

Editorial

Moving Forward in Rural Nursing

Pamela Stewart Fahs, PhD, RN, Editor

The editor of the 4th edition of *Rural nursing: Concepts, theory and practice* (Winters, 2013) and the original editor of that work (Lee, 1998) have asked me to reach out to you as readers of the *Online Journal of Rural Nursing and Health Care*; and as rural nurses in practice, education, and research, to ask for your input regarding this classic text and where you would like to see the focus of a next edition. A short survey that combines needs assessment data for a future text as well as interest in providing material for that future edition can be found at <https://www.surveymonkey.com/r/57MX5MN> . More about the survey can be found at the end of this editorial.

A fairly recent publication noted that there has been little change in the top priorities in rural health in the last decade (Brolin et al., 2015). The Rural Healthy People 2020 study noted that access to care remains a top priority. There is a bit more finesse reported in the Brolin and colleagues findings regarding lack of access to health with discussion of necessity beyond access to primary care. The access issue is inclusive of emergency services and insurance concerns. Although not mentioned in Brolin et al., the issue of access to specialty care also remains an access issue in rural locations. The number of people living in rural areas in the US has shrunk slightly from about 20% in 2000 to 17% according to the 2010 data. This is at a time when about ½ of the world population lives in rural environments. However the need for rural healthcare does not seem to be diminishing and the health priorities identified by key stake holders have not shown much change over the past decade.

Nurses are providing valuable services within rural communities, yet rural nursing does not always have the same monetary benefits found in more urban areas. A new report on economic and employment data on Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs) pulls from a variety of sources to give a picture of nursing today (McMenamin, 2016). Some of the lowest wages for nurses are in non-metropolitan statistical areas, a disturbing facet of the report, for those living and working in rural nursing. There were 63 substate areas in the US where nurses made on average less than \$55,000 per year. Over half of these areas (36) were in rural places. Although rural nurses are likely to have a lower salary than their more urban counterparts, nursing remains a relatively high paying career within rural communities. Nursing remains one of the most trusted professions and most often well respected, particularly in rural communities.

The question often arises as to what is rural nursing, what is entailed within the field of rural nursing and how is it the same or different from nursing in non-rural areas? The beginning of a process of developing a theory to guide rural nursing goes back to the 1980's (Lee & McDonagh, 2013; Long & Weinert, 1989; Winters, 2013). We have come to some agreement about rural nursing in that period of time; with most in the field agreeing that rural nurses are what I term a consummate generalist (Fahs, in press). Major concepts and themes have emerged and been affirmed over time (Lee, Winters, Broland, Raph, & Buehler, 2013). However, there remain areas regarding rural nursing that need further exploration. The original work on a rural nursing theory was conducted in the western part of the US (Montana) and Canada (Lee & McDonagh, 2013). One might ask, do the same concepts and propositions exist in other areas of the US and how does rural nursing differ in terms of providing health to rural populations around the world? Is current knowledge of rural nursing sufficient in depth and scope to guide practice?

Do the concepts traditionally associated with rural nursing and rural populations still hold true? If there is a need to further the development of rural nursing theory, what are the next steps? Is it time to test some of the propositions developed through qualitative methodology in more quantitative studies. What is your opinion about this classic text? Do you have expertise that would allow you to contribute to future editions of this work. This needs assessment survey can be found at <https://www.surveymonkey.com/r/57MX5MN> . Drs. Winters, Lee, and I would appreciate your participation in this survey. Survey responses are due by January 15, 2017 and all responses are anonymous. There is an area within the survey where you can provide contact information if you wish.

References

- Bolin, J.N., Bellamy, G.R., Ferdinand, A.O., Vuong, A.M., Kash, B.A., Schulze, A., & Helduser, J.W. (2015). Rural Healthy People 2020: New decade, same challenges. *Journal of Rural Health, 31*, 326 - 333. <https://dx.doi.org/10.1111/jrh.12116>
- Fahs, P.S. (in press). Leading-following in the context of rural nursing. *Nursing Science Quarterly*,
- Lee, H.J., Winters, C.A., Boland, R. L., Raph, S.J. & Buehler, J.A. (2013). An analysis of key concepts for rural nursing. In C.A. Winters (Ed.), *Rural nursing: Concepts, theory, and practice* (pp. 469 – 480). New York: Springer.
- Lee, H.J & McDonagh, M.K. (2013). Updating the rural nursing theory base. In C.A. Winters (Ed.), *Rural nursing: Concepts, theory, and practice* (pp. 15 - 34). New York: Springer.
- Long, K.A. & Weinert, C. (1989). Rural nursing: Developing the theory base. *Scholarly Inquiry of Nursing Practice, 3*, 113 – 127.

McMenamin, P. (Ed.), (2016). ANA's nurses by the numbers: A synthesis of ANA-curated RN/APRN information from federal government sources.

Winters, C.A. (2013). Preface. In C.A. Winters (Ed.), *Rural nursing: Concepts, theory, and practice* (pp. xvii - xix). New York: Springer.