

RURAL NURSING

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- *New graduates feel unprepared for rural practice.*
- *Rural facilities customize transition-to-practice programs*

Coming Soon!

October 1 and 8

Rural Preceptor Workshop

October 14

Rural Residency Begins

October 19

Webinar: Pediatric Issues in Agrihealth

January 2011

Rural Preceptor Workshop

Rural Residency

Webinar: Rural Program Development with Appreciative Inquiry

March 2011

Webinar: Rural Nursing Forensics

For more information Contact nurseopd@isu.edu

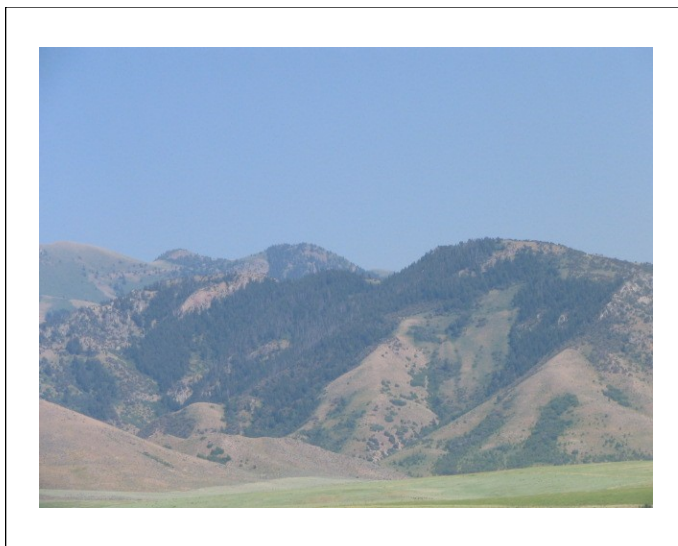
<http://www.isu.edu/nursing/opd/nwrmr.shtml>

WHO IS PREPARED TO PRACTICE?

A recent survey of rural nurses asked new graduates how prepared they felt to practice as rural generalists. One hundred and six nurses from 22 states completed the online personal information survey.

Participants answered 23 questions about education, community and rural practice. Nurses reported feeling neither prepared nor unprepared in most topics surveyed.

The least effective educational areas were: Neurology, pediatrics, respiratory, obstetrics, trauma, and crisis management. The following topics were rated



Rural Nevada

“somewhat prepared”: Nursing technology, communication technology, psychiatrics, crisis assessment, and cardiology. The highest scores for educational effectiveness

were reported for critical thinking, human resource management, geriatrics, and pharmacology. No topic was rated as “prepared”.

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RURAL NURSES DECIDE PRACTICE ISSUES

Rural nurses decide on their practice parameters. Take McCall and Oneida Hospitals for examples.

McCall Idaho (pop. 2,500) is a small resort town in west central Idaho on the shores of Payette Lake. Lovers of

the outdoors flock to the area. Summer visitors enjoy water sports on Payette Lake and river rafting in breathtaking Hells Canyon. During

PREPARATION FOR RURAL PRACTICE

(Continued on page 3)

Continued from page 1: Rural nurses need to practice expert crisis assessment and management and may require more initial preparation than urban nurses as their facilities may offer less education and mentoring support.

The study found that the lack of educational preparation in crisis assessment and management as well as cardiac issues is associated with nurse intent to move.

High turnover rates are expensive for nurses, patients and hospitals.

What can be done with these results? Suggestions include more rural internships before graduation and more transition to practice support after graduation. Basic education opportunities that highlight rural problem solving rather than memorization are needed. More exposure to rural nursing would help new employees. Defining rural nursing as a specialty and

measuring competency have also been suggested by the literature.

The smallest facilities can now provide residencies designed to meet their own needs. Transition-to-practice is feasible in clinics, hospitals and agencies. Contact nurseopd@isu.edu for information about a program that provides all agencies with the support needed to host a nurse residencies.

“Turnover within the first year of employment is estimated at between 35 and 60 percent.”

TURNOVER RATES

The turnover rate for new rural graduate nurses within the first year of employment is estimated at between 35 and 60 percent. When taking into account costs related to recruitment, replacement through overtime, employee orientation and lost productivity, the cost of replacing an RN ranges from 75-125 percent of the RN's annual salary.

Ensuring adequate training and support through a nurse residency program has been demonstrated to increase retention rates. For example, The Methodist Hospital in Houston, Texas implemented a graduate nurse residency program and in one year, they saw a decrease in turnover from 50% to 13%. When cost-benefit analysis was done, the return on investment was esti-

mated at 884.87%. Large hospitals report reducing turnover from 36% to 11%. In one year. Rural facilities can be more dramatic due to the fewer number of staff. Distance education technology and collaboration makes it possible to design and control quality staff development. Agencies can use their own personnel and provide evidence and competency based programming.

NURSES DECIDE IN MCCALL & MALAD

During Winter Carnival the population swells due to a weeklong music festival, snow sculptures, sled dog races, and fireworks. Skiers flock to the slopes at Brundage Mountains

Tourism impacts the fifteen bed hospital as well as the community. The nursing staff developed a learning culture when the director went back to school for a master's degree. Speakers were imported. Evidence based practice and competence systems were developed and a custom designed residency with preceptors implemented.

Change wasn't easy. McCall is 100 mountain road miles North of the nearest city. Winter travel is prohibitive. Telehealth connections did not exist.

McCall sought out collaborations with academic centers willing to work by telephone and computer. The hospital reframed "weakness" as strength. They sought links due to their isolation, size, and rural lifestyle.

Universities delivered distance education via asynchronous computer and conference calls. Nurse independence and hardiness enabled three nurses to

complete a year long residency.

ONEIDA COUNTY

Malad Idaho (pop. 4,000) is a community with similar issues and a few different solutions. Oneida Hospital provides acute care, long term care, home health, respite and day care services.

Nancy Asay, the nurse manager, seeks education for her nurses as well. University collaboration and a learning community are part of the strategy to improve quality of care.

The hospital is located off of a freeway. The community sits in the tops of the Rocky Mountains, an hour's drive from any large town. Ranching, farming, and mining activities keep the county owned critical access hospital bustling. Sixty-five percent of the 4,000 residents in the area are Medicare eligible.

Nancy Asay states the main nursing challenge in Malad is hiring nurses. She instituted a program to help nurses finish their practical nurse and associate degrees and then worked to increase new graduate's practice confidence.

"We grow our own nurses. We offer tuition, adjustable



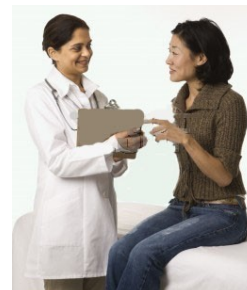
schedules for schooling in exchange for a commitment to work here. We take people from CNA to LPN then to RN. I search out scholarships for people. Growing our own nurses helps our community not just the hospital. Working around school schedules is a challenge. Everyone else works harder to help the student finish school. We don't mind because we care for each other."

"We use the Northwest Rural Nurse Residency for the new graduates we hire. The program allows us to provide quality education and support system for one year. By ourselves we would not have the personnel or knowledge to develop the program. By collaborating we know the content is based on evidence and national standards and is focused on rural care. We customize and administer the program. We adjust the content to meet the needs of our employees.

"It is easy to give a new nurse four hours a week to connect to the class. Once a new graduate stated she wanted to work in a larger hospital to learn before working closer to home. She was afraid of the responsibility. The truth is, a larger hospital does not give as much experience in the generalist role as a rural does. Our employee in NWRNR said the content was new or reinforced what she had learned in school."

Both hospitals trained preceptors to provide competency measurement, education and social support to new employees.

Both chief nursing officers state motivation is a challenge when working with new graduates. "They want to be done with learning.



**Northwest Rural Nurse
Residency**

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[http://www.isu.edu/
nursing/opd/nwrnr.shtml](http://www.isu.edu/nursing/opd/nwrnr.shtml)



*States move
to require
transition ~to
~practice
programs*

The Northwest Rural Nurse Residency (NWRNR) is funded by a HRSA Nurse Education Practice and Retention grant at Idaho State University (ISU). The purpose is to help rural facilities develop transition-to-practice programs to increase new employees' confidence and competence. The residency is hosted by rural agencies across the United States. Rural facilities receive content through the latest distance education technologies, competency measurement tools, and support from the Northwest Rural Nurse Residency staff. Rural facilities customize content and processes to meet employees needs. Continuing education credit is offered to preceptors and residents upon completion of requirements. Learn more by contacting staff at nurseopd@isu.edu.

FACILITIES HOSTING NWRNR RESIDENCIES

Rural health care providers offer quality patient care by measuring nurse competencies and supporting new employees with evidence based education. States are moving toward regulating professional development programs for new graduates. The NWRNR staff consult and assist with developing statewide programs as well as support small facilities in providing quality education. The following agencies designed transition-to-practice programs based on the Northwest Rural Nurse Residency.

Ada County Sheriff's Office-ID
Artesia General Hospital-NM
Ashley Medical Center-ND
Aspen Valley Hospital-CO
Barrett Hospital-MT
Box Butte General Hospital-NE
Bristol Bay Area Health Corp-AK
Caribou Memorial Hospital-ID
Chippewa-MN
Columbia Basin Health Association-WA
Community Healthcare System-KS
Davis County Hospital-IA
Ferry County Hospital-WA
Fort Thompson Indian Health Service-SD
Grand River Medical Center-CO
Gunnison Valley Hospital-CO
Harrison Memorial Hospital-KY
Jackson County Regional Health-IA
Johnson County Healthcare Center-WY

Kremmling Memorial-CO
Lincoln County Hospital-WA
Loring Hospital-IA
Lovelace Westside Hospital-NM
Marcus Daly Memorial Hospital-MT
Mason General Hospital-WA
McCall Memorial Hospital-ID
Memorial Hospital of Converse County-WY
Mineral Community Hospital-MT
Newport Community Hospital-OR
Northwest medical Center-MO
Onieda County Hospital-ID
Pella Regional Health Center-IA
Perham Memorial Hospital-MN
Pipestone County Medical Center-MN
Putnam County Hospital-MO
Rosebud Health Care Center-MT
Ruby Valley Hospital-MT
Sheridan Memorial-MT
Sitka Memorial-AK
Snoqualmie Valley Hospital-WA
South Lyon Medical Center-NV
Stillwater Medical Center-OK
St Anthony Regional-IA
St Francis Medical Center-MO
St Genevieve Memorial-MO
St Michael's Hospital-SD
Teton Medical Center-MT
Washakie Medical Center-WY
Washington County Hospital-IA