and 4. Capability for practice*. Two members of the research team populated the table with the available content, and another independently checked the data for validity against the domains of The Framework. Subsequent meetings were held with the entire research team to ensure consensus on the data against the template codes/themes. An additional round of data analysis and theming was conducted to ascertain the depth and breadth of the Nurse Navigator role, and again, consensus among the team was sought and confirmed. The theming is available in Table S1. To thoroughly capture the nuances of

14401584, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajr.13107 by Massey University Library, Wiley Online Library on [29/04/2024]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

TABLE 1 Participation overview.

Interview/focus group	Attendees (exclusive of the researcher)
One-on-one interviews	4
Rural/remote navigator focus group – October 2019	5
Rural/remote navigator focus group – November 2019	3
Rural/remote navigator focus group – December 2019	2
Rural/remote navigator focus group – January 2020	3
Rural/remote navigator focus group – Feb 2020	4
Rural/remote navigator focus group – April 2020	2
Rural/remote navigator focus group – May 2020	2
Rural/remote navigator focus group – June 2020	3
Rural/remote navigator focus group – July 2020	4
Total	32

the Nurse Navigator role in the rural context, the data is displayed in narrative form under the domains of The Framework (1. Culturally safe practice, 2. Critical analysis, 3. Relationships, partnerships and collaboration and 4. Capability for practice), with the use of supplementary qualitative data to support the description. Pseudonyms have been used.

4.2 | Ethics

A multisite ethical approval was awarded to the project in March 2018 (Darling Down Research Ethics Committee HREC/18/QTDD/8). All participating Hospitals and Health Services were approved through site-specific approval (SSA) governance processes, and all participants were recruited following informed consent. Only navigators employed by the participating Hospitals and Health Services were eligible to participate in the evaluation.

5 | RESULTS

Data analysis informed two key findings: (1) Navigators as champions of The Framework and (2) the depth and breadth of the Nurse Navigator's scope as advanced practice.

5.1 | Navigators as champions within the National Rural and Remote Nursing Generalist Framework

This investigation explored the proficiency of the navigator's scope of practice with reference to The Framework. The Framework states that rural and remote registered nurses work at an advanced generalist full scope of practice across the lifespan to provide the needed healthcare for their community, with The Framework itself providing an opportunity to develop their capabilities to the "proficient" level. Their role as champions of culturally safe practice is addressed first.

5.1.1 | Domain 1: culturally safe practice

Nurse Navigators report a deep understanding of cultural safety and implement strategies into their practice to ensure respectful and inclusive care. The Nursing and Midwifery Board of Australia, supported by CATSINaM (2018), defined cultural safety as nurses acknowledging that Australia has always been a culturally and linguistically diverse nation and that Aboriginal and Torres Strait Islander people have cared for the country for millennia, and their customs, traditions and cultures have shaped our nation. Cultural safety acknowledges historic colonisation and its impact on Aboriginal and Torres Strait Islander people and their health, which in turn informs care.[26]

The Nurse Navigator's ability to provide a more individualised approach to care enabled care planning that prioritised patients' cultural needs. For those Nurse Navigators who identified as Aboriginal and/or Torres Strait Islander people themselves, this afforded better collaboration and communication while fostering a sense of identity and belonging for the recipients of care. For example, Nurse Navigators describe approaching care from a holistic perspective, whereby the physical aspect of care is addressed alongside the spiritual, cultural and psychosocial aspects. Nurse Navigators describe this as a way of closing the gap in healthcare and report that organisational structures could inhibit how this approach to care is enacted.

Navigators understand the underlying structural challenges that Aboriginal and Torres Strait Islander people face and work to mitigate them. Nurse Navigators reported that changes in the healthcare system and structure were slow to occur, and while new models emerge, they are often designed around traditional siloed factions, limiting the ability of individual health professionals to integrate aspects of care other than the physical.

Nurse Navigators describe innovative ways of working to ensure cultural safety that highlight the need for space

14401584, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajr.13107 by Massey University Library, Wiley Online Library on [29/04/2024]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

and opportunity to be flexible in their own models of care. Opportunistic healthcare was one of the culturally safe approaches reported by navigators living and working in rural and remote areas to improve engagement. For example, one navigator stated that they often get in the car and drive around the neighbourhood, talking with many family and community members as they go, building relationships with the community, family and individuals. Pip, a Nurse Navigator, relayed the story of how she took the time to better understand what the barriers were to attending appointments approximately 2000 km from home and was able to put strategies in place to address these individual needs. With an authentic, supportive plan in place and recognising the patient's financial limitations, the patient, a 35-year-old Aboriginal man with rheumatic heart disease, travelled to his appointment, even calling the navigator when he arrived at this destination. This story was not an isolated case in Pip's role nor that of other rural and remote Nurse Navigators, and it clearly demonstrates how cultural understanding can have a significant impact on health outcomes.

It also shows how Nurse Navigators employ many different strategies to ensure that people receive the care they need, often working around social and system structures to make this happen. It recognises that local people can identify and design local solutions, particularly in the context of culturally safe care.

5.1.2 | Domain 2: critical analysis

In The Framework, critical analysis is required in the assessment, delivery and evaluation of safe, person-centred care. As the domains of The Framework impact each other, it calls for evidence-based care in an environment of cultural humility and respect.[19] The rural navigators have shown themselves to embrace all these attributes as they cross the boundaries between departmental siloes and services across specialists (dominantly in metropolitan settings), regional and local healthcare services, as well as working with patients, their families and the community.

Nurse Navigators described care delivery in terms of organisation and coordination based on processes and procedures, often highlighting workarounds or 'cheats' to achieve goals. This requires a detailed understanding of the system at large and the processes within it. Complicating this is the number of stakeholders involved in any one person's episode of care, particularly for those with multiple complex conditions. Nurse Navigators explain that the stakeholders involved, along with the siloed structure of each practitioner, lead to people becoming frustrated and angered with the system, often resulting in discharges against medical advice (DAMA) and failure to attend outpatient appointments (FTA). Alex's narrative about a typical workday, which included reflection about taking on more referrals than they should, shows these nurses literally navigate a complex health system for their patients. They described a day that involves changing between clinical interventions, using the example of supporting a palliative patient to die at home in a place where no at-home palliative care services were available. The solution involved engaging a GP, negotiating and advocating for the person, leveraging existing hospital resources and finding other resources within the district. The care goal was achieved, and, subsequently, a programme was implemented to allow people and their families to receive training to care for palliative relatives at home with the support of community nurses and Nurse Navigators. This demonstrates that Nurse Navigators, as those who often work within the gaps of service provision, can critically appraise care provision and identify areas for quality improvement.

5.1.3 | Domain 3: relationships, partnerships and collaboration

Our research showed that the core responsibilities of Nurse Navigators are care coordination, collaboration and relationship building, fitting directly into The Framework. Nurse Navigators described working with a wide range of healthcare professionals, for example, Aboriginal Liaison Officers, allied health practitioners, general practitioners and breast cancer nurses, across the public, private and non-government sectors. They also reported working with navigators in other contexts to better coordinate care. Jo and Max gave the example of how they collaborated for three peritoneal dialysis patients, coordinating case conferences with a multi-disciplinary health team, including the specialist renal team, nurse unit managers and senior medical officers in both rural and metropolitan locations. These navigators described the conference as a 'breakthrough' and a process whereby they facilitated and 'perfected' the communication and planning. Jo and Max's story illustrates the leadership, or champion, role in practice.

Nurse Navigators articulate the importance of communication and demonstrate advanced communication and negotiation, while also carefully keeping the person at the centre of this. The level of advocacy and support is described as 'advanced' and 'matured'. In keeping the person at the centre of communications, care planning and decision making, Nurse Navigators report high levels of growth and engagement in their patients, describing the people they care for as very 'willing', 'trusting', 'respectful' and 'accepting.' The acknowledgement of the work that

14401584, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajr.13107 by Massey University Library, Wiley Online Library on [29/04/2024]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

the person does for their own care is a testament to how Nurse Navigators maintain relationships and operationalise the concept of person-centred care.

5.1.4 | Domain 4: capability for practice

The Framework articulates capability for practice as the nurse is accountable for their own level of practice and responds constructively to support colleagues. Nurse Navigators discussed the diversity of their clinical experience, from primary health care to acute-based nursing, and how this informs their practice, particularly in relation to managing siloed services and systems. Many have been working in healthcare for 20 years or more and explained that during this time they have developed a 'sixth sense' of what the person needs.

In terms of capability of practice, Nurse Navigators were careful to express that, along with clinical experience, life experience was also fundamental to their care, giving a sense of compassion and understanding to the role. Many Nurse Navigators discussed their capabilities in the context of professional maturity, which allowed them to see the bigger picture of the care needs of the person. This encompassed being 'flexible', 'open' and a 'team player'. Debbie told how she provided leadership to colleagues across specialty areas, drawing on the lessons learned from her navigator role to coach colleagues to take the lead in patient care planning and provision, such as identifying barriers to care and communication. This example demonstrates that Nurse Navigators can use their influence to support and mentor other staff members across many disciplines, but specifically to support other nurses to work as leaders, demonstrating the full capability of practice.

5.2 | Navigators as proficient within the National Rural and Remote Nursing Generalist Framework

The Framework articulates the growth and development of registered nurses in rural practice, from formative (learning) to proficient (champion). This investigation explored both the depth and breadth of the proficiency of Nurse Navigator's scope of practice with reference to The Framework. The Framework states that nurses working in rural and remote areas must demonstrate cultural safety, have a critical role in the planning and delivery of high-quality care and work within a multidisciplinary collaborative framework. Additionally, it also identifies attributes such as the provision of equitable care that demonstrates social justice and the upholding of human rights. For the Nurse Navigators in rural and remote areas, this means that they must have experiential maturity to be able to see past siloed services and fragmented service delivery, and proficiently know the health system well to effectively negotiate many hurdles.

5.2.1 | Depth

Rural generalist practice, for experienced nurses, is about working to the top of the registered nurse scope of practice. This is the *depth* of practice that Nurse Navigators show, as they bring with them their skills, experiences and clinical expertise to innovatively solve problems for those they care for. Nurse Navigators demonstrate the depth of their scope through high levels of autonomy, leadership, expertise and experience in the context of rural and remote locations and reduced service provision.

5.2.2 | Breadth

We found that the breadth of the role and scope of practice for Nurse Navigators lie in their ability to *navigate*. Leveraging on proficient levels of autonomy, leadership and depth of expertise within their role, Nurse Navigators work at the very margins of individual services, providing care coordination, based on the needs of the person and their family. This often takes clinical courage and innovation, qualities described in The Framework,[19] to optimise care and reduce care duplication and fragmentation. Table 2 below demonstrates the data mapped against the depth and breadth of the Nurse Navigator role.

We note that Nurse Navigators have their own, developing model of care. The intent here is not to suggest that The Framework is the Nurse Navigator model of care, but rather to demonstrate how the navigator model of care works across the domain or rural generalist practice at an expert level.

5.2.3 | Positioning the depth and breath of the Nurse Navigator role within The Framework

Taken as a whole, the rural and remote Nurse Navigator role is a champion of The Framework. They take a whole-systems approach to the proficient navigation of a person through the system, working outside of the traditional singular approach of healthcare structures. As detailed above, the breadth of practice is located in the ability to *navigate* and coordinating person-centred care, thus

14401584, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajr.13107 by Massey University Library, Wiley Online Library on [29/04/2024]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

TABLE 2 Mapping of the breadth and depth of the Nurse Navigator role.

Depth	Breath
• Registered nurse standards of practice top of the scope. • Autonomy • Leadership • Expertise and experience • Innovation	• Breadth is the ability to *navigate* • Coordination of care • Person-centred care • Work at the margins of individual services • Effective optimisation of care
Data	**Data**
And I think prior to me taking him on as navigation I knew him from a mental health [service]. So, I'd known him and his family for a long time. So, this was in this role with this navigation hat on, I was able to provide *much more than I would have been as a mental health caseworker* or something like that. So, because you can *extend yourself into other services and support them through other means without restriction*. I think that's one thing I do like about the navigator role is you're not confined, you know, by certain processes and, you know, obviously there's some boundaries... this seems to be a lot more *freedom*	Last year we were running practically on three Nurse Navigators, four clinically last year. So I think out of those couple, [patient numbers] it's pretty high I reckon, for a team of five. Pretty high, really, but then there's also the *culture* of the area that we work in as well the [patient] turnover is high. It's a great job. I remember in the Northern Territory, and thinking, gosh, I need somebody to navigate and find out where these *loopholes* are for these people. So, it's a wonderful job...But it is a very hard job
We were having a discussion last week about it, but I think I sensed it also, which is why I put my hand up and *I encourage my other mental health counterpart* to put their hand up in saying, *'Hey, we can help you with such and such and such'*. I've already helped her in the background with some communications with the mental health team because she was [facing] *barriers* and I agreed with her	It's really about making sure we're all *tying in together*. So it's really making sure that *all the services are communicating*, and that we are making a *patient [the] centre of our care* ... and just recently, I've just had someone who some other services got these ideas about this client, but I feel like their focus is about... trying to cure a problem, but not actually trying to *involve the patient...*
We're sort of working on our *high-risk vulnerable cohort* and certainly *we're helping the health services in our cluster*. We're working with one of the Allied Health team members on the daily basis. We get together and we work through our maintenance patients, long stay patients and discuss our high-risk patients as well to try and assist the facilities which I think, certainly the feedback we're getting, they are quite appreciative of it	The fellow...he was homeless though. He had no fixed abode. So I actually *just drove down the street* where I knew that he used to...camp, just sleep rough
I do think the *leadership within rural is very strong*...even though we've been taken away from that rural line manager as such, because our hospitals and our patients are all set up rurally, we still link in with really strong *rural leadership*. So the cluster Don's and the Directors of Nursing, we find that that leadership is very – I mean you can't take away from how good that is as well	I've cancelled all of his future infusions and *I'd arranged a local doctor here to prescribe the infusions* and give them, so he didn't need to travel up to [major city] all the time. We set up with one of the *local nurses here* to do that
So I still describe it as a *multi-faceted role*, I give *advice to other professionals or support for other professionals*	This morning has been trying to help a patient with a *travel element*, and I've been running around trying to help a woman *die at home*, and so those are two things that have come up for us quite a few times, so very *limited palliative care services* in the rural and remote area and travel and getting things approved that people need, even [those] eligible for patient travel
I think the rural and remote navigators very much take a *leadership role*, because there's not as big as a multidisciplinary teams or nursing resources around. So probably on the back of that... it's very much about not only just promoting the service, but a whole number of things that you're *championing for*, whether it to be with improving *transport* or *improving the way the hospital system* might see that patient or looking for *good will in this area*	I don't think many metro Navigators could say they've taken someone grocery shopping

14401584, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajr.13107 by Massey University Library, Wiley Online Library on [29/04/2024]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

TABLE 2 (Continued)

Data	Data
Well, you can see where it sits within nurse navigating because of our knowledge with the newer systems and being able to *coordinate all that complex* care. Then also is a *separate role*	I *don't say no* to a lot of referrals. I do definitely take on probably more than [I should]– because I'm rural and because *there is no other*, there's no CNC that covers any kind of discipline or anything out here
But, you know, having a Nurse Navigator, and he was able to get the triage nurse to ring up getting us to reassess that situation for him and also, having the *triage nurse value our opinion and the ED doctor value that opinion accordingly*	And I think prior to me taking him on as navigation I knew him from a mental health.... So this was in this role with this navigation hat on, I was able to *provide much more than I would have been as a mental health caseworker or something like that*. So because you can extend yourself into other services and support them through other means *without restriction*. I think that's one thing I do like about the navigator role is you're not confined, you know, by certain processes and, you know, obviously there's some boundaries of course in it, you know, we've all got boundaries, but what I'm saying is there's an allowance without sort of a thumb or a criticism to say Oh no you can't do that because that's overstepping those boundaries, this seems to be a lot more freedom
...his GP dumped him when he went onto a driver, a syringe driver, and said he didn't have the skills to manage a driver in the community, so *we offered support with palliative care* and myself and our team to try and help that process, but the GP totally refused to look after him, so I had to go and *negotiate and find another GP*, which there wasn't anybody in town who would take on that patient, but luckily I managed with... the hospital; they have a GP practice attached to their hospital, and their medical superintendent took him on, so we managed to *support that gentleman dying at home*	The thing with these navigation roles is actually right. Like it's a whole role that's trying to break through silo's. And so therefore, you've got tricky things going on, regardless... I was just so satisfied because [colleague] and I were [sic] able to pull off a meeting between two sites...it was just amazing, like the teamwork
...sometimes I'll sit there and go, oh my God, I can't believe I just did that, as a nurse. But when you look at it from a *Nurse Navigator* perspective, and that *we're holistic, and pull everything together for the patient*	You're mindful too that there's still socioecological factors
I'd really like to do a bit of a service *map of palliative services* in our area, and look at *some gaps* in what we would do with that, to do a bit of a project around it	...they're much more dependent on the Rural Navigator because you're the more *trusted and primary contact*

optimising care provision. At the same time, the experience, expertise, autonomy and leadership of the Nurse Navigators come from being a proficient registered nurse, working to the full scope of practice in the context of rural and remote location. Working within the Registered Nurse Standards for Practice,[20] The Nurse Navigator Toolkit[21] and The Framework[19] (Office of the National Rural, Nurse Navigators) provide a unique model of care, sitting at the optimal intersection of depth and breadth of rural nursing practice (Figure 2).

6 | DISCUSSION

The Nurse Navigator role is one of multiple strategies to coordinate care for people with complex conditions living in rural and remote locations. They have influenced system integration and a reduction in hospital avoidance, along with navigated patients' reported improvements in engagement and quality of life.[23] Our analysis has found that Nurse Navigators champion care across all domains of the generalist framework. Comparison to The Framework demonstrated that Nurse Navigators work at the optimal intersection of depth and breadth of the registered nurse's scope of practice. This is a timely and critical finding, as rural healthcare continues to be fragmented and siloed. Indeed, the disparity of healthcare access, the cumbersome and ad hoc nature of services, inequity and poor health outcomes in rural and remote areas have been described as a 'crisis'.[27] A recent report from the Royal Flying Doctor Service (RFDS) reinforced this, finding that many people in rural and remote areas do not have access to basic primary and healthcare services nor nurse-led services.[28]

What is clear is that rural and remote Hospital and Health Services require innovative, integrated and

14401584, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajr.13107 by Massey University Library, Wiley Online Library on [29/04/2024]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

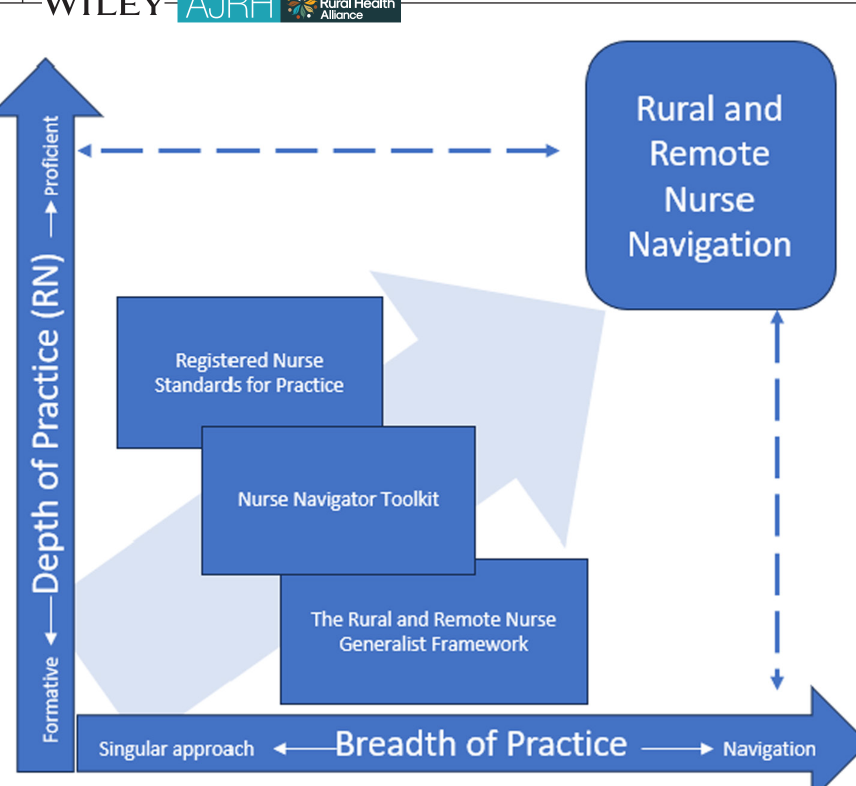

FIGURE 2 Optimal depth and breadth of practice. Rural and remote Nurse Navigators as champions of the Rural and Remote Nurse Generalist Framework.

multidisciplinary models of care that aim to bridge the gaps in services.[19,23,28,29] The current gaps in healthcare are not invisible at any level, and calls for healthcare reform are not new. However, the challenges persist, and health disparities are not being addressed. The Australian College of Nursing[29] has called for health reform, including the disruption of traditional medical dominance and funding structures. A solution, in the form of advanced nurses, has emerged. The *New Horizons*[29] paper discussed the hidden and underutilised potential of nurses, their ability to innovate and the potential for improved health and economic outcomes under advanced nursing models. From this, advanced nursing practice was strongly positioned in clinical practice, encompassing elements of leadership, research, education and optimisation of the healthcare system. Indeed, advanced practice nurses serve in and beyond the hospital, specifically identified as problem solvers improving for elderly people, people with complex chronic conditions, mental health challenges and transitioning across care providers.[29]

The Framework follows the work of the ACN by recognising that nurses in these areas work to an 'advanced generalist full scope of practice across the lifespan to provide healthcare for their community',[29] consistent with the existing evidence.[12,30] The Framework recognises that nurses are well placed to lead social justice actions, drive health equity and improve access to culturally safe and sustainable healthcare. Linked to their fundamental attributes of advanced practice are clinical expertise, leadership, autonomy and role development.[31]

A working, advanced practice, rural nursing generalist model exists and is already making significant progress in caring for people in remote and rural areas: Nurse Navigators. The mapping clearly demonstrates that Nurse Navigators are working to the top of their scope (depth) across a wide breadth of services, operating at the margins of healthcare provision, identifying where gaps exist and ensuring that vulnerable people do not fall within these gaps. The service works in tandem with all healthcare providers, coordinating and negotiating care that is person-centred care optimisation. Indeed, the rural and remote Nurse Navigator model sits at the optimal junction at depth and breadth of scope, ensuring that people receive the right care, at the right time, in the right place.

Positioning the Nurse Navigators within the rural and remote multi-disciplinary workforce is essential, given the challenges of recruiting and retaining an experienced workforce.[32] The ability to support, develop and succession plan with the current rural and remote nursing workforce are known challenges, all of which precipitated the development of The Framework.[33] Of significance, the model has demonstrated leadership in cultural safety and competence, offering opportunities for mentoring and the mitigation of barriers that have historically excluded Aboriginal and Torres Strait Islander people from care. Improvement in care is not the sole domain of nurses,

14401584, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajr.13107 by Massey University Library, Wiley Online Library on [29/04/2024]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

but the Nurse Navigator is a staple in rural and remote environments, and where others come and go, Nurse Navigators maintain the coordination of care.

Our research shows that rural and remote Nurse Navigators are the working model of advanced nursing practice, the "champions" of The Framework. Their role and the related strategic documents to redress health inequities represent a unique opportunity for health leaders and Hospital and Health Services to initiate and sustain authentic change and improve health outcomes for the communities they serve. As such, the rural and remote Nurse Navigator model should be regarded as a gold standard in rural and remote nursing.

7 | CONCLUSION

Rural and remote Nurse Navigators champion healthcare in their communities by demonstrating advanced practice across all domains of The Framework. They work at an advanced depth of registered nurse practice and extend the boundaries of traditional silos in order to work across the full breadth of healthcare provision. This paper has presented an example of a working model of advanced rural nursing generalist practice and its impact on optimising healthcare. The Nurse Navigator model goes beyond The Framework and should be explicitly embedded into any strategies to address the challenges of delivering equitable healthcare to rural and remote areas.

AUTHOR CONTRIBUTIONS

Amy-Louise Byrne: Conceptualization; investigation; writing – original draft; methodology; writing – review and editing; formal analysis; data curation. **Janie Brown:** Conceptualization; methodology; validation; writing – review and editing; formal analysis. **Eileen Willis:** Conceptualization; methodology; writing – review and editing; formal analysis. **Adele Baldwin:** Conceptualization; methodology; writing – review and editing; data curation. **Clare Harvey:** Conceptualization; methodology; formal analysis; writing – review and editing; funding acquisition.

ACKNOWLEDGEMENTS

This project used data from a parent project entitled, "The evaluation of the Nurse Navigator/health navigator model". We acknowledge the Queensland Office of the Chief Nursing and Midwifery Officer (OCNMO) for their funding of the parent project. We acknowledge the Office of the National Rural Health Commission in their commitment to develop The National Rural and Remote Nursing Generalist Framework 2023–2027. Open access publishing facilitated by Central Queensland University, as part of the Wiley - Central Queensland University agreement via the Council of Australian University Librarians.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interests.

ETHICS STATEMENT

A multisite ethical approval was awarded to the project in March 2018 by the Darling Down Research Ethics Committee HREC/18/QTDD/8. All participating hospital and health services were approved through site-specific approval (SSA) governance processes, and all participants were recruited following informed consent. Only navigators employed by the participating hospital and health services were eligible to participate in the evaluation.

ORCID

Amy-Louise Byrne https://orcid.org/0000-0002-8679-8310
Janie Brown https://orcid.org/0000-0001-8502-4252
Eileen Willis https://orcid.org/0000-0001-7576-971X
Adele Baldwin https://orcid.org/0000-0002-6325-4142
Clare Harvey https://orcid.org/0000-0001-9016-8840

REFERENCES

1. United Nations. Health and population [Internet]. United Nations; n.d. Available from: https://sdgs.un.org/topics/health-and-population
2. Australian Institute of Health and Welfare. Rural and remote health [Internet]. Canberra, Australia: Australian Institute of Health and Welfare; 2022. Available from: https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health
3. National Rural Health Alliance. Demography [Internet]. Canberra: National Rural Health Alliance; 2011. Available from: https://www.ruralhealth.org.au/book/demography#:~:text=Approximately%2035%25%20of%20Australia's%20Indigenous,in%20regional%20and%20remote%20areas
4. Australian Institute of Health and Welfare. Indigenous health and wellbeing [Internet]. Canberra: Australian Institute of Health and Welfare; 2022. Available from: https://www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing
5. Kairuz CA, Casanelia LM, Bennett-Brook K, Coombes J, Narayan Yadav U. Impact of racism and discrimination on physical and mental health among Aboriginal and Torres Strait Islander peoples living in Australia: a systematic scoping review. BMC Public Health. 2021;21:1302. https://doi.org/10.1186/s12889-021-11363-x
6. World Health Organization. Retention of the health workforce in rural and remote areas: a systematic review [Internet]. Geneva: WHO; 2020. Available from: https://www.who.int/teams/health-workforce/health-workforce-development
7. Australian Nursing and Midwifery Federation. Rural and Remote Health [Internet]. Sydney: Australian Nursing and

14401584, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajr.13107 by Massey University Library, Wiley Online Library on [29/04/2024]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Midwifery Federation; 2022. Available from: https://www.anmf.org.au/professional/professional-issues/rural-and-remote-health

8. Nowlan S, Schmalkuche D, Grant D. Perspectives: leadership in rural health through policy generation: attraction and recruitment in rural Australia. J Res Nurs. 2020;25(5–6):618–22. https://doi.org/10.1177/1744987120938356
9. Byrne A-L, Harvey C, Chamberlain D, Baldwin A, Heritage B, Wood E. Evaluation of a nursing and midwifery exchange between rural and metropolitan hospitals: a mixed methods study. PLoS One. 2020;1(15):e0234184. https://doi.org/10.1371/journal.pone.0234184. eCollection 2020.
10. Rose H, Skackowski G, Gunn KM. Addressing the challenges of early career rural nursing to improve job satisfaction and retention: strategies new nurses think would help. J Adv Nurs. 2023;79:1–13. https://doi.org/10.1111/jan.15636
11. Wakerman J, Humphreys J, Russell D, Guthridge S, Bourke L, Dunbar T, et al. Remote health workforce turnover and retention: what are the policy and practice priorities? Hum Resour Health. 2019;17:99. https://doi.org/10.1186/s12960-019-0432-y
12. Muirhead S, Birks M. Roles of rural and remote registered nurses in Australia: an integrative review. J Adv Nurs. 2020;37(1):21–33. https://doi.org/10.37464/2020.371.5
13. National Rural Health Alliance Inc. Advanced nursing practice in rural and remote areas [Internet]. Canberra: National Rural Health Alliance Inc; 2005. Available from: http://ruralhealth.org.au/sites/default/files/position-papers/position-paper-05-07-01.pdf
14. Jacalyn B, Loversidge J, Chipps E, Gallagher-Ford L, Genter L, Yen P-Y. Top-of-license nursing practice. Describing common nursing activities and nurses' experiences that hinder top-of-license practice, part 1. J Nurs Adm. 2018;48(5):266–71. https://doi.org/10.1097/NNA.0000000000000611
15. Primary Health Reform Steering Group. *Recommendations on the Australian Government's Primary Health Care 10 Year Plan [Internet]*. Canberra; 2021. Available from: https://consultations.health.gov.au/primary-care-mental-health-division/draft-primary-health-care-10-year-plan/supporting_documents/Primary%20Health%20Reform%20Steering%20Group%20%20Recommendations%20September%202021.pdf
16. Garnett F, Venables M. Extended scope of practice, emerging health professions and rural career pathway attraction opportunities [Internet]. 2013 [cited 2023 Aug 20]. Available from: http://www.ruralhealth.org.au/12nrhc/wp-content/uploads/2013/06/Garnett-Francesca_Venables-Madeleine_ppr.pdf
17. Nursing and Midwifery Board of Australia. Nurse practitioner standards for practice [Internet]. Canberra: Nursing and Midwifery Board of Australia; 2021. Available from: https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/nurse-practitioner-standards-of-practice.aspx
18. Birks M, Davis J, Smithson J, Cant R. Registered nurse scope of practice in Australia: an integrative review of the literature. Contemp Nurse. 2016;52(5):522–43. https://doi.org/10.1080/10376178.2016.1238773
19. Office of the National Rural Health Commissioner. *The national rural and remote nursing generalist framework 2023–2027 [Internet]*. Brisbane; 2023. Available from: https://www.health.gov.au/resources/publications/the-national-rural-and-remote-nursing-generalist-framework-2023-2027?language=en
20. Nursing and Midwifery Board of Australia. Registered nurse standards for practice [Internet]. Canberra: Nursing and Midwifery Board of Australia; 2016. Available from: https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/registered-nurse-standards-for-practice.aspx
21. Queensland Health. *Nurse and midwife navigator toolkit. Navigating. Queenslanders [Internet] Brisbane, 2018. Through better healthcare journeys*. Brisbane, Australia: Queensland Health; 2018.
22. Queensland Health. Office of the Chief Nursing and Midwifery Officer year in review 2018–19 [Internet]. Brisbane: Queensland Health; 2019. Available from: https://www.health.qld.gov.au/__data/assets/pdf_file/0030/981444/ocnmo-18-19-year-in-review.pdf
23. Harvey C, Baldwin A, Heritage B, Forrest R, Brown J, Willis E, et al. Queensland Health Nurse and Midwife Navigator Evaluation: detailed final research report. 2021.
24. Archibald T, Sharrock G, Buckley J, Cook N. Assumptions, conjectures, and other miracles: the application of evaluative thinking to theory of change models in community development. Eval Program Plann. 2016;59:119–27. https://doi.org/10.1016/j.evalprogplan.2016.05.015
25. Waring T, Wainwright D. Issues and challenges in the use of template analysis: two comparative case studies from the field. Electron J Bus Res Methods. 2008;6(1):85–94.
26. Nursing and Midwifery Board of Australia. NMBA and CATSINaM joint statement on culturally safe care [Internet]. Canberra: Nursing and Midwifery Board of Australia; 2018. Available from: https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/position-statements/jointstatement-on-culturally-safe-care.aspx
27. Coleman C. Rural health is a crisis that can be solved, here and now. Aust J Rural Health. 2022;30(1):127–8. https://doi.org/10.1111/ajr.12848
28. Bishop L, Gardiner FW, Spring B, Gale L, Schofield Z, Quinlan F. Best for the bush [Internet]. Canberra: Royal Flying Doctor Service of Australia; 2023. Available from: https://www.flyingdoctor.org.au/download-document/best-bush-rural-and-remote-health-base-line-2022/
29. Australian College of Nursing. A new horizon for health service: optimising advanced practice nursing [Internet]. Canberra: Australian College of Nursing; 2019. Available from: https://www.acn.edu.au/wp-content/uploads/white-paper-optimising-advanced-practice-nursing.pdf
30. McCullough K, Bayes S, Whitehead L, Williams A, Cope V. Nursing in a different world: remote area nursing as a specialist–generalist practice area. Aust J Rural Health. 2022;30(5):570–81. https://doi.org/10.1111/ajr.12899
31. Dowling M, Beauchesne M, Farrelly F, Murphy K. Advanced practice nursing: a concept analysis. Int J Nurs Pract. 2013;19:131–40. https://doi.org/10.1111/ijn.12050
32. Collett M, Frasier C, Thompson SC. Developing the future rural nursing workforce: report on a nursing roundtable. Collegian. 2020;27(4):370–4. https://doi.org/10.1016/j.colegn.2019.10.007
33. Nowlan S, Schumacher U, Turvey J, Hammonds A. Capacity building in rural and remote nursing workforce. Brisbane:

14401584, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajr.13107 by Massey University Library, Wiley Online Library on [29/04/2024]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

National Rural Health Alliance. Partyline; 2022. Available from: https://www.ruralhealth.org.au/partyline/article/capacity-building-rural-and-remote-nursing-workforce

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Byrne A-L, Brown J, Willis E, Baldwin A, Harvey C. Nurse Navigators – Champions of the National Rural and Remote Nursing Generalist Framework: A solution. Aust J Rural Health. 2024;00:1–13. https://doi.org/10.1111/ajr.13107

14401584, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/ajr.13107 by Massey University Library, Wiley Online Library on [29/04/2024]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License