Rural and Remote Nursing Practice: An Updated Documentary Analysis

Background

An updated documentary analysis was conducted as part of the study Rural and Remote Nursing Practice II (RRNII). This nation-wide Canadian study includes an examination of rural and remote nursing practice among Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Registered Psychiatric Nurses (RPNs), and Advanced Nurses (ANs). This analysis was conducted to determine if any of the recommendations from the previous documentary analysis (Kulig, et al, 2003) were put into place as well as to determine if there were any significant reports or briefs available that addressed rural and remote nursing practice. A total of 56 reports were reviewed in-depth; we applied specific questions in relation to rural and remote practice that were based on the Rist (1994) policy cycle. Follow-up was conducted with specific individuals or organizations to address questions or issues that arose from the analysis. For example, the announcement that tuition support would be provided to nurses who chose to work in rural or remote locations led to conversations with individuals involved in these programs to enquire about evaluation of the success of this special funding.

Key Messages

1. The terms rural and remote continue to lack accepted and universal definitions.

2. There is a paucity of published literature about the contributions of all types of nursing personnel to rural and remote health.

3. The strategies to address issues pertaining to rural and remote health are focused on a deficit rather than a strength-based model.

4. Recruitment and retention of health care professionals including nurses continues to be a challenge in rural and remote settings.

5. There has been a rise in financial supports such as loan forgiveness programs for individual nurses who wish to work in rural and remote settings.

6. Provision of care for Aboriginal peoples continues to need investment to ensure that there are sufficient numbers of Aboriginal nurses and that non-Aboriginal nurses’ care for this population is within a cultural safety framework.

7. Evaluation of advanced practice in rural and remote settings in Canada is limited.
Recommendations

1. Identify initiatives used by all nursing personnel to prepare and support RNs, LPNs, RPNs, and ANs to work in rural and remote settings.

2. Initiate forums including webinars with nurse educators and administrators to discuss lessons learned related to nursing education rural-focused initiatives.

3. Identify the number of Aboriginal nursing students and practicing nurses planning to work or working in rural and remote settings on a yearly basis to help determine the success of preparing and retaining this specific group of nurses.

4. Track the use of scholarships, bursaries and loan forgiveness programs on recruitment and retention of nurses in rural and remote locations.

5. Initiate an evaluation of nursing practice in rural and remote settings that will focus on outcomes such as health status and patient satisfaction.

6. Initiate an evaluation of advanced practice in rural and remote settings that focuses on patient outcomes such as health status and patient satisfaction.

References

