

*Editorial***EXCITING TIMES**

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Editorial Board Member

The past year has been an exciting time for nurses working in rural and remote parts of Canada. While 95 percent of this immense country is considered to be rural or remote, only 18 percent of all nurses in Canada are employed in these areas. Because of distance and lack of technology in some areas, until very recently it has been impossible for this small number of nurses to organize and band together to advance the cause of rural nursing in Canada. This all changed at the Canadian Nurses Association Biennium in St. John's Newfoundland in June, 2004. At that time, a group of about 30 nurses from across Canada with an interest in rural/remote nursing met to discuss the organization of the Canadian Association of Rural and Remote Nurses (CARRN). CARRN is in the process of electing its first slate of officers. The emergence of an organization such as CARRN is a monumental undertaking. Its inception is the result of the hard work of Dr. Dana Edge and Meg McDonoagh of the University of Calgary, as well as Barb Shellian, a former president of the Alberta Association of Registered Nurses. These three individuals, along with Dr. Elizabeth Thomlinson, met in Binghamton, New York, for the Third International Congress. From that meeting, the idea for CAARN was born.

The desire for Canadian nurses to establish an organization like CARRN is in part the result of the formation of the ICN Remote and Rural Nurses Network. The concept for the network grew from an initial meeting that took place in Toowoomba, Queensland, Australia at the Second International Congress in 2000. Spearheaded by Dr. Sally Reel, the group of nurses who met in Australia have been corresponding via e-mail over the past several years. Thanks to Dr. Reel's diligence and persistence, the group will meet again in Sudbury, Ontario, at the 4th International Congress, at which time the network will become recognized officially by ICN.

Rural nursing research has also assumed a more prominent position in Canada during the past two years. A nation-wide study on the nature of rural nursing practice in Canada is just reaching completion. This study, which involves researchers from several universities across the country, began about three years ago and has provided us with the only snapshot of the demographics of rural nurses to date. Those of us that are interested in improving the cause of rural nursing in Canada are eagerly anticipating the final results of this venture.

Recently, Medicine Hat College had the opportunity to host a delegation of educators from Japan interested in rural and remote nursing. It was very interesting to me that there are areas in Japan that are considered to be rural and remote. I will be visiting Japan in April and look forward to seeing some of those areas for myself. It is so nice to see that many other countries are beginning to embrace the fact that nursing in these areas is quite different.

Sadly, Canadian rural nursing lost one of its greatest supporters in March, 2004, when Dr. Elizabeth Thomlinson passed away. Dr. Thomlinson, associate dean of

undergraduate studies at the University of Calgary, had worked extensively as a rural nurse prior to transferring her expertise to the university. Dr. Thomlinson was instrumental in establishing the Rural and Remote Health Research group at the university and chaired the first two biennial conferences. A rural nursing student scholarship has been established in her name at the University of Calgary. This scholarship will be awarded to a student who demonstrates a keen interest in rural nursing and health care. It is intended to assist students in offsetting costs when on a rural practicum experience and to help in promoting rural nursing as a practice choice.

Sometimes it seems that change moves very slowly, but sometimes that sense is only an illusion. As I reflect over the events of the past few months, I realize that rural nursing in Canada is advancing more quickly than it sometimes appears. Until a few years ago, rural nurses were often considered to be in a subordinate position to their urban counterparts. This is changing. Canadian rural nursing is in a renaissance stage with many advances, some false starts but clearly with the best yet to come.