

GUEST EDITORIAL

Rural Health Research: Are We Beyond the Crossroads?

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The purpose of this inaugural issue on rural health research is to provide a forum for Canadians to identify critical topics in rural health research. The publication of this issue of the Journal is another sign of the maturing of the field of rural health research in Canada. Rural health research has been slow to emerge and be recognized as a separate entity although individuals have been identified as experts in the area.

The lack of formal attention to rural health research in Canada is surprising given the large geographic area of the country that is predominantly rural and the significant number of individuals in rural, remote, and isolated areas. Specifically identifying the number of people in such locales is complicated by the uncertainty of how to define “rural” and “remote,” as noted throughout the papers in this issue. In addition, other terms such as “northern” and “isolated” come into play when one describes the populations that live in non-urban areas. For the sake of being inclusive, multiple terms are often used to describe rural and remote areas and populations, and thus the percentage of Canada’s rural population varies from 22% to 38% (du Plessis, Beshiri, Bollman, & Clemenson, 2001). It behoves researchers who are conducting studies with rural people to question current definitions and to reflect on the technical and social meaning of the terms (Pitblado, in this issue). This will help us to “nail the Jell-O to the tree,” or clearly identify what we are studying, among which population. This is essential given the need to generate information that can be used by rural peoples in the development of local initiatives and by decision-makers who are encouraged to create rural-specific policies but often lack the knowledge base to do so.

In a recent article deliberating on the state of rural health research in Canada, Pong (2000) notes that despite the challenges associated with conducting such research, including the isolation of individuals in various institutions across the country and the usual challenges in obtaining funding, rural health research has a strong foundation in this country. In order to address rural health research, we need to have individuals prepared to do so. There are university-based research centres devoted to

exploring rural and remote health issues, such as the Centre for Rural and Northern Health, a conjoint research centre at Lakehead and Laurentian universities (<http://laurentian.ca/cranhr/>), as well as the British Columbia Rural and Remote Health Research Institute at the University of Northern British Columbia (<http://www.unbc.ca/rural-health/>) and the Institute of Agricultural Rural and Environmental Health at the University of Saskatchewan (<http://iareh.usask.ca/>). Such centres have provided capacity-building opportunities for rural and remote communities and for the development of the next generation of rural health researchers.

Other initiatives that are underway or ongoing will also assist in the development of rural health researchers. The University of Saskatchewan has two centres funded by the Canadian Institutes of Health Research (CIHR): the Public Health and the Agricultural Rural Ecosystem graduate training program (<http://iareh.usask.ca/trainingprograms.php>) and the Canadian Centre for Health and Safety in Agriculture, which also includes training opportunities for graduate students interested in pursuing rural health research issues (<http://www.cihr-irsc.gc.ca/e/25196.html>). Laurentian University is awaiting formal approval of its interdisciplinary PhD program in rural and northern health (<http://laurentian.ca/personnel/ENGLISH/eEmploymentHealth.pdf>), which will also provide opportunities for students to develop the skills necessary to conduct rural health research.

Other forms of infrastructure are also needed in order to develop and pursue a rural health research agenda. At the national level, the Office of Rural Health (<http://www.hc-sc.gc.ca/english/ruralhealth/>) was established to assist the federal government in applying a rural lens to policies and programs throughout Canada. The CIHR has supported rural, remote, and northern research specifically through its Institute of Aboriginal Peoples' Health, which has carried out activities such as dialogue sessions on northern health research (<http://www.cihr-irsc.gc.ca/e/25228.html>) and has sponsored strategic funding opportunities for research on relevant issues within rural, remote, and northern areas. Other infrastructure in Canada is provided through the recent founding of the Canadian Society for Rural Health Research (<http://crhrs-scrsr.usask.ca/eng/index.php>), whose mission is "to facilitate research and knowledge translation aimed at understanding and promoting the health of people living in rural and remote Canada" (<http://crhrs-scrsr.usask.ca/eng/aboutus/mission.php>). A combination of all the educational resources and infrastructure noted here will continue to advance rural health research in Canada.

The background to rural health research noted above provides the context within which the papers for this issue were submitted.

Interestingly, but not surprisingly, the majority of papers focused on health human resource issues. The concerns over the availability and preparation of nursing manpower for rural and remote areas are grounded in available information, which notes 62.3 registered nurses per 10,000 population in rural and small-town Canada, compared to 42.9 RNs per 10,000 population in urban Canada (Canadian Institute for Health Information, 2002). Simply stated, a number of rural areas will need health human resource manpower, nurses being only one example, for the foreseeable future. The papers in this issue may assist decision-makers in setting policies and developing programs to address concerns about the shortage of health human resource professionals. For example, Stewart and colleagues provide a comprehensive account of the survey methodology related to the recently completed national study on rural and remote nursing practice (Macleod, Kulig, Stewart, Pitblado, & Knock, 2004). Their paper includes details regarding the primary work settings and work and community satisfaction of rural and remote nurses across Canada. Andrews and colleagues augment this information with further data from the national study by focusing on those RNs who work alone, profiling the benefits and challenges of this work. The third paper from the national study, by Pitblado and colleagues, examines the internal migration patterns of rural and remote nurses and notes that migration may be more important than retirement, suggesting the need for further examination. Tilleczeck et al.'s paper on manpower issues addresses the delivery of continuing education to nurse practitioners, documenting the challenges in providing education to practitioners and concluding that face-to-face modalities are preferred although not always possible. The final paper on manpower, by Minore et al., focuses on nursing turnover within Aboriginal communities and its negative effects on health services and on clients and families.

There were far fewer submissions addressing clinical issues within rural areas. The papers included in this issue by Caldwell et al. and Bowman et al. discuss experiences with health conditions and related health care, noting the challenges for rural people. Finally, MacLeod and Zimmer's paper examines the complexity of conducting action research with rural nurses in their home communities due to the difficulty of separating nurses' personal and professional lives. These authors call for researchers to reconsider key concepts such as empowerment in action research when working in rural communities.

The invited pieces published in this issue address several specific aspects related to rural health research. In his Discourse, Hartley discusses US experiences with rural health research, placing this special issue in a broader, international context. Like Canada, the United States has struggled with key definitions and has advanced a rural health research agenda

that focuses on policy interventions. Factors that have positively influenced rural health research in the United States are elaborated upon, with suggestions for what may be helpful in Canada. In the Designer's Corner, Pitblado identifies the challenges of defining terms such as "rural" and "remote." His discussion provides ample opportunity for reflection on how these terms should be defined by researchers in order to draw conclusions about their meaning.

Morgan et al., in the Happenings section, describe a recently funded CIHR New Emerging Team devoted to dementia care in rural Saskatchewan, an important example of capacity-building both for future researchers and for stronger community members. The Translating Research contribution by Racher and Annis focuses on knowledge translation in the context of their recently completed participatory action research project related to the determinants of health. The authors describe a variety of means through which the findings were disseminated in order to ensure inclusivity among the participating communities. Finally, the book reviews in this volume focus on issues (the importance of place on health, school shootings) and method (community-based research) that are directly or indirectly linked to rural communities.

This special issue provides an opportunity to document the growth of rural health research in Canada. With the expected increase in human capacity and a subsequent increase in research on a full range of relevant topics, other special issues in this and other journals will be needed in the future. Furthermore, it is anticipated that such issues will include research that has been conducted with rural people as partners in identifying their issues and concerns and subsequently their solutions. It would appear that when considering rural health research, we have moved beyond the crossroads!

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