Improving Rural Health Through Support for Academic Progression

In 2010, when the Robert Wood Johnson Foundation, in collaboration with the Institute of Medicine, published the widely acclaimed *Future of Nursing: Leading Change, Advancing Health* report, many academic leaders focused on two specific recommendations: increasing the number of baccalaureate-prepared nurses to 80% by 2020 and doubling the number of nurses with doctorate degrees. Many new RN-to-baccalaureate (RN-to-BSN) or RN-to-master’s (RN-to-MSN programs) were started or expanded, new Doctor of Nursing Practice programs were launched, and the process of lowering barriers to advancing education became a priority.

However, for nurses in rural settings, access to educational programs is complicated by factors such as difficulty accessing online courses because of reduced bandwidth in the community and limited professional mobility within their rural community (Gorski, 2011). Because of the complexities faced by rural nurses in advancing their education, nurse educators need to ask, “How can we achieve the *Future of Nursing* recommendations regarding educational advancement of nurses in rural America?” In other words, how can we ensure that the rural population of America has the benefit of a nurse with a baccalaureate education as they receive health care?

Answers to these questions become critical, given that 62 million people in the United States rely on a rural health care provider for their health care. The rural population is characterized as older, sicker, and poorer than the general population of Americans. Adults in rural communities are more likely to smoke, drink five or more alcoholic beverages per day, self-report as obese, and report increased inactivity during leisure time (Meit et al., 2014). The number of rural hospitals has declined steadily since 2010, with 43 rural hospitals closing since that time. It is expected that the rate of hospital closure will double in 2015 (O’Donnell & Ungar, 2014). Furthermore, the percentage of nurses with a BSN is lower in rural communities than in urban communities. In 2013, 46.6% of urban RNs had a bachelor’s degree, whereas only 33.9% of RNs in rural settings held that degree (Health Resources and Services Administration, 2013). Given the health challenges of the rural population, the dearth of health care providers in rural settings (Gorski, 2011), and the complexity of the health care delivery system, nurses are needed who are prepared with the critical thinking and decision-making skills that a baccalaureate education provides so they may partner effectively with other health professionals and assume new roles, such as health coach, in caring for this complex population.

Nurses working in rural health care settings have unique strengths that are nurtured by their unique settings. In small hospitals, nurses can develop strong relationships with hospital administration, which may give them a voice in decision making. In addition, because resources may be limited, nurses are required to be agile and resilient in providing care that the population needs. They also face some unique challenges that can be characterized as individual, institutional, and systems issues. Nurses themselves may not see the value of an advanced degree if opportunities for advancement in the community or increased remuneration in their current role do not exist. In many rural health settings, fewer baccalaureate-prepared nurses are available to serve as role models who can demonstrate the value of obtaining additional education. In some settings, health care leaders might discourage advancing nursing education for fear of losing the baccalaureate- or master’s-prepared nurses to settings outside the rural communities when they obtain the advanced education. Finally, access to resident instruction programs may be prohibited by time, geographical location, and cost. Enrollment in an online program may be compromised by lack of bandwidth in the community in which the nurse lives.

Because of the lack of human and financial resources that exist in health care, burnout is a real concern for all nurses. For nurses in rural settings, where human and financial resources are significantly constrained, the risk of burnout may be higher. Given that rural hospitals are small, with a small staff of RNs, professional isolation—the lack of opportunity to interact with nurses who have different experiences or viewpoints—can be the hardest challenge to overcome. Therefore, for a rural population, who needs the most highly skilled nurse providers to address the many health care challenges seen in their communities, the barriers to nurses advancing their education are great.

As educators, we have the responsibility to work to reduce these barriers. Engaging rural nurses in seminars, lectures, or journal clubs through a virtual connection using platforms such as Zoom, Polycom™, or even Skype™ can help to...
bring innovations to the rural community. This has been done successfully at Pennsylvania State University College of Nursing at little cost by connecting nurses at several critical access hospitals in Pennsylvania using Zoom for the quarterly journal club meeting. Nurses participate in the conversion and, at times, have led the analysis about the journal article from their rural hospitals. In Texas, nurses in rural communities are engaged in an online rural residency program that increases the number of BSN-prepared nurses at rural hospitals across the state.

Nursing programs focused on academic progression can design curricula and virtual delivery models, including smartphone applications that are specific to the rural population and rural nurses, demonstrating a nursing program’s interest in supporting the education of nurses without having to leave their rural community. Rural nurses can learn about these educational opportunities through targeted outreach strategies such as building a relationship with community leaders who can take program information to the rural nurses. The academic program can also participate in the rural community’s activities (e.g., health fairs) to build a relationship with the community’s nurses. Helping rural nurses to be informed about the availability of educational opportunities is the first step on the road to academic progression. Designing clinical experiences for undergraduates and graduate students in critical access hospitals, when it is feasible to do so, might encourage some students to practice in these settings after they graduate. It is probable that nurses will not seek out that kind of employment after graduation if they are never exposed to it in their educational program.

Most importantly, sharing the success of programs and models that support educational advancement of nurses in rural settings in journals such as the Journal of Nursing Education will help build on each other’s innovations. Schools of nursing cannot afford to recreate the wheel. The sharing of innovative and tested programs could enhance accessibility and improve the quality of care for a complex population. Rural populations are in need of our help now. Are nurse educators willing to be innovative, flexible, and responsive?

References

Paula Milone-Nuzzo, PhD, RN, FHHC, FAAN
Dean and Professor
The Pennsylvania State University College of Nursing
College of Health & Human Development
201 Health and Human Development East
University Park, PA 16802-6508
Dr. Milone-Nuzzo is the Chair of the Advisory Board for the Pennsylvania Action Coalition, which is the statewide group responsible for facilitating the implementation of the Institute of Medicine/Robert Wood Johnson Foundation recommendations in Pennsylvania.

The author has disclosed no additional potential conflicts of interest, financial or otherwise.
doi:10.3928/01484834-20150916-10