Registered Nurses' Association of Ontario

L'Association des infirmières et infirmiers autorisés de l'Ontario

RNAO Rural, Remote and Northern Area Nursing Task Force

Literature Scan

Process:

The process used to develop this document was a literature scan. This process does not represent a systematic review, nor were mechanisms used to assess the quality of the articles retrieved. Articles published from 2004 onward were retrieved by consulting members of the task force and through Google Scholar.

Analysis and Highlights:

- The average age of the rural nursing workforce is slightly older than the urban workforce.
- There is less full-time employment and more multiple employment in rural areas.
- Residents of rural communities who pursue nursing are most likely to return and stay in rural communities.
- Effective staffing models (adequate supply and utilization of nurses) are a key retention strategy.
- Nurses in rural areas often apply their full scope of practice and are often cross-trained.
- Comprehensive orientation, mentorship and ongoing professional development/education opportunities are key retention strategies.
    - More focused rural nursing education is needed.
- Exposure to rural nursing practice in education programs increases the likelihood of recruitment and retention.
- Financial incentives *may* be beneficial in promoting recruitment and retention.
- Local community infrastructure, community integration (being accepted within a community) and family support (i.e. spousal employment) are key recruitment and retention considerations.
    - Nurses personal and work lives are often intertwined in rural areas.

Document	**Focus**	**Outcomes**

Mbemba, G., Gagnon, M-P, Paré, G. & Côte, J. (2013) Interventions for supporting nurse retention in rural and remote areas: an umbrella review. *Human*	Retention in Rural Areas (systematic review of other reviews -> umbrella review)	An umbrella review was conducted to synthesize the current scientific evidence on interventions to promote nurse retention in rural, peripheral or remote areas. Key retention strategies include:
		• Education and continuous professional development
		  ○ Recruitment from, and training in, rural areas
		  ○ Targeted admission of students from rural background

Resources for Health, 11(44), 1-9.		○ Early and increased exposure to rural practice during undergraduate studies ○ Support for continuous professional development • Regulatory Interventions ○ Expanding scope of practice ○ Recognizing internationally educated graduates • Financial Incentives ○ Direct and indirect financial incentives (i.e. scholarships and loans) • Personal and Professional Support ○ Improvements to rural infrastructures ○ Supportive supervision and mentoring ○ Measures to reduce feelings of isolation
Pitblado, R., Koren, I., MacLeod, M., Place, J., Kulig, J., & Stewart, N. (2013). *Characteristics and Distribution of the Regulated Nursing Workforce in Rural and Small Town Canada, 2003 and 2010.*	Nursing Human Resources across Rural Canada (not specific to Ontario)	Registered Nurses and Nurse Practitioners: • In 2010 approximately 11% of RNs (including NPs) worked in rural and small town Canada where 18% of the general population lived. • Proportion of RNs and NPs in rural Canada decreased between 2003-2010, except in PEI • Rural RN nurse-to-population ratios are lower than those in urban areas. • Average age of RN and NP in 2010 was 46.6 years and 47 years (compared to 45.2 years and 45 years in urban areas) • Full-time employment is increasing, however, it is lower in rural areas compared to urban areas. • Multiple employer status varies, with NPs in rural areas more likely to have multiple employment than RNs. • Rural RNs employment is decreasing in hospitals and increasing in long-term care homes. NP employment is increasing in hospitals. • The attainment of a baccalaureate increased to almost 33% in 2010 for rural RNs. • The proportion of international RN graduates in rural areas is much smaller than in urban areas. Practical Nurses

		• In 2010 approximately 18% of LPNs worked in rural and small town Canada, where 18% of the general population lived. • Proportion of LPNs in rural Canada decreased between 2003-2010, except in Newfoundland and Nova Scotia. • Rural LPN nurse-to-population ratios were lower than those in urban areas. • Average age of an LPN in 2010 was 44.8 years (compared to 42.8 years in urban areas) • Full-time employment is increasing, however, it is lower in rural areas compared to urban areas (however, in urban areas was seen to be decreasing). • Multiple employment status varies, with LPNs in rural areas having the same or higher proportion of multiple employers. • Rural LPN employment is decreasing in hospitals and long-term care homes. • Virtually all LPNs in rural areas have a diploma or certiciate in practical nursing. • The proportion of international LPN graduates was very small.
Gagnon, M-P., Pollender, H., Trépanier, A., Duplàa, Apho Ly, B. (2011). Supporting Health Professionals Through Information and Communication Technologies: A Systematic Review of the Effects of Information and Communication Technologies on Recruitment and	This systematic literature review aimed to explore the impact of interventions using information and communication technologies (ICT) on the recruitment and retention of healthcare professionals.	The findings of this systematic literature review include: • Among the 13 studies included in this review, 3 concluded that ICTs do not influence recruitment and retention. As for the other nine included studies, their results indicate a possible positive influence of ICTs on recruitment and retention. • Examples of ICT that had a positive influence on ICT in rural/remote areas included: teleconsultation, videoconference, home telecare, and tele-education. • The researchers caution that despite the conclusions of 9 of 13 studies reporting a possible positive influence on ICTs on the recruitment and retention of healthcare professionals, they believe that these results are only the beginning of a deeper reflection that is

Retention. *Telemedicine and e-Health, 17*(4), 269-274.		needed on this topic.
Ministry of Health and Long-Term Care's Rural and Northern Health Care Panel (2011). Rural and Northern Health Care Report.	The Rural and Northern Health Care Panel was tasked with defining a vision, guiding principles, strategic directions and guidelines that will assist the MOHLTC and LHINs to address access to care as one dimension of quality of care in rural, remote and northern communities.	In Ontario, as across Canada, health status of rural residents has been found to be lower than residents in urban areas. The following indicators support this general finding: • Life expectancy at birth is generally lower in rural areas compared to urban areas • The all-cause mortality rates (age-standardized mortality rates) of both Canadian men and women of all ages increased with increasing remoteness of place of residence. • Statistically higher proportions of rural residents reported having a fair/poor health status compared with urban Canadians. • Significantly greater proportions of rural Canadians aged 20 to 64 years reported being overweight than urban Canadians The following access challenges were considered by the panel: • Access challenges exist across the continuum of care. For example, the role of hospitals as the default primary care provider where other services are not available is a further challenge within the continuum, and may explain why hospitalization rates tend to be higher in rural and northern area, even for conditions that are usually addressed within ambulatory settings in urban areas • Availability of health care services across local communities with similar needs varies due to health resources, infrastructure or other factors, which impacts access to a range of services (e.g. community services, primary care / family health teams, emergency medical services, public health) • Limited availability of cultural and linguistically appropriate services (e.g. Aboriginal, Francophones), which impacts access and outcomes • Scarcity of resources (e.g. health human resources, infrastructures,

		technologies, etc.) and varied enablement of health professionals to work at the full scope of practice limit the capacity of the system to deliver care at an acceptable standard – although the Panel recognizes that many rural and northern practitioners practice to their full scope of practice, policy, infrastructure and other tools are needed to enable this more consistently in rural and northern areas • Inconsistent implementation of potential interprofessional models across local communities, which are considered an important element of improved access to local health care (e.g. varied levels of investment in primary care models such as Family Health Teams across local communities) • Availability of transportation (emergent, inter-facility and non-urgent) in some northern, remote and rural areas is limited • Travel distance can make access to services difficult, and influences which services individuals seek. • Lack of rural perspective applied in planning at the provincial or LHIN levels, and the need for increased flexibility at the local level to drive innovations related to scope of practice, funding and system integration • A recognition that the health care access challenges and needs in rural communities differ between southern Ontario and northern Ontario, and that challenges are typically accentuated in the north • The historic trend toward centralization in health system design, which limits local responsiveness and reduces access; need to create local capacity to focus on synergies across the continuum of care and sectors • Inter-sectoral and cross-jurisdictional challenges and fragmentation of the funding, management and coordination of different components of the health system (e.g. emergency medical services, public health) • Limited sharing of health records and information across professionals within the system

Buykx, Humphreys, J. Wakerman, J. & Pashen, D. (2010). Systematic review of effective retention incentives for health workers in rural and remote areas: Towards evidence-based policy. *The Australian Journal of Rural Health,* 18, 102-109.	Study synthesized the available evidence regarding the effectiveness of retention strategies for health workers in rural and remote areas, with a focus on those studies relevant to Australia.	Recommended workforce retention strategies include: • Maintain adequate and stable staffing • Provide appropriate and adequate infrastructure (i.e. information and communications technology, access to transportation and housing). • Maintaining realistic and competitive remuneration • Fostering an effective and sustainable workplace organization (good communication, leadership, management, etc). • Shaping the professional environment that recognizes individuals making a significant contribution to patient care. • Ensuring social, family and community support.
Dolea, C., Stormont, L. & Braichet, J-M. (2010). Evaluated strategies to increase attraction and retention of health workers in remote and rural areas. *Bulletin of the World Health Organization,* 88, 379-385.	This paper builds on and expands earlier work on assessing the evidence on effectiveness of interventions to increase access to health workers in rural and remote areas.	Findings include: • Studies from developed countries have consistently shown that health professionals from a rural background are more likely to practise in rural areas, clinical rotations in a rural setting may influence medical students' subsequent decision to work in an underserved area, and appropriate educational preparation for rural service, including adapting curricula to include rural health issues, creates more interest to work in these areas. • Several studies consistently showed that rurally oriented medical education programmes influenced subsequent choices of graduates to practise in rural areas
Canadian Mental Health Association, Ontario (2009). *Rural and Northern Community Issues in Mental Health*.	This report was intended to inform the provincial Mental Health and Addictions Strategy being developed to ensure equitable access to services and supports for people with mental illness and/or addictions living in rural and northern communities in	Findings include: • Compared to the provincial average, residents of Northern Ontario also have higher self-reported rates of "fair or poor" mental health. Northern Ontarians also self-report higher rates of depression.13 Medication use is elevated in northern communities, and the hospitalization rate for Northern Ontario is twice that of the provincial rate. A recent analysis of the need for services and supports in rural and northern Ontario revealed that compared to urban areas, individuals living in northern and rural areas are in greater need of

	Ontario. It was also intended to provide background information for other decision-makers involved in health system planning and monitoring in Ontario.	psychotherapy or counselling. • In Ontario, the basket of services in rural and northern communities is less comprehensive, available and accessible. • Transportation is a significant barrier to accessing community mental health services for rural and northern Ontarians. • The continuity of care is fragmented in rural and northern Ontario. • Workforce recruitment and retention is one of the greatest challenges facing rural and northern Ontario. • Lack of access to affordable housing is a key determinant of health for rural and northern Ontarians. • Population-based funding methodologies pose challenges for rural and northern communities in Ontario.
Hunsberger, M., Baumann, A., Blythe, J., & Crea, M. (2009). Sustaining the Rural Workforce: Nursing Perspectives on Worklife Challenges. *The Journal of Rural Health,* 25(1), 17-25.	The purpose of this study was to investigate whether nurses receive resources and supports necessary to meet the challenges of rural practice.	Findings include: • Workforce sustainability depends on a balance between practice demands and the available resources. Rural nurses experience positive feelings when they exercise their full scope of practice by caring for a variety of patients, performing multiple roles, and making autonomous decisions. Alternatively, they feel stressed when they work at the limits of their skills and scope of practice. o Nurses require access to appropriate expertise during critical situations where practice needs extend outside of their competencies. • Return transport is needed for nurses who accompany transfer patients and security is needed at night in rural facilities. • Continuing education support is needed. Nurses must have frequent opportunities to upgrade their knowledge and clinical skills. o Both new graduates and experienced nurses without rural exposure require extensive orientation and mentoring. • The dominance of lead hospitals in decision making and the frequent absences of local managers made nurses in the smaller rural hospitals feel alienated. • A lack of influence over scheduling and waiting for full-time work were the sources of dissatisfaction. • The most important factor in attracting nurses to rural and remote

		settings is a previous exposure to rural or remote life. Investment in scholarships and bursaries for local high school graduates willing to practice in rural settings after completing their nursing education would help sustain the rural nursing workforce. Many authors call for the inclusion of a rural component in undergraduate nursing programs to prepare nurses for rural practice.

Roberge, C.M. (2009). Who Stays in Rural Nursing Practice? An International review of the Literature on Factors Influencing Rural Nurse Retention. *Online Journal of Rural Nursing and Health Care,* 9(1), 82-93.	A comprehensive literature review was used to highlight, examine and evaluate studies that identify factors, including personal characteristics and experiences, in relation to rural nurse retention and job satisfaction.	Based on the research findings:
		• Retention strategies need to include creating a more positive work environment for rural nurses.
		  ○ Need to promote opportunities for professional interactions, team-based programmes, and professional support
		  ○ Work environments should encourage professional autonomy, job variety, counselling to deal with stress, and peer-feedback.
		• Retention strategies need to be targeted to specific groups (i.e. age categories, marital status, etc) and need to consider family lives. One-size-fits all may not work.
		• Retention strategies need to address both job satisfaction and community satisfaction.
		  ○ Making rural communities more attractive could include improving schools, encouraging community events, and increasing community safety programs.
		• Local recruitment strategies need to target people who already have family and friends in the targeted rural areas, or people who have grown up in similar rural areas.
		  ○ Allocate nursing seats to rural students.
		• Further comparative studies are needed between rural and urban nurses need to assess how retention strategies for rural and urban nurses may differ. Meanwhile, more attention should be made to how different types of nurses (for example registered nurses versus public health nurses) differ in terms of job satisfaction, community satisfaction and retention in rural areas.

Baumann, A., Hunsberger, M., Blythe,	This study evaluated the perception of the applicability	• Policy makers pay more attention to the 85% of Ontarians who live in urban areas or within commuting distance of urban centres than

J. & Crea, M. (2008). Sustainability of the workforce: Government policies and the rural fit. *Health Policy,* 85, 372-379.	of health human resource policies for rural areas.	the15%who reside in the rural hinterland. Urban bias is often apparent in health care policy including policies related to health human resources. • Because rural institutions are smaller and less powerful than their urban counterparts are, their interests are not presented as forcefully to government as urban interests. Rural health care lacks strong advocates, thus urban/rural differences are not always identified. • Responding to government policies is a challenge for rural health care organizations because of their size and rurality. All three policy initiatives described in this paper indicate that having a limited number of staff makes it difficult to respond to policy directions. Small institutions rarely include individuals with the time or expertise to react to and prepare funding proposals, and there may or may not be individuals on staff who can benefit from the initiative under consideration. If there are, the institution may not have the flexibility or the resources to implement the proposed schemes. • Only a limited pool of nurses exists locally, and recruiting nurses is difficult because relatively few nurses are willing to move to rural areas. Staffing strategies are constrained by the need to offer nurses acceptable hours and schedules, which can conflict with the clinical demand to provide 24/7 coverage for patients. • More input to policy is required from representatives in smaller health care settings including rural organizations. • Construct a statistical profile of rural nursing. This might be done by adding a rural variable to the data collected by regulatory and/or professional agencies. • A second step might be for rural nurses to identify and propose solutions to rural problems. To be successful, they would require an infrastructure. Local hospital networks and alliances may be avenues for addressing government policies. Nursing organizations might also be involved. Rural interest groups might seek allies in smaller urban health care facilities that also suffer from the large hospital bias of government policies.

Martin Misener, R.M., MacLeod, M.L.P., Banks, K., Morton, A.M., Vogt, C., & Bentham, D. (2008). "There's Rural, and Then There's Rural": Advice from Nurses Providing Primary Healthcare in Northern Remote Communities. *Nursing Research,* 21(3), 54-63.	This study considered the nature of nursing practice in rural and remote Canada, with specific emphasis on suggestions from outpost nurses.	The output nurses studied offered the following recommendations: • Adequate preparation for outpost nursing is essential for high quality patient care and personal enjoyment of the position. • An adequate orientation is important, along with the need for more education. • Outpost nurses questioned whether the baccalaureate education was adequate for outpost nursing and many speculated that NP programs would better educate output nurses for safe practice. • To be effective in northern communities, nurse must possess a calm, skillful approach to challenging patient care situations and be extremely adaptable to change of all sorts, including the stability of client health conditions, availability of resources and equipment, and weather. • There is importance of taking time to observe and learn about the uniqueness of each community, culture and workplace. • To prevent burnout, new nurses may want to vacate the community regularly, even for short periods of time. • Output nurses value continuing education and express an overall preference for distance nursing education, however, with the caution that the absence of peer interaction could be isolating. ○ Educators are encouraged to take into consideration the infrastructure of remote areas (i.e. limited internet connection). • Administrators could do a better job of being available to outpost nurses, listening and responding to their concerns more effectively, and seeking out and valuing their opinions. • The best recruitment and retention strategy is to hire qualified nurses who are prepared educationally and experientially for the responsibilities of outpost nursing. It is important for administrators to "screen" positions accurately and to orient new nurses to the specific community where they will be practising.
Montour, A., Baumann, A., Blythe, J., & Hunsberger, M. (2008). The changing nature of	This study investigated the influence of demographic characteristics, provincial policies, organizational changes	This study found: • The nurses reflect the aging trend in the provincial and regional workforces of Ontario. All study participants anticipate a substantial increase in retirements during the next decade, which will alter the

nursing work in rural and small community hospitals. *Rural and Remote Health,* 9 (1), 1089.	and emerging practice challenges on nursing work in a geographically unique rural region. The purpose was to describe the nature of nursing work from the perspective of rural nurse executives and frontline nurses. The study was conducted in 7 small rural and community hospitals in the Hamilton Niagara Haldimand Brant LHIN.	structure and capacity of the rural workforce. • Rural nursing practice is generalist in nature, requiring personal flexibility and a broad knowledge base. The nurses in the study preferred this type of practice. However, they felt that new nurses have different values and goals and are more likely to choose the specialized practice opportunities available in urban tertiary centres. • Structural changes to the health system influenced relationships between hospitals and altered the internal organization of individual hospitals. Nurse executives were positive about new opportunities for cost savings, sharing best practices and continuing education. Yet they also felt that organizational changes significantly increased their administrative responsibilities and limited their opportunities for communication with frontline nurses. • The nurses thought that the changing organizational structures increased opportunities to seek multiple employers to augment the lack of full-time positions in the region. Many reported that part-time and casual nurses often seek employment in other hospitals and long-term care homes to supplement their income. However, multi-site employment within and across healthcare organizations contributes to scheduling issues because casual nurses are unavailable to fill vacant shifts. • Patient transports, the implementation of e-technology and emerging disease patterns in the patient population were identified as additional practice challenges.
Baumann, A., Hunsberger, M., Blythe, J. & Crea, M. (2006). The New Healthcare Worker: Implications of Changing Employment Patterns in Rural and Community Hospitals	This study focused on 19 rural hospitals in Local Health Integration Network (LHIN) 2 in South West Ontario, and examined how employment patterns have evolved. The study provides information to assist policy makers in understanding the rural context of nursing practice and	Results include: • Nurses in rural practice are required to be generalists with a broad range of skills that equip them to stabilize critical patients. The transport of critically ill patients to tertiary care centres requires a high proportion of rural nurses to be proficient in emergency care. Nurses refer to themselves as “being it” because they have few resources on site. • Staffing and scheduling in rural hospitals presents unique challenges because of the changing census and small staff pool. • A high proportion of part-time nurses are necessary for scheduling

	the effect of government policies on workforce sustainability.	flexibility. The full-time to part-time ratio in this study was 46:54. • Availability of nurses to meet contingent staffing needs is a problem because some part-time nurses have two or three employers. Nurses are called in when the patient census is high and sent home when it is low. This “just in time” approach to hospital staffing causes considerable stress to both nurses and managers. • Numerous strategies are being employed by managers to improve staffing and scheduling practices. Cross-training is commonly used, and nurses must have a broad range of skills to care for multiple types of patients. Some managers try to predict patterns of overtime and schedule extra shifts. • The number of overtime hours worked in one year by RNs and registered practical nurses (RPNs) was 18,452.7 hours, which translates into approximately $750,000.00. Managers also introduced cross-site employment as a way to offer full-time employment and the opportunity for nurses to focus on one specialty area. • From 2002 to 2004, there were 243 nurses hired, but only 27% were new graduates. Of the nurses that left their organization during the same time period, 66 (30%) nurses retired and 153 (70%) resigned. • Given the complexities of rural practice, nurses and managers in this study reported that more orientation for new hires was essential. Mentorship is difficult due to limited staff availability. Innovative strategies such as rehiring experienced post-career nurses to mentor and coach newly hired nurses are recommended. • Maintaining the competence of all rural nurses is essential owing to the isolation of their practice. Upgrading programs for nurses vary across hospitals. A uniform strategy across amalgamations, alliances and independent hospitals would help to coordinate access to educational resources. Educational requirements could be assessed at the LHIN level, and the use of available resources throughout the network optimized. • The context of rural work environments should be a consideration in establishing safe working conditions. Concerns about violence and security are foremost in the minds of nurses, patients and the public.

		Various approaches are currently in use to facilitate nurse protection and police access. However, these systems are not standardized, and some hospitals have more security measures than others. Minimum standards are required for all hospitals. • A continued challenge is the fit between rural needs and government initiatives/policies. The study hospitals reported it is difficult to access programs such as the new graduate and mentorship initiatives. Obstacles include small staff numbers and limited resources available to apply for and implement the programs. A rural advisory panel is needed to assist the government to address specific, customized policies that reflect rural context.
Baumann, A., Hunsberger, M., Blythe, J. & Crea, M. (2006). Rural Nursing Workforce: How sustainable is it?	Study in LHIN 2 (South West) which interviewed Managers and nurses about the effects of changing employment patterns on the rural nursing workforce.	Strategies include: • Cross-training in which nurses work across different patient groups; • Develop models to predict overtime patterns, a difficult task and needs further analysis; • Cross-site employment which provides opportunities for nurses to work full-time and focus on a specialty but is difficult for managers to schedule. • Nurses that seek rural employment tend to be born and raised in rural areas. • Co-op programs and bursaries for rural high school students could attract them into nursing. • The extent to which rural nurses are supported in their educational pursuits varies widely – standardized approaches are required. • Longer orientation and mentoring programs are needed to coach nurses new to rural nursing. • Satisfying the high demand for clinical competence requires funding for accessible sessions for certification, re-certification and skills upgrading. • Degree programs need to be made accessible in the communities where nurses practice.
Lea, J. Cruickshank, M. (2005). Factors that influence the	Study to ascertain if new graduates had made well-informed decisions to 'go rural'	Findings include: • Important to offer nursing students experience in the rural facility of their choice.

recruitment and retention of graduate nurses in rural health care facilities. *Collegian,* 12(2), 22-27.	and if they had any regrets regarding their decision to enter a rural graduate nurse program.	• Staffing pressures within rural health facilities are impacting on the ability to support undergraduate students for clinical experience (preceptor models are typically used) • Financial support to pursue clinical placements was beneficial. • Some rural health agencies do not place emphasis on recruiting new graduates.
Minore, B., Boone, M., Katt, M., Kinch, P., Birch, S. & Mushquash, C. (2005). The Effects of Nursing Turnover on Continuity of Care in Isolated First Nation Communities. *Canadian Journal of Nursing Research, 37*(1), 86-100.	This study examined the consequences of nursing turnover on the continuity of care provided to residents of three Ojibway communities in northern Ontario.	Recommendations include: • In situations where coverage can be maintained only through a series of short-term agency placements, it would be best if the same nurses rotated in and out of a given community. ○ In a word, this strategy would breed *familiarity*: nurses who are familiar with the community, practices within the local health system, and patients; and patients who are familiar with, and likely more comfortable with, their nurses. The resulting reciprocal knowledge should serve to reduce some of the systemic and interpersonal communication barriers that currently disrupt care. • If same-site rotations are not feasible, nurses going north for even the briefest time should receive proper orientation in advance; this orientation should cover the nature of the practice they will encounter, the essentials of culturally competent care, and particulars about the specific community they are about to join.
MacLeod, M.L.P., Kulig, J.C., Stewart, N.J., Pitblado, J.R., Banks, K., D'Arcy, C., Forbes, D., Lazure, G., Martin-Misener, R., Medves, J., Morgan, D., Morton, M., Remus, G., Smith, B., Thomlinson, E., Vogt, C., Zimmer, L., & Bentham, D. (2004). The Nature of	This study described the rural and remote registered nursing workforce and the nature of their practice.	Implications of this study include: • Managers and policy makers need to better understand the realities of rural and remote practice. A "rural lens" can assist in developing relevant policies and practices. • In small communities, nurses' personal and professional roles are inseparable. • Because many rural and remote nurses work alone or with little backup in their everyday practice, there are pressing needs for providing professional supports at a distance, both in person and using information technology. • Recruitment and retention of nurses can be more successful when

Nursing Practice in Rural and Remote Canada. *CHSRF Report.*		done with an understanding of the perceptions of nurses in rural and remote communities and in partnership with the communities themselves. • New models of interprofessional practice can be developed that are supportive of the varied strengths and resources in rural and remote communities. • Special attention needs to be paid to the recruitment, retention, and support of nurses in Aboriginal communities, as well as to ways in which continuity of care and culturally appropriate care can be provided. • There is a pressing need for undergraduate and postgraduate education programs to prepare nurses for the realities of rural and remote nursing practice. Targeted funding is needed for university nursing programs that focus on preparing rural and/or remote nurses to address the additional design and implementation costs. • New ways are needed to systematically design and provide relevant continuing education for rural and remote nurses, including providing education on site, supporting nurses to travel for further and continuing education, and using information technology. • A larger issue for some rural and remote communities than retirement may be the issue of migration — when nurses leave communities for education or alternate employment and do not return. • The distinctiveness of rural and remote settings and rural nursing practice will not be adequately captured until nursing databases are improved through the development of unique personal identifiers and relevant rural/urban indicators.
Centre for Rural and Northern Health Research (n.d.) Strengthening Ontario's Rural Health Workforce – A Synthesis of Views and Recommendations.	A review and synthesis of proposed strategies that address the distribution imbalances of health personnel in Ontario.	Proposed strategies for nurses include: • Expand nursing education programs to increase the number of students • Improve work environments by employing more nurses, improving nursing education, scope of practice and working conditions. • Expand nursing roles