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# 'Train the Trainer' Model: Implications for Health Professionals and Farm Family Health in Australia

Susan Brumby[ab]; Andrew Smith[c]
[a] Director of Community Services, Western District Health Service, Hamilton, Australia [b] Research Scholar, La Trobe University, Bendigo, Australia [c] School of Nursing, University of Ballarat, Mt Helen, Victoria, Australia

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# 'Train the Trainer' Model: Implications for Health Professionals and Farm Family Health in Australia

Susan Brumby, RN, RM, MHM
Andrew Smith, BN, RN, MPHC



**ABSTRACT.** Australia is a large country with 60% of land used for agricultural production. Its interior is sparsely populated, with higher morbidity and mortality recorded in rural areas, particularly farmers, farm families, and agricultural workers. Rural health professionals in addressing health education gaps of farming groups have reported using behavioralist approaches. These approaches in isolation have been criticized as disempowering for participants who are identified as passive learners or 'empty vessels.' A major challenge in rural health practice is to develop more inclusive and innovative models in building improved health outcomes. The Sustainable Farm Families Train the Trainer (SFFTTT) model is a 5-day program developed by Western District Health Service designed to enhance practice among health professionals working with farm families in Australia. This innovative model of addressing farmer health asks health professionals to understand the context of the farm family and encourages them to value the experience and existing knowledge of the farmer, the family and the farm business. The SFFTTT program has engaged with health agencies, community, government, and industry groups across Australia and over 120 rural nurses have been trained since 2005. These trainers have successfully delivered programs to 1000 farm families, with high participant completion, positive evaluation, and improved health indicators. Rural professionals report changes in how they approach health education, clinical practice, and promotion with farm families and agricultural industries. This paper highlights the success of SFFTTT as an effective tool in enhancing primary health practice in rural and remote settings. The program is benefiting not only drought ravaged farmers but assisting rural nurses, health agencies, and health boards to engage with farm families at a level not identified previously. Furthermore, nurses and health professionals are now embracing a more 'farmer-centered model of care.'

**KEYWORDS.** Family, farm, health, nursing, farmer, attitudes, rural

## *INTRODUCTION*

Australia is a large country with over 60% of its land used for agricultural production.[1] Its interior is sparsely populated, with higher morbidity and mortality recorded in rural and remote populations, particularly with farmers, farm families, and agricultural workers. Rural health professionals in addressing the health education gaps of farming groups have consistently reported

Susan Brumby is the Director of Community Services, Western District Health Service, Hamilton, Australia; and Research Scholar, La Trobe University, Bendigo, Australia.
Andrew Smith is Lecturer, School of Nursing, University of Ballarat, Mt Helen, 3353 Victoria, Australia.
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Address correspondence to: Susan Brumby, Western District Health Service, PO Box 283, Hamilton 3300, Australia (E-mail: susan.brumby@wdhs.net).

using behavioralist approaches where individuals respond to rewards and punishments.[2] These approaches usually include repetition and discrimination through social pressure and reinforcement. Behavioralist approaches have been criticized as disempowering for participants who are identified as passive learners or 'empty vessels.'[2] A major challenge in rural health practice is therefore to develop more inclusive and innovative models of engaging rural and remote communities in building improved health outcomes, especially with farm families and agricultural workers. According to the Australian Institute of Health and Welfare (AIHW),[3] there are around 13,926 nurses working in community health settings throughout Australia, representing around 5.7% of the total nursing workforce. Nurses in Australia are well positioned to address the learning needs of farm families and agricultural workers in their local communities at a direct level.

This paper seeks to discuss a model of addressing the health, well-being, and safety needs of farm families in rural Australia through highlighting the successes of the Sustainable Farm Families Train the Trainer (SFFTTT) program. The authors believe there is a substantial need to commence a dialogue around rural health promotion practice directed towards farm families and agricultural workers and to highlight the importance of reflective practice for health professionals. This paper has been undertaken to expand and illuminate the benefits of more considerate approaches to health promotion for this professional group. It is especially hoped that this will then inform further research into the area of community nursing practice and farm family health.

## *BACKGROUND*

The innovation of Sustainable Farm Families (SFF) has been to contextualize farm family health into the familiar triple-bottom-line (financial, environmental, human) farm-reporting format. Within this context, farm family health, well-being, and safety needs are being recognized by agricultural and health organizations as an important resource for investment. Informed by a social model of health, the approach focuses on farm families as the key audience for intervention, recognizing that health and rural sustainability is created where people live, work, and play.[4] The SFF program has been well accepted by farm families across south-eastern Australia, with over 300 farm families across 17 locations participating between 2003 and 2006.

The SFFTTT model is a 5-day national program in Australia to equip health professionals to deliver the SFF program to farm families. The SFFTTT program has engaged a large number of health agencies, community, and industry groups across Australia, as well as federal and state government departments. One hundred twenty-two nurses, 13 agricultural extension officers, and 6 support administration staff have been trained and have delivered over 60 programs to 1600 farm families and agricultural workers, with 70% to 84% of farm families completing all three workshops over 2 to 3 years (Figure 1).

Nurses completing this program are then approved to deliver the SFF program to farm families in their communities under guidance of Western District Health Service, Victoria, Australia.

## *METHOD*

The SFFTTT model requires nurses to undertake the SFF program as an actual participant in order to assist them to actively reflect on aspects of their knowledge and practice throughout the program. Focus groups were conducted at the initial commencement of each of the programs and at regular intervals throughout the training schedule. Participant reflections and learnings about health issues and components of the program were transcribed in handwritten format and then electronically documented during focus group discussions.

The SFF program pedagogical approach to the SFFTTT program is informed by Kolb's[5] model of experiential learning. The experiential learning model developed by Kolb[5] holds the assumption that people learn from experience and in many different ways. The Kolb[5] model

FIGURE 1. Origin of health professionals attending SFF training.




also assumes a cyclical position of learning incorporating experience, reflection, and conceptualization. Experiential learning is underpinned by the way that one processes experiences and how one critically reflects on this experience.[5] Through the SFFTTT program, it is demonstrated that the learning experience of the farmer is guided by Ajzen and Fishbein's[6] theory of reasoned action and planned behavior. This theory suggests that behavior changes occur through a number of processes:

- Sharing of values in particular about the health of the farming peer group
- Sharing with peers how best to influence health outcomes
- Understanding the consequences of poor health and safety behavior on farming families[7]

Four focus groups from six of the SFFTT programs were used for this paper. The four focus groups consisted of a total of 75 rural nurses, 8 Primary Industry staff, and 5 program support staff.

In the analysis of SFFTTT focus group responses, transcripts were read and reread by two researchers to identify and agree on categories and subthemes implicit and explicit throughout the data. Using an open coding process, '*invivo codes*' as described by Grbich[8] were identified and axial coding was used to further analyze these categories and to expand on them. Relevant literature on educational approaches to health education and promotion underpinning the program's pedagogy were also used to highlight and contrast traditional approaches to community education and addressing farm family health.

## *RESULTS*

In contrast to traditional approaches to health education, the SFFTT model has exposed nurses to an alternative model through the SFF program. Nurses involved in SFFTTT bring with them a number of experiences and attitudes towards engaging with farm families in a health promotion/education context. Part of the

SFFTTT program is to enhance reflective practice and for nurses to consider their past experience, thoughts, and attitudes that this generated.[9] These groups provided the confidence to share perspectives and to reflect on previous experiences and assumptions that may have remained undeveloped or not reflected upon in current practice.[9] As outlined by Jasper,[10] the process was also designed to be a predictive activity and planning for new ways of nursing practice. Therefore, it was expected that this program would challenge the current practice of nurses and identify and embrace alternatives to current practice. Examination of the focus group data provided insight into current assumptions about delivering health promotion/education to this target group. The analysis of focus group data has been themed into and discussed under five main categories:

- The 'too hard basket'—*the complexity of farmer health issues and the inability to engage with farm families*
- 'She'll be right'—*the nurse's perception of farmer attitudes to health*
- 'Home is the workplace'—*farm family health is compounded by shared priorities*
- 'Bridging the gap'—*nurses wanting to be proactive*
- **'**Sharing-participating'—*nurses acknowledging the value of participating 'in the learning process'*

## *DISCUSSION*

### *The 'Too Hard Basket'—* The Complexity of Farmer Health Issues and Inability to Engage

Nurses involved in SFFTTT indicate that farm families have complex issues and it is hard to access them and vice versa. Participants stated that there was '*difficulty in access—both ways—health professional to farmer.'* The findings bring to light the demands of farm work with nurses believing that farmers are '*too busy to worry about health'* and *'farmers have no time to attend.'* Nurses likened the farm family to a 'lost tribe' claiming that '*farming families are lost tribes' and therefore 'we don't know how to access them.'* Participants in SFFTTT indicated that women are more likely to access services and health opportunities than men, suggesting that health of the family is a woman's area. '*Attitudes are driven by the women in the farming families and the children.'* This raises important questions surrounding engaging farm families: Is the female seen as the key to accessing the farm family? Do nurses believe that the male is the unhealthier? Stereotyping and preconceptions that farm work is a predominantly male activity were also noted, including use of language such as the farmer and 'his wife' in discussions, reflecting nurses attitudes to differing roles on the farm. Farm women, in common with their urban counterparts, take a higher load in domestic duties, including caring for children and other family members in addition to on and off-farm work and other activities.[11] Nurse's attitudes could inadvertently contribute to the heavy workload of farming women by seeing them as easy targets for communicating farm family and worker health responsibilities. This could add further to the triple shift of domestic, farm, and off-farm work and previously documented higher stress levels of farm women.[12]

### *'She'll Be Right'—* The Nurse's Perception of Farmer Attitudes to Health

Nurses tended to identify that all farm families hold 'traditional' stoic, masculine attitudes about their health, which was evident throughout the focus groups.

It is noted, however, that the "she'll be right" attitude is one of casualness rather than stoicism. As outlined by Smith,[13] these perceptions are often aligned to hegemonic constructions of masculinity and continue to maintain traditional gender roles, which may, despite best intentions, reinforce negative health behaviors among men. *'Farmers have no time to attend'* and descriptions such as *'self sufficient and self reliant,'* as well as *'too busy to worry about health issues'* were used by nurses to describe attitudes to farm family health. Nurses also identified a financial impact in taking time out for health related issues. Statements like *'leave health issues to the last minute'* and *'the attitude to delay health assistance is also compounded by*

*cost,'* add support to this category. Nurses clearly identified an issue with farm safety that farmers (male) are complacent with issues surrounding occupational health and safety. Comments such as *'spraying chemicals without whacking (sic) on the safety gear'* highlight this.

## *'Home is the Workplace'*— Nurses' Perception that Farm Family Health is Compounded by Shared Priorities

The integration of the farm and the home makes it difficult to apply urbanized theoretical models[11] where home and workplace are separate entities. Within this theme, nurses consistently recognize that stress and ways of coping with home and workplace are pervasive factors impacting on farm family health. The constancy of farm work is another salient issue identified by nurses in this theme. The recognition of these categories by nurses raises questions about the level of awareness of health issues among farm families and this was identified by nurses—*'farmers have a lack of knowledge of health issues.'* What is of particular concern is that mental health issues and poor mental health outcomes are clearly identified by nurses, but few successful interventions or approaches are reported. The isolation from services and social support was another area identified throughout the focus groups. It could be said that as farm families live where they work, nurses are aware of the issues that farm families face and have explicitly identified their difficulty in accessing this population group. Nurses undertaking SFFTT identified that farm families are hard to access and engage in health promotion contexts. The nurse's inability to successfully access and engage farm families may exacerbate current health conditions (respiratory, diabetes), reduce access to preventative care (self-management, physical activity groups), and lessen the likelihood of early diagnosis or identification of risk factors through participation.

## *'Bridging the Gap'*— Nurses Wanting to be Proactive

Imagine this scenario: the nurse discusses health risk factors with a patient after a cardiac event in a hospital environment. The nurse with his/her knowledge of risk factors and the pathophysiology of heart disease tells the patient they may need to lose weight, deal with their stress levels, and stop smoking. Not unfamiliar; this occurs every day and sounds relatively straightforward. However, in looking at the above method and the transfer of knowledge, it is worth considering what Friere[14] discusses in his concept of the 'banking method' of education. In this scenario, the teacher (nurse) teaches and the student (farmer) is taught, the student effectively being the empty vessel to be filled.[14] The result of this intervention is a passive recipient or learner. In exploring the approaches to health education by nurses working with farmers, it is suggested by the authors that there is the potential for the nurse to assume a 'farmer knowledge gap,' the nurse often seeing their role as the expert to fill that gap. This approach to health promotion according to Baum[15] tends to focus on changing behavior with the aim of intervention to target an unhealthy behavior which is often ineffective.

Nurses participating in SFFTTT indicate they have been challenged regarding methods to work with farm families and agricultural workers. There is a notion that suggests that although nurses acknowledge that they would like to engage with and link with the farm families, there is a level of uncertainty relating to ways in which to do so. There is a suggestion that nurses are aware of the issues relevant to farm families (especially male members), but an indication that addressing some of the issues requires a 'bridging of the gap.' Within this context, there appears an assumption that nurses would like to be proactive about the issues relevant to farm families and are willing to explore options such as SFF as a way to actively address it. This highlights that nurses engaged in the program are committed to the health of farm families and are willing to explore alternatives to practice.

## *'Sharing-Participating'*— Acknowledging the Value of Participating 'In the Learning Process'

Davies reminds us that reflection and critically evaluating practice does not sit within the

traditional history and psyche of nurses.[16] Nurses exposed to the SFFTTT model and the pedagogy underpinning it were asked to reflect on their own experiences as adult learners. They indicated that people learned in different ways and acknowledged the value of the Kolb[5] learning cycle embedded in the SFFTTT program. There is a suggestion that as participants, nurses saw the importance in making learning sessions relevant and enjoyable. Nurses indicated that they related to the use of 'humor' and 'laughter' that occurred in SFFTTT learning sessions, whereas they viewed noninteractive learning sessions as negative experiences, referring to the '*empty deliverer'* and '*not enough practical'* as negative aspects to learning.

In health-promoting practice in rural Australia and worldwide, an 'events approach' is often adapted to address a need.[17] As an outcome, it is common to see a 'one-off' approach to health promotion, for example, 'men's health nights.' This approach is often successful in capturing as many of the population as possible. According to Whitelaw and Watson,[17] these events are effective in reaching large numbers of people and beneficial in increasing and maintaining public awareness, as well as in raising consciousness of related health issues. However, any improvement in health or behavior changes is limited. This tends to highlight a number of points. What is the benefit of a 'one-off' event for the nurse and for the recipient? What is the proposed outcome of the event?

As Fowler[18] argues, learning that places a focus on individual's experience rather than on the institution is extremely important. Fowler[18] indicates that when the power of a learning situation is placed in the hands of the learner, the potential to challenge the 'social norms' is much stronger. Given that the SFFTTT is predominantly around social change for farming families, this is a particularly significant factor when educating participants. Thus the farm family becomes the center of the process.

Similarly, nurses that could relate and reflect on their own health settings and experiences recognized the positive learning strategies. It is suggested that these aspects of SFFTTT support an environment conducive to learning. The identification by nurses of the many ways and forms of learning indicates that engagement of the learner is a key factor for any learning situation. These aspects have strong implications for how they promote and successfully contribute to SFFTTT as the professionals who will be facilitating learning with farm families. Fowler[18] comments that external actions of the teacher that have the specific intention of providing an experience and allowing for reflection are factors that promote experiential learning. The teacher is merely the external motivator that encourages and guides the participants' experience and reflection. Thus the actions of the nurse as a 'teacher' are a vital factor in any learning exchange and this is vital to the success of the SFF program.

## *Implications for Practice, Policy, and Research*

This paper has commented on the approaches to health education and highlighted that active participation in learning situations is the most beneficial to support health changes for farm families. Nurses engaged in rural community nursing are well positioned to identify and address 'gaps' in community knowledge in rural areas. However, the authors highlight there is the potential to see knowledge gaps as 'teaching' opportunities and therefore to engage in transferring knowledge to update health risk factors as highlighted.

The SFF through its trainers seeks to be inclusive and recognize the multiple roles of both farming men and women in its approach to addressing health concerns. This paper highlights the early success of SFFTTT as an effective tool in enhancing primary health practice in rural and remote settings. The program is benefiting not only drought-affected farm families and communities but also assisting rural nurses, health agencies, and health boards to reflect on practice and engage with farm families at a level not identified previously. As a result of SFFTTT, nurses and health professionals are now embracing a more 'farmer centered model of care.' Notwithstanding, rural nurses must continue to reflect on their practice of engagement and work with farm families and

agricultural workers. They must do this in a manner that addresses the complexity of farm family health, while ensuring that assumptions regarding stereotypical roles of both men and women are not further perpetuated by programs. This area of practice would benefit from further investigation, including further exploration of the attitude of nurses and the impact of this on working with farm families.

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