Rural and Remote Nursing Practice Parameters

Discussion Document

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Purpose of document

From time to time Canadian rural nurses have discussed the possibility of creating a national interest group for rural and remote nurses. In 2002, a group of Canadian nurses with a sincere interest in rural and remote nursing determined that work needed to be done to make this possibility a reality. It was proposed that a logical way to organize would be through the emerging group membership structure of the Canadian Nurses Association. Over the course of two years, the small group of nurses implemented a variety of strategies to connect with rural and remote nurses across Canada to assess and generate interest with nurse colleagues for a national group that would connect nurses practicing in rural and remote settings.

In 2003, the Canadian Association for Rural and Remote Nursing (CARRN) achieved associate group status under the auspices of the Canadian Nurses Association (CNA) and held the first general meeting in June 2004. For more information about CARRN go to www.carrn.com.

Objectives of CARRN include:

- To promote the development and dissemination of standards of practice
- To facilitate communication and networking
- To present the views of the CARRN to government, educational, professional and other appropriate bodies.
- To explicate the evolving roles and functions of rural and remote nurses
- To identify and promote educational opportunities
- To promote the conduct and dissemination of research
- To collaborate with the key stakeholders on the development of sound health policy for those living in rural and remote Canada.

As part of the workplan for 2007, the CARRN Executive undertook to formulate a document to generate discussion about rural and remote nursing in Canada and to describe the uniqueness of rural and remote nursing practice. This document is a synthesis of the work of others nationally and internationally to assist Canadian nurses practicing in rural and remote areas to be able to discuss and validate their practice. A primary purpose of the document is to identify the contribution that this area of nursing makes to the health of Canadians and to celebrate the meaning and value of the uniqueness of this practice. It is intended that this document be a dynamic tool to percolate discussion and debate, to provide a framework for the practice expectations and practice setting characteristics and to highlight the essential and integral importance of rural and remote nursing.

Definition of rural and remote nursing

Rural and remote definitions related to nursing and health care have been the subject of a decade of debate. (Bauman, Hunsberger, Blythe, & Crea, 2006) A lack of a standard accepted definition makes generalizations and comparisons difficult. Defining criteria have included geographical size, population density and distance from urban center (CIHI, 2002). Rural postal codes, distance of commuting zones and persons per square kilometer have also been used. (du Plessis, Beshiri, Bollman, & Clemenson, 2001) There has been significant work completed in the past five years related to topics such as what does rural and remote Canada look like, what are the health needs of the residents and who are the nurses working in rural and remote communities. (CNA, 2005; MacLeod, Kulig, Stewart, & Pitblado, 2004) To limit a foray into the debate surrounding definitions – for the purpose of this document the broad inclusive definition for rural and remote locations for practice is essentially … rural and remote is what is not classified as urban.

While it is recognized that rural and remote differ significantly in terms of specific aspects of practice and setting characteristics for the purposes of this paper – they are considered as one entity. The identified factors are also inclusive of setting within rural and remote and are applicable to facility based nursing as well as nursing that is primarily located in a community setting.

MacLeod, Browne and Leipert (1998, p. 72) report that rural and remote practice is often defined "*based on the skills and expertise needed by practitioners who work in areas where distance, weather, limited resources and little back up shape the character of their lives and professional practice.*" The concept of rural and remote nursing as a specialty is also a topic that has received significant attention in the literature (Crooks, 2004). The edges of rural and remote practice are not easily identified and this is a confounding variable when definitions and specialty status are being discussed.

The purpose of this paper is not to propose a standard definition for rural and remote nursing but more to generate conversations about what is unique and "special" about rural and remote nursing practice. Hopefully this discussion paper and the extensive reference list will assist nurses working in rural and remote Canada to identify common concepts, phenomena and themes across their practice roles and settings as they talk about their practice to patients, clients, families, community members and other nurses.

Rural and Remote Practice Setting Characteristics

The following are commonly accepted characteristics of nursing practice settings in rural or remote areas in Canada.

- Influenced significantly by geography, travel and weather (MacLeod, Kulig, Stewart, & Pitblado, 2004)
- Fewer nurses per capita (CNA, 2005)
- Additional recruitment and retention challenges due to isolation or lack of urban amenities (CNA, 2005)
- Nursing practice as an integral part of a nurses life (Scharff, 2006)
- Use of technology as an extension for patient care i.e. telehealth, telepharmacy
- Community support for ”their nurses” (Shellian, 2002) and a valuing by the community for the nursing services
- Creative and varied access to education, backup and on the spot consultation (MacLeod, 1999)
- Limited involvement in research (MacLeod, Kulig, Stewart, & Pitblado, 2004) and more effort required to obtain information about evidenced based practice
- Lack of anonymity and a strong personal and professional connection to the community (Scharff, 2006; Lee, 1998)
- Knowing patients/clients personally, familiarity (McNeely & Schreffler, 1998) and the obligation for confidentiality
- Perceived lack of recognition by nursing colleagues in other areas of practice (Crooks, 2004.
- Diversity and variety as a common descriptive thread for clinical settings, community and patent/client demographics and expectations
- Potential for a significant proportion of First Nations population in the catchment area of practice
- Accountability for the nursing care provided and the designation of “nurse” at work and in the community (Macleod,1998; Scharff, 2006)

Rural and Remote Nursing Practice Characteristics

The following are commonly accepted characteristics of nursing practice in a rural or remote setting in Canada.

- Autonomy of practice and decision making and independence with an awareness of limitations (Scharff, 2006)
- Significant responsibility that can be overwhelming (MacLeod, 1998)
- Ability to be nimble and responsive in dealing with issues as a consequence of communication patterns and role independence (Shellian, 2002)
- The “ace” and ”pinch hitter” concept – having to perform complex tasks competently but infrequently (Scharff, 2006)
- Expert generalist with a wide range of advanced knowledge and ability (Bushy, 1999; Scharff, 2006) and strong broad base clinical knowledge and practice in multiple clinical areas simultaneously (Shellian, 2002; Scharff, 2006)
- Underestimated complexity (MacLeod, Kulig, Stewart, & Pitblado, 2004) and flexibility with limited support (Eldrige & Jenkins, 2003)
- Ability to be culturally safe and relevant in nursing care
- Ability to utilize technology to maximize nursing care and enhance outcomes for patients/clients
- Required to take on activities and components of care that are characteristically done by other health care professionals in urban areas (i.e. respiratory therapy, pharmacy)
- Expectation of the addition of certain aspects of care that would commonly be classified as physician responsibilities and the requirement that this expectation is supported by appropriate delegation, education and practice setting requirements
- Understanding and integration of community capacity, community assets, politics and intersectoral collaboration (Shellian, 2002)
- Ease of intersectoral collaboration as a consequence of necessity and the ability to mobilize a wide variety of services and supports to “get the job done”
- Creative mobilization of resources that may or may not exist on site (MacLeod, 1998)
- Ability to adjust nursing care based on community demographics and needs
- Confidentiality and trust for patients as people you know or even perhaps family members (Scharff, 2006)

Contribution of rural and remote nursing

The setting and expectations of nursing practice does not minimize the difference that can be made in people's lives by being true to the goal of nursing – to assist people, families and communities to achieve optimal health wellness and independence. (Shellian, 2002) Rural and remote nurses need to value their contribution and realize that they are not "less important" (Crooks, 2004) – their practice has unique and meaningful characteristics. There also needs to be an increased awareness of the value and necessity of a rural nursing component in basic nursing education and the opportunities to develop and refine the specialty of rural nursing at a post graduate level.

Bushy (2002) describes rural and remote nurses as having a rich heritage of resiliency, resourcefulness, adaptability and creativity. Scharff (2006, p. 181) states "Being a rural (remote) nurse means being able to deal with what she or he has got, where she or he is, and being able to live with the consequences." Being "the nurse" in the rural or remote setting provides an opportunity to practice in a setting where there are many challenges, rewards and opportunities. In no other setting is a nurse's practice so thoroughly and integrally a constant factor in a nurse's life. (Scharff, 2006) The rural and remote nurse is a generalist in the true sense of the word – providing nursing care in a variety of settings, across the life span with a holistic people centered approach always mindful of the community strengths and limitations. It is the chance to practice "nursing as it should be".

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