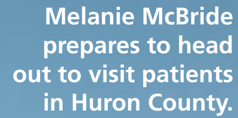
the nurse

RNs in small towns have the chance to care for their neighbours. The challenge is finding more people to work in rural communities.

BY JILL-MARIE BURKE • PHOTOGRAPHY BY LAURA ARSIE



Melanie McBride prepares to head out to visit patients in Huron County.

next door

AS SHE PULLS HER SUV OUT OF HER DRIVEWAY, RN MELANIE MCBRIDE MAKES A MENTAL INVENTORY OF THE SUPPLIES stored in the plastic drawers in the back. Gauze? Check. Wound dressing and packing supplies? Yes. Equipment to insert IVs and draw blood? Absolutely. Diapers? Just in case. McBride never knows what might be needed in a pinch when she checks in on her patients who may be on dialysis, undergoing chemotherapy or in need of wound care.

McBride works for Saint Elizabeth Health Care and her clients live along the rural roads and in the small communities on the shores of Lake Huron. As she heads down County Road 2 past fields of corn and soybeans, she thinks about the man who would have become a palliative care patient if she hadn't realized that complications following abdominal surgery were killing him. His incision wouldn't stop draining, he had a fistula, and he had lost a lot of

weight. McBride pushed the surgeon to see the man again, and during a second surgery the physician found an undissolved stitch that was causing the problems. Today, at 81, the man is healthy and getting ready for another winter at the curling rink.

McBride grew up in Huron County, but she hasn't always been a rural nurse. She worked on a neurological floor at a London hospital for four years, but decided to explore other options when she started feeling burned out. She joined Saint Elizabeth three years ago and says the job gives her a chance to give back to people in her own backyard and broaden her nursing knowledge along the way.

"I find it very rewarding," she says. "I still learn something new every week."

McBride is among the four per cent of Ontario nurses who the Canadian Institute for Health Information reports work in rural settings. Their patients are neighbours and friends they're likely to run into at the supermarket on a Saturday morning, and some of them say they would never trade their work for a big-city job. According to the Ministry of Health and Long-Term Care, more than 4.8 million rural Ontarians depend on the expertise of nurses like McBride to keep them healthy, but recruiting and retaining RNs with the specialized skills needed is an ongoing challenge for health-care organizations. According to a 2006 study by the Nursing Health Services Research Unit, almost 42 per cent of nurses in the South West Local Health Integration Network (LHIN), where McBride works, are over the age of 50.

"We're not going to attract and retain nurses if we don't give them the theoretical and clinical experience in rural areas they'll need."

The provincial government has started to address the looming shadow numbers like that cast on the workforce. In 2006, after strong advocacy by RNAO, it began reimbursing tuition for new graduates from rural areas who return to their communities to work. And this summer, the government announced a new Rural and Northern Health Care Panel, including several RNs, that will look at ways to improve access to health care. Nurses and researchers who study health-care beyond the province's urban centres say tapping into the expertise in Ontario's hinterland is essential. Simply transplanting recruitment and retention strategies that have worked in larger cities isn't the answer. Nurses in small towns see everyone from seniors to pediatric patients all in one shift. They never know when they'll need to respond to a car accident, farming mishap or flu outbreak, or provide care to isolated families that might be coping with poverty or abuse.

Beverly Leipert is a professor at the Arthur Labatt Family School of Nursing at the University of Western Ontario. She

NURSING STATIONS SHOULD HEAD SOUTH

Remote nursing stations have been part of the Canadian health-care system since the 1920s, and have traditionally only been used in the far north. But they could be used in rural areas of southern Ontario to provide care. According to the Ministry of Health and Long-Term Care, 34 communities in northern Ontario are designated as 'under serviced,' and 21 of them have nursing stations. But southern Ontario has an alarming 100 'under serviced' communities, none of which has adopted the nursing station model.

Nursing stations managed by nurse practitioners (NPs) are a variation of NP-led clinics, but they are more suited to rural communities, which typically lack human resources. Nursing stations are affiliated with a supporting hospital. For example, the West Parry Sound Health Centre (WPSHC) operates six nursing stations, each managed by a nurse practitioner. Last year, the stations saw more than 25,000 patients, equal to the number seen in the hospital's emergency department.

At the WPSHC-operated Rosseau Nursing Station where I work, many of my patients are seniors, teenagers and summer cottagers. I perform a full range of duties including lab services, house calls, and emergency treatments. I also provide preventive health education, treat chronic and episodic illnesses and injuries, and collaborate with physicians when needed. Those who live in the area year-round often have a physician in Parry Sound; however, wait times are four to eight weeks for an appointment. The nursing station plays a critical role in providing people with access to primary care. More than 90 per cent of my patients' care is completely managed at the nursing station.

The WPSHC is part of a research project designed to capture the full impact the nursing stations have on their communities, and on the hospital and local health-care resources. Preliminary findings show

The Rosseau Nursing Station near Parry Sound, Ontario.

the stations save the hospital money. Only three to five per cent of patients seen in the nursing stations are referred to the emergency room, there are fewer hospital admissions from rural communities than from larger towns, and re-admission rates are significantly reduced. Just 33 per cent of patients from rural communities return to the hospital within one month, compared to 58 per cent of patients from Parry Sound.

The time is right to take a closer look at using this model throughout rural Ontario, using the most appropriate health-care provider, in the most appropriate place, to provide health care without geographic, age, or economic prejudices. Could nursing stations be coming to a town near you? Let's hope so. RN

Donna Kearney has been the primary health care nurse practitioner at the Rosseau and Area Nursing Station near Parry Sound since 2003.

studies rural women's health and spent part of her career as a public health nurse in the prairie towns of Saskatchewan. Leipert says nurses are much-needed in rural areas, especially if they visit patients at home. If a woman is isolated, a nurse could be the only person to notice if she's burning out from the multiple roles of raising children, working on the farm, holding down a paid job in town and volunteering in the community, or if a crop failure has left a family living in poverty and under stress.

"A visiting nurse might initially think a new mom probably has lots of questions about breastfeeding, but then find out there's no food in the fridge," she says.

Leipert believes if more urban RNs are going to think about caring for people who live in the villages and on the farms of Ontario, they need to learn about the demands – and rewards – of the job while they're in school. Leipert has developed two courses in rural nursing at UWO; one for undergraduates and one for masters and PhD students. The graduate course features a field trip into rural communities where students can talk with nurses, nurse practitioners, social workers and other members of health-care teams.

"We're not going to attract and retain (nurses) if we don't give them the theoretical and clinical experience in rural areas they'll need," she says.

In 2007, Grey Bruce Health Services (GBHS) Vice-President of Clinical Services Sue McCutcheon knew she was going to have to get more nursing grads working in her hospitals on the shores of Georgian Bay, or patient care would suffer. More than 40 per cent of the hospitals' RNs were going to be eligible for retirement within five years. In fact, the small obstectrics program at GBHS's Markdale location closed after two very experienced RNs retired. McCutcheon says it was difficult to find nurses to replace them because they need more than labour and delivery skills. Nurses also have to be able to work in the medical/surgical unit and emergency department when obstetrics isn't busy. Meanwhile, Georgian College no longer offers a nursing program in Owen Sound, so students who grew up in the area don't complete placements at GBHS as part of their degree program.

The hospital's tailor-made solution was to create opportunities for nursing students and new grads. For the past three summers, a small number of nursing students have worked at GBHS as student aides, and the first students to participate in the program were recently hired upon graduation. When students from the area graduate, they're also invited to come home and learn about nursing in their own community by participating in a one-year mentorship program.

"We encouraged new graduates who had done their education anywhere in Ontario or Canada to come home and we would facilitate some of their clinical education here in our organization," says McCutcheon. "This would provide the groundwork for them to become independent practitioners in a well-supported way."

The goal of the mentorship program was to help the new nurses develop competence and confidence in everything from patient care and building relationships with physicians to understanding how the health-care system works.

"If you work in a rural hospital and you need to transfer a very sick patient to an urban centre, you need to know a lot about the system to be able to advocate for that patient and get him appropriately transferred in a timely manner. It's not just about making sure you get an IV in really quickly, it's about really navigating the system for patients," says McCutcheon, adding the program is paying off. In the past two years, GBHS has hired 19 new grads and most are still working there today.

While McCutcheon was dealing with retirements, Katherine Stansfield, Vice-President of Patient Services and Chief Nursing Executive at Quinte Health Care in Belleville, had another problem on her hands. Nurses working on medical floors who didn't have the skills or experience needed to care for the wide variety of patients they encountered were transferring to other departments as fast as they could, leaving the medical floors short-staffed by 30 per cent. Stansfield knew the root of the problem was the fact that the new hires (whether they were recent graduates or experienced RNs) had worked in urban, tertiary care settings that exposed them to just one sub-section of a population or one specialty. But at Quinte Health Care, stroke and cardiac patients and individuals with other complex conditions are all located on the same medical floors, and nurses are responsible for meeting all their needs during each shift.

REVIVING A RURAL CHAPTER

Leslie Secord says that on days when a nurse working in a small hospital or community feels like a tadpole swimming in a really large lake, RNAO is a reminder that you're not alone. That's why Secord decided to take on a leadership role when three of RNAO's chapters were on the verge of collapse.

While the number of members in the Parry Sound, Muskoka and Huronia chapters was steady at around 400, Secord says RNs were starting to wonder why their chapters weren't doing more. Although she'd been a member of the Muskoka chapter throughout her career, she had never held an executive position and rarely attended meetings. But she worried that if she didn't step forward to revitalize the chapters, they would fizzle out.

Last summer, nurses in the region decided to amalgamate the three chapters on a trial basis and Secord, an RN at South Muskoka Memorial Hospital (SMMH) in Bracebridge, became the president and now works with a full executive and a workplace liaison at SMMH. The new chapter held its first meeting in Bracebridge in the spring, and six people attended. Secord says that's a good start because the nurses were enthusiastic, and getting people to come to meetings is an accomplishment in a region where distance and weather are frequent travel obstacles.

"The roads are treacherous at the best of times," says Secord. "In the summer you're dealing with lots of traffic, and in the winter you're dealing with snow. After a 12-hour shift, the last thing members might want to do is pack up and drive an hour to Parry Sound for a meeting."

Secord is hoping that technology will help the newly blended chapter regain its spirit. She'd like to use video conferencing for future meetings. If that's not possible, she says she'll try teleconferences or videotaping meetings and making DVDs available to local RNs.

In the meantime, she has set up a chapter Facebook page to engage current members and attract new ones. It's all part of the group's efforts to make sure all RNs get the most out of their memberships, whether they're looking for legal assistance or best practice guidelines. RN

With funding from the Ministry of Health and Long Term Care's Nursing Secretariat, Quinte Health Care worked with Loyalist College to create a rural practice internship for new hires in the medical units. Last year, nurses took classes at Loyalist and worked in the school's simulation lab to practise caring for a range of patients in a wide variety of complex clinical settings. The curriculum also addressed a situation that is common in rural communities – how to maintain professionalism when the patient is your friend, co-worker, neighbour or family member. Back in the hospital, the RNs were mentored by an experienced nurse who coached them through the first month on the job.

Stansfield says the program has paid off. The medical units are no longer short-staffed, and new hires are staying on – even when positions on other units are advertised.

"The evaluations from the new employees were overwhelmingly positive," says Stansfield. "They really felt there was an emphasis on investing in them to be successful."

Last year, Stansfield teamed up with nurse researchers who are looking at the staffing challenges small hospitals face when she became part of a two-year study on retaining rural nurses. Jennifer Medves, one of the lead investigators and the Director of Nursing at Queen's University, says researchers are asking staff RNs at a number of rural hospitals about the difficulties their organizations have finding staff – and what needs to be done to get RNs interested in small-town nursing practice.

Medves says because much of the research on recruitment and retention refers to urban hospitals that employ large numbers of nurses, rural health-care organizations often need to develop homegrown initiatives like the internship at Quinte Health Care.

"If you've got a cadre of nursing staff of 300 and you lose one or two a month, it's not such a big issue to go out and recruit more. But if you only have 20 staff members and you lose one, that has a much bigger effect on your ability to provide care. Of course, recruitment and retention is very important everywhere, but in rural places it's really more critical because you want to keep staff who are able to work in an environment where they become 'multi-specialists,'" says Medves. She says rural nurses' skills range from coping with multiple injuries from a car accident and getting victims evacuated to a tertiary care centre, to working in non-traditional teams that often don't include specialized emergency room physicians, respiratory technicians or other health-care professionals found in urban hospitals. Still, despite the challenges, Medves says she's constantly impressed by the dedication these RNs bring to their work.

"They feel really bad when they're sick because they know that their colleagues are putting in extra time," she says. "And nurses' families get used to the fact that mom or dad occasionally gets up from the supper table to go back to work if they're called in. There is a tremendous loyalty to their organizations and their communities and collegiality with their colleagues. It's very heartening."

Nancy Rozendal's career is founded on that kind of loyalty. She's nursed in rural hospitals for 32 years, the past 19 on a medical/surgical floor at Listowel Memorial Hospital. Born and raised near Listowel, she knows almost everyone in town and can't think of anywhere else she'd rather live or work. But she understands why it's hard for her hospital to recruit nurses who don't have a connection to the town. "For a young person who wants to go out on Friday and Saturday nights, there's not a whole lot here to offer them. The younger nurses we do have are generally from our area, have families and don't want to be out of town when their kids are at school," she says.

Rozendal isn't surprised Medves' research shows rural nurses need to be specialists in just about every kind of care. On her floor there are two intensive care beds, four telemetry units and some pediatric patients. It isn't unusual for her to be monitoring five patients on a night when there's no doctor in the building. He's home sleeping, but can be called if there's an emergency.

Rozendal is a member of *The Nursing Shortage and You*, a grassroots group of nurses who want the public to understand the impact the nursing shortage has on RNs and patient care. She says the challenge of recruiting nurses to work in a community of 6,500 people affects her work every day. For a number of years, she was the only part-time nurse on her floor and often took on extra shifts so full-time staff could take their holidays. She remembers a Saturday night a few years ago when she was charge nurse and a colleague called in sick at 8 p.m. Rozendal couldn't find anyone to replace the nurse, so she worked a double shift. While there are a few more staff members on her floor these days, it can become short-staffed if a nurse needs to accompany a patient who is being transferred to another hospital by ambulance.

Rozendal says knowing most of her patients personally makes her care even more. That's why she worries about the day that staffing and workload issues will make it impossible for her to juggle the competing needs of all her patients. "I've worked there for 19 years and have the reputation for being a good nurse who is there when people need me. But as soon as I can't be there for those people, the public will perceive that I don't care. They won't see that I'm too busy."

For now, Rozendal is available whenever her patients need her – whether they call her at home to ask her a question, or stop her in the supermarket to give her an update on the medical test their mother just had. She says her biggest reward is being there to care for people she's known her whole life as they near the end of their's. "I've stood at the bedside and cried with families," says Rozendal. "They're not my family members, but I love them because of the associations I've had all through my lifetime with these people." RN

JILL-MARIE BURKE IS ACTING STAFF WRITER AT RNAO.

NURSE EXPERTS APPOINTED TO RURAL AND NORTHERN HEALTH CARE PANEL

Four RNAO members are part of a provincial government-appointed panel that will identify ways to improve access to health care in rural and northern communities.

LYNN BROWN, a nurse practitioner with the Victorian Order of Nurses in Fort Erie, Ontario.

MARGRET COMACK, chief executive officer at the Listowel Wingham Hospitals Alliance in North Perth, Ontario.

KATHY FARIES, a nurse practitioner in Moose Factory who works for the North Shore Tribal Council in Northern Ontario.

DONNA WILLIAMS, a Telemedicine Program Manager with Keewaytinook Okimakanak Telemedicine in Balmertown, Ontario. RN