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
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...
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“...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.

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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...
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 obstetrics 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.

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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 other complex conditions as fast as they could, leaving the medical floors short-staffed by 30 per cent.

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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 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 they 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 upper 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 theirs.

“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.”

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