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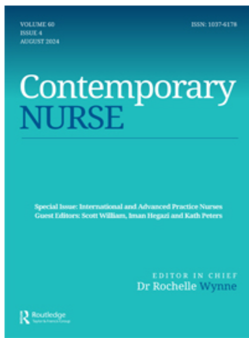

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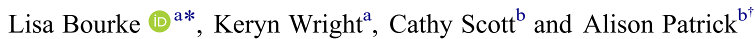
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Background: Across the globe, shortages of nurses and midwives in rural regions persist. Advanced practice nursing has been found to address workforce shortages through career progression aimed at retention. A regional health service sought to consult with staff about developing an advanced practice nursing framework.
Aims: This study aimed to explore the perspectives of nurses and midwives at a regional health service on (i) how their roles aligned with the modified Advanced Practice Role Delineation (APRD) tool and (ii) the potential for implementation of such a framework at their service.
Design: A case study conducted at Goulburn Valley Health (GVH) in southeast Australia used a mixed method design with a survey of all nursing and midwifery staff and focus groups with senior staff.
Methods: All nurses and midwives were asked to complete a validated modified ARPD questionnaire and those in Grades 3–6 were asked to participate in a focus group.
Results: From 183 questionnaires and 38 participants in the focus group discussions, findings concurred that nurses and midwives at GVH reported spending most time on direct patient care and minimal time on research activities, publication and/or leadership. While education was strongly embraced and advanced practice usually supported, senior staff cited the lack of resources, the culture and staff shortages as restricting opportunities for education, career development and implementation of an advanced practice framework.
Conclusions: While an advanced practice framework could address staff shortages at this health service, implementation of such a framework is constrained by the lack of resources and workforce shortages common in rural health services. A national strategy that embeds advanced practice roles and resources implementation of advanced practice nursing and midwifery frameworks in areas of need is recommended.

Keywords: nursing; advanced practice nursing; advanced practice nursing frameworks; advanced practice nursing roles; regional; rural; workforce

Impact statement

Nursing and midwifery workforce shortages in rural health services restrict advanced practice development that could address staff shortages and skill gaps.

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Plain language summary

For decades, there has been a shortage of nurses and midwives in rural regions. An effective strategy in retaining nurses and midwives has been to develop advanced practice roles where these clinicians undertake further training preparing for more complex work. Enabling nurses and midwives to progress their career can keep them working in rural areas. Attempts to develop these advanced practice roles call for frameworks to make clear these roles and scope of practice. A regional health service in Victoria, Australia was keen to implement an advanced practice framework to address its workforce shortages. To begin, the health service wanted feedback from its nurses and midwives about a specific framework. The study surveyed nurses and midwives at this health service to understand how their roles aligned with the existing modified Advanced Practice Role Delineation tool. The study also held group discussions with senior nurses and midwives about implementation of such a framework. A total of 183 questionnaires were completed and 38 participated in a discussion. The study found that nurses and midwives at Goulburn Valley Health reported spending most time on direct patient care and minimal time on research, publication, and leadership. The senior staff noted a lack of time and funding for staff education and also said that staff shortages restricted opportunities for education and implementation of an advanced practice framework. Therefore, while an advanced practice framework could address staff shortages at this service, implementation of such a framework is limited by a lack of resources and workforce shortages.

Introduction

Rural regions globally struggle to attract and retain the health workforce, including nurses and midwives (AIHW, 2022; Cosgrave et al., 2019). As a result of COVID-19, these workforce shortages have escalated in rural Australia (AIHW, 2022). Not only is there a shortage, nurses and midwives tend to be older, raising concerns for the size and sustainability of the future workforce (Fragar & Depczynski, 2011; Smiley et al., 2018). To address workforce pressures internationally, a range of Advanced Practice Nursing (APN) roles have been developed (Chang et al., 2012; Colson et al., 2021; Nigenda et al., 2021; De Raeve et al., 2024).

Background

APN describes “nursing roles that involve higher level knowledge and skills that enable clinicians to practise with autonomy and initiate nursing actions” (Gardner et al., 2007, p. 383). APN roles vary in specialisation and across different countries and contexts (Colson et al., 2021; Duffield et al., 2021; Nigenda et al., 2021; Salma et al., 2021). These roles enable innovation, service redesign, increasing specialisation and adaptation to meet local health needs, including an aging population, increases in complex, chronic conditions and more community-based care (De Geest et al., 2008; Duffield et al., 2021; Lowe et al., 2012; Nigenda et al., 2021). Research has found APN roles are effective for health improvements, increasing patient satisfaction, reducing hospital admissions, shortening lengths of stay, enhancing quality primary health care and creating cost efficiencies (Aguirre-Boza et al., 2019; Chang et al., 2010, p. 2012; De Geest et al., 2008; Gardner et al., 2007; Nigenda et al., 2021; Swan et al., 2015).

A framework of APN roles can be useful in articulating standards and career pathways with clear qualification, skill and competency requirements (Barton et al., 2012; Chang et al., 2010; De Geest et al., 2008; Nigenda et al., 2021). A framework of APN can apply across multiple roles and departments, embed all aspects of nursing and midwifery, and ensure articulated roles are

part of the workforce (NLIAH, 2010). However, implementation of these frameworks can be challenging due to lack of agreement on APN roles, lack of acceptance among medical staff and lack of national strategies. Therefore, implementation of APN frameworks requires extensive planning and engagement with all staff and stakeholders (Aguirre-Boza et al., 2019; Colson et al., 2021; Krista et al., 2014).

Typically, APN frameworks identify domains of practice that reflect: advanced clinical practice; management and leadership; education; and research (Ackerman et al., 1996; Chang et al., 2010, p. 2012; Colson et al., 2021). While there is diversity of role within each domain, there is often a lack of clarity on how to specify, delineate and measure roles (Chang et al., 2012; Gardner et al., 2016). With the goal of contributing to an APN framework, Gardner, Chang and colleagues adapted the Strong Model of Advanced Practice (see Ackerman et al., 1996; Mick & Ackerman, 2000) to develop the modified Advanced Practice Role Delineation (APRD) tool to articulate domains of practice (Chang et al., 2010, p. 2012). These researchers designed and validated a survey instrument to measure the modified APRD tool (Chang et al., 2012; Gardner et al., 2013, p. 2016). This instrument was designed to identify how nurses spent their work time across five domains of practice (Chang et al., 2012; see Carryer et al., 2018; Duffield et al., 2021).

Aims

A regional hospital in southeast Australia planned to develop an APN framework as a strategy for career progression and staff retention. To begin, the health service wanted to gain the views of nurses and midwives in relation to their roles and an APN framework. The aims of the study were to explore (i) the perspectives of nurses and midwives at a regional health service on how their current roles align with Chang et al.'s (2012) instrument measuring the APRD tool, and (ii) the potential for implementation of an APN framework at this service. Understanding staff perspectives of domains of practice and implementation could assist GVH develop an appropriate APN framework.

Methods

Located in a regional centre, Goulburn Valley Health (GVH) is an in-patient hospital with outreach and community services provided to a population of over 150,000. Keen to increase retention by articulating career pathways into APN roles, nurse managers at GVH partnered with local university researchers. The study sample included all nurses and midwives at GVH in phase 1 and those in Grades 3–6 in phase 2.

Design

Following ethics approval from The University of Melbourne in August 2018 (1851364.1), this project was undertaken in two phases. In the first phase, a questionnaire adopted (with permission) Chang et al.'s (2012) validated instrument to measure the modified APRD tool. This instrument uses a 5-point scale, from 'not at all' to a 'very great extent', to ask how much time nurses and midwives spent on specific 41 activities relating to five domains of practice: 'direct comprehensive care' (14 items), 'support of systems' (9 items), 'education' (6 items), 'research' (6 items) and 'publication and professional leadership' (6 items). Following, participants were asked how much time they spent on each of the five domains overall, using the same 5-point scale (Chang et al., 2012). In addition, demographic questions were asked to ascertain age group, gender, educational qualification, current nursing/midwifery level (EN or Grades 1–7) and years of practice as a nurse/midwife at GVH and also in their current role.

The second phase of the study conducted focus groups with nurses and midwives in Grades 3–6 at GVH. At these focus groups, nurses and midwives were provided with graphs summarising results from the questionnaire. The purpose was to provide research feedback, gain perspectives about survey responses, and begin discussion about an APN framework at GVH. Participants were also asked about the domains of practice in relation to their own work, career pathways, their perspectives of an APN framework and what would be required for implementation at GVH.

Data collection

All nurses and midwives employed at GVH at the time of the study were asked to participate in the questionnaire via email (Figure 1). All nurses and midwives were sent an email from researchers at a local university asking for participation. While from the university researchers, the email was distributed by staff in GVH's Human Resources Department and this process continued throughout data collection. The email contained a summary of the project, an attached plain language statement, and a direct link to the online questionnaire. Questionnaire data were collected using REDCap electronic data capture tools (Harris et al., 2009), only accessible by the university researchers. A total of 183 (18%) questionnaires were returned completed.

For the qualitative data collection, all nurses and midwives in Grades 3–6 were invited by email to attend a focus group with nurses and midwives of the same level (Figure 1). Managers also forwarded the invitation to their teams but were not aware of who attended the focus groups. The Grade 3 focus group was scheduled during a training day while the other groups were scheduled during double staff times to enable senior nurses and midwives to attend. Each focus group/interview ran for 60-90 min.

Data analysis

Responses to the questionnaires were analysed using SPSS (version24), providing frequencies for each question. Bi-variate correlations explored differences between the domains and years of practice, and analysis of variance tested for differences in nursing and midwifery classification, type of practice, age group, formal education and time spent in the different domains. While tested for, these are stated where statistically significant differences were found ($p < 0.05$). Replicating (Chang et al.'s, 2012) study, a factor analysis was conducted to identify if staff at GVH grouped their practice roles into the same five domains. Missing data were excluded from the particular analyses.

All interviews and focus groups were audio recorded, transcribed and de-identified. Content analysis of the seven transcripts was undertaken manually. First, both university researchers independently read the transcripts and identified codes. The researchers discussed their codes, which were similar, and agreed on major codes. Then data were re-coded around five domains of practice and three barriers to implementing an APN framework at GVH (see Grbich, 2013).

Findings

Questionnaire findings

Of the 183 participants who completed the questionnaire, 92% identified as female. Ages ranged from early 21–72, with almost 60% in their 40s and 50s, identifying an older workforce. Most, 75%, reported having a Bachelor's Degree or higher and 53% reported postgraduate qualifications. Participants indicated they had been registered as a nurse and/or midwife for up to 48

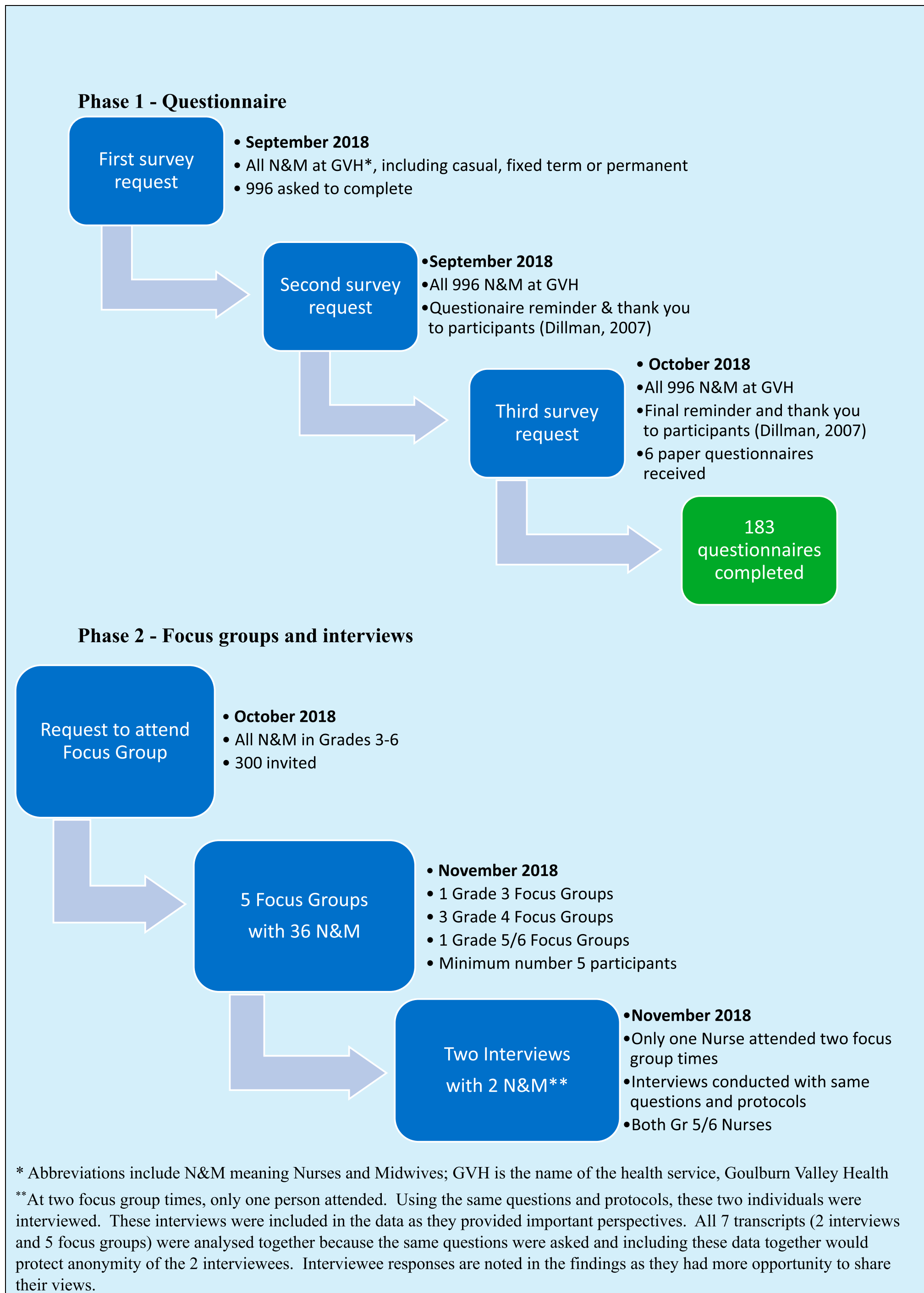

Figure 1. Process for data collection.

years with a median of 20 years. Additionally, participants reported working at GVH for up to 38 years (median = 10years). When asked about their current role, 53% had worked in their current position for five years or more, and up to 31 years. Furthermore, 14% identified as an Enrolled Nurse, 23% as a Grade 1 or 2, 20% as a Grade 3 or Clinical Specialist, 28% as a Grade 4 and 15% in Grades 5-6. Finally, 59% stated they worked in acute and in-patient settings and 19% indicated working in community settings.

Time spent on domains of practice

Respondents were asked how much time they spent on each domain of practice (Figure 2). Overall, nurses and midwives reported they spent more time on direct care (domain 1) than other domains and very little time on research and publication and leadership (domains 4 and 5). When examined across the grade levels, age and number of years practicing as a nurse or midwife were not associated with time reported on each domain. Those in higher grades were statistically significantly more likely to report less time on direct care. In addition, nurses and midwives working more years in their current position were statistically significantly less likely to indicate spending time on publication and leadership. Nurses and midwives were also asked the amount of time spent on particular activities within each domain of practice (Table 1). While 70%−80% of participants indicated they spent at least some extent of their time on each activity related to domain 1, most indicated spending little time on domains 4 or 5, or activities relating to strategic planning or recruitment and retention. There was more variation within domains 2 (support of systems) and 3 (education).

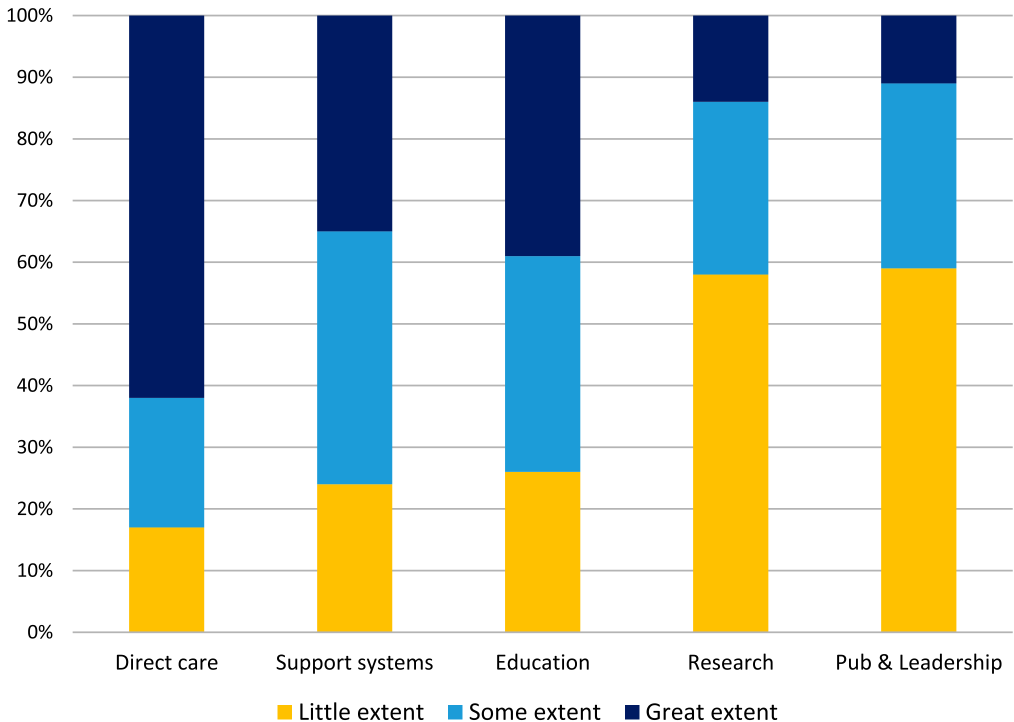

Figure 2. Time perceived to be spent on each domain of practice.

Table 1. Frequencies (in percent) of perceived time spent on activities in each of the five domains.

Activities relating to	Not at all	Little extent	Some extent	Great extent	Very great extent
Domain 1: Direct Comprehensive Care					
Conduct/document pt history & physical exam	7	14	34	32	13
Assess psychosocial, cultural and religious factors	3	25	45	21	6
Identify and initiate diagnostic tests & procedures	14	22	37	19	8
Gather and assess data to formulate plan of care	7	15	33	31	14
Perform specialty-specific care and procedures	13	14	27	29	17
Assess patient/family response to therapy and modify plan of care based on response	14	18	29	30	9
Communicate plan and response to patient/family	5	17	26	35	17
Provide education to patient and family	5	13	29	36	17
Document appropriately on patient record	1	14	16	39	30
Serve as consultant in improving patient care and nursing practice in area of specialisation	11	19	28	28	14
Facilitate ethical decision making in patient care	6	19	33	31	11
Coordinate interdisciplinary care plan for patient	12	17	35	25	11
Collaborate w/ other services to optimise pt health	5	19	33	30	13
Facilitate movement of patient through healthcare	8	21	40	25	6
Domain 2: Support of Systems					
Consult regarding conduct of projects or presentations	20	32	28	15	5
Consult or collaborate with other healthcare personnel on recruitment and retention activities	39	27	21	8	5
Participate in strategic planning	37	26	25	7	5
Participation in unit/service quality improvement	15	28	36	15	6
Actively participate in quality-improvement	23	24	36	14	3
Provide leadership in evaluation of standards of practice, policies and procedures	15	23	40	14	8
Serve as a mentor	4	11	37	31	17
Advocate the role of the nurse	1	10	23	44	22
Serve as a spokesperson when interacting with other professionals, patients, families, and the public	8	17	37	26	12
Domain 3: Education					
Evaluate education programs	25	27	32	10	6
Serve as educator and clinical preceptor for others	12	22	32	22	12
Identify learning needs of various populations and contribute to educational programs/resources	27	27	31	9	6
Serve as informal educator while providing care	7	21	33	26	13
Facilitate professional development of staff	19	22	34	17	8
Provide appropriate patient and family education	3	13	31	42	11
Domain 4: Research					
Conduct clinical investigations	22	29	31	15	3
Participate in investigations to improve patients care	15	32	33	16	4
Identify funding to develop clinical programs	60	20	14	4	2
Use research, integrate theory into practice and recommend policy changes based on research	31	31	26	7	5
Identify clinical data for research and quality assurance	43	28	21	7	1
Collaborate in the design of information systems for research and quality assurance projects	56	25	14	3	2

(*Continued*)

Table 1. Continued.

Activities relating to	Not at all	Little extent	Some extent	Great extent	Very great extent
Domain 5: Publication and Leadership					
Disseminate nursing knowledge at local, regional, national and international levels	47	27	19	6	1
Serve as resource/committee member in prof orgs	39	25	23	9	4
Serve as a consultant within the professional/lay communities and other hospitals/institutions	54	22	14	6	4
Represent nursing in institutional/community forums	56	24	12	5	3
Represent a professional nursing image at institutional and community forums	46	26	16	7	5
Collaborate with other healthcare professionals to provide leadership in shaping healthcare policy	55	23	15	6	1

Domains of practice for GVH

Following Chang et al. (2012), each of the 41 nursing and midwifery practice roles were analysed using a factor analysis to identify which activities are viewed as inter-related and/or co-existing areas of practice. At GVH, seven factors were identified explaining 69% of the variance (Table 2). While activities of direct care and publication and leadership were grouped similarly, activities surrounding system support, education and research were understood to co-exist or to be undertaken alongside different activities than identified in the ADRP tool. GVH participants distinguished education provided by themselves from education where their role was the learner. Further, research activities were related to goals and outcomes rather than the activity of research. Because some of the education and research activities contributed to more than one factor and explained less of the overall variance, these seven factors were refined for GVH by grouping factors 3 and 7 as well as factors 5 and 6. Reducing to five factors distinguishes the domains of: 1 – Direct Patient Care, 2 – Systems to Support Patient Care, 3 – Leadership and the Profession, 4 – Formal and Informal Education, and 5 – Improving Clinical Practice through Education and Research.

Qualitative findings

Five domains of practice

The 38 senior nurses and midwives participating in the two interviews and five focus groups were asked how the five domains related to their own practice at GVH. As found in the questionnaire analysis, GVH nurses and midwives remained focused on domains 1, 2 and 3 and emphasised the importance of direct patient care. Many talked about patient care as ‘why we are here’ and that ‘patients’ were the driver of all their work. When talking about support of systems (domain 2), many seemed troubled by the time they spent on supporting systems of care, particularly those in Grade 3 who felt too much time was spent on ‘paperwork,’ organising patients and supporting care. Education and professional development (domain 3) were consistently valued among participants. They reiterated the importance of ‘keeping their skills up’ and to ‘keep up-to-date’ with changes in health care. The majority also stated that ‘most education [by nurses and midwives] is done informally.’ Further, education was spoken about as the nurses and midwives as learners, undertaking formal professional development or as providing informal education to junior nurses and midwives;

Table 2. Factor analysis of key nursing and midwifery activities key to advanced practice roles.

	Factor Identified						
	1	2	3	4	5	6	7
Domain 1 Direct Comprehensive Care							
Conduct and document patient history and physical examination	.716						
Assess psychosocial, cultural and religious factors affecting patient	.692						
Identify and initiate required diagnostic tests and procedures	.749						
Gather and interpret assessment data to formulate plan of care	.790						
Perform specialty-specific care and procedures	.643						
Assess patient/family response to therapy and modify plan of care	.827						
Communicate plan of care and response to patient/family	.847						
Provide appropriate education (counselling) to patient and family	.778						
Document appropriately on patient record	.693						
Serve as a consultant in improving patient care and nursing practice in area of specialisation	.554						
Facilitate the process of ethical decision making in patient care	.751						
Coordinate interdisciplinary plan for care of patients	.791						
Collaborate with other services to optimise patient's health status	.690						
Facilitate efficient movement of patient through healthcare system	.702						
Domain 2: Support of Systems							
Consult with others regarding conduct of projects or presentations		.679					
Contribute to recruitment and retention		.852					
Participate in strategic planning for the service, department or hospital		.807					
Provide direction for/participation in quality improvement programs		.782					
Actively participate in quality-improvement programs		.676					
Provide leadership in the development, implementation, and evaluation of standards of practice, policies and procedures		.712		.			
Serve as a mentor				.685			
Advocate the role of the nurse							.532
Serve as a spokesperson for nursing							.611
Domain 3: Education							
Evaluate education programs and recommend revision as needed		.445		.474		.494	
Serve as educator and clinical preceptor for students, staff, others				.772			

(*Continued*)

Table 2. Continued.

	Factor Identified						
	1	2	3	4	5	6	7
Identify learning needs of various populations and contribute educational programs/ resources		.417		.411		.511	
Serve as informal educator to staff while providing direct care activities				.694			
Facilitate professional development of nursing staff through education		.511		.579			
Provide appropriate patient and family education	.688						
Domain 4: Research							
Conduct clinical investigations					.685		
Monitor and improve quality of patients care practices					.597		
Identification of potential funding sources for clinical projects/programs		.569					
Use research and integrate theory into practice and policy changes			.408		.535	.384	
Identify clinical data for research and quality assurance projects		.506	.440		.483		
Collaborate with Information Specialists for research and quality assurance projects		.465	.426		.560		
Domain 5: Publication and Professional Leadership							
Disseminate nursing knowledge through presentation or publication			.573				
Serve as a resource or committee member in professional orgs.			.679				
Serve as a consultant within the professional/ lay communities and other hospitals/ institutions			.672				
Represent nursing in institutional/ community forums			.862				
Represent a professional nursing image			.846				
Collaborate with healthcare professionals to provide leadership in shaping public policy			.617				
Sum of Squares	8.80	6.44	4.49	3.01	2.37	1.63	1.60
% of variance	21.5%	15.7%	11.0%	7.3%	5.8%	4.0%	3.9%

the term education rarely referred to education for patients, quality improvement or other areas.

As found in the questionnaire, discussions confirmed that little time was spent on research, evaluation and conference presentations (domain 4), particularly by staff in Grades 3–4. While not the majority, some nurses and midwives wanted to attend conferences and undertake presentations about their work. Leadership (domain 5) was spoken about by nurses and midwives in all grades, but what they referred to as leadership differed. Participants in Grade 3 talked about being team leaders, ‘a role model,’ ‘setting a culture,’ leading in a supportive way and being someone junior nurses and midwives ‘could look up to and ask if they need.’ Grade 4 nurses and midwives spoke about management, communication and promotion of the hospital. Those in Grades 5–6 spoke more broadly, including team leadership, staff development, participating

in state committees, securing further resources for their programs and promoting their programs. However, few spoke specifically about recruitment, retention or workforce development. Further, participants indicated that domains 4 (research) and 5 (publication and leadership) were too similar to differentiate.

Implementation of an advanced practice framework at GVH

Interviews and focus groups with 38 nurses and midwives in Grades 3–6 identified a variety of perspectives of APN frameworks. Some suggested that an APN framework would make career pathways more visible at GVH while others believed that implementing a framework would not overcome existing barriers to career progression. Those with experience of an APN framework or formal career pathways were supportive of implementation of a framework at GVH. Others were ambivalent, not seeing the relevance of a framework, not believing change will occur, or that implementation would be extremely difficult due to staff shortages.

When talking about APN frameworks, participants were quick to identify challenges for GVH and commonly cited three reasons. Firstly, some indicated there was a lack of resourcing and participants cited examples of lack of time and funds allocated for education, training, study-days, conference attendance and research development. Senior nurses and midwives were particularly critical of the lack of resourcing from GVH and many said they had achieved senior roles from professional development undertaken in their own time and at their own cost. Secondly, participants suggested there was not a strong culture of teaching and learning and some suggested that developing a 'learning culture' at GVH should be a first priority. Thirdly, most discussed the lack of staff as the reason why attending education sessions was difficult: 'You can't just prioritise education … it's a luxury when you're waiting times are out of control and you just need to get on with doing what we do.' It was also why quality improvement projects or system changes were challenging. Lack of staff was said to be 'wearing' and means you are 'chasing your tail.' Participants talked about GVH focusing on the immediate future and having no time for development of themselves and their team, which some described as impacting retention and morale.

Discussion

Both the questionnaire findings and qualitative analysis suggested that nurses and midwives practicing at GVH were committed to their work with patients, spent some time on systems of support and education, and little time on research and leadership. Nurses and midwives in the study were passionate about their patients and quality care, and therefore relating all roles to patient outcomes could assist in encouraging nurses and midwives into diverse roles. Education and learning were also desired among nurses and midwives at GVH, although significant barriers to these were identified. Areas of research, integrating best practice, program evaluation, conference presentations, leadership, evaluation and attention to recruitment and retention were not strongly engaged in at GVH, especially among staff below Grade 5. Changing roles and diversity of experience were found to engage nurses and midwives in leadership and research. Chang et al.'s (2012) measure highlights roles and skills for development to ensure best practice at all levels of nursing and midwifery practice. An APN framework at GVH could assist in prioritising these skills, articulating skill and competency requirements as well as career pathways to systematically address these gaps (Chang et al., 2010; De Geest et al., 2008; NLIAH, 2010). As found in other studies, an APN framework is also likely to have benefits to patient care through embedding skilled nurses and midwives who work to all domains of practice (Chang et al., 2010,

p. 2012; De Geest et al., 2008; Swan et al., 2015), particularly where there are workforce shortages, such as rural areas (De Raeve et al., 2024; Hanrahan & Hartley, 2008).

APN roles vary in different contexts and this was confirmed in this study (De Geest et al., 2008; Hanrahan & Hartley, 2008; Salma et al., 2021). GVH could tailor APN roles to reflect five domains found appropriate for GVH, namely: 1-direct patient care (including patient education and health promotion); 2-systems to support quality patient care; 3-education focused on formal and informal education; 4-leadership and management; and 5-improving clinical practice through research, education, clinical investigation and quality improvement. Adapting the framework around how roles are understood while including all aspects of advanced practice could assist in tailoring a framework for GVH.

While response to an APN framework at GVH was varied, increased resourcing and support for training were strongly desired for staff morale and retention. If career progression was formalised, supported and budgeted for, there could be advantages for both staff and GVH as an organisation (see De Geest et al., 2008; Duffield et al., 2021; Hanrahan & Hartley, 2008). Allocating time for education, implementing policies around career progression, and implementing organisational support for further study could assist nurses and midwives to work towards APN roles. As found in other settings, systematically integrating education and developing career pathways with clear skills, competencies and staff development could assist in enhancing the future workforce at GVH to address shortages of senior staff, gaps in specialised skills and increase retention of nurses and midwives (De Geest et al., 2008; Duffield et al., 2021; Hanrahan & Hartley, 2008).

Workforce shortages were raised throughout interviews and focus groups. Despite being directly impacted by workforce shortages, few participants took responsibility for staff recruitment and retention. The study implies that over time, workforce shortages erode time for, resourcing of, and a culture committed to, education. Workforce shortage was also a major barrier to implementing a framework aimed to enhance and retain the workforce (Nigenda et al., 2021).

Limitations

While GVH is only one hospital, it is not a-typical of regional hospitals in eastern Australia. These findings are not generalisable, but highlight key issues facing a regional hospital with workforce shortages. The study used a validated measure (Chang et al., 2012), however the tool was developed for nursing standards and may be less relevant to midwifery and women-centred care (see Nagle et al., 2019). Further, the small number of participants restricts analysis of differing grades, education levels and experiences. Additionally, the relative opportunity of participants to voice their opinion was related to the focus group or interview size. Despite these limitations, this study was a first step in engagement with staff around development of an APN framework at GVH (see Aguirre-Boza et al., 2019).

Conclusion

Early engagement with nurses and midwives at GVH suggests that APN roles could be developed for the local context with increased time, support and funding for education, leadership, research and service development. This study highlights the influence of workforce shortages upon implementation of APN frameworks in rural areas. The irony is that an APN framework could support education and career progression and improve retention, however nurses and midwives feel too pressured and lacking in time to engage in education, career progression or implementation of such a framework. This places rural and regional services in a dilemma of how to encourage career advancement when staff are in short supply. On the other hand, failing to provide career development and articulate clear pathways to advanced practice only

perpetuates that career development is less achievable in these settings. The current nursing and midwifery shortages in many hospitals due to COVID-19 related factors will endure if attention to career advancement into senior roles is not a priority (De Raeve et al., 2024). Therefore, this study recommends a national strategy for the nursing and midwifery workforce in Australia (see Colson et al., 2021; De Raeve et al., 2024; Nigenda et al., 2021). This national strategy needs to embed APN roles in the health workforce, be flexible to allow for adaptation to local health needs, entrench structures for education and career progression into advanced practice, and support rural and other areas of need (De Raeve et al., 2024).

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Conflict of interest statement

We have no conflicts of interest with this paper and no competing interests to declare.

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