

Editorial

Rural Practice Forum: Understanding Rural Health Care

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This column will deal with how the rural health professional actually practices. As a health care provider living in a rural community, how do you deal with the characteristics of rural people, cultures and communities on an everyday basis? The literature has emphasized certain characteristics of rural people and communities that influence the role of rural health professionals. They include factors such as a present time/crisis orientation, emphases upon individualism and independence, reliance upon self-care for health problems, and a tendency to tough-it-out. Health is often defined by rural people as the ability to work. Also impacting the role of the health professional is the strong role of opinion leaders, those few influential people or families in the community who control the degree to which people and ideas are accepted. The rural community often acts as gatekeeper, conferring status and acceptance of ideas, thus preferential treatment is common and insider/outsider distinctions are often made. Rural people tend to be conservative and tradition-oriented, family and friends are very important, and the rural health professional is part of the social support network (often being seen as a friend first and a professional second). In addition, the rural health professional often deals with populations with greater proportions of the dependent and vulnerable, high rates of risk taking behaviors, and differences in how mental health problems are viewed and interpreted.

As a health care provider, the rural health professional often crosses over other disciplines in role, is overwhelmingly a generalist, practices independently to a degree unknown by urban health professionals, and encounters frequent gaps in health care, especially the in the

areas of primary care, health promotion, emergency care, and mental health services. Physical and professional isolation are counter-balanced by a lack of anonymity and a mixing of professional and everyday roles. The health professional is expected to be available on a 24-hour basis, sometimes giving professional advice while standing in line at the local grocery, and may have to leave town to get a day off. In providing health care, the rural health professional must also deal with situations where the health professional's values conflict with those of the community. This offers a lot of opportunity for ingenuity and innovation in designing and carrying out programs that are acceptable to the rural community.

This column asks how you, as a rural health professional, have dealt with, taken advantage of, and risen above problems or issues such as the foregoing. What ways have you developed to deal with them in your everyday practice? In planning and carrying out programs? We can learn from each other. We are interested in your "ingenuity and innovation." What "tips" can you offer to other rural health professionals? Please send a description of the problem or problems you have encountered in practice and how you dealt with those problems by e-mail to: Bette_ide@mail.und.nodak.edu.