ASSESSING THE CONTINUING EDUCATION NEEDS AND PREFERENCES OF RURAL NURSES

To the Editor:

Rural nursing and barriers to continuing education (CE) is a topic of interest to many in nursing. Many nurses in rural settings do not have access to important CE opportunities. In the September 2012 issue of The Journal of Continuing Education in Nursing, Fitzgerald and Townsend (2012) attempted to address this issue through a collaborative effort between a nursing school and two rural hospitals. The collaboration led to the development of a survey using a small convenience sample that identified barriers to CE. Based on discussions with hospital administrators, multiple answers that described limited participation in CE and topics were offered in a survey. The CE choices for selection in the survey included cardiovascular, respiratory, geriatric, and diabetes. CE barriers included insufficient funding, travel distance for learning, and time away from work, as replacements are not available. Fitzgerald and Townsend (2012) shared that online CE was offered and participants found this helpful. However, providing a survey with specific variables, closed-ended questions, and response patterns may not be the best way to identify the CE needs of rural nurses.

Rural nurses are geographically isolated and may have other social supports or professional needs that are not yet identified. In a recent study, Fairchild et al. (2012), using naturalistic inquiry design, sought to determine CE needs of rural nurses by interviewing nurse leaders in health care facilities. The open-ended questions were directed toward the CE needs of staff. The data revealed the themes of cultural issues, clinical nursing skills, patient care, and patient safety.

Cultural issues identified included peer communication, horizontal violence, staff burnout, and domestic violence. Peer communication included bickering, which was reported to be heard by patients. Horizontal violence included overt and covert bullying (organizational acts of intimidation). Staff burnout resulted in mental and physical fatigue. Domestic violence was often self-reported by nurses as emotional or physical abuse by a spouse or significant other. This study was done in a small hospital in a small community. Career advancement may not be available for registered nurses, and overtime or extra shifts may be viewed by staff as requirements. A qualitative design involving interviewing bedside nurses instead of administration may have revealed other cultural issues, recognizing that rural nurses are first and foremost residents of rural communities.

In addition, Mastsumoto, Bowman, and Worley (2012) have offered some guidelines for researchers who choose to study rural communities. They stated that a non-biological theme such as social determinates of health and health equity are important. They encouraged examination of these issues along with the dominant ideology of traditional biological determinism.

Each rural area is distinct regarding demographics, environment, economic and social characteristics, and remoteness from urban areas (Institute of Medicine, 2005). Many studies have shown that rural communities have higher rates of infant and maternal morbidity, chronic illness, mental illness, and poverty and lower rates of health insurance than urban communities and yet nurses comprise the largest group of health care professionals.

Fitzgerald and Townsend (2012) may have begun to identity important CE needs, but they may have fallen short in fully understanding their population’s social and educational needs. A qualitative study using interviews of bedside rural nurses may reveal more culturally related issues as a prelude to more professional needs.

Deborah Ziebarth, MSN, RN
Milwaukee, Wisconsin

REFERENCES


Reply:

Ms. Ziebarth is correct in drawing attention to the potential for interpretive inquiry to add substantially to the body of knowledge that describes rural nursing practice. In our initial work, we responded to the opportunity to engage with nurses working in two small rural hospitals in a simple, straightforward manner that yielded our published results and provided a foundation on which to continue the development of a relationship between the university where we work and these organizations. Currently, we are extending our involvement with those hospitals, offering continuing education programming to nurses and hospital staff based on the findings from the survey we conducted (Fitzgerald & Townsend, 2012). Following these educational programs, we will again survey the nurses, hoping to incorporate some questions that will allow narrative responses so that we can begin to explore some of the important cultural and social issues made explicit by Ms. Ziebarth.

Cynthia Fitzgerald, PhD,
FNP-BC

Ryan Townsend, MN,
PMHNP-BC
Spokane, Washington

REFERENCE

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