

*Editorial***HELLO FROM WESTERN CANADA!**

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Editorial Board Member

My name is Kathy Crooks and I am a new addition to the editorial board of the On-line Journal. I have been asked to briefly introduce myself and to provide my insights into the state of rural nursing in Canada. First, I would like to say how very pleased I was to be asked to be on the board. This provides me with the opportunity to network with the "cream of the crop" in this rapidly expanding area of nursing.

My initial exposure to information in rural nursing occurred when I was introduced to literature that came from the United States. Exposure occurred when I was asked to develop an undergraduate course in rural nursing. This introduction led me to the realization that there were a growing number of other people who recognized the unique and specialized nature of nursing in a rural setting. From this beginning I was fortunate to be put in touch with Dr. Angeline Bushy who in turn introduced me to some of the other leaders in American rural nursing. My exposure to these dynamic individuals resulted in my desire to seek further education in the area of rural nursing. As a result I am presently enrolled in a doctoral program at the University of Calgary.

For the past 12 years I have worked as a nursing instructor in the Division of Health Studies at Medicine Hat College, which is located in the province of Alberta in Western Canada. Prior to coming to Medicine Hat, I worked as a staff nurse in several small acute care facilities in the southern part of the province. Medicine Hat is a city of 50,000 people and is approximately three hours south east of the city of Calgary and about two hours north of Havre, Montana. This area of Alberta shares a lot of similarities with the state of Montana although we are not as sparsely populated. Alberta is primarily agrarian although there is also a huge oil and gas industry, as well as many recreational opportunities. All of these, are of course, high-risk industries.

Until the very recent past, the idea that rural residents had different health care concerns than their urban counterparts was not a consideration in Canada. Unlike the United States and Australia, Canada has been slow to realize the distinct nature of the rural culture and particularly, rural nursing. In 1998, the Government of Canada finally established the Office of Rural Health under the auspices of Health Canada. The mandate of the Office of Rural Health is to provide a rural perspective in the development of healthy public policy and programs. While this is decidedly worthwhile, it is important to note that a physician is charged with heading this office. The appointment of a physician to this position represents the traditional organization of health care and publicly reinforces the notion of physicians as powerful resources, thus ignoring the contribution of the Registered Nurse (Sorrells-Jones & Weaver, 1999). Further, Canadian rural physicians have positioned themselves to influence rural health care through the establishment of the Society of Rural Physicians of Canada. While there seems to be a heightened awareness of rural health issues, as well as of issues pertaining to the role and function of the rural physician, there is a lack of Canadian information available

regarding the rural nurse. This may be the result of the failure of Canadian rural nurses to become organized in the way their Australian and American counterparts have. Or, it may be the result of a scarcity of nurses with the appropriate experience, interest, and funding to develop an extensive Canadian rural nursing knowledge base. Although much of the present information outlining the peculiarities of Canadian rural nursing practice is anecdotal, there is presently a study in progress by McLeod and Kulig et al. regarding the nature and practice of rural nursing. Research aimed at clarifying the role and responsibilities of the rural nurse will increase awareness and result in sensitizing politicians, physicians, and the public to the unique nature of rural practice.

The need for Canadian rural nursing to become organized and place itself in a position to influence health sector policy makers is essential. While the idea of a rural physician shortage is a concern that has been expressed by the media and governments, there is virtually no discussion regarding the acute shortage of rural nurses. Shreffler (1998) suggests that recruitment and retention of health care professionals is one of the foremost concerns in maintaining access to rural health care. While the average age of rural nurses is slightly younger than that of the urban nurse, rural nurses are leaving the profession at an earlier age (Canadian Institute of Health Information, 2002). Presently the reasons behind the early departures remain unclear. However, if those entering the profession are older and rural nurses are known to leave the profession at an earlier age it is reasonable to assume that the rural nursing shortage will reach a crisis point sooner than expected. While it is imperative that the entire profession of nursing increase the public understanding of the role of nurses in health care (Buresh, 2001), it is vital in the Canadian rural context. The predicted rural nursing shortage could prove calamitous to a population whose health care is already marginalized because of distance and the gravity of health concerns.

The majority of the Canadian population is clustered along Canada's southern border (Statistics Canada, 1999) and until recently, rural institutions in the south have not been faced with the prospect of recruiting or retaining staff. Presently the incentives being offered to attract nurses to rural health care are generally monetary and the attraction of the "great out doors". According to Aiken et al. (2001), recruitment and retention strategies that fail to consider more than monetary incentives to improve productivity are sure to fail. Consideration must be given to "including opportunities for career advancement, lifelong learning, flexible work schedules, and policies that promote...loyalty and retention" (Aiken et al. p. 5). Health Canada (2001) has identified the interface of home life and work life as an area of concern related to the sustainability of the nursing workforce. This is especially true for nurses living and working in the rural and remote areas of Canada because there is little, if any, separation between their work and home environments. I would suggest that when Canadian policy makers and program developers seek to transform rural health care, they expand their knowledge and incentives to include the social-life, and home-life concerns of the nurses expected to function within that structure as well as providing monetary incentives. Failure to do so will affect efforts to recruit and retain a new generation of rural nurses. Consequently, there will be a negative impact on quality of nursing care and patient outcomes (Nunn, 2001).

Troughton (1999) suggests that health care adds social and economic well being as well as traditional health care to a rural community; therefore it is essential to the life

of the community. Therefore key to the survival of a distinct Canadian rural culture is the presence of available health care for its residents (Canadian Policy Research Networks, 2001). Consequently, the ability to recruit and retain nurses to provide health care is vital for more than the survival of the profession itself. It is imperative that rural nurses position themselves to get this message across to governments and policy makers.

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