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Nurses' Experiences of Working in Rural Hospitals: An integrative review

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Abstract

Aim: To critically analyse the international literature describing the experiences of nurses working in rural hospitals. **Background:** Nursing shortages in rural areas is an ongoing issue. Given the significant role nurses play in the delivery of rural health care, a sufficient workforce is essential. However, maintaining this workforce is challenging. Understanding the experiences of nurses working in rural hospitals is essential to inform strategies around job satisfaction and staff retention. **Evaluation:** An integrative review was conducted. Six primary sources were included related to the experiences of nurses working in rural hospitals. **Results:** Four themes emerged, namely: (a) Professional Development; (b) Workplace stressors; (c) Teamwork; and (d) Community. **Conclusion:** There is a need for further research exploring the experiences of nurses working in rural hospitals and its impact on job satisfaction, turnover intention and patient safety. **Implications for Nursing Management:** This review highlights some key issues impacting nurses' working in rural hospitals. This understanding can be used by nurse managers to inform strategies for recruitment and retention of nurses in these areas.

Keywords

rural, review, working, experiences, nurses', hospitals;, integrative

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Running Title

Experiences of rural hospital nurses.

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Abstract

Aim: To critically analyse the international literature describing the experiences of nurses working in rural hospitals.

Background: Nursing shortages in rural areas is an ongoing issue. Given the significant role nurses play in the delivery of rural health care, a sufficient workforce is essential. However, maintaining this workforce is challenging. Understanding the experiences of nurses working in rural hospitals is essential to inform strategies around job satisfaction and staff retention.

Evaluation: An integrative review informed by Whitemore and Knafl (2005) was conducted. Six primary sources were included related to the experiences of nurses working in rural hospitals.

Results: Four themes emerged, namely: (1) Professional Development; (2) Workplace stressors; (3) Teamwork and (4) Community.

Conclusion: There is a need for further research exploring the experiences of nurses working in rural hospitals and its impact on job satisfaction, turnover intention and patient safety.

Implications for Nursing Management: This review highlights some key issues impacting nurses' working in rural hospitals. This understanding can be used by nurse managers to inform strategies for recruitment and retention of nurses in these areas.

Keywords: nurse, rural, hospital, experience, integrative review.

1 BACKGROUND

Policy makers internationally struggle to meet the health needs of their populations (WHO, 2010). Half of the world's population live in rural areas, however they are served by only 38% of the total nursing and 24% of the total physician workforce (WHO, 2010). Rural populations are more likely to have higher morbidity and mortality rates than those in metropolitan areas (Scheil-Adlung, 2015). Additionally, rural populations are likely older, less affluent, less educated and have less access to preventative health programs (Hauenstein et al., 2014; Schlairet, 2017). These health disparities can be attributed to shortages of health professionals, facilities and specialised services in rural areas (Lauder, Reel, Farmer, & Griggs, 2006; Nelson, Pomerantz, Howard, & Bushy, 2007). One of the biggest challenges for health leaders is ensuring rural communities have access to adequate health care (Kulig, Kilpatrick, Moffitt, & Zimmer, 2015). This requires sufficient qualified health professionals to be available at the right place and at the right time to deliver effective health care (Kenny & Duckett, 2003; WHO, 2010).

Nurses play a significant role in the delivery of health care services in rural areas, where the number and type of providers is limited and nurses often have to fill the gaps (Francis & Mills, 2011; Hauenstein et al., 2014). Challenges such as an ageing workforce, limited professional development opportunities and professional isolation place pressure on a workforce that is already known to be difficult to recruit (Kulig, Stewart, Penz, Morgan, & Emerson, 2009; Molinari, Jaiswal, & Hollinger-Forrest, 2011; Montour, Baumann, Blythe, & Hunsberger, 2009). The current rural nursing workforce is not being replaced (Francis & Mills, 2011; MacLeod et al., 2017) and nursing workforce shortages in rural areas is of ongoing concern worldwide (Francis et al., 2016; Morell, Kiem, Millsteed, & Pollice, 2014; Murray & Wronski, 2006).

Rural nurses often work with limited resources, variable staffing patterns and with unpredictable patient census and acuity levels (Hunsberger, Baumann, Blythe, & Crea, 2009; Twigg, Cramer, & Pugh, 2016). Nurses employed in rural hospitals are often required to take on additional, unplanned responsibilities, new or expanded roles and work across various clinical areas such as emergency, medical, maternity and mental health (Schlairet, 2017). This diversity and complexity of clinical practice is why rural nurses are often referred to as 'expert generalists' and requires nurses to have a strong theoretical and practical knowledge

base (Dotson, Dave, Cazier, & McLeod, 2013; Kenny & Duckett, 2003; Knight, Kenny, & Endacott, 2016). Rural nurses often work within a broad scope of practice and often work independently or with limited backup which can contribute to a heavy and potentially stressful workload (Dotson et al., 2013; Hunsberger et al., 2009).

Despite the crucial role nurses play in the delivery of health care in rural hospitals, research and health policy is often focussed on the issues of recruitment and retention of the medical workforce (Kenny & Duckett, 2003; MacLeod et al., 2017; Pearson, 2008). Whilst there is no denying the importance of medical services in rural areas, the recruitment and retention of nurses is crucial to solving the health care shortages in rural areas (Pearson, 2008). Understanding the experiences of nurses working in rural hospitals, including levels of job satisfaction, work environment and career intentions is critical to ensuring a sustainable and skilled workforce.

2 AIM

The aim of this review is to provide nurse leaders with a critical synthesis of the international literature regarding the experiences of nurses working in rural hospitals.

3 METHODS

The steps outlined by Whittemore and Knafl (2005) informed this integrative review. This method allows for the synthesis of both qualitative and quantitative research using a systematic and rigorous approach. The process involves problem identification, literature search, data evaluation, data analysis and presentation (Whittemore & Knafl, 2005).

3.1 Search strategy

A comprehensive literature search was conducted in: CINAHL, Web of Science, Scopus, ScienceDirect, Informit, ProQuest, Academic Search Complete, PubMedCentral, Sage Journals and Medline. Key terms, including 'nurs*', 'rural' and 'hospital' were combined using the Boolean operator AND with the terms 'experience', 'satisfaction', 'perception', 'stress', 'wellbeing' and 'burnout'. The reference lists of identified studies were also searched for relevant papers.

3.2 Inclusion and exclusion criteria

Searches were limited to primary research published in the English language focussing on Baccalaureate prepared nurses or equivalent working in a rural hospital setting published

between 1997 to 2018 (Table 1). Studies describing nurse practitioners and midwives were excluded given the significant differences in the role of these practitioners. Similarly, papers describing nurses working in primary or community-based care were excluded due to the differences in their work environment. Although the definition of 'rural' varied across studies, and was sometimes poorly defined, papers were included if they were described as being conducted in a rural setting.

Table 1. Study eligibility criteria

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> • Published between 1997 and 2018 • English language • Focus on Baccalaureate prepared nurses or equivalent • Focus on rural hospital environment • Primary research • Peer reviewed, published papers 	<ul style="list-style-type: none"> • Editorials, opinions, discussions, theses • Studies focussed on nurse practitioners or midwives • Papers published prior to 1997 • Primary care or community nurses

3.3 Search outcome

After the problem was identified, a comprehensive search of the literature was conducted by one author (XX). The databases and reference list searches yielded 164 results. These were exported into Endnote[®] Version X8 (Clarivate Analytics, 2014) where duplicates were removed (n=66), leaving 98 papers for title and abstract review. This resulted in a further 77 papers being excluded, leaving 21 papers for full review (Figure 1). Of these, 6 papers met the inclusion criteria and are included in the review.

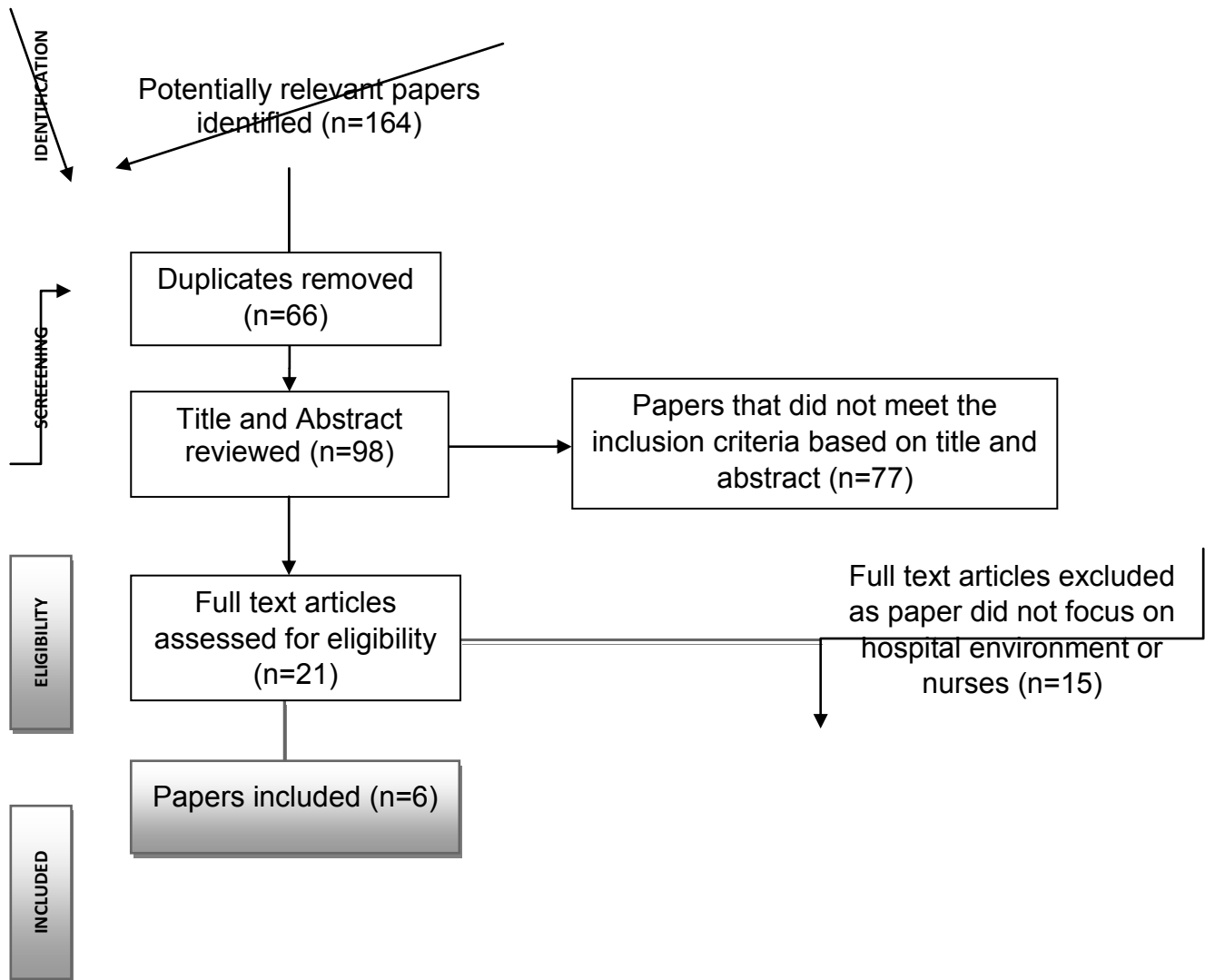


Figure 1. Process of paper selection – Prisma Flow diagram

3.4 Quality assessment

Due to the varied methodology of included studies Pluye's (2009) scoring system was implemented to assess study quality. Quality of quantitative studies was assessed by the inclusion of appropriate sampling, justification of measurements and control of variables. Mixed methods studies were required to justify the research design and demonstrate data integration. The included papers were appraised by two researchers (XX and YY) independently before all authors discussed the appraisals. Four papers (Kidd, Kenny, & Meehan-Andrews, 2012; Medves, Edge, Bisonette, & Stansfield, 2015; Molinari & Monserud, 2008; Penz, Stewart, D'Arcy, & Morgan, 2008) were deemed to be of high methodological quality as per Pluye's (2009) criteria and 2 papers (Ashok Jondhale & Anap,

2012; LeSergent & Haney, 2005) were deemed to be of moderate quality due to poor sampling strategies. No papers were excluded based on the quality appraisal.

3.5 Analysis

Given the heterogeneity of included studies the data were analysed using a process of thematic analysis. Data were extracted into a matrix summary table and the six step process as defined by Braun and Clarke (2006) followed to analyse the data. The process involved familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and then producing the final analysis. One researcher (XX) conducted the initial analysis and extraction of themes which was then confirmed through discussion and consensus with the other members of the research team (YY and ZZ).

4 RESULTS

4.1 Characteristics of included studies

Of the six included studies, three (50%) were conducted in Canada (LeSergent & Haney, 2005; Medves et al., 2015; Penz et al., 2008) and one each from Australia (Kidd et al., 2012), India (A Jondhale & Anap, 2013) and USA (Molinari & Monserud, 2008)(Table 2). Four (67%) of the studies were quantitative, using a survey to collect data, and the remaining two (33%) were mixed method studies that combined observations, surveys and interviews. Sample sizes varied from 20 (A Jondhale & Anap, 2013) to 3,933 participants (Penz et al., 2008). Four themes emerged, namely; (1) Professional Development; (2) Workplace stressors; (3) Teamwork and (4) Community and Rural life.

Table 2: Summary Table

<i>Authors</i>	<i>Country</i>	<i>Design</i>	<i>Sample</i>	<i>Aim</i>	<i>Demographics</i>	<i>Findings</i>
A Jondhale and Anap (2013)	India	Survey	20 nurses (100% response rate)	To describe the level of job stress among the nursing staff working in a rural health care service.	<ul style="list-style-type: none"> • All female • 90% aged 20-25 years • All ≥ 5 years experience • 65% worked in inpatient wards • 60% were involved in care of 40-60 patients • 55% worked ≥40 hours / week 	<ul style="list-style-type: none"> • 55% experienced low job stress, 45% experienced moderate job stress • The most stressful areas were hazardous situations in the ward, dealing with death and dying and uncertainty concerning treatment • Workload caused the least amount of stress for nurses
Kidd et al. (2012)	Australia	Survey & focus groups	<p>Survey - 53 ED nurses (44% response rate)</p> <p>Focus group - 17 ED nurses</p>	To explore the experiences of general nurses working in rural hospital settings with regards to ED responsibilities.	<ul style="list-style-type: none"> • 75% aged ≥45 years • 78% hospital trained • 75% worked part time 	<ul style="list-style-type: none"> • 47% less than confident working in emergency setting • 91% less than confident with mental health presentations • 92% less than confident with drug and alcohol related presentations • There was lack of confidence, isolation and fear of the unknown associated with working in ED • Lack of confidence was related to infrequent skills exposure or 'skills rusting' which was compounded by lack of regular practice • Drug and alcohol, mental health, paediatric and cardiac presentations were common causes of concern • There was fear of aggression and lack of security back up • Lack of confidence was attributed to fear of litigation • Metropolitan rotations for continuing education was met with considerable resistance as the work environment was different and nurses felt disrespected by metropolitan nurses • Nurses believed continuing education needed to be specific to the rural context • Costs of continuing education were prohibitive for nurses • There was agreement that 24 hour medical presence was unrealistic

<i>Authors</i>	<i>Country</i>	<i>Design</i>	<i>Sample</i>	<i>Aim</i>	<i>Demographics</i>	<i>Findings</i>
LeSergent and Haney (2005)	Canada	Survey	87 nurses	To identify stressful situations of rural hospital nurses and examine stress levels in relation to coping strategies.	<ul style="list-style-type: none"> • Aged 25-65 years • 97% female • 71% registered nurses • 21% held Bachelor of Nursing Degree • 58% worked in hospitals with 20-35 beds, 42% worked in hospitals with 35-50 beds 	<ul style="list-style-type: none"> • 6% reported issues around death and dying, including anxiety, lack of psychological preparation and experience in dealing with death, guilt and regret around the circumstances of the death • 23% reported interpersonal conflict with health care staff as stressful, including problems between staff on the same unit, problems between units and problems between physicians and nurses • 6% reported interpersonal problems with patients as stressful • 4% reported a fear of failure or lack of professional confidence as stressful • 46% reported workload to be stressful • 12% reported concerns about providing adequate or appropriate nursing care, including concerns that nursing care may be rough, hurried, poorly planned and allowed for mistakes

<i>Authors</i>	<i>Country</i>	<i>Design</i>	<i>Sample</i>	<i>Aim</i>	<i>Demographics</i>	<i>Findings</i>
Medves et al. (2015)	Canada	Observation, Survey and Interviews	156 nurses	To determine appropriate retention strategies in small rural hospitals.	<ul style="list-style-type: none"> • 98% female • 38% aged 50-59 years • 70% RNs, 29% were RPNs • 56% employed full time, 39% part time and 2% casual • 29% had RPN certificate or diploma, 67% had RN diploma or degree and 2% had RN extended class or Masters • 60% lived in the same community as they worked • 64% had lived in a rural area for >25 years • 50% worked >25 years as a nurse • 68% planned to nurse at same location for >5 years 	<ul style="list-style-type: none"> • Lack of equipment and resources and missed experiences due to being ill equipped to handle them were downsides with concerns that skill proficiency may suffer as a result of rarely performing certain skills • Nurses were encouraged to stay working at their institution as they believed they gave very good care that was valued by patients, families and the community • Nurses felt they were able to obtain more from patients as they felt they were able to give more attention and there was greater trust than at larger hospitals where they see more nurses • There was concern about there being sufficient work for nurses and hoped there would be more full time opportunities • 26% stated they worked part time due to lack of full time positions available, 63% stated they worked overtime • Inconsistent scheduling of shifts caused a negative effect on staff and patients • Lack of staff placed pressure on existing staff to be always available to work and feel as though they cannot leave • There was concern for the need for continuing education and the challenge of remaining current • Working as a team was deemed critical to functioning in the role as a rural nurse • Several expressed frustration with not being fully appreciated by colleagues in larger centres, often feeling they were perceived as uneducated and incompetent, particularly those who worked in critical care areas and ED

<i>Authors</i>	<i>Country</i>	<i>Design</i>	<i>Sample</i>	<i>Aim</i>	<i>Demographics</i>	<i>Findings</i>
Molinari and Monserud (2008)	USA	Survey	103 nurses	To examine the intention to remain employed by measuring individual and organisational characteristics.	Not available	<ul style="list-style-type: none"> • Nurses reporting high job satisfaction levels also reported a rural life background • Nurses somewhat satisfied with organisational aspects of their job • Nurses satisfied with interaction with staff and patients, work schedule/hours, autonomy, skills, small facility, work variety, amount of responsibility, positive feelings about their job • Nurses less satisfied with compensation for working weekends, control over working conditions, recognition by superiors, career advancement opportunities, participation in organisational decision making, amount of positive feedback and benefit packages • Nurses least satisfied with staff interactions, work schedules, amount of responsibility, salary and benefits • Majority intended to remain employed • Nurses who planned to leave were unmarried, without children, reported no preference for rural life • Majority mentioned that interactions with hospital staff made a difference in job satisfaction • Supportive, encouraging, helpful, cheerful, positive co-workers were the most satisfying aspects of work • Interactions with nursing peers and supervisors, low staffing numbers and co-worker characteristics were the least satisfying aspects of the job • Unsatisfying relationships occurred when co-workers did not help, support, appreciate or provide positive recognition • Some found work scheduling the least satisfying aspect of the job

<i>Authors</i>	<i>Country</i>	<i>Design</i>	<i>Sample</i>	<i>Aim</i>	<i>Demographics</i>	<i>Findings</i>
Penz et al. (2008)	Canada	Survey (Stewart et al., 2005)(Stewart et al., 2005)	3,933 nurses (68% response rate)	To examine predictors of job satisfaction among rural acute care registered nurses.	<ul style="list-style-type: none"> • 944 nurses worked in rural acute care • 96% of rural acute care RNs female • 82% of acute care RNs held diploma, 16% held Baccalaureate / Masters or PhD 	<ul style="list-style-type: none"> • High level of job satisfaction among female acute care RNs • Age was not a significant predictor of job satisfaction • Four variables were able to explain 33% of the variance in job satisfaction: available and up to date equipment and supplies (17%), greater satisfaction with scheduling and shifts (7%), lower psychological job demands (5%) and greater satisfaction with their home community (4%) • Other variables which explained variance in job satisfaction were having a supportive community, lower number of workplace RNs, perception that staffing is adequate and appropriate and perception that they did not have barriers to their participation in continuing education

4.2 Professional Development

Four included studies reported professional confidence as a concern for nurses (A Jondhale & Anap, 2013; Kidd et al., 2012; LeSergent & Haney, 2005; Medves et al., 2015). This was due to uncertainty concerning treatment, isolation and fear of litigation. These issues had an overarching concern of infrequent exposure and practice of skills or 'skills rusting' (Kidd et al., 2012). Participants from two studies described less need to perform clinical skills in a rural hospital than a metropolitan hospital and that there were fewer opportunities to expand their knowledge base (Kidd et al., 2012; Medves et al., 2015).

Continuing education was shown to be a predictor of job satisfaction (Penz et al., 2008) and participants recognised that continuing education and remaining current was important to rural nurses, especially given their isolation from major centres (Kidd et al., 2012; Medves et al., 2015). However, barriers such as cost of education and resistance to metropolitan rotations were identified as challenges to ongoing professional development (Kidd et al., 2012).

4.3 Workplace stressors

A range of workplace stressors, including workload, dealing with death, security, staffing and scheduling, emerged from included papers. A Jondhale and Anap (2013) found that the most stressful areas of rural nursing were dealing with death and dying and uncertainty concerning treatment. LeSergent and Haney (2005) also highlighted issues around dealing with death such as anxiety, lack of psychological preparation, lack of experience, guilt and regret and found that 46% of nurses reported their workload to be stressful. Two studies found lack of security and fear of aggression to be a stressor, with one study giving an example of police presence being 4 hours away (A Jondhale & Anap, 2013; Kidd et al., 2012). Staffing and scheduling was discussed in three included papers and was found to be directly related to nurse job satisfaction (Medves et al., 2015; Molinari & Monserud, 2008; Penz et al., 2008). Staff shortages and inconsistent scheduling of shifts caused stress for nurses due to the increased pressure to work and the need to be available to work. This issue also reportedly affected the quality of nursing care (LeSergent & Haney, 2005; Medves et al., 2015; Molinari & Monserud, 2008). Despite 63% of nurses working overtime there was concern regarding the availability of sufficient work opportunities and full time positions available to nurses in rural areas (Medves et al., 2015).

4.4 Teamwork

Teamwork was addressed in three included studies (LeSergent & Haney, 2005; Medves et al., 2015; Molinari & Monserud, 2008). Working as part of a team was seen as critical to functioning as a rural nurse (Medves et al., 2015), however, negative staff interactions caused job dissatisfaction (LeSergent & Haney, 2005; Medves et al., 2015; Molinari & Monserud, 2008). In their study, LeSergent and Haney (2005) reported 23% of nurses experienced conflict with fellow nurses and doctors. Nurses who did not support, help, appreciate and provide recognition of co-workers caused stress to the nurses who participated in this study (Molinari & Monserud, 2008). Communicating with health care staff from larger centres was described as frustrating by some, often feeling unappreciated and perceived as uneducated and incompetent by their colleagues from metropolitan areas (Medves et al., 2015).

4.5 Community and Rural Life

Community and rural life was discussed in three studies (Medves et al., 2015; Molinari & Monserud, 2008; Penz et al., 2008). These studies demonstrated that living and working in a rural community was positive and directly related to job satisfaction of rural nurses. Medves et al. (2015) found that despite the stress of staffing and workload pressures, nurses were encouraged to stay working as they felt valued by patients, families and the community. Penz et al. (2008) concurred, finding that living in a supportive community was key to rural nurses' job satisfaction. Similarly, Molinari and Monserud (2008) concluded that nurses who grew up in rural communities were more satisfied with their rural work community than those who did not. The ability to take time away from work, living a rural lifestyle and a reasonable cost of living were important factors in retention of nurses (Molinari & Monserud, 2008). Nurses with a high level of job satisfaction lived close to family and friends and spousal employment opportunities (Molinari & Monserud, 2008).

5 DISCUSSION

This review has provided a critical synthesis of the literature describing the experiences of nurses working in rural hospitals. Despite extensive literature searches only six papers met the inclusion criteria, demonstrating the lack of research in this area. Given the shortages of rural nurses worldwide this is of concern (Weinhold & Gurtner, 2014; WHO, 2010) and highlights a need for additional research around the rural nursing workforce.

Continuing education opportunities were identified as being important to rural hospital nurses but there are difficulties in maintaining current clinical skills. Rural nurses are required to practise a very broad skill set and are often professionally isolated (Knight et al., 2016; Kulig et al., 2015; Jane Mills, Birks, & Hegney, 2010). The term 'skills rusting' was used by Kidd et al. (2012) and describes the lack of confidence and competence of performing a skill due to the infrequent requirement of performing it. This leads to decreased preparedness and increased anxiety from nurses whilst also potentially placing patients at risk. A similar phenomenon was described by Hodge, Miller, and Dilts Skaggs (2017) in their study of disaster preparedness. Although conducted in a different setting the issues were similar and their suggested solution was to introduce targeted study modules to better prepare nurses for disaster situations, a method that could be applied to the rural nurse role. There are known barriers to professional development for rural nurses including expense, lack of time, distance and inability to take leave due to staff shortages (Hegney, Tuckett, Parker, & Robert, 2010; McCafferty, Ball, & Cuddigan, 2017). Increasing funding to support continuing education, using innovative modalities such as videoconferencing and online distance education, are some of the approaches that may encourage continuing professional development and mitigate feelings of professional isolation (Curran, Fleet, & Kirby, 2006; J Mills, Francis, McLeod, & Al-Motlaq, 2015; Penz et al., 2007). Access to continuing education should be made a priority as preparedness to work not only directly correlates with job satisfaction and intention to stay but also to patient safety (Curran et al., 2006; Molinari et al., 2011).

Workplace stressors were found to be an important factor that was addressed in all included studies (A Jondhale & Anap, 2013; Kidd et al., 2012; LeSergent & Haney, 2005; Medves et al., 2015; Molinari & Monserud, 2008; Penz et al., 2008). Patient census and acuity levels rise and fall rapidly in rural hospitals and as such there are difficulties in predicting staff requirements (Hunsberger et al., 2009; Twigg et al., 2016). Staff are often required to work across several areas of practice and must be flexible in the hours they work. This can create stress for some individuals, whilst others enjoy the challenge it presents (Hunsberger et al., 2009). Given that scheduling is related to job satisfaction it is pertinent that management prioritise scheduling and enhance flexibility in rostering (Molinari & Monserud, 2008; Penz et al., 2008). Staff who don't have sufficient rest or who feel pressured to work extra shifts and/or overtime may be more likely to burnout which

increases the risks of errors, decreases the quality of care provided to patients, increases absenteeism and consequently may result in higher staff turnover rates (Adriaenssens, De Gucht, & Maes, 2015; Dall'Ora, Griffiths, Ball, Simon, & Aiken, 2015; Van Bogaert, Kowalski, Weeks, Van heusden, & Clarke, 2013). It is the responsibility of nursing management to promote a safe and nurturing work environment and ensure that staffing and scheduling promotes patient safety and meet the needs of staff.

Connection to the community was seen as an important antecedent of job satisfaction in this review (Medves et al., 2015; Molinari & Monserud, 2008; Penz et al., 2008). Nurses play an important role in rural communities and this study found that despite challenges within the workplace, nurses are encouraged to remain working as they felt valued by their community. Nurses working in rural settings often have deep roots within the community and may know their patients' and families personally. It has been found here and elsewhere that growing up in a rural community increases intention to stay however targeting nurses to 'come home' is not enough to sustain a sufficient workforce (Kulig et al., 2015; Kulig et al., 2009). To attract nurses to rural practice, efforts need to be made to promote a community that becomes 'home' for nurses and is attractive for individuals that have not grown up in rural areas (Kulig et al., 2009). Factors such as employment opportunities for spouses, more time with friends and family and community values are important to job satisfaction and should be taken into consideration when recruiting for rural hospitals (Haskins, Phakathi, Grant, & Horwood, 2017).

6 LIMITATIONS

There were several limitations to this review. Firstly, the relatively small number of included papers demonstrates the paucity of research in this area despite being an ongoing issue of international significance (Scheil-Adlung, 2015; WHO, 2010). Six studies from four countries were included in the review. Although themes were identified from the synthesised literature it is difficult to make generalisations on an international level simply due to the lack of sufficient data from diverse areas and the differences in health care systems internationally.

Finally, the definition of the term 'rural' is problematic. There is no consensus on what defines rural and various countries have different methods of defining what it means (Hart, Larson, & Lishner, 2005; Lauder et al., 2006). Additionally, the included studies also

presented limited information about how they had defined “rural” in their project. Classifications use variances in measures of size, population density and proximity to urban areas to define rural however the diversity within these measurements makes it difficult to compare findings between countries or generalise findings (Weinhold & Gurtner, 2014).

7 IMPLICATIONS FOR NURSING MANAGEMENT

Hospitals are an integral resource in a rural town, not only for the services they provide to patients but also because they are a major employer. Nurses are the foundation of rural hospitals and play a pivotal role in these important community resources (Kulig et al., 2015; Kulig et al., 2009). Rural hospital nurses must be multi skilled and adaptable; they fill the gaps in healthcare caused by geographic isolation and lack of professional resources (Francis & Mills, 2011; Hauenstein et al., 2014). Despite the important role of nurses in rural hospitals, a nursing workforce shortage is ongoing (Fields, Bell, Bigbee, Thurston, & Spetz, 2018). Strategies to promote the nursing role in rural areas need to be investigated, particularly in terms of undergraduate nursing student exposure to rural clinical placements to experience the opportunities and challenges that it provides as a career choice.

This review demonstrates there is limited research to address the experience of nurses in rural hospitals although it is through understanding nurses’ experiences that nurse managers can be informed to implement strategies to attract nurses to rural hospitals and encourage them to stay. There is likely no single solution for creating a sustainable rural nursing workforce (Lehmann, Dieleman, & Martineau, 2008), however, this review informs strategies that nurse managers can use in their practice.

Continuing education is important to all nurses but especially so for rural nurses who may be isolated from education opportunities and experiences. It is important at a facility level to not only ensure education is accessible but it is encouraged by management by allowing allocated time to undertake education and assisting with costs and accessibility.

The importance of tailored scheduling that suits the workplace and individual nurses has also emerged as an important strategy. Staff shortages and unpredictable scheduling is a major source of stress for nurses working in rural hospitals. Staffing systems used in metropolitan hospital cannot be simply adapted to suit rural hospitals; fluctuating census numbers and a small staff pool makes the rural hospital a unique environment for staffing management. Careful consideration of scheduling of staff can make a great impact not only

on the wellbeing of staff but also patient safety and hospital costs (Cho, Ketefian, Barkauskas, & Smith, 2003; Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky, 2002).

8 CONCLUSION

Recruitment and retention of nursing staff in rural areas is an ongoing issue internationally. There are several known challenges to attracting staff to rural hospitals and also keeping them employed there. This article has provided a review of the current literature available in this area of research and has demonstrated the need for more research to be done. It has provided an overview of what contributes to staff satisfaction and reported on what causes dissatisfaction. It has highlighted the need to support nurses working in rural hospitals by providing adequate professional development opportunities and ensure flexibility and personalisation of staffing and scheduling. This information is relevant to nurse managers as it gives an insight as to what is important to nursing staff when looking for employment and what makes them stay. This information can be used by management for guiding future recruitment efforts and also ensuring a positive work environment to increase chances of staff willing to stay employed in rural hospitals.

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