



# “There’s Rural, and Then There’s Rural”: Advice from Nurses Providing Primary Healthcare in Northern Remote Communities

**Ruth Martin Misener, NP, PhD**

Associate Professor and Associate Director, Graduate Programs  
Dalhousie University School of Nursing  
Affiliate Faculty, CHSRF/CIHR Advanced Practice Nursing (APN) Chair Program  
Halifax, NS

**Martha L.P. MacLeod, RN, PhD**

Professor, School of Nursing  
University of Northern British Columbia  
Prince George, BC

**Kathy Banks, RN, MSN**

Advanced Practice Nurse, Maternal Fetal Medicine Clinic  
British Columbia Women’s Hospital  
Vancouver, BC

**A. Michel Morton, RN, MScN, DMin**

Associate Professor, School of Nursing, Lakehead University  
Thunder Bay, ON

**Carolyn Vogt, RN, MN**

Faculty of Nursing, University of Manitoba (ret.)  
Winnipeg, MB

**Donna Bentham, RN, MSc**

Nature of Nursing Practice in Rural and Remote Canada Study  
University of Northern British Columbia  
Prince George, BC

## Abstract

Nursing practice in remote northern communities is highly complex, with unique challenges created by isolation, geography and cultural dynamics. This paper, the second of two focusing on the advice offered by nurses interviewed in the national

study, *The Nature of Nursing Practice in Rural and Remote Canada*, considers suggestions from outpost nurses. Their advice to new nurses was: know what you are getting into; consider whether your personal qualities are suited for northern practice; learn to listen and listen to learn; expect a steep learning curve, even if you are experienced; and take action to prevent burnout. Recommendations for educators were to offer programs that prepare nurses for the realities of outpost nursing and provide opportunities for accessible, flexible, relevant continuing education. The outpost nurses in this study counselled administrators to stay in contact with and listen to the perspectives of nurses at the “grassroots,” and not merely to fill positions but instead to recruit outpost nurses effectively and remunerate them fairly. The study findings highlighted the multiple interrelated strategies that nurses, educators and administrators can use to optimize practice in remote northern communities.

## Introduction

Registered nurses are vital to the accessibility and sustainability of primary healthcare in remote northern communities. Many such communities are home to Canada’s Aboriginal peoples, though most of the nurses in these communities are not themselves of Aboriginal ancestry (Kulig and Stewart 2006). In this paper, these nurses are referred to as “outpost nurses,” although their exact title varies by jurisdiction and setting. In collaboration with a small team of local healthcare workers, consulting with physicians by telephone when needed, outpost nurses provide primary care around the clock as well as public health services. Most are employed by federal, territorial or provincial governments, or by Aboriginal communities that have entered into a transfer or self-government agreement (Kulig et al. 2007).

This is the second of two papers in this issue discussing the advice offered by nurses interviewed in the national study, *The Nature of Nursing Practice in Rural and Remote Canada* (MacLeod et al. 2004). Our analysis identified some commonalities in the advice offered by rural and remote nurses; however, the differences found in the advice from outpost nurses warranted separate consideration. MacLeod and colleagues (2008) contend that it is the context of nursing practice, not simply geographical remoteness, that explains this difference. For outpost nurses, this context is characterized by personal and professional isolation and the responsibilities of an exceptionally challenging role (Canitz 1991; Hodgson 1982; Tarlier et al. 2003). Few studies have examined nursing practice in remote Canadian communities or similar settings internationally.

## Method

The methods for the study are described elsewhere (MacLeod et al. 2008).

Interview participants were identified for inclusion in this analysis if they were practising in communities above the following latitudes, which Ehrensaft and Beeman (1992) define as northern: Newfoundland and Labrador, 50th; Quebec and Ontario, 49th; Manitoba, 53rd; Saskatchewan, Alberta and British Columbia, 54th; plus the Yukon Territory, Northwest Territories and Nunavut. Of the 38 participants meeting this criterion, one self-identified as Aboriginal. Almost all ( $n=33$ ) practised in Aboriginal communities; 16 were from the three territories and the others were from western (9), central (8) and eastern (5) provinces. Approximately half had a baccalaureate or master's degree ( $n=19$ ); five had nurse practitioner (NP) education. Most were full-time ( $n=21$ ) and had been in their current position an average of almost six years (range: four months to 23 years). Their average total nursing experience was 19.3 years (range: two years to 37 years). These registered nurses were located in communities with population sizes ranging from 100 to 8,000 residents; accessibility of referral health facilities was by aircraft ( $n=34$ ), with a flying time of up to 12 hours; road, with driving times of two to 12 hours ( $n=11$ ); and water, with boating times of one to two hours ( $n=5$ ).

### **Advice to New Nurses**

Know what you are getting into

Outpost nurses described a generalist primary care practice across the lifespan focused on health promotion and illness prevention, as well as medical diagnosis, treatment of illness and injury and on-call responsibilities. Making arrangements to evacuate acutely ill or injured patients to hospital, and sometimes accompanying them, was another part of their role. They asserted that nursing in remote settings was unique, and that it was important to be aware of its effect on the individual's professional practice and personal life: "It's more intrusive on your life than a job down south – there's more living with it, even if you're not on call." Outpost nurses advised new nurses to "call ahead" to inquire about local conditions in advance of an employment commitment. Their comments indicated that the challenges of a remote northern practice environment intensify when the nursing staff is either reduced or inexperienced, or the community has unrealistic service expectations of nurses. Trying out an outpost nursing position on a temporary basis was another recommendation.

All the outpost nurses strongly advised new nurses to be prepared educationally and experientially for their expected roles and responsibilities. They repeatedly emphasized that adequate preparation for outpost nursing was essential for high-quality patient care and personal enjoyment of the position:

I would tell any nurse that wants to go north to be sure that you are prepared in your nursing practice and skills. You can't go up there and

expect to learn how to resuscitate a patient when they come in through your door or when you’re on call at night; that is one of the biggest stresses for nurses who come up north. I remember some of them would come up from the hospital because we were so busy and they wouldn’t sleep at night because they were on call. They didn’t know what was coming in the door; they didn’t know how to handle it; they didn’t know what to do and they would often end up calling one of us to get up to help them. I didn’t mind that, when they’re learning, but it’s essential for you to give good care and to certainly be experienced and ensure that you’re experienced before you go. If you are going to enjoy your experience, and if you’re going to really help the people in these communities, then you really need to know what you are doing.

Consider whether your personal qualities are suited for northern practice  
Outpost nurses reported that not all nurses were suited for work or life in remote northern communities. They identified specific personal qualities, lifestyle preferences and professional capabilities that were needed to be effective and content in the setting (Table 1). “Knowing oneself” was identified over and over as an important attribute, along with a preference for the small-town lifestyle and an acceptance of its constraints. Outpost nurses stressed that to be effective in northern communities, nurses had to possess a calm, skillful approach to challenging patient care situations and be extremely adaptable to change of all sorts, including the stability of client health conditions, availability of resources and equipment, and weather.

#### Learn to listen and listen to learn

The outpost nurses in this study constantly stressed the importance of taking time to observe and learn about the uniqueness of each community, culture and workplace, advising new nurses to “do a lot of listening initially, and very little talking.” They commented that many approaches useful in southern healthcare settings might not be suitable, acceptable or possible in a remote community, and that new nurses should seek out local Aboriginal healthcare personnel and respected leaders, such as elders and chiefs, to help them learn about the community. As one outpost nurse noted, “Sometimes I wonder when we talk about evidence-based practice, where’s the evidence that’s the right practice for here.” They advised new nurses to suspend assumptions, withhold judgment, and avoid offering advice or solutions prematurely, commenting that the role of outpost nurses was not to “fix” problems but rather to work with individuals and communities to solve problems collaboratively within a spirit of partnership. New nurses were counselled to “tread softly and humbly, and gain [the community’s] trust and respect without coming on like you’re the big expert.”

**Table 1.**

Perceived registered nurse characteristics of benefit for nursing in northern communities

Personal Qualities	Lifestyle Preferences	Nursing Practice Capabilities
Is content being alone	Can make own entertainment	Enjoys learning about and is not fearful of other cultures
Knows and is comfortable with herself/himself	Likes small-town life and accepts its material, social and geographic restrictions	Has problem-solving and critical thinking abilities
Is flexible, open to change and new ideas		Adapts easily to different locations and circumstances
Is independent		Is self-motivated and self-directed
Is perseverant		Is calm, cool and collected under pressure
Enjoys a challenge		Is confident but not overconfident

### Expect a steep learning curve even if you are experienced

The outpost nurses we interviewed identified an adequate orientation as important, but said that new nurses or administrators could not reasonably expect orientation to substitute for education. They emphasized that outpost nursing practice involves diagnostic reasoning, critical thinking and management of patients with unstable and emergent diseases and injuries, often in circumstances of limited resources and under extreme conditions. Therefore, the transition to feeling confident in the role takes time; even nurses with considerable experience were advised to anticipate a steep learning curve and to seek every possible learning opportunity. They directed new nurses to recognize their professional limitations and “not to be afraid to say that they don’t know,” as well as to “have enough confidence in themselves to know when something is out of their scope.”

### Take action to prevent burnout

Outpost nurses stressed the importance of new nurses’ taking steps to prevent burnout given the challenges of their primary care role, which they described as “demanding” and “high intensity for long periods of time.” To cope with the isolation and the challenging work, they recommended that new nurses cultivate effective nurse–patient relationships, cautioning against unhealthy co-dependencies. They also advised new nurses to “get out” of the community regularly, even for short periods of time. As one nurse remarked, “Some of the full-timers managed to stay full-time because they retained their sanity by going out on a regular basis.”

Nurturing personal health and a sense of self and keeping “connected” with family, people within the community and nursing colleagues were repeated themes.

### **Advice to Educators**

Offer programs that prepare nurses for the realities of outpost nursing

The outpost nurses in this study questioned whether baccalaureate education was adequate for outpost nursing. Many speculated that NP programs would better educate outpost nurses with the knowledge, skills and clinical decision-making abilities required for safe practice. As one outpost nurse said: “We are coming to the north and are expected to perform [these] roles, and nurses have to be educated to be able to perform [them] in a safe manner; I guess that is why the NP programs are coming on stream.” Expanding on this, the outpost nurses recommended that education for outpost practice should be grounded in the realities of northern living and taught by experienced faculty with specialized knowledge reflecting the primary healthcare spectrum. With regard to the teaching–learning process, they advised educators to help students learn to function in resource-limited situations: “Teach them how to use resources, how to find the answers; don’t give it to them, don’t feed it to them, guide them, because when you’re in the remote areas you’re on your own.”

Provide opportunities for accessible, flexible, relevant continuing education

Similar to nurses in other rural practice contexts (MacLeod 2008), outpost nurses stressed the importance of continuing education. In relation to university-based programs, they expressed an overall preference for distance education, with the caution that in the absence of opportunities for peer interaction “to exchange ideas and think critically about the material,” completing courses by distance could be an isolating experience. They urged educators teaching outpost nurses enrolled in distance education programs to take into account the unpredictability of weather, delays in mail service and unreliability of Internet connections. In addition to formal continuing education, they stressed that access to ongoing inservices and short courses was needed to maintain specific skills and certifications. At the same time, they criticized the urban-centricity of many such programs. They said that even supposedly “rural” programs were geared to staff employed in a well-equipped hospital, hence the observation “there’s rural, and then there’s rural.” The importance of contextual relevance was also expressed in the nurses’ discussion of conferences. Many participants said that while medical conferences provided a means to stay current with evidence-based practice, NP-focused conferences would better meet their learning needs: “There are not enough NP conferences actually specific to nursing; I always end up going to medical things, emergency medicine, and it’s great, but it’s not specific to nursing.”

### **Advice to Administrators**

Stay in contact with and listen to the opinions of nurses at the “grassroots”  
When asked to give advice to administrators, the majority of outpost nurses interpreted this to mean their immediate supervisors. Almost all commented that administrators could do a better job of being available to outpost nurses, listening and responding to their concerns more effectively, and seeking out and valuing their opinions: “Changes will come down the line, but they rarely go up the line.” They observed that to offer appropriate, timely support and direction, administrators had to “listen to the people that are in the field,” have a better understanding of the outpost nurse’s role and “work closely with [the nurse] to achieve goals.”

Don’t just fill the positions; recruit effectively and remunerate fairly

Participants identified that the best recruitment and retention strategy was to hire qualified nurses who were prepared educationally and experientially for the responsibilities of outpost nursing. They recognized that the limited supply of nurses created challenges for recruitment but identified that it was important for administrators to “screen accurately” for positions and to orient new nurses to the specific community where they would be practising. To maintain nurses’ satisfaction, they advised that an adequate supply of relief nurses was needed to ensure continuity of services and coverage over holidays. When staffing was reduced, they urged supervisors not to expect that nurses could continue to offer the same level of programming and services provided by a full complement of nurses. In addition to financial and staffing supports, outpost nurses recommended that policy and resource decisions should consider resources from the perspective of quality of life.

### **Discussion and Conclusions**

Nursing practice in remote communities is highly complex, with unique challenges created by isolation, geography and cultural dynamics (Vukic and Keddy 2002). The findings of this study focused on the advice for nurses, educators and administrators offered by outpost nurses interviewed in the national study, *The Nature of Nursing Practice in Rural and Remote Canada* (MacLeod et al. 2004). A limitation of the study was that of the 38 outpost nurses interviewed, although almost all practised in Aboriginal communities, only one was of Aboriginal ancestry. Thus, the findings represent the perspective of a non-Aboriginal cohort of outpost nurses, and further investigation is needed to explore the advice of Aboriginal outpost nurses.

The advice that outpost nurses in this study had for new nurses identified that there was a connection between individual characteristics and professional success in northern communities. The high level of self-awareness,

autonomy and extended knowledge and skills needed for outpost nursing practice are attributes that nurses may not have had opportunity to develop in their previous experiences. The findings from this study identified that new nurses have a responsibility to inform themselves about the role expectations of outpost nursing and to appraise their own personal suitability and competence to fulfill the role requirements. This same capacity for self-reflection is critical for effective cross-cultural nursing practice and teamwork in northern communities (Doucette 1989).

Accessible and appropriate entry-level and continuing education that prepares nurses with the competencies required for outpost nursing practice emerged as a clear need from this study. Consistent with the findings of previous inquiries (Kulig et al. 2003; Silverman et al. 2001), this study found that education for outpost nurses must be relevant to the practice context in remote northern communities. The similarities between the role expectations for outpost nurses and for NPs have been reported in other studies (Chaytor Educational Services 1994; Tarlier et al. 2003). The outpost nurses in this study confirmed this comparability, supporting the appropriateness of NP education for outpost nursing practice. Nevertheless, at the present time, most outpost nurses are not NPs, functioning instead with an extended scope of practice authorized through delegated medical acts (Stewart et al. 2005).

Given the numbers of nurses required to meet the healthcare needs of northern communities, the high turnover rates of outpost nurses (Minore et al. 2004) and the limited supply of NPs (Fahey-Walsh 2004; CIHI 2006; Hanrahan et al. 2001), human resources planning for northern communities, at least in the near future, will likely require continued use of registered nurses with extended roles and implementation of relevant educational approaches, and administrative policies will continue to be needed. Conceivably, as more NPs are educated in Canada and employed in northern communities, a future consideration will be to ensure that policies are in place that can accommodate and take advantage of the autonomous scope of practice authorized to NPs through legislation and professional regulation.

An important study finding was the role that visionary and supportive administrative leadership plays when it values outpost nurses and engages them in shaping change and creating high-quality work environments. This finding substantiated an earlier Australian study reporting the significance of administrative management functions in supporting the complex role of nurses in remote communities (Crammer 1995). The importance of this

finding for policy is underscored by a recent study that links supportive managerial practices with the retention of nurses working in remote areas (Weymouth et al. 2007).

In conclusion, the advice from outpost nurses in this study highlighted the multiple interrelated strategies that nurses, educators and administrators can use to optimize practice in northern communities. Such improvements are more likely to be realized by the combined actions of these various stakeholders.

### Acknowledgements

The authors are part of the research team for the national study, The Nature of Nursing Practice in Rural and Remote Canada. The authors acknowledge funding from the Canadian Health Services Research Foundation, Canadian Institutes of Health Research, the Nursing Research Fund, Alberta Heritage Foundation for Medical Research, Michael Smith Foundation for Health Research, Nova Scotia Health Research Foundation, Ontario Ministry of Health and Long-Term Care, Saskatchewan Industry and Resources, British Columbia Rural and Remote Health Research Institute of the University of Northern British Columbia, Canadian Institute for Health Information, Government of Nunavut and in-kind funding from the 12 provincial and territorial professional registered nurses' associations and colleges. We thank the registered nurses who participated in the study. We thank Barb Harvey, Jan Horton, Judith Kulig, Roger Pitblado, Norma Stewart and Cathy Ulrich, all of whom provided helpful comments on earlier drafts of this paper.

*Correspondence may be addressed to: Ruth Martin Misener, Dalhousie University School of Nursing, 5869 University Ave., Halifax, NS B3H 3J5; e-mail: ruth.martin-misener@dal.ca.*

### References

- Canitz, B. 1991. "Health Care in Crisis: Understanding the Nursing Turnover in Northern Canada." *Arctic Medical Research* (Suppl.): 177–80.
- Canadian Institute for Health Information (CIHI) 2006. *The Regulation and Supply of Nurse Practitioners in Canada Update*. Retrieved July 19, 2008. <[http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=AR\\_1263\\_E](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=AR_1263_E)>.
- Chaytor Educational Services. 1994. *Preparing for Outpost Practice: An Evaluation of the Outpost and Community Health Nursing Program at Dalhousie University*. Halifax: Author.
- Crammer, J. 1995. "Finding Solutions to Support Remote Area Nurses." *Australian Nursing Journal* 2(6): 21–25.
- Doucette, S. 1989 (March/April). "The Changing Role of Nurses: The Perspective of Medical Services Branch." *Canadian Journal of Public Health* 80: 92–80.

- Ehrensaft, P. and J. Beeman. 1992. “Distance and Diversity in Nonmetropolitan Economies.” In R.D. Bollman, ed., *Rural and Small Town Canada*. Toronto: Thompson Educational Publishing.
- Fahey-Walsh, J. 2004. *Advanced Nursing Practice and the Primary Health Care Nurse Practitioner: Title, Scope and Role*. Ottawa: Canadian Nurse Practitioner Initiative. Retrieved July 19, 2008. <[http://www.cnpi.ca/documents/pdf/tech-report/section3/03\\_Practice\\_AppendixB.pdf](http://www.cnpi.ca/documents/pdf/tech-report/section3/03_Practice_AppendixB.pdf)>.
- Hanrahan, C., C. Way, J. Housser and M. Applin. 2001. *The Nature of the Extended/Expanded Nursing Role in Canada*. Consultants: Centre for Nursing Studies and the Institute for the Advancement of Public Policy. Unpublished.
- Hodgson, C. 1982. “Ambiguity and Paradox in Outpost Nursing.” *International Nursing Review* 29 (4): 108–11, 117.
- Kulig, J., M. MacLeod and J.G. Lavoie. 2007. “Nurses and First Nations and Inuit Community-Managed Primary Health-Care Services.” *Nursing BC* 39(1): 14–15.
- Kulig, J. and N. Stewart. 2006. “The Nature of Rural and Remote Nursing: Fact Sheet 4. Aboriginal Nurses in Rural and Remote Canada.” Retrieved July 19, 2008. <<http://www.ruralnursing.unbc.ca/pubandpresent>>.
- Kulig, J.C., E. Thomlinson, F. Curran, D. Nahachewsky, M. MacLeod, N. Stewart and R. Pitblado. 2003. *Rural and Remote Nursing Practice: An Analysis of Policy Documents*. Report no. R03-2003 for The Nature of Nursing Practice in Rural and Remote Canada. Lethbridge, AB: University of Lethbridge. Retrieved July 19, 2008. <<http://ruralnursing.unbc.ca/pubandpresent>>.
- MacLeod, M., J. Kulig, N. Stewart and R. Pitblado. 2004. *Rural and Remote Nursing Practice: Final Report to Canadian Health Services Research Foundation*. Retrieved July 19, 2008. <<http://www.rural-nursing.unbc.ca/pubandpresent.php>>.
- MacLeod, M.L.P., R. Martin Misener, K. Banks, A.M. Morton, C. Vogt and D. Bentham. 2008. “‘I’m a Different Kind of Nurse’: Advice from Nurses in Rural and Remote Canada.” *Canadian Journal of Nursing Leadership* 21(3): 40–53
- Minore, B., M. Boone and M.E. Hill. 2004. “Finding Temporary Relief: Strategy for Nursing Recruitment in Northern Aboriginal Communities.” *Canadian Journal of Nursing Research* 56(2): 148–63.
- Silverman, B.E., W.M. Goodine, M.G. Ladouceur and J. Quinn. 2001. “Learning Needs of Nurses Working in Canada’s First Nations Communities and Hospitals.” *Journal of Continuing Education in Nursing* 32(1): 38–45.
- Stewart, N.J., C. D’Arcy, J.R. Pitblado, D.G. Morgan, D. Forbes, G. Remus, B. Smith, M.E. Andrews, J. Kosteniuk, J.C. Kulig and M.L.P. MacLeod. 2005. “A Profile of Registered Nurses in Rural and Remote Canada.” *Canadian Journal of Nursing Research* 31(1): 122–45.
- Tarlier, D., J.L. Johnson and N.B. Whyte. 2003. “Voices from the Wilderness: An Interpretive Study Describing the Role and Practice of Outpost Nurses.” *Canadian Journal of Public Health* 94(3): 180–84.
- Vukic, A. and B. Keddy. 2002. “Northern Nursing Practice in a Primary Health Care Setting.” *Journal of Advanced Nursing* 40(5): 542–48.
- Weymouth, S., C. Davey, J.I. Wright, L.A. Nieuwoudt, L. Barclay, S. Belton, S. Svenson and L. Bowell. 2007. “What Are the Effects of Distance Management on the Retention of Remote Area Nurses in Australia?” *Rural and Remote Health* 7: 652. Retrieved July 19, 2008. <<http://www.rrh.org.au>>.