

The "Community Health" column is intended to highlight issues and trends in community health at the local, state, and national level.

A Snapshot of Rural Nursing

By Jennifer B. Averill



Try to imagine these scenarios (all actual case stories) for you as a new professional nurse...

Imagine that you are driving along a scenic mountain highway in southwestern New Mexico, enjoying the light traffic, the autumn colors, and your favorite music on the radio. As a home health nurse, you are en route to visit an 85-year-old copper miner's widow and a long-time diabetic, who lives alone in a small community a few minutes ahead. She is about an hour's drive from the nearest medical care, but she cannot drive and has visitors approximately twice a week: a neighbor who lives a quarter of a mile away, and a daughter who lives and works in a town about thirty miles away. When you arrive, she greets you warmly with a hug, invites you into her carefully kept, aging home. You can smell beans cooking in the tiny kitchen, and she asks if you would like some tea. You agree, sit down to visit, and she tells you how she has been since the last time you saw her: her leg ulcer is slowly healing;

her appetite is fair; and she is taking medicine for hypertension. But what she really wants is to share another rich story with you about her past, about the time she married the handsome man who worked in the mines when she was just seventeen. She points to a wedding picture on her wall filled with family photos, and you notice what a lovely girl she was. The time flies by, you complete your assessments and treatment of the ulcer, and you promise to see her again on your next visit ten days from now. She laughs, hugs you, and sends you on your way.

Your next stop is more than an hour away to the west, down from the mountains and out on the edge of the great desert. Recent rains have freshened the cacti and desert

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grass, and vivid bouquets of purple asters wave in the breezes of September. You pull up in the driveway of the small trailer home, greeted this time by a large, mixed-breed dog who is half happy to see you, half uncertain who you are. You sit a minute in your car, then you see a woman appear at the door of the trailer. She steps out and waves you in. "He won't bother you," she says, pointing to the dog. You accept her word, step out with your bag, and make your way slowly to the front door. The dog is very friendly, but is left waiting outside as you step into the small living room. You are here to see two people: the first is the woman's frail husband, who has recently suffered a stroke and is unable to use the left side of his body. He is rehabilitating at home, visited once each week by a home health nurse (you), and twice a month by a physical therapist. It is your job to assess him thoroughly, and also to see what else he may need as he recovers; you and the physical therapist may meet in the next staff meeting scheduled for the end of the week.

The other person you are here to meet and assess is the woman's pregnant granddaughter, who recently moved in and will be living here when her baby comes in six weeks. At times like this, you are so glad for the long nursing school clinicals in physical/psychological/family assessment so that you can take a holistic look at the needs of this first-time mother, along with her only family—her grandparents. They live on a fixed income, but you think you may be able to find some additional assistance for the expectant girl and her baby. You will be exploring both formal and informal sources of support and help within the rural towns nearby. You spend about 90 minutes with this family, completing your assessments, but also asking many questions about what kinds of information you might find for them. They

appreciate your time and interest, since you are their only real link to community resources. The young mom-to-be is just sixteen, and she is frightened. She tells you that she likes talking to someone near her own age (you), and that she hopes you will return again to help answer her questions about the changes taking place in her body.

Finally, you are on your way back to the home health office 45 minutes away. Your mind and heart knew that rural nursing would be a challenge! And it is... you must know something about a lot of things: good medical-surgical skills and general assessment skills for all ages; information about various prescriptions and their side effects; how to find and access the scarce community resources that dot this vast region; how to best communicate with doctors, nurses and other health providers, elders who may have only 4-5 years of formal education; teenagers who want to know about the world beyond their towns; and local officials who may have a say in the allocation of resources for health care. You wear many hats! You love the independence, the chance to think outside the box, and the opportunity to know something about nursing in the acute care, home care, hospice, and public health setting. You also love the privilege of getting to know beautiful people with rich histories and fascinating lives. Yes, rural nursing anywhere requires a special kind of person, and you may be the right one! ☺

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