

The Nature of Rural & Remote Nursing

Fact Sheet 2 What educational preparation do nurses need for practice in rural and remote Canada?

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“Working in a small community, I really see that you need a wide range of knowledge. You don’t have to know everything, but you need a general knowledge and you need to know where your resources are – so that if you don’t have the answer, you know where to get it.” – nurse participant

The educational preparation of registered nurses is a significant factor in the sustainability of rural and remote nursing practice in Canada. (From here on, “rural” should be taken to include remote.) Our national study on rural nursing practice has examined this issue through four complementary research methods. The focus of this second report is to present information about education issues for rural nurses and to identify implications for their educational preparation.

LEVELS OF EDUCATIONAL PREPARATION

Both our analysis of the Registered Nurses Database (RNDB) and our survey of 3,933 rural nurses confirmed that the majority of rural nurses have a nursing diploma when they begin their practice. The RNDB analysis shows only 9% of rural nurses in 2000 with a bachelor’s degree at practice entry (see Figure), compared with 27% of our survey respondents in 2003. This increase reflects the declining number of diploma programs across Canada. Despite this increase and the often complex demands of their positions, rural nurses continue to have less educational preparation than their urban counterparts.

Within the survey, educational preparation varied by region. For example, the Territories have the highest level of baccalaureate preparation (41%), with Saskatchewan and Manitoba having the lowest (17%). Interestingly, the Territories also have the highest percentage of nurses with graduate preparation in nursing (3%) and non-nursing (3%). Twenty-five percent of nurses in the Territories work in outpost or nursing stations, where advanced practice is required, so it is understandable that Territories’ nurses have more education.

RURAL NURSES SPEAK OUT

“The workload often changes quickly; you have to change gears. Even though you might be the

ward nurse you may have to come and help in emergency... the workload and the acuity and types of patients can be quite varied. And then you can add in a couple of long-term care wanderers.” – nurse participant

Rural nursing is unique – it is multi-specialist, generalist practice. Whether they work in acute care or long-term care settings, in home care, in public health, in nursing outpost clinics or in community health centres, rural nurses spoke in the interviews of how they are called upon to respond to the needs of all those in their communities. As a result, rural nursing practice is highly variable and challenging, and nurses have to engage in a wide scope of practice in situations where there are limited numbers of other nurses and often few support staff or other professionals.

Many of the 152 nurses in our narrative interviews told us that they do not feel well enough prepared for rural practice. Nurses want to come out of their basic nursing programs not only with solid, relevant knowledge and skills, but also with skills at linking with community resources and finding answers on their own because they so often have to work alone. Furthermore, they want to be ready for the realities of living and working in rural communities, including being immersed in a culture that may be different from their own. The need for better preparation is particularly important for the advanced practice roles required in remote areas.

What can be done? Rural nurses suggest that nursing programs include more content specific to rural nursing and more opportunities for students to learn in rural settings. They want education programs to address the reality of rural practice, and to be taught by faculty members who themselves have expertise in rural nursing. Rural nurses are pleased to see increased opportunities for nurse practitioner education.

LACK OF POLICY SUPPORT

Our documentary analysis examined relevant government, education, and health documents to determine the level of policy support for preparing rural nurses, as well as the level of policy support for rural nursing practice in general. Despite the complexity of nursing practice in rural Canada noted by both the survey respondents and narrative



participants, there was little in the policy and education standards reports that speaks to preparing nurses for working in such settings. For example, we found no government documents that discussed the need to provide educational opportunities for students in rural sites. Further, even though there is discussion about the importance of telehealth as a tool to ensure access to health care in rural communities, there is no indication in the documents reviewed that telehealth is being used in nursing education programs to prepare rural nurses.

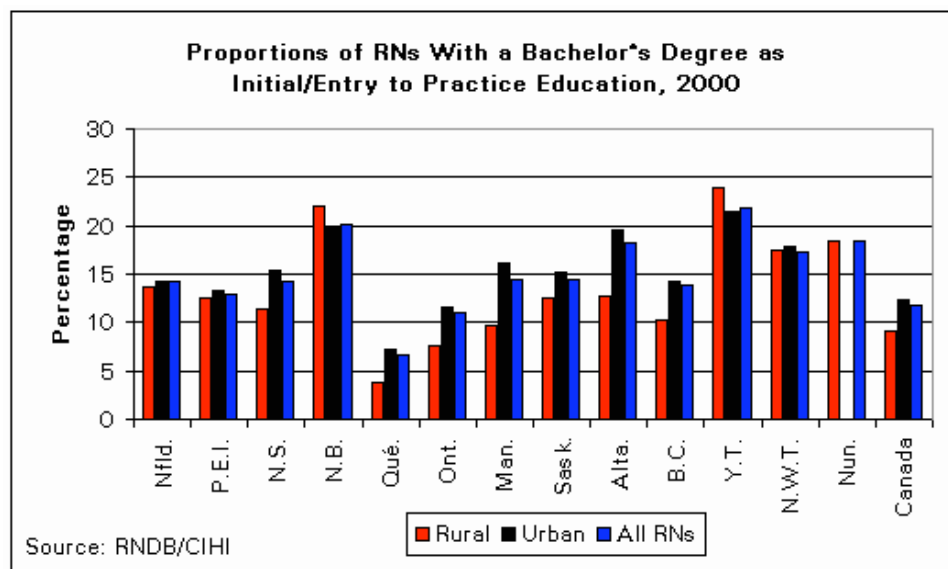
Documents from most of the professional nursing associations equate rural with accessibility issues regarding education. This reflects a limited understanding of the impact of rural settings on nursing practice and on nursing education curriculum. Often education for remote nursing practice is automatically linked with First Nations health issues. However, this fails to acknowledge the many types of remote communities where nurses practise, such as mining and logging communities. All of the professional nursing associations have entry-level competencies that focus on generic requirements, with no acknowledgement of the uniqueness and complexity of nursing practice in rural communities.

There is, however, documentation of specific nursing programs with a rural focus at certain schools across Canada, such as the University of Northern British Columbia, Laurentian University, and the First Nations University of Canada. Students are provided theoretical content relevant to rural nursing and rural health care and complete clinical rotations in a variety of rural communities. Within these programs, there is a reliance on rural nurses as clinical preceptors.

IMPLICATIONS

Teach them how to use resources, how to find answers. Don't give it to them, don't feed it to them...because when you're in the remote areas you're on your own...you have to find your own way of getting information." – nurse participant

- Targeted funding is needed for university nursing programs that focus on preparing rural nurses, in order to address additional design and implementation costs.



- It is necessary to develop appropriate basic curriculum at education sites that can access rural or remote areas for clinical practice. This will ensure that future rural nurses are more prepared for the realities and complexities of nursing practice in such locales.
- The teaching of theory and the supervision of clinical practice should be done by expert rural nurses, so that the gap between the classroom and the realities of rural community settings can be bridged.
- Extended mentoring and orientation programs that would supplement basic nursing education should be considered.

References

Canadian Institute for Health Information (2002). *Supply and Distribution of Registered Nurses in Rural and Small Town Canada, 2000*. Ottawa: Author. This report was prepared by the following research project members: Roger Pitblado, Laurentian University; Jennifer Medves, Queen's University; Martha MacLeod, University of Northern British Columbia; Norma Stewart, University of Saskatchewan; and Judith Kulig, University of Lethbridge.

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These fact sheets (and related tables and graphs) are posted on the project website at ruralnursing.unbc.ca. For further information write to rnn@unbc.ca.

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