

How do socio-political and organisational factors influence nurses' professional accountability in rural and remote contexts?

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Research Context

This poster presents preliminary findings from a broader PhD study exploring registered nurses' perceptions of professional accountability and missed nursing care in Australia. The wider study examines how personal, organisational, and socio-political factors shape missed nursing care and accountability across different practice contexts. This poster specifically focuses on findings related to socio-political and organisational influences in rural and remote nursing contexts.

Background

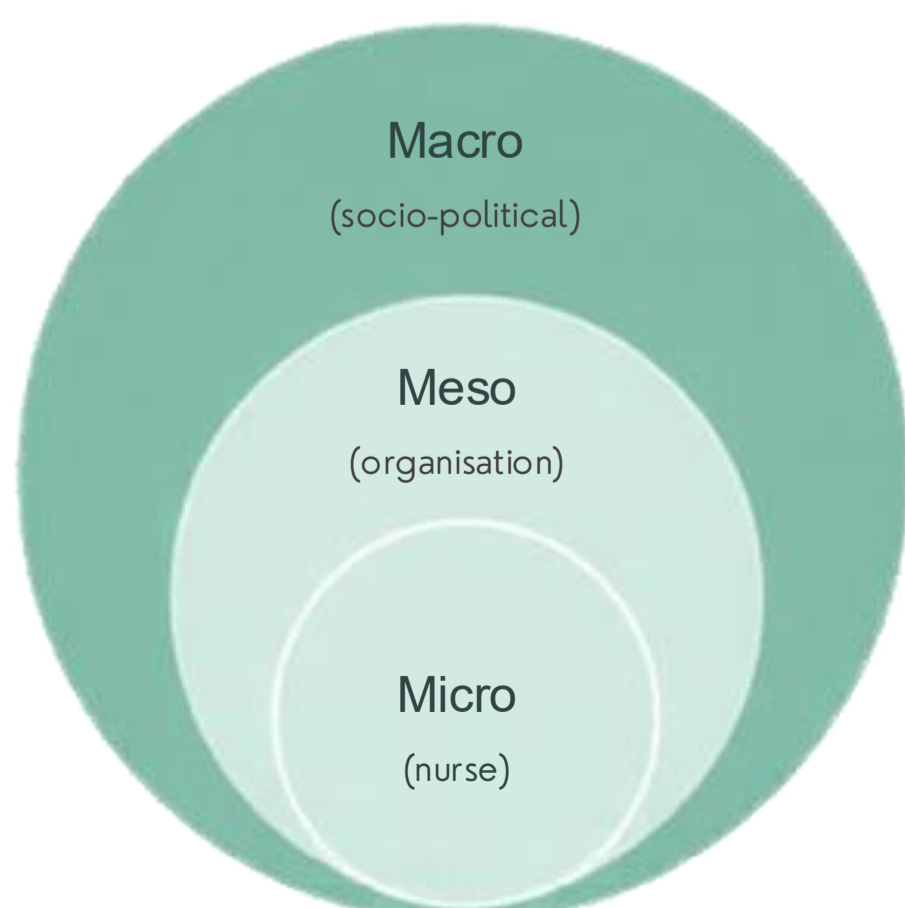
Registered nurses working in rural and remote settings are expected to uphold professional standards and deliver safe, high-quality care in environments that are often resource constrained and operationally complex.¹ These practice settings shape how nurses enact professional accountability, particularly when competing demands make it difficult to complete all required care. Missed Nursing Care (MNC), defined as nursing care that is delayed, incomplete, or omitted,² helps show how nurses prioritise and manage accountability when care cannot be fully completed. Understanding this is important for supporting rural and remote nurses and maintaining safe, high-quality care.

Aim

To present a subset of findings from a broader PhD study, with a specific focus on how socio-political and organisational factors influence nurses' professional accountability in rural and remote practice contexts.

Methods

This study uses Yin's case study design to examine nurses' experiences of accountability and missed nursing care in context.³ Findings are presented through a micro-meso-macro lens. Drawing on structuration theory, accountability is conceptualised as emerging through the interaction between individual agency and organisational and system-level structures.⁴ Preliminary findings presented in this poster draw on:
Phase 1: Open-ended questionnaire
Phase 2: Semi-structured interviews
Data were collected between 2024 and 2025.



Preliminary Findings

Micro: Accountability is often maintained through personal sacrifice. Participants described working hard to uphold high standards of care despite challenging practice environments. Rural and remote nurses attempted to mitigate missed nursing care by prioritising care, bundling tasks, and relying on teamwork. However, accountability was often enacted through personal sacrifice rather than supportive systems. This contributed to moral distress, fatigue, and burnout, as nurses remained concerned about the care that could not always be completed.

Meso: Organisational pressures increase the risk of missed nursing care. Participants identified several organisational contributors to missed nursing care, including inadequate staffing, heavy workloads, and increasing administrative demands. In small rural and remote teams, these pressures were intensified, reducing time available for direct patient care and increasing the likelihood that essential care would be delayed, incomplete, or omitted.

Macro: System-level factors shape what is possible in practice. Participants also identified broader structural influences on nursing accountability. Policy changes, inadequate funding, and the increasing burden associated with electronic medical records were described as adding to nurses' workloads. These findings suggest that accountability cannot be understood solely as an individual professional obligation; it is also shaped by the broader systems within which nurses work.

Discussion

These preliminary findings suggest that professional accountability in rural and remote nursing is not simply an individual attribute. It is also shaped by, organisational, and socio-political factors.⁴ Nurses continue to uphold professional standards but often do so at personal cost when workplace and system conditions are inadequate.

These findings also highlight the importance of locating accountability within context. When accountability is framed only as an individual responsibility, there is a risk that the structural contributors to missed nursing care remain hidden. A broader understanding is needed—one that recognises the interaction between nurses' professional commitment and the realities of rural and remote practice.

Implications for practice and policy

These findings suggest the need to:

- strengthen rural and remote workforce capacity
- address chronic staffing shortages and workload pressures
- reduce unnecessary administrative burden
- ensure policy and digital reforms do not unintentionally increase care burden
- support nurses through systems that enable, rather than undermine, professional accountability

Take-home message

Professional accountability in rural and remote nursing is shaped not only by individual commitment, but also by organisational constraint and system-level pressure. When care is delivered in under-resourced environments, accountability is often upheld through personal sacrifice rather than supported by the system.

References

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