EXPLORING RURAL PUBLIC HEALTH NURSING POLICIES AND PRACTICES TO PROMOTE RURAL WOMEN’S HEALTH

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Purpose: To discuss findings from research in Ontario, Canada, that addresses the following objectives: 1) analysis of policy documents and focus group interviews for relevance to rural public health nursing in Ontario regarding rural women’s health; 2) identification of organizational attributes that enable or impede the work of public health nurses (PHNs) to improve rural women’s health; 3) critical examination of PHN roles and practices that will improve rural women’s health.

Rationale/Background: Rural people in Canada have higher morbidity and mortality rates than their urban counterparts. Rural women are especially vulnerable; by 2021 one in four seniors will live in a rural setting, most will be women. Little research has been conducted regarding the health of rural women and the role of public health nursing in promoting their health. Yet, the World Health Organization (2008) has stated that “Reducing the health gap…is only possible if the lives of girls and women…are improved and gender inequities are addressed. Empowering women is key…” (p. 22). Rural PHNs have unique expertise in health promotion, illness & injury prevention, and the social determinants of health. In rural areas they may be the only professional with such expertise and the only female health care provider, important for many rural women. In Canada in recent years there has been a hollowing out of public health, public health nursing, and the number of rural PHNs and their roles and practices. Clearly a gap exists between what is needed and what is being provided in terms of rural women’s health and rural public health nursing. Yet, very little research is available regarding rural PHNs and rural women’s health in Canada.

Methods: Key policy documents from national and provincial governments, rural public health units, and rural and nursing organizations were analyzed, and seven focus group interviews were conducted with PHNS and PHN managers in three rural Ontario health units. Study participants were asked to describe policies and practices regarding rural women’s health, identify organizational attributes that enable or impede public health nursing practice regarding rural women’s health, and indicate roles and practices for PHNs to improve rural women’s health. Findings: 1) policy documents address rural women’s health and rural public health minimally or not at all, 2) PHN practice is primarily focused on child bearing women and children to the exclusion of other populations of rural women such as seniors, 3) PHNs work through and around policies to address rural women’s health more effectively, and 4) institutional, government, community, professional, and personal factors play significant roles in shaping public health nursing practice and policy regarding rural women’s health.

Implications: This research facilitates understanding regarding policies and contexts that shape rural PHN practice, and provides evidence for effective policies and practices that enhance and support public health nursing for more effective promotion of rural women’s health. Clearly, more investigation is needed; this research forms the basis for ongoing inquiry in this area.

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