

Publishing Rural Nurse Stories in a Book Has Impact

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Abstract

Purpose: Does collecting and publishing rural nurse stories have impact? This article evaluates the impact of the design and content of a rural book capturing rural nurse stories across Aotearoa New Zealand. Did reading the book alter reader perception of rural nursing or have wider effects?

Sample: Readers of a narrative book including rural nurses' stories and imagery from across Aotearoa New Zealand were invited to complete a survey of their impressions. There were 42 responses received, a 22 per cent response rate. Of these, four did not read the book, leaving 38 responses for analysis of impact. These included seven of the original nurse storytellers, other nurses, and non-nurses.

Method: The primary method was a survey of recipients of the book. This included quantitative demographic data and qualitative open question responses. Surveys were sent via email using Qualtrics with a link for completion with two automated reminders.

Findings: Reading and viewing the narratives in this book impacted positively on nurses and non-nurses' awareness of the breadth and complexity of rural nurse practice in Aotearoa New

Zealand. The distribution of the book as a physical copy meant that on average each book was viewed by at least six people. The presentation of the book was important, with readers valuing the wide variety of narratives including images, maps, poetry, and stories. Over half of respondents identified that the Māori (indigenous peoples of New Zealand) content reinforced the importance of Māori health particularly in the rural setting. This narrative resource will continue to impact future health professionals' awareness of rural nursing as over one third of participants intended to use the book as a teaching resource.

Conclusion: There is intrinsic and extrinsic value to rural nurses telling their stories to both nurses and a broader audience. These stories increase awareness and can influence future policy and action. To add value to the stories, include multiple narratives of place and context, including visual images. Amplify the voice of indigenous peoples with indigenous nurses' stories and wider narratives.

Keywords: Rural nurses, Stories, Impact, Publish

Publishing Rural Nurse Stories in a Book Has Impact

Rural nursing is recognised internationally as a speciality area of nursing practice, situated within the field of nursing. This specialist area of practice is an underrepresented aspect of nursing in Aotearoa (the Māori term for New Zealand) and its professional identity is challenged, misunderstood, and does not fit easily within the national imaginings, wider nursing profession and policies governing nursing practice (Ross, 2019). Over the last 20 years, rural nurses together realised rural nursing was not understood by other nurses, health professionals, employers and policy makers. Rare occasions to come together made rural nurses realise they wanted their profession to be visible so *Stories of Nursing in Rural Aotearoa: A Landscape of Care* (Ross & Crawley, 2018) was published to shine a light on their practice.

A book to enjoy, laugh, cry and celebrate the lives and experiences of present-day rural nurses (Gossman, 2018, p. 7).

This book recognises rural nursing as a distinct profession through sharing the historical and contemporary stories of nurses who have practiced in rural Aotearoa New Zealand during the past two to three decades. Stories are at risk of becoming lost with time as nurses retire or move away from practice. Gossman (2018) acknowledges this when she shares her opinion “I would be remiss if I failed to acknowledge all the Nurses, Māori [indigenous population to Aotearoa] and non-Māori who have served rural New Zealand in the 19th and 20th centuries, most whose stories remain untold” (p. 7).

Stories can be very powerful tools in sharing a culture and distilling meaning. Crawford et al. (2015) emphasise that sharing stories is key in making sense of events, requiring reflection of emotional and cognitive factors. Stories are an effective mechanism for hearing experiences, building empathy, and sparking passion (Crawford et al., 2015). The benefits go beyond the storytellers uncovering their stories to all who interact with the narratives the researchers, the readers, families, and distant colleagues.

Stories of Nursing in Rural Aotearoa: A Landscape of Care (Ross & Crawley, 2018) began as a narrative inquiry research project exploring the phenomenology of the rural nurse discipline; collecting stories, history and mythology (Ross & Crawley, 2019). By collecting these stories, Ross and Crawley’s (2018) aim was to learn how rural nurses have adapted to change, within a context of socio-political, economic, cultural and geographical locations. It was known that rural nurse practice in Aotearoa New Zealand differed from traditional models of health care, yet innovations and adaptations were not captured (Ross, 2019).

The intention of publishing this collection of stories has been to assist in contributing to the growing body of national and international literature. The Aotearoa New Zealand experience provides a unique rural nursing discourse (Ross et al., 2023). This discourse

confirms that the context of place and the definition of rural (at the time of this research) in Aotearoa New Zealand situates and guides each rural nurses' practice. Another important feature of the discourse is the indigenous lens as identified by Brook and Hogarth (2021), uncovering a discourse specific to Māori.

These stories which are part of the published book are situated within the rural context of Aotearoa New Zealand, making it necessary to clarify the author' understanding the rural. We firstly situate rural within an international perspective as it relates to health care which plays an integral but background role in the nurses' stories. At the time this research was conducted we followed Aotearoa New Zealand's definition, where rural is understood as part of an urban/rural continuum (Statistics New Zealand, 2006). Continuum groupings are influenced by population size, residential address, and place of employment to understand population characteristics rather than providing a specific definition of rural. The rural categories are stratified by the degree of influence nearby urban areas have on surrounding regions. The four categories range from a rural area with a high urban influence to the extreme where the rural area is highly rural or remote with minimal urban influence on employment (Statistics New Zealand, 2006). Distance is measured by kilometres from urban centres, which provide services such as high intervention hospital care and employment for rural residents who commute from their rural locations (Statistics New Zealand, 2006). Typologies or continuums, according to Halfacree (1993), have been in use since the 1940s to measure the rural-urban divide and further classified in the New Zealand National Health Committee (National Health Committee, 2010) report indicating that remoteness and isolation are significant factors that shape the rural health care services, the community and its residents.

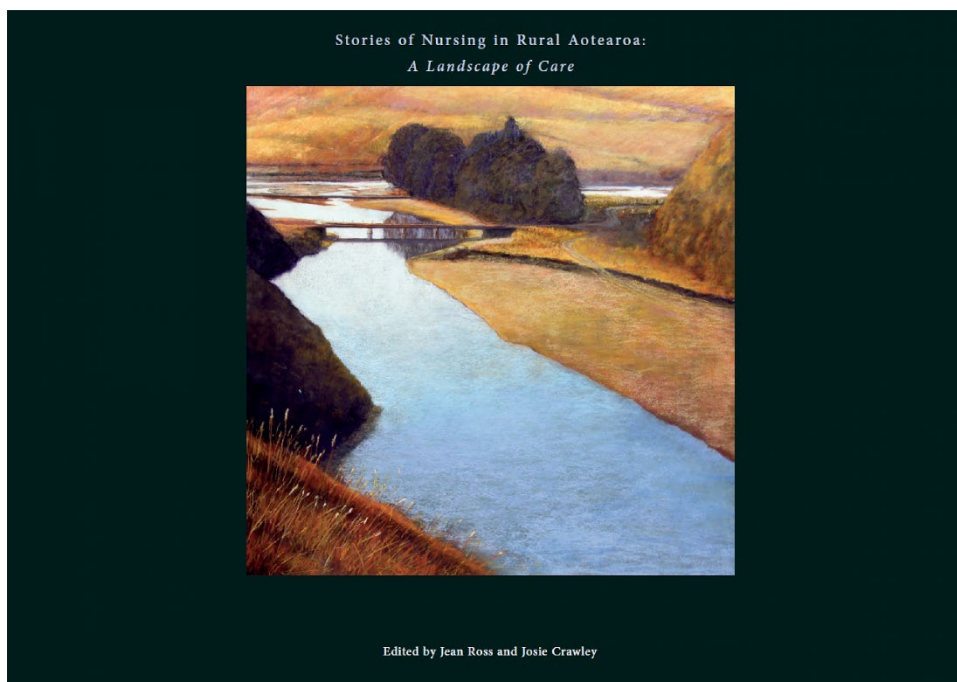
Uncovering Rural Nursing Discourse Through Narrative

The book engages with a variety of narratives to showcase the rural nurse discourse within the Aotearoa New Zealand context. The narratives include stories, other written forms

of dialogue and visual images that together uncover how rural identity and discourse, practice and place are intertwined. The editors' rationale for including Aotearoa New Zealand's geographical composition is that it provides the background of each nurse story, thus it was appropriate geography shaped the overall design of the book. The front cover image by a local New Zealand artist (Fig.1) illustrates an aspect of rural New Zealand. Whether based in community or rural hospital settings; the geographic challenges and resilient essence of rural communities shaped each nurses' story of becoming a rural nurse while maintaining and enhancing their practice. Each nurse story stands alone, many include author chosen images that illustrate their story. Read together, practice threads emerge common throughout rural Aotearoa New Zealand. Central to the threads were the nurses who served the rural communities, similar and different by the very nature of topography: mountains, rivers, sea, weather and distances. This is why it was important to situate each collection of stories with a narrative space that honoured both the place and the people who live there.

Figure 1

Front cover book image Stories of Nursing in Rural Aotearoa: A Landscape of Care



Source: Ross and Crawley (2018).

Book's Composition

The book presents stories geographically from North to South of Aotearoa New Zealand including the outer islands. Regional collections of stories are introduced with a narrative of place, an indigenous map indicating the area, honouring the history and tangata whenua [indigenous peoples of Aotearoa New Zealand] including images and published New Zealand poems. Maps and narrative introductions to each place are included in the book, introducing the reader to each broad area (Fig. 2) which enhance the nurses' stories.

Figure 2

Te Reo Māori Map of Aotearoa New Zealand.



Source: Te Taura Whiri o to Reo Māori The Māori language Commission (published with permission)

These stories sit within this New Zealand's definition of rural (as discussed above) and the context of place; highlighting that nursing practice differs according to the needs of the community and the resources to hand.

Using narrative inquiry methodology, story gathering was underpinned by Clandinin and Connelly (2000) model, 'Three-dimensional Space Narrative Structure'. This provided a systematic framework of temporality, place and situatedness for 16 rural nurses (including Māori and non-Māori). Each nurse worked in partnership with researchers to generate and validate their personal and professional account of becoming a rural nurse in Aotearoa New Zealand. It quickly became clear that these nurses were very savvy in adapting their local practice to political, social, environmental, economic and climate upheaval. Rural Aotearoa New Zealand is where the nurses' who have shared their stories live, practice, and play. For some rural nurses it was where they were born and for others where they were drawn to practice.

Aotearoa New Zealand is a diverse country geographically, comprising six inhabited islands, the North Island, South Island, Stewart Island and Great Barrier Island, the Chathams and Pitt Islands; each area is rich with narrative cultural and geographical histories. The North and South Islands have some similarities, each comprising over 150,000 kilometres of diverse coastlines, as well as mountain ranges. Their geologies are significantly different, as the North Island is primarily volcanic (Wright, 2013) and reveals a fertile landscape (New Zealand Tourism, n.d.). The South Island covers 150,437 square kilometres comprising the Southern Alps including the mountainous ranges, glaciers and fjords (Wright, 2013). The topography of the South Island reveals an isolated geographical context comprising 33 percent more landmass than the North Island (Hogarth & Rapata-Hanning, 2023) with a relatively sparse population in comparison to the North Island as revealed in the published stories (Ross & Crawley, 2018).

Book Distribution

The total number of copies of *Stories of Nursing in Rural Aotearoa: A Landscape of Care* printed was 300, comprising an initial print run of 200 and two additional print runs of 50 each. The book was distributed to the contributors whose stories were featured in the book and to the editors' professional networks nationally and internationally – institutions and individuals with interests in health practice, health education, and/or narrative inquiry. Copies were also sent to Members of Parliament, policymakers, the media, and writers. One international rural nursing organisation received 40 books presented as gifts, and organizers of a rural conference received 10 books to distribute amongst speakers. Some copies were given to Bachelor of Nursing students as end of programme prizes. Recipients of the book lived in many different countries: United Kingdom, Ireland, Germany, United States, Canada, Japan, Australia and New Zealand. The philosophy of the editors' institution, a belief in equitable open access, meant the books were provided free of charge. Copyright permission was received for physical publishing only; permission for a complete online edition was not granted due to copyright infringement rights associated with some eternal publisher's agreement for poems to be included in the hard copy of the book but not electronic editions.

Method

This research investigated the impact of the book's content and presentation on recipients. Having distributed the book, the editors (authors one and two) identified in mid-2020 that they wanted to understand the extent to which the publication of the book identified and strengthened awareness of rural nursing, changed attitude or any other impacts. The aims of the evaluation were therefore to determine whether the book had impact for its readers, and if so, what those impacts were.

The editors of the book (authors one and two) brought together authors three and four of this study to evaluate the impact of the book. The primary method was a survey of recipients

of the book. Ethics approval to conduct the survey was obtained from the authors' institutional Research Ethics Committee (#913). In response to pilot feedback, the inclusion criteria, wording of some questions, and clarity of what constituted consent to participate were strengthened.

The survey results were complemented by other data sources. Information was contributed by the book's editors about the publication and distribution of the book, about opportunities that publication of the book has generated for them, and email feedback provided to them. We also considered publicly available data: a published review of the book and library catalogue holdings.

Survey

The survey was designed to explore the range of possible impacts which the book might have achieved amongst its varied readerships. Study design was informed by the objectives of the book's editors. They wanted to understand the extent to which the publication of the stories in the book succeeded in achieving their purpose, by identifying and strengthening awareness of rural nursing, changing attitudes towards rural nursing or having wider impacts on the rural nursing professional landscape and practice. To capture evidence of possible impacts beyond the editors' objectives, recipient variety also informed our evaluation, for example including the possibility of impacts on policy, teaching practice and career choice.

Survey inclusion criteria were adults at least 18 years of age who had read all or any part of the book. All authors contributed to survey design, two authors tested the survey before distribution, and one author managed survey distribution. Most surveys were distributed by email. Where emails failed to send or bounced back, alternative email addresses were found where possible and survey invitations resent on the same day or the next day. A total of 194 surveys were successfully sent by email or post (n=194). Two automated reminders were sent on 1 July and 13 July to invitees who had not yet completed surveys.

The demographic information sought from participants was whether they lived in New Zealand, and their ethnicity and gender. Participants were invited to identify whether they were one of the nurses whose stories were included in the book. If a participant was a nurse whose story was not included in the book, they were asked how many years of nursing practice they had, and how many years in rural nursing practice. They were asked how much of the book they had read, all the stories, 11-15 stories, 6-10 stories, 1-5 stories, or none. The survey asked participants which parts of the book added value; participants could select as many elements of the book as they wished from a list, other than the stories themselves, and could also provide free text comment on the value of the elements of the book. Also requested was whether they shared the book with anyone else, providing a list of possible groups, including “other”, and asking for the total number of people they shared the book with. Finally, a series of five questions explored the range of possible impacts which the book might have had for readers and their communities, with both Likert scale answers and free text descriptions of the impacts. An open question inviting any other comments was included. Questions were a mix of single answer responses, multiple answer responses, or open text responses. The survey was conducted between 22 June to 6 August 2021. As the book had been first distributed in early 2019, the book had been in circulation for up to 18 months.

Sample

As the book was distributed by the editors the identities of many of the recipients were known. Rather than selecting a sample population, all known recipients of the book for whom the authors had or could find contact information for, were invited to participate in the survey. Surveying the whole population of recipients of the book so far as possible contributes to the study’s external validity. Because some recipients were libraries or educational institutions, and other recipients received multiple copies of the book to distribution themselves, other

unknown people have received or have access to the book but were not able to be invited directly to participate in the survey.

The 194 people who received invitations to complete the survey comprised the 17 storytellers (the 16 contributors whose stories were featured in the book, and one whose story was not included in the book), and 101 other people by email and 76 by post with a self-addressed envelope for returning the survey. The survey could be completed anonymously online using Qualtrics survey software, or, for those recipients for whom the team did not have email addresses, by hard copy. To preserve anonymity, hard copy surveys returned by post were opened by a research assistant and the data entered online.

Findings

A total of 42 responses were received, a 22 per cent response rate. Of these four did not read the book, leaving 38 responses for analysis of impact. Respondents did not answer every question. These 38 respondents included 7 nurse storytellers, 15 other nurses, and 15 non-nurses. Respondents were predominantly female, with 30 women and 7 men completing the survey. This gender imbalance was unsurprising given the predominance of women in the nursing profession.

Table 1

Respondents to the Survey of Readers.

Characteristic	Categories	# Respondents	Per cent
Occupation	Nurse: storyteller	7	18.9
	Nurse: non-storyteller	15	40.5
	Non-nurse	15	40.5
Gender	Female	30	81.1
	Male	7	18.9
	Total	37*	100

*One respondent did not answer these questions. Source: Authors.

To be eligible for inclusion in the book, the nurse storytellers had all been in practice more than 15 years including a significant period in rural practice. Of the 15 other nurse respondents to the survey, only five had more than five years' experience in rural nursing practice.

Table 2

Years in Practice of Nurses Who Were Not Also Storytellers.

Nursing experience	Categories	# Respondent
Total years in nursing practice	0-5 years	2
	6-10 years	0
	11-20 years	1
	21-30 years	4
	>30 years	7
	Total	14*
Years in rural nursing practice	0	6
	<5 years	4
	6-10 years	1
	11-20 years	2
	21-30 years	1
	>30 years	1
	Total	15

* One of the non-storyteller nurse respondents did not answer this question. Source: Authors.

Almost 60 per cent (59.46%) of respondents were New Zealand European, 8.11% Māori, and 32.43% Other ethnicity. Twenty-five survey respondents were living in New Zealand (65.79%), while 13 lived outside New Zealand (34.21%). The latter probably account for most or all the other ethnicity participants.

The number of readers reached by the book far exceeds the number of copies distributed (300). Copies of the book were distributed to 19 New Zealand libraries and one Australian library. The book is listed in WorldCat in 15 of these libraries (WorldCat, n.d.) so is available for interloan. One survey respondent advised that after reading it, they would deposit their copy with the Archive Library of the Australian College of Nursing.

Twenty-eight of the 38 survey respondents reported that they had shared the book with others. Twenty-six of them estimated how many people they had shared it with; the book

reached approximately 168 more people through sharing, averaging at 6.46 shares per copy. These were predominantly whānau/family (14 respondents) and professional colleagues (14 respondents) but also friends (seven respondents), students (five respondents), library borrowers (one respondent) and others (two respondents). Impacts of reading the book with these readers were not captured because they were not survey respondents.

Book Presentation Impact

The book is suitable for dipping into, but it was pleasing to see that 15 (42 %) of respondents had read the whole book. Comments reinforced the impacts which the book had for respondents:

It is a valuable record of rural nursing and speaks to the person at the centre of the experience.

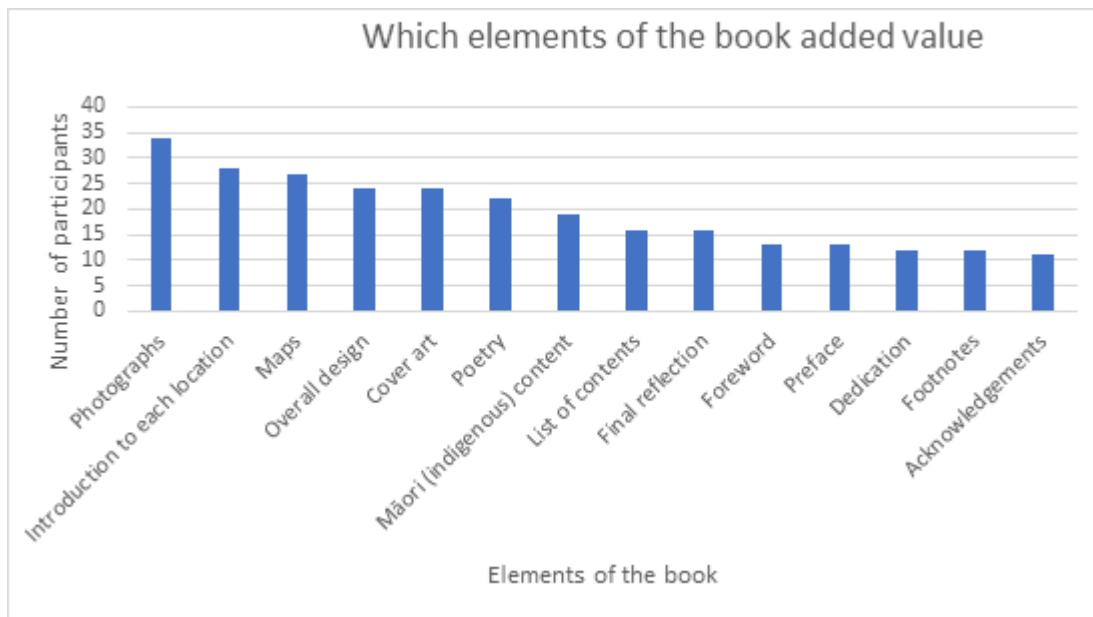
...excellent representation across the country and great to see what others are doing...

It is a beautiful and moving book.

All elements of the book were, to a greater or lesser extent, considered to be of value by survey participants. The graphic elements – photographs, maps, cover art, and design – were all valued by at least 63 percent of respondents. The written “extras” such as the dedication, footnotes, preface and acknowledgements were of interest to over 25 per cent of recipients (refer to Fig. 3). The free text responses included comments about the book, describing it as “high quality,” “meticulous attention,” “well presented,” and “very well laid out.”

Figure 3

Elements of the Book Which Added Value.



Source: Authors.

Book Influence

Book recipients responded to questions asking whether the content of the book had influenced their decisions or actions in any respect. Respondents could select one or more answers from a list of options: teaching practice, nursing practice, policy or strategy development, community participation, career choice or other.

Book Influence on Practice

Five of the respondents indicated that the content of the book had influenced their decisions or actions in respect of policy or strategy development. One of these demonstrated the relevance and use of the book beyond the nursing profession context, with the comment:

Considering how our occupational health team can connect/share...

Seven respondents identified that their nursing practice had been influenced by the content of the book. One respondent's comment related particularly to nursing practice:

I am more aware of others I can contact for help with my practice and where to direct others...

For five respondents, the content of the book influenced their community participation.

One of these commented:

Reminded me of the need to be involved, as much as possible.

One respondent chose 'Other' to describe the influence of the content of the book on their decisions or actions, and then provided this comment:

Since I am working on narrative therapy, some new ideas have popped up in my mind.

The content of the book potentially influenced career choice for four respondents, with these comments:

I would love to become a rural nurse practitioner.

More women & men need to be encouraged to enter nursing.

...awareness of how diverse, challenging it [nursing] is...

The survey also asked whether there were any other impacts for readers or for their community. One who answered no, answered it was a personal impact, rather than community.

Ten respondents answered yes, six of whom also provided comments:

Hopefully it has made management aware of our contributions and insightful practice that is making a difference to our clients and fund us for this ...

Highlighted rural nursing...

But again, just further emphasized the importance of rural nursing...

Three of these respondents who answered yes did not live in New Zealand:

It made me feel connected to NZ in Covid time.

Learn more about rural nursing in the U.S.A.

Increased my knowledge about rural New Zealand communities...

Book Influence on Teaching Practice

Of the 37 survey respondents who answered this question, 15 indicated that the book had influenced their teaching practice. Five respondents who had answered ‘teaching practice’ made comments about using the book as an educational resource:

...provides good context to support student nurses and colleagues who do not have knowledge of this area of practice...

...reiterating the good things about rural nurses with medical and nursing students that come through our practice...

I hope to use excerpts next year in my narrative medicine course...

It has encouraged me to be mindful of including rural perspectives into teaching content.

Reinforces the value of exposing nursing students to rural nursing practice.

Indigenous Impact

The Māori content of the book included many placenames, descriptions and photographs of locations, pepeha (personal connections to people and the land), history of Māori nursing, whakatauki (proverbs), four Māori nurse stories, and the use of Māori vocabulary explained in footnotes. In Māori culture connection with whenua [land] holds significant meaning, hence this was an important feature of a book about rural nursing in Aotearoa New Zealand (Reid et al., 2016). Our survey asked whether the Māori content in the book had a particular impact for respondents. Of the 34 respondents who answered this question, 19 answered yes (56%). Thirteen of these 19 participants also identified the Māori content as adding value to the book. In addition, one of the respondents who answered no explained that this was because there was insufficient Māori content in the book.

Two of the respondents who reported that the Māori content had impact for them, explained there was a sense of recognition and relatability with their own current or previous experience in health practice with Māori communities:

I used to work ... [with] rural, predominantly Māori communities. Your work touched my heart.

Māori are central to my practice...

Four other respondents recognised the value that Māori culture has for communities and for nursing practice. Two comments included:

Māori culture is so vital in our communities.

Highlighted the importance/necessity for cultural inclusion.

Two further respondents learned more about Māori health care from reading the book:

Increased my understanding and appreciation of Māori culture, especially as regards healthcare

Very interesting to share the experiences from nurses who have a unique cultural perspective enhances their practice...

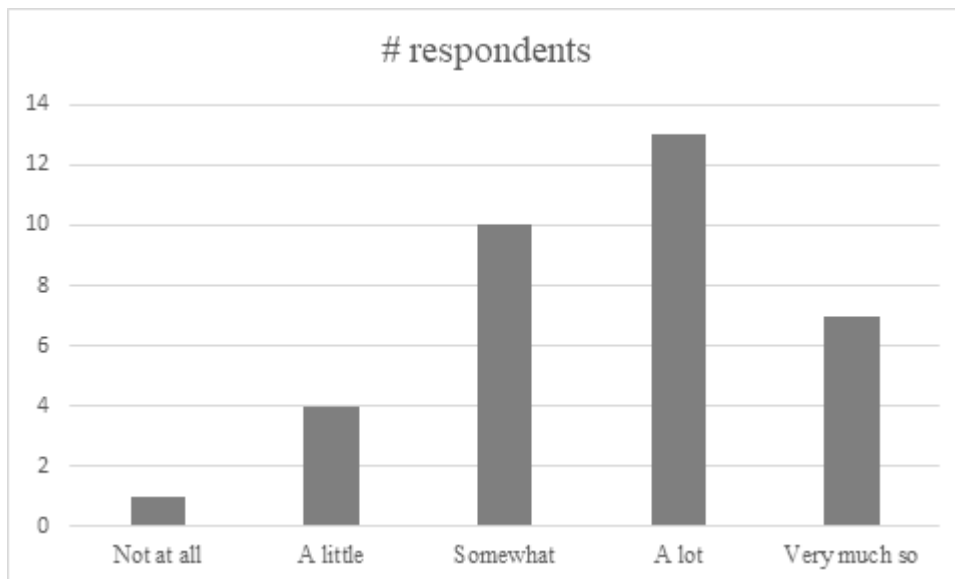
In summary, the Māori content of the book had impact for about half the respondents. Some of these already knew the value of Māori culture in healthcare and others gained a new appreciation of that.

Awareness of Rural Nursing Impact

One question asked in the survey was ‘Has reading these stories increased your awareness of rural nursing?’ Survey participants could choose one of five possible answers from a Likert scale, from ‘Not at all’ (1) to ‘Very much so’ (5). Twenty of the 35 respondents to this question (57.14 per cent) answered either ‘A lot’ (4) or ‘Very much so’ (5) (refer to Fig. 4). The average across all respondents to this question was 3.6, compared with the average of 3.5 for storytellers who answered this question.

Figure 4

Increase in Awareness of Rural Nursing.



Source: Authors.

The following question asked whether ‘the content of the book changed your attitude towards rural nursing?’ and participants could answer Yes or No and provide comments. Twenty of the 35 respondents to this question answered No – their attitude had not changed, while the remaining 15 respondents answered Yes, including one third of the original storytellers. Seven of those who answered No provided comments which explained that they already had a high regard for New Zealand rural nursing. Two of these respondents stated that the book ‘reinforced’ their thinking. Another comment suggested that one respondent appeared to have answered No by mistake, explaining the book had ‘increased my awareness of rural nursing in New Zealand.’ Comments include an appreciation of the community context rural nurses work within, their passion, focus and diversity of role:

More respect for their knowledge and the challenges they face.

We are a diverse model of caregiving and very innovative in delivering this care...

It broadened my understanding and appreciation of rural nursing in the NZ context...

It brought my attention to the person at the centre of that nursing experience, and it highlighted both the highs and the lows, the rewards and the sacrifices.

Good to know how many nurses are out there in diverse roles...

The distances involved with traveling to patients, many different roles these nurses have worked in their communities, sacrifices e.g. their families, job satisfaction.

Was unaware of the Māori context and added responsibilities they have.

Their engagement with the community.

A final comment from a respondent to a later question provides similar feedback:

All the stories provided a different perspective [to each other] which was very enlightening.

Discussion

Books, written or edited by academics and professionals, rely on the assumption that publication is a worthwhile exercise. The authors aimed to understand the extent to which *Stories of Nursing in Rural Aotearoa: A Landscape of Care* of rural nurses' stories in a book had impact. The book editors aimed to identify and strengthen awareness of rural nursing, change attitudes towards rural nurses' professional landscape and practice. This book had impact as demonstrated in the survey findings and international review.

The book was provided as a physical resource and was never intended to be an eBook. This was due to copyright restrictions of poems, maps and images, and the limits of the ethical consent from the storytellers. This restricts access to the print runs. However, an advantage of a physical copy is that it is more likely to be read and shared than eBooks (Throsby et al., 2017). Of particular interest in Throsby et al. (2017) report, 90% of people read print books while only 53% engage with eBooks.

Recipients of the book who read the book shared their copy with nurses, non-nurses, family members and libraries. The book was therefore spread wider than anticipated and

demonstrates the power of a book as a permanent and reusable resource. Likewise, Thorsby et al. (2017) report found that 43% of their respondents share books amongst friends with sharing the most common non-paying way of accessing books closely followed by accessing a copy from a library. Multiple copies of the books were distributed to nursing schools and national libraries, however issuing and appreciation of these copies was beyond the scope of this research.

Thorsby et al. (2017) found that for a book to be appreciated, readers want the topic to be of interest, to learn about the world through others' experiences and expand from their own world view with nearly a third of readers also wanting to engage with literature and ideas. Older readers (60+) are more likely to want to learn by reading about topics that interest them, while younger readers (under 30) are more likely to read to improve personal practical skills. Autobiography/biography/memoir was the most popular genre for non-fiction readers.

The book was sent to participants who were likely to be invested in subject matter, the autobiographical nature of the rural nurse stories may have increased reader appreciation, whilst the preface and introductory sections to each region were rich with both creative and academic literature. Younger recipients who were nurses may have also been looking for hints and content to strengthen their own practice, which is reflected in the qualitative comments.

The format of the book affected its impact. Peterson (2014) asserts that when looking at a resource that contains new knowledge, design (how the knowledge is presented) is an inseparable part of the content. Where text is integrated with illustration readers generate cognitive connections, strengthening learning and memory (Peterson, 2014). In addition to printed stories, the book itself was a narrative homage to Aotearoa New Zealand. The reader was introduced to the narrative of each region; exploring its nooks, crannies and islands through indigenous maps, poems, images with geographic, historic, and statistical population introductions supported with footnotes. Many of rural nurse stories themselves used

photographs, chosen by the nurse to add a further dimension to their story. The benefit of this aspect of the book publication was to offer the participants an opportunity to provide their own insights into their personal perceptions of their practice in place through images. Each photograph was accompanied by a brief description, worded by the storyteller, providing a further reflection into their individual understanding (Mader, et al., 2016). Neville and Whitehead (2016) explain that the images presented in photographs provide an alternate interpretative lens to text data, in this case the nurses' stories. The rural nurses' reflection in story is complemented with the photo images. The intention was to reconstruct the rural nurses' reality while providing a visual representation that speaks to the observer (non-rural) through illustrating an alternative medium (Richardson & MacLeod, 2010). As photographs trigger multiple meanings for the viewers, what is significant to one viewer may not be to another, leading to unexpected revelations (Thom, 2000) and further understandings of rural nurse identity.

The graphic elements of the book stood out as adding value, reinforcing theory that visuals increase concrete learning and strengthen mental imagery creation, with the best results where illustrations and text add meaning to each other (Peterson, 2014). The photographs were the most popular cited item, closely followed by overall design, the maps and the cover art. According to Richardson and MacLeod (2010) photographs can convey a strong sense of meaning, which can be significantly more dynamic than the written word, particularly powerful when photographs are united with descriptions (Burke & Evans, 2011). The cover art was also appreciated. Supporting Australian findings that nearly 20 per cent of readers are influenced by the jacket cover (Throsby et al., 2017). The cover of the book (refer back to Fig. 1) depicts a rural scene by a local artist. It spreads across both covers and provides a visual narrative of place.

The introductions to place and the poetry were the most valued text elements (excluding the nurses' stories). Both elements had been carefully crafted to go beyond statistical description of geography and population, using poetic imagery to depict an emotional human response to a place of people who came before or live there now. The reading of poetry requires subjective interpretation that engages the reader with an emotional response to a place or atmosphere the reader may never have experienced. That certain texts initiate an emotional response, and that reading can alter beliefs, change behaviours and cause self-examination is the accepted basis of much linguistic research (Pöhls & Utudji, 2021).

The less consistently valued items included written forward, acknowledgments, final reflection, footnotes and contents list – the necessary shaping for the overall design, and interpretation of local language and abbreviations. As slightly less than half of the respondents had read the entire book, that one quarter of all respondents valued these pre and end notes is very positive, suggesting they provided context for the stories.

The overall presentation and set up is important. *Stories of Nursing in Rural Aotearoa* was reviewed by Professor Angeline Bushy, in the *Journal Scope: Contemporary Research Topics (Health & Wellbeing)* (Bushy, 2019). The American reviewer describes the book as 'an important contribution to the New Zealand nursing literature and the international rural nursing scholarly community' (p. 133). She acknowledged as exceptional four key features of the book; finding the book cogently organised, eloquently presented, connected to community, and engaging for non-New Zealanders.

For one who is not a New Zealand native, the book is much like a travelogue, enticing me to visit this down-under nation. Especially appealing for each of the chapters is the inclusion of a regional map with scenic photos that feature a particular region of New Zealand." (p. 133).

As several of the respondents to the survey were not from New Zealand the way the book took the reader on a journey through Aotearoa New Zealand, may also have had appeal. Similarly, the impact of the book content on the reader increased the thinking about rural nursing, resultant change in health care, and teaching practice. There has been a significant new awareness of rural nursing. This was very similar for both storytellers and non-storytellers – suggesting that opportunities to share stories results in new learning – even for practitioners with over 15 years’ experience. Likewise, stories can change attitude, both strengthening awareness of value, challenges, and diversity; but also, by uncovering a more indigenous context.

Four of the 16 nurse storytellers in the book identified as Māori. Those who identified as Māori shared who they are and their connections with people and important places at the beginning of their story through mihi pepeha - a way of introducing yourself in Māori culture. Hogarth and Brook (2021) conducted thematic analysis of the four Māori nurses’ stories in the book, revealing that rural nursing values align with Māori cultural values, for example a holistic approach to wellbeing, Māori networks and community-centeredness (Simon, 2007). Rural nurses are validated to visibly practice their profession as Māori. One of the nurse’s states (in her story) how she hadn’t realized how aligned her model of practice was with Māori holism and sense of place until she started reflecting on her story. Sharing indigenous stories so they are visible and valued is important. Simon (2006) found that when Māori registered nurses, reflect on their preparation and current practice, present and future training and practice needs of Māori nurses were identified.

The book situates all 16 stories in Aotearoa New Zealand using maps in te reo Māori language and descriptions for each location that include Māori history. More than half of the respondents of the survey reported that the Māori content added value to books. A similar proportion of respondents reported that the Māori content in the book had a particular impact

for them. Responses to various questions in the survey showed that readers recognized how vital the Māori culture was and is to rural communities in Aotearoa New Zealand and to rural nursing practice. International readers especially resonated with the Māori content. While some readers were already well-aware of the importance of Māori culture in nursing practice, others reported gaining appreciation for the need for cultural inclusion, awareness of and respect for the cultural responsibilities that Māori nurses have in their practice.

Research in autobiography suggests the experience can result in transformative learning. Karpiak (2010) describes unexpected self-learning from telling one's own story. Auto biographers may not set out expecting to find out truths about themselves, but as they revisit sites of the past and reflect on meaning of events, many reconstruct these events from their present lens – affirming their identity in the present and envisaging a possible future. The autobiography has the power to instruct and deepen our sense of self and others (Karpiak, 2010), effecting both the auto biographer and the reader. The rural nurse storytellers who responded to the survey suggested they also had increases in awareness of the rural nurse role, potentially also gaining new insight into their own roles. In a published interview, Canadian nurse academic Kim English (Crawley, 2023) mentions having spontaneous discussions with several rural nurses who had shared their stories in the book. The storytellers discussed how the storytelling process had provided a reflective sense of self-worth, a personal realisation and recognition of their skill, value, and interconnection with their communities. These comments reflect survey responses from reads, even from nurses with years of rural experience that the stories helped build learning about rural challenges and grew awareness of the variety of rural roles.

Recognizing the rural has been a prominent feature throughout this paper linking the rural nurse stories with New Zealand's rural definition at the time the stories were shared. Prior to this there was a very limited but equally simple definition of rural, a population less than

999 people. The rural nurses have endured a simplistic definition of rural and then a complex but meaningless definition dominated by an urban discourse. What this has meant for rural nursing practice has been a lack of understanding of their practice, planning and funding of services. Positioning rural definitions within and between countries is a further example of importance to understanding the complexity of rural nursing practice.

Internationally several disciplines connected with stories linked to rural (although their definition of rural would differ). Over half of the respondents hoped to use the book in their teaching practice, which spanned within the disciplines of nursing, medicine and humanities. We acknowledge that each time an excerpt from the book is shared in a teaching class, the impact will ripple.

Conclusion

This book has had impact, adding to the growing national and international discourse of rural nursing, contributing to practice, education, policy development, and amplifying the voice of indigenous peoples with indigenous nurses' stories. The methodological lens of narrative inquiry adds value to the nurse stories with visual narratives of place and context. The research on impact has added to national and international knowledge on how to create a resource that builds storyteller capacity and enhances appreciation and respect for rural nursing practice, especially as it relates to the challenges, diversity and innovative delivery of health care and engagement with rural communities. The final word goes to our Māori elder, Kim Gossman who expressed her appreciation,

[h]ow wonderful that these stories have been captured! I applaud the nurses who have shared and contributed to this important collection of stories... (Gossman, 2018, p. 7).

Limitations

It is possible that participants may have attributed impacts to the book for which there may have been other sources, affecting the internal validity of the survey. There had been 18

months between initial distribution of the book and the survey, during which time there had been wide dissemination of broader research findings by the editors, in international nursing and humanities forums. Conversely the book may have had unreported impacts. The survey relied upon participants' reflection and self-awareness about the impacts of the book on themselves and their practice. The survey therefore provides a snapshot in time of the impacts of reading the book which participants were aware of at the time the survey was conducted.

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Conflicts of Interest

These authors declare no conflicts of interest

Ngā mihi nui ki a koutou.

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