

National Rural Health Association

Issue Paper

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Recruitment and Retention of a Quality Health Workforce in Rural Areas

A Series of policy papers on The Rural Health Careers Pipeline
Number 2: Nursing

Introduction and Background:

According to the National Center for Health Workforce Analysis, in 2000, of the 1.89 million full-time RNs who were employed in the United States, there was a shortage of 6% of the needed workforce of two million.¹ The shortage of nurses continues to receive national attention not only in health care facilities and universities, but in the popular media as well. In the past five years, national professional organizations, philanthropic groups, economists and the federal and state governments all have issued reports focusing on the shortage of health care workers.² In rural areas, nursing shortages are exacerbated by the already difficult task of recruiting nurses coupled with rural employers' inability to compete with urban employers in terms of wages, start up bonuses and benefits that are offered.³ Non-acute health care settings fare the worst, in particular private practice settings, schools, health departments, extended care facilities and other community-based agencies typically have even lower salaries than those offered by hospitals.⁴ In rural areas designated as Frontier, recruitment is an even greater challenge and often times the wage disparity may be even more significant.

Issues:

The shortage of nurses in urban, rural and frontier areas share some relevant challenges. Those include the following:

- Aging of the nurse workforce.^{5,6}
- Shortages and aging of nurse faculty which hinders educating additional work force⁷

- Wage increases/health care economics⁸
- Limited availability of educational scholarships and loans⁹
- Inadequate planning and projection of workforce needs in under served regions¹⁰
- Development of an appropriate workforce to meet societal needs¹¹

It is important to highlight specific challenges confronting rural and frontier areas in regard to recruiting and retaining nurses that include the following:

- Nurses in rural and frontier settings must be familiar with the expert generalist role.¹²
- In more remote areas, there is often limited access to professional education.^{13 14 15 16}
- Health professionals, including nurses, working in rural and frontier communities must know how to interface hospital services with community-based services and programs.¹⁷
- They must be comfortable with rural social structures which can influence practice patterns, including: threats to confidentiality; traditional gender roles; geographic and professional isolation; and scarce resources.¹⁸
- Rural advanced practice nurses may meet resistance from physicians or a lack of public awareness regarding their role, including unclear expectations of their practice¹⁹.
- Other nursing-related barriers, such as increased work load and fewer job benefits and community-related barriers (i.e., fewer opportunities for spousal employment and fewer social amenities)²⁰

Recommendations:

Nursing education institutions should:

1. Include content on rural health care and rural based clinical experiences in nursing curricula.
2. Recruit nurse faculty with experience in rural health delivery.
3. Encourage current and prospective nurses to pursue a career in nursing education.
4. Encourage elementary and secondary students to consider health careers, in collaboration with other community or institutional programs already in place for this purpose, emphasizing the importance of math and science studies, and target under-represented groups using best practice 'pipeline career progression models' that have been tested in rural schools.
5. Make education more accessible to rural nurses and rural individuals for training in rural communities.

Rural health facilities should:

6. Actively collaborate with available community and institutional programs recruiting rural youth to nursing careers, including making job shadowing opportunities available to participants in those programs.
7. Assist in development and implementation of community-based training programs.
8. Focus on retention and job satisfaction. Develop service recognition programs, self-governance programs, and career development models for nursing staff.
9. Encourage the development of professional support systems for nurses, especially those in advanced practice to address concerns associated with professional isolation.
10. Disseminate information in professional publications about best practice models in rural settings.
11. Use the media, community outreach, and personal connections to publicize opportunities and practice in rural areas²¹.
12. Offer job shadowing opportunities for interested students.

13. Adopt programs that support nursing and nursing leadership, such as the Magnet Hospital concept at: <http://www.nursing-world.org/ancc/magnet/index.html>

States should:

14. Recruit residents of their State by offering scholarships or tuition reimbursement in return for a commitment to practice in their rural community.

Congress should:

15. Adequately fund nursing education programs in Nursing Workforce Development (Title VIII, Public Health Service Act) at the federal Health Services and Resources Administration.
16. Make education more accessible to nurses in more remote settings by encouraging post-secondary institutions to use technology, distance learning strategies, partnerships, and work-loan repayment programs in rural under served areas.
17. Adequately fund Health Professions Education (Title VII, Public Health Service Act) especially the Quentin N. Burdick Program for Rural Interdisciplinary Training, Area Health Education Centers, Health Education and Training Centers, Scholarships for Disadvantaged Students, and other programs that address health professions workforce development.
18. Increase the federal investment in health services research, particularly grants that emphasize integrative rural health delivery and innovative rural nursing models, at the Agency for Health Care Research and Quality (AHRQ).
19. Expand the emphasis and research funding at the National Institutes of Health (NIH) to address nursing conditions and nursing outcomes prevalent in rural areas in order to support rural health professionals, enhance human capacity in rural areas, and insure the financial stability of rural health care systems.

Summary:

In summary, the critical shortage of nurses in rural and frontier areas cannot be resolved without new resources and structural changes to the education and placement system. None of the aforementioned recommendations is “less

important.” The solution is not easy and requires a variety of approaches. Because of the complexity of the issue, multidimensional strategies must be developed and implemented to ensure a competent workforce to meet the increasingly complex health care needs of rural and frontier residents.

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