

NURSING IN GREY BRUCE

RNs who work in small towns and cities can face unique and sometimes challenging situations.

Whether they're going beyond the call of duty to help individuals struggling with solitude and isolation, grappling with environmental factors that impact on a client's ability to access care, or travelling to remote locations with little or no idea what to expect once they get there; their stories offer a glimpse of this distinctive role that isn't for everyone. In an effort to celebrate the important role of rural nurses, RNAO's Grey-Bruce chapter asked members to share some of their most memorable experiences...

EDITED BY KIMBERLEY KEARSEY



THE SOLITUDE AND ISOLATION OF RURAL LIVING can leave people looking to neighbours – and sometimes pets – for companionship and support. Rural nurses may also be called upon to go beyond the supports they offer from a health-care perspective, and to tackle some of the everyday tasks of simple living that may be overlooked without an extra pair of hands on the farm.

I met Konrad* in the fall of 2010. A proud European man who immigrated to Canada half-a-century earlier, Konrad's accent was likely as thick the day I met him as it was the day he arrived. He lived alone on a remote farm. His well-manicured lane wound around a picturesque landscape that included a large pond, a barn and corral and, in the distance, two majestic dark horses. When I first visited, I felt as though I had driven into a postcard.

We met on a beautiful fall day, and our conversation was difficult due to the damaging stroke he suffered a few weeks earlier. Konrad's nearest friend, Jerry, lived next door. He came to support his neighbour, and to help tell his story for our initial

meeting. Jerry told me how the community had rallied around Konrad to help with chores, collect firewood, offer home-cooked meals and whatever they could do to help.

Estranged from his family, the horses were Konrad's constant companions and singular worry. He did not want to have another stroke as it could mean he would no longer be able to care for them. As our initial meeting wrapped up, he was insistent I meet his horses before leaving. I had been secretly hoping he would introduce us. Having grown up with horses of my own, I would never turn down an opportunity like this. The moments that followed were heartwarming.

Konrad was standing in a field of long grass when he whistled



for them to come. As they galloped towards us, it looked like they would run him over. He was so proud, and did his best to tell us a bit about each one. I felt very fortunate to have shared in that moment that brought him (and me) such joy.

Over the months that our team provided occupational and speech therapy for Konrad, my role as advocate was significant, and he was forever appreciative. We developed workable strategies to manage his appointments and calendar, and he was a happier man than the Konrad we first met.

When he called to tell me he was feeling “off” one day, I could hear the fear in his voice. Although I had a full day, I drove to his farm. After more than 25 years in nursing, I have learned to listen to my gut, and this was one of those times.

Konrad described the recent decline of his memory. He told me he felt like he was losing ground on all the gains he had made, and all just in the last few days. I recommended a trip to the ER and he unexpectedly agreed. But before we could go, the horses had to be fed. Before I knew it, I was atop a wooden ladder

throwing hay from the second floor of the barn to the first. As the horses fed, Konrad stroked their long, strong necks and hugged them good-bye.

Jerry joined us in the ER at 7 p.m., and I headed home to my family. Strangely, it didn’t feel like any ordinary overtime shift that day. It felt like I was just doing what was right for that man, on that day.

Jerry called me two days later. The MRI now showed a fast growing, inoperable tumour on Konrad’s brain. His condition was declining quickly and already he was confused and restless on the medical unit. Within two weeks of that trip to the ER, Konrad passed away; his previously estranged family at his side. The ceremony to mark his death was held at his home, and the horses transported his coffin down the twisted gravel road to a nearby country cemetery.

KIM DUTFIELD IS THE RN ON THE COMMUNITY STROKE REHABILITATION TEAM AT GREY BRUCE HEALTH SERVICES IN OWEN SOUND. THE TEAM IS IN ITS FOURTH YEAR OF DELIVERING SPECIALIZED POST-STROKE CARE TO RESIDENTS IN THE GREY-BRUCE AREA.



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RURAL NURSES TRAVEL GREAT DISTANCES to connect with their clients. One RN recalls the snowy night she returned at 2 a.m. to the remote home of an elderly woman who seemed to already know earlier that day that her time had come. This RN's somber visit with a sad spouse turns into a moment of clarity that makes the 20-kilometre trek one of the most unforgettable of her career.

The night was sub zero. Stars shimmered in the February sky. It was so still that you could almost hear the snowflakes land lazily on the cushion of foot-deep snow.

As a visiting nurse, I had spent two hours that afternoon listening to Rosita offer a kind of life review. She had endured some of the first experimental radiation over 50 years ago and it had scarred her badly. But no one would have ever guessed. Her mind was at peace now. She was ready to go to her creator. Her amazing resilience had surpassed her physical body. She lived a life of appreciation for clean air and water, and a reverence for nature and its amazing unfolding. "To all things there is a season," she mused that day. "It is now my winter. It is time to rest now."

I left Rosita wondering if tonight would be the call to pronounce. It would mean a 20-kilometre drive back to the remote home she shared with Helmar, her dedicated and loving husband. I'd drive two kilometres off the main highway and through the snow. But this was her piece of heaven, with no one around for a mile each way.

It was 1 a.m. when my pager rang. I knew the message before looking at it. Rosita is not breathing. I dressed and drove to their home. No wind. So still.

After I did the pronouncement examinations, I started to fill out the death certificate. I had been there about 25 minutes, sharing their life and love story with Helmar. I was about half way through the paperwork when the doorbell rang.

I was shocked. No one was around for miles. I looked to Helmar and he started to smile, then broke into a full laugh. What a strange response. He looked me in the eye and said: "There's Rosita. No one else could make that doorbell ring. It doesn't work for anyone else. She just wants to let us know that she is fine."

I went to the door and there were no footprints. I smiled as the large, compounded snowflakes floated from the sky. I closed the door and finished making arrangements with the funeral home.

As I left, I tried the doorbell. It did not ring.

Thanks, Rosita, for the 2 a.m. miracle. I will always remember.

BEV WILKINS IS A VISITING NURSE FOR CAREPARTNERS, OWEN SOUND.



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GEOGRAPHY AND ENVIRONMENT CAN AFFECT the ability of rural residents to access the care they need. A former city RN shares her experience transitioning from the bustling urban core, with limitless access to transportation, to a quiet community, where Mother Nature has more control over the activities of daily living – and health – than its residents.

While working at a large, inner city hospital in Toronto three years ago, I would often attend nursing conferences and think I had little use for the sessions focused on rural nursing. At that time in my life, rural nursing didn't interest me. I was focused on nursing care and best practices geared specifically to those living in the inner city.

I recall speaking with nurses who worked in rural areas, in Ontario and beyond its borders, often thinking about how unfortunate it must be to have to drive your own car to work. I could barely comprehend the sheer breadth of kilometres rural areas cover, and even remember wondering where in the world Grey County was.

When my husband and I found out we were having a baby, we decided to take the plunge from our coveted big city to a much smaller town in southwestern Ontario to be closer to family. To say the learning curve was steep is an understatement. Today, I work in an area that spans half-a-million football fields. I know exactly where Grey and Bruce counties are, and I've learned that the social determinants of health that so often affect those in large urban cities also affect those who reside in small towns. In fact, these challenges are sometimes more acute in places that don't offer the access to transportation that an urban centre does.

Rural clients seeking support for mental health concerns frequently travel long distances to see a clinician, navigate unruly weather and dangerous roads, and often, during the winter months,

are unable to see any health-care practitioner at all if the roads and highways are closed due to snow.

Colleen* is a 50-year-old client who has battled depression for most of her adult life. She has a number of co-morbidities, and sees several health-care workers. As difficult as it can be at times to access services within her community due to transportation and weather, it becomes an even greater challenge when referred to specialized services in a larger, urban centre. Colleen struggles most with her mood during the winter months, when feelings of isolation are more pronounced. This is when she requires additional support.

Meeting Colleen made me realize how many times I had taken for granted the fact that in Toronto, there was always more than one mode of transportation available to me. I had never encountered a 'snow day' or been told by a client that the OPP had closed off their access to town due to white-outs and ice.

Although there are days I miss certain aspects of a larger city, I'm now more acutely aware of and sensitive to the unique challenges rural nursing presents. I've grown to appreciate how geography and physical environment, specifically, can impact and affect the health of those who choose a quieter lifestyle. And I've certainly developed a brand new appreciation for snow tires. **RN**

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*Pseudonyms have been used to protect privacy.