

*Editorial***RURAL NURSE COMPETENCIES: EXPERTS, ADVOCATES AND ACTIVISTS**

Marietta Stanton, PhD, RN, CNAA, BC, CCM, CMAC  
Editorial Board Member

Recently, I was contacted by a group of rural nurses asking if I had a set of competencies for nurses working in rural hospital. I have along with my colleague Dr. Jeri Dunkin, investigated competencies for rural community case managers. Having worked as a home health nurse in a rural environment and preparing case managers and outreach workers to provide services in the very rural Alabama, I believe that I can make a stab at identifying a beginning skill set for nurses who work in this environment.

I preface my delineation with the characteristics outlined in (Lee & Winters, 2006). Using these characteristics as a context, it becomes easier to start with identifying a basic skill set. I also have recently experienced the loss of a family member where lack of access to emergency care, hesitation to act in an emergent situation, and lack of knowledge or skill in a rural setting may have caused irreparable harm. I am not implying negligence or malpractice, but I am saying that lack of access, loss of precious time and simply the failure to maintain an airway and oxygenate the brain caused brain death once care was accessed. Nurses in the rural area are in a unique position to perhaps change and affect the quality of care received in a geographic ally isolated or rural area in very different ways than their urban counterparts.

Nurses in a rural environment need to have and maintain a basic competency in emergent care. This may require ongoing training, partnering with trauma and emergency centers for a refresher and continuing education. They may also need to demand that administration of their health care facility partner with colleges or universities so that accessible training is available at no or low cost to all shifts. Nurses need to be proficient in the technologies associated with care and with accessing educational opportunities for themselves and their colleagues.

Rural nurses need to be staunch patient advocates and be proactive in the health policy and political arena. Their proactive involvement in local health care quality throughout all phases of care delivery should mobilize communities to examine services and pressure officials to demand resources that fill gaps.

Rural nurses need strong leadership skills and they should aspire to not only fill the gaps in care within their own agency but also work collectively with other nurses in the community to coordinate quality care at any point in care delivery, In other words, the hospital nurse can and should be proactive in ensuring that a system for accessing emergent care is in place.

Nurses in the rural community need to have broad clinical skills that encompass all age groups and span all levels of care including health promotion and disease prevention. Rural nurses need to be comfortable dealing with farm related accidents and illnesses. They need to be staff developers, patient educators and community health intervention planners. They should know their public health counterparts on a first name basis and understand and participate in any disaster planning activities. They should understand concepts associated with health literacy and promote health education for vulnerable groups in the community. Rural nurses need to be culturally competent, acutely aware of disparities, knowledgeable regarding vulnerable groups in

their geographic area, while valuing diversity in the work force and community. They need to understand the implication for the why, how, when and where of care delivery.

Rural nurses should use faith-based and community organizations to provide outreach and provide access for vulnerable individuals in their geographic area. They need to be experts on the transportation and services that can be mobilized to help resident's access services. They must be experts at integration of care and transitions of care. They need case management skills especially if they don't have access to a trained case manager or social worker. Even if they work in an acute care setting, they should be able to advise neighbors and other rural groups on how to access public health plans and free or low cost medications. The real question: How can one person do it all and/or as a group? How do we get there?

### **REFERENCES**

Lee, H.J., & Winter, C.A. (2006). *Rural nursing: Concepts, theory and practice* (2nd ed.). New York: Springer Publishing.