

## **Le professionnalisme en matière de soins actifs en région rurale**

**Kelly J. Zibrik, Martha L. P. MacLeod, Lela V. Zimmer**

Le thème du professionnalisme revient souvent en sciences infirmières, mais on sait peu de choses sur la place qu'il occupe dans l'exercice quotidien des soins infirmiers. Cette étude porte sur l'expérience des infirmières à cet égard et tente d'explicitier la nature du professionnalisme dans le milieu des soins actifs en région rurale. On a analysé au moyen d'une description interprétative des données d'entrevue recueillies auprès de huit infirmières travaillant dans ce secteur en Colombie-Britannique et en Alberta, au Canada. Il en ressort que le professionnalisme est un phénomène dynamique et durable chez les infirmières exerçant la profession en région rurale. Il est associé à la place qu'elles occupent dans la communauté et aux réalités qu'elles côtoient dans leur milieu de travail. Ces conclusions comportent des implications importantes pour l'étude et la valorisation des sources de satisfaction au travail et la création de milieux professionnels adaptés au contexte rural.

Mots clés : soins actifs en région rurale

# **Professionalism in Rural Acute-Care Nursing**

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Professionalism is commonly discussed in nursing but little is known about how it is experienced in everyday nursing practice. This study examines rural nurses' experiences of professionalism and articulates the nature of professionalism in rural acute-care settings. Interview data from 8 nurses in rural acute-care facilities in British Columbia and Alberta, Canada, were analyzed using an interpretive description approach. The findings indicate that professionalism among rural nurses is a dynamic, enduring phenomenon that exists in workplace and community contexts. To experience professionalism in rural nursing means being visible in the community while embracing reality in the workplace. Understanding professionalism in a rural context has significant implications in terms of affirming and identifying sources of job satisfaction among rural nurses and creating professional practice environments in rural areas.

Keywords: acute care, health services, nurse relationships/professional issues, rural and remote health care

## **Introduction**

The concept of professionalism is frequently discussed in nursing. However, the experience of professionalism in everyday practice is not well understood. This is particularly the case for nurses who live and work in small, rural communities, where resources are limited and demands are many. There is growing evidence suggesting that professionalism is an important factor in nurses' job satisfaction and may play a role in recruitment and retention. Through the exploration of the experiences of rural acute-care nurses, the important facets of professionalism as it is lived in everyday practice can be understood and articulated.

Rural nursing has been characterized as fundamentally different from nursing in urban areas due to factors such as geographic and professional isolation, limited access to resources, social connections in the community, and a varied and often extended scope of practice (Bigbee, 1993; Bushy, 2005; Lee, 1991; Long & Weinert, 1989; MacLeod, 1998; MacLeod, Martin Misener, Banks, Morton, & Bentham, 2008; Thompson & Chambers, 1993). In Canada, hospital-based, acute-care registered nurses (RNs) make up the largest cohort (39%) of rural nurses (Stewart et al., 2005). Understanding the experiences of professionalism among rural acute-care nurses may lead to contexts where nurses achieve greater

job satisfaction and where the recruitment and retention of nurses meet with greater success.

Professional practice environments (PPEs) — settings where nurses function within the scope of their professional roles and experience a sense of professionalism — are frequently cited as a strong predictor of job satisfaction (Blegen, 1993; College of Registered Nurses of British Columbia, 2005; Laschinger, 2008; Manojlovich & Laschinger, 2007; McNeese-Smith, 1999). Similarly, nurses who work in environments that are conducive to the exercise of professional roles or attributes such as autonomy, specialized knowledge, collegiality, and teamwork generally enjoy greater overall job satisfaction (Baumann et al., 2001; Manojlovich, 2005; Miller, Adams, & Beck, 1993; Wynd, 2003). To date, nearly all studies linking PPEs to workplace satisfaction have been conducted in urban settings. In the one exception, Laschinger, Almost, and Tuer-Hodes (2003) included data from rural hospitals that provided tertiary services. In addition, these studies of PPEs focus on within-workplace factors. They fail to address the influence of the community on nurses' experience of their workplace, a factor that is increasingly acknowledged as important in rural nurses' work and job satisfaction (Kulig et al., 2009; Penz, Stewart, D'Arcy, & Morgan, 2008).

Although the concept of professionalism is cited as an important measure of nursing job satisfaction (e.g., Blegen, 1993; Cowin, 2002), the nature and elements of professionalism remain ambiguous and elusive. Broadly speaking, professionalism refers to the “conduct, goals or qualities” (Schwirian, 1998, p. 8) that are indicative of a profession or that designate someone as a professional. A best practice guideline (BPG) developed by the Registered Nurses Association of Ontario (RNAO) titled *Professionalism in Nursing* describes eight key attributes (Knowledge, Spirit of Inquiry, Accountability, Autonomy, Advocacy, Innovation and Visionary, Collegiality and Collaboration, Ethics and Values) that “signify professionalism of the nurse” (Registered Nurses Association of Ontario [RNAO], 2007, p. 23). The *Professionalism in Nursing* BPG was developed through a systematic review of the literature combined with input from an expert panel of Canadian nurses. Its authors suggest that incorporating the attributes of professionalism into the workplace will help to create a healthy work environment for nurses. Even though this BPG represents the best available evidence describing professionalism, it does not fully address issues of context. The rural context inevitably affects the ways in which rural nurses experience and fulfil their professional roles.

The purpose of this study was to understand the nature of professionalism and professional practice as experienced by nurses in rural acute-care settings. The study was guided by two research questions: *How do acute-care nurses in rural areas of British Columbia and Alberta describe their experiences of*

*professionalism and professional practice? What are the characteristics of professionalism and professional practice environments in rural health-care settings?*

## **Method**

Interpretive description was selected as the approach for this study, as it is theoretically aligned with the tenets of naturalistic inquiry and can be used to generate knowledge relevant to clinical nursing contexts (Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004). This approach generally incorporates small, purposively selected research samples comprising people whose experiences are similar to some degree (Thorne, Reimer Kirkham, & MacDonald-Emes, 1997) and uses data-collection techniques that facilitate the documentation of meaningful accounts of experience, such as interviewing, participant observation, and documentary analysis (Thorne et al., 1997, 2004).

The data for this study were generated as part of a 3-year multi-method national research project, *The Nature of Nursing Practice in Rural and Remote Canada* (MacLeod, Kulig, Stewart, & Pitblado, 2004). One avenue of inquiry was a narrative study in which 151 nurses from across Canada, in all practice areas, were interviewed in depth about their everyday practice (MacLeod et al., 2004, 2008).

A purposive sample of eight interviews was selected from the interviews conducted for the national narrative study, as this number would allow for an in-depth understanding of experience. The sample comprised the full pool of interviews with acute-care nurses in British Columbia and Alberta. Interviews were selected for logistical purposes relating to data management and analysis in the qualitative tradition and on the basis of participants' self-identified practice focus in rural acute-care nursing. The participants were all female. Five resided in British Columbia and three in Alberta. The participants had been employed as RNs for an average of 20 years (*range* = 10–30 years), with an average of 16.5 years' experience in rural acute-care settings (*range* = 8–25 years).

Participants were recruited through advertisements placed in the newsletters of provincial professional associations and through word of mouth. Participation was voluntary, no financial remuneration was offered, and written consent was obtained prior to interviewing. The second and third authors and research assistants collected data through telephone interviews using a semi-structured, phenomenological interview format, with interviews lasting an average of 75 minutes. Interviews were guided by questions such as "Could you describe what a typical day/week is like for you?" and "Could you tell me about: A situation that went unusually well? A situation that is very ordinary and typical? A situation that was particularly demanding?" Responses were followed up with interview

probes designed to elicit full and detailed descriptions of nurses' practice experiences. Interviews were audiorecorded and transcribed verbatim. Confidentiality and anonymity were ensured through the disguising of specific community characteristics or events and through the use of pseudonyms. Ethics approval for the narrative study was obtained from the Ethics Committee of the University of Northern British Columbia.

Data for the study were analyzed using Lincoln and Guba's (1985) unitizing and categorizing strategy. Units of data were extracted from the text and transferred onto index cards. Provisional categories were created, with the aim of bringing together cards with similar content and devising rules for the inclusion or exclusion of cards within a category (Lincoln & Guba, 1985). Data saturation, the point at which the researcher is not hearing or seeing any new information, was achieved after approximately six interviews had been reviewed. Rigour was addressed in three ways. First, thick and rich descriptions of the data were provided, along with the consideration of alternative interpretations. Second, the findings were reviewed with a group of acute-care RNs from a rural community in northern British Columbia, who confirmed that the descriptions and interpretations resonated with their own experiences. Third, a reflective journal of the analytic decisions was kept, codes and categories were reviewed through peer evaluation, and interview transcriptions were compared with the audiorecordings for technical accuracy.

### **Findings**

The overarching day-to-day experience of professionalism for rural acute-care nurses can be best conceptualized and described in terms of nurses' interactions in two contexts: the community, and the workplace. In the narratives, nurses' descriptions of being a professional were contextually situated in reference to their experiences and interactions in community and workplace environments.

Interview questions focused on nurses' experience of their everyday practice. Therefore, nurses' experiences of professionalism in the context of the workplace make up the largest proportion of the findings. However, within the interpretation of the data, there is an appreciably strong notion that being a professional nurse in a rural acute-care setting extends beyond the physical boundaries of the workplace. When nurses were asked to describe their day-to-day work, their responses frequently contained descriptions of interactions and experiences occurring external to the workplace. There is an apparent degree of permeability between the rural workplace and the community setting, and this seems to enhance the lives and professional practice experiences of rural nurses.

***The Community Context: Being Visible***

Rural nurses are socially embedded in their community, which means that their voices and actions are under constant observation by the public. The overarching theme of *being visible* emerged from the narratives. It describes physical and social elements of how nurses experience being a professional within a rural community environment. Rural nurses are subject to a high degree of visibility in the community, and many of the participants related the feeling of being constantly watched. “As a nurse, you’re kind of in a fish bowl,” explained Catherine. “People do know who the nurses are, and you’ll be approached in various places for advice and information.” Rebecca commented on how visibility within the community made it difficult for nurses to escape from work:

*The bad thing is [that] sometimes you just can’t get away from work. You know, you walk down the street . . . that’s what my husband says to me all the time, if we walk down the street together . . . everybody’s like, “Hi, how are you? Do you remember me?”*

***Managing obligations and expectations.*** Aside from not being able to escape the permanent identity of being a nurse, many participants perceived visibility as an inherent benefit, as it made them feel like a professional. Knowing that people would approach them for advice or ask them questions outside of work helped affirm their position as a respected and trusted member of the community. Many nurses said that community members had expectations of how nurses ought to act and that they were obliged to maintain a professional disposition at all times. Sara said, “You want to do your best because you know that people look up to you and everybody knows everybody.”

It was evident that rural nurses felt pressure to behave professionally and always interact with community members in a courteous, helpful, and friendly manner. The issue of knowing members of the community on a personal level as neighbours or family friends increased the need to always behave in a professional manner and be personable. Many nurses expressed the sentiment that they felt obligated to be extra accommodating to clients from the community, as public perceptions could destroy their reputation in the community:

Sara: *It’s important to you to do your best for them.*

Interviewer: *And why do you feel that?*

Sara: *Why do I feel it’s important? Like I say, you live in this community. I mean, you know how word of mouth . . . if so and so went into the hospital and I treated her [badly] . . . you know that’s going to get around the whole town. I mean . . . you want to be respected, to a degree.*

The participants not only experienced high visibility as nurses, but also spoke of being seen as leaders within their communities, and many expressed the view that they were expected to set a good example for the community. Catherine explained that there was “no place to hide.” She felt that her actions were observed, and perhaps emulated, by members of the community:

*I try to lead or provide a healthy example. I'm not someone who goes to the bar or that kind of thing. We do — my husband and I — go for walks frequently, so they see us out walking and trying to lead a healthy lifestyle, which I think is trying to present a good example for everyone, really. Because I think . . . a lot of times the nurses are watched as to what they're doing, and maybe people try to follow what they're doing.*

**Maintaining confidentiality.** Visibility in the community also meant that nurses were sometimes approached by people and questioned or even pressed to provide personal information about patients. Nurses in rural settings must have access to strictly professional knowledge that is known only by members of the staff and is not shared with the public. A part of nurses' professional role is to ensure client anonymity and confidentiality and to safeguard private information. Navigating this issue without appearing rude can be especially challenging in smaller communities when there has been a previous nurse–client relationship or when family connections or friendships are involved. “You have to be careful,” explained Heather, “because people will stop and ask you if somebody is in the hospital or how they are or whatever, so with the confidentiality thing you have to not say what's going on.” Sara added that “confidentiality is super important, really important in a rural community.”

### ***The Workplace Context: Embracing Reality***

As with the community context, the workplace context was mediated by interactions between the nurse and the physical environment (i.e., hospital equipment and resources) as well as people in the social environment (i.e., other members of the health–care team). Part of the professional role of rural nurses is recognizing the need to be flexible and being prepared to manage unrehearsed events. This requires not only quick thinking but a considerable amount of teamwork and collaboration among the nursing staff. *Embracing reality* was interpreted as a significant, recurring theme in the workplace context, relating to the casual yet professional, darkly humorous, dynamic attitude that rural nurses adopted as part of their professional demeanour and professional practice.

**Being versatile: “Jack of all trades, master of none.”** Many participants described their role as rural nurses as akin to being a specialist in general

nursing. Rebecca and Sara used the same expression, “jack of all trades, master of none,” to characterize the work of rural nurses. This expression was used in the context of describing the variety of tasks, knowledge, and roles required of the rural nurse during the course of a given day. It illustrates how these nurses felt they were expected to change roles as the situation demanded, drawing on their wealth of knowledge. Several other participants also alluded to this idea in their narratives: “I feel that I know a little bit about everything” (Heather); “You need to know a little bit about everything” (Shannon).

Though there were many examples of challenging workplace situations requiring versatility, participants’ descriptions rarely included expressions of complaint or frustration. Nurses realized that in most cases there was no one to fall back on or to take over for them, and they assumed an “it’s up to us” mentality. In some instances it was apparent that nurses derived a sense of satisfaction, importance, and pride in knowing that there was no one else around to do their job. For these nurses, being versatile was just another facet of how they embraced the realities of the workplace and shared their experience of being a professional.

***Being prepared: “The Boy Scout school of nursing.”*** It was clear in the narratives that in this line of work one has to expect the unexpected and that being prepared for anything is the best course of action. Catherine described the challenges of caring for a variety of patients and not knowing what might happen over the course of a day. She stressed the importance of being prepared:

*The variety of patients that come in the doorway is challenging. Sometimes we have warning of what’s coming and sometimes we don’t. The ambulance people are very good about giving us as much information as they can and as much warning of what they are bringing in. So trying to get prepared for what they are bringing us — I always say that I went to the Boy Scout school of nursing, and so I tend to have everything ready that I’m going to need. On my recovery room days I don’t leave until the room is absolutely set up for the next morning, so that if something happens and I get called in during the night I know where things are and . . . everything is ready to go.*

The notion of being prepared was also highlighted by Heather, who took advantage of any free time to familiarize herself with each area, in the event that she would be called to work there:

*Whenever there’s a slack spot, I like to go down to Emergency and I like to go through the crash carts. Because I’m casual, I’m not as familiar as the other girls. So I go through it and go through it and go through it, and*

*I go through the cupboards to see what's there, what's not there, what's expired, in case I have an emergency, so that I'm familiar again where everything is and the protocols, if I find protocols that I'm not familiar with. I go through the labour and delivery room. I go through the nursery again, just to see where everything is . . . to make sure that I remember where everything is. Now, if I get a chance in the night, I'll do a kind of little mock resuscitation on their little practice babies, to practise neonatal resuscitation so that I'm prepared.*

The repeated emphasis on being familiar with protocols and equipment captured another facet of this nurse's understanding of her responsibilities as a professional. Heather's narrative reveals the voluntary and relatively routine way she went about refining her skills and knowledge. This suggests that being prepared is an accepted part of the reality of being a professional nurse in a rural setting.

**Teamwork.** One of the most talked about aspects of being a rural acute-care nurse was strong teamwork and the notion of nurses working together. Every interview contained positive comments about colleagues and frequent mention of helping each other out as an integral and enjoyable part of rural acute-care nursing. Staff cohesiveness was often referenced as a highlight of the workplace environment, and teamwork was frequently cited as a key reason why emergency situations resulted in good outcomes. "Teamwork is so essential," explained Sara, "where there is true teamwork, it is . . . so fulfilling . . . it's wonderful." Sara went on to note that the essence of teamwork was "helping each other accomplish the work that needs to be done in a time frame" and "anticipating the needs . . . going here and picking up where I left off because I can't get to it" as well as "supporting each other . . . and looking out for each other."

**The equating of adequate equipment, education, and staffing with professionalism.** In addition to having to be prepared for anything, the rural nurses often lacked access to the most up-to-date equipment and resources. Access to equipment, specialized education, and adequate staffing resources not only reinforced a nurse's self-perception as a professional, but also supported the image of rural nurses as professionals in the minds of the public and other health-care providers.

Emilia said that because rural nurses often lack access to continuing education or new equipment and supplies, "sometimes you sort of feel looked down upon by girls who work in the intensive care unit or critical care in the big hospitals." Heather noted that rural nurses "sort of get put down by the referring hospital in the bigger place because we haven't done it quite the way they do." Catherine expressed the view that urban nurses perceive rural work as less sophisticated: "My line lately

[to urban nurses] has been, ‘Come play with us and see what you have to work with’ . . . They don’t understand that we’ve done the best we can with what we have.”

Six of the eight participants made explicit reference to the fact that their practice was constrained by the lack of modern or properly functioning equipment. The nurses indicated that having the latest in terms of supplies and equipment allowed them to do the physical aspects of their job better and also made them feel more like professionals. As nurses told their stories about their equipment, their voices revealed an unmistakable blend of sarcasm and embarrassment. The nurses seemed to lament (often humorously) the fact that they had to use outdated physical resources.

Many of the participants also said that they did not receive enough educational support from their employer and that continuing education was not treated as a priority. Amanda explained that “we’ve sort of been at a standstill as far as education is concerned for quite a few years.” Rebecca shared her experience in applying for continuing education funding: “Now there’s a freeze on education, so you can apply . . . to go to a course, but you won’t get the money for it.”

Many of the nurses indicated that having available relief staff and adequate staffing levels was another dimension of being professional. When there were persistent staff shortages, rural nurses felt less like professionals because their lack of physical resources served to quickly drain their energies and their satisfaction with work. Catherine and Shannon spoke frankly and repeatedly about the realities of “limited staff members” and “short staffing” in a rural hospital environment, which put pressure on all nursing staff to be available to help, even on their days off. “There was no point calling for extra staff,” explained Sara in speaking about a particular situation, “because there was nobody else around. There was nobody around to work extra. Nobody.” Urban nurses also commonly cite the challenges associated with inadequate relief staff. However, the situation is different in rural settings, where two nurses staff an entire hospital and relief staff pools are often nonexistent.

## **Discussion**

It is clear from the findings of this study that rural nurses in British Columbia and Alberta experience a strong sense of professionalism on a day-to-day basis, as evidenced by the emergence of two prominent themes: *visibility* in the community context, and *embracing reality* in the workplace context. Being a professional nurse in a rural setting appears to be an enduring experience that does not lapse when nurses are away from the workplace.

An examination by Kulig et al. (2009) of data from the Canada-wide survey of rural and remote nurses supports the idea that rural communities play an important role in nurses' sense of personal and professional satisfaction in and attachment to the community. The literature offers few suggestions as to how rural nurses' interactions within the community environment can be beneficial in terms of mediating their self-perceptions and experiences of being professional. Rural nursing is known to be characterized by a "lack of anonymity" (Long & Weinert, 1989, p. 120), a catch-all phrase that is often carelessly and negatively applied to rural nurses' interactions and experiences within the community (Davis & Droes, 1993; Shellian, 2002). Unlike most of the findings reported in the literature, the findings of the present study suggest that rural nurses derive a great deal of professional pride and reinforcement of professional values from their interactions with community members, and that this can in turn positively affect nurses' conceptions of their professional status.

The significance of the *visibility* finding is that visibility represents many of the positive professional reinforcing elements, as opposed to the negative connotations that seem to be firmly entrenched in lack of anonymity. Visibility speaks to the rural nurses' own sense of being viewed as professionals, which in turn influences their actions in the rural community. In the community context, nurses' narratives revealed striking similarities and patterns related to the ideas of being seen and being approached because of their public status as a nurse. The predominant theme of visibility was apparent in nurses' rich descriptions of interactions within the community, and it surfaced repeatedly in the narratives of all eight nurses. The extent to which nurses expressed professionalism as occurring within the community context, and the strength with which they did so, is of particular interest, as the interviews were intended to capture typical workaday experiences.

The literature contains very little evidence that directly supports the notion that community members play a role in rural nurses' sense of being a professional, and no studies that examine how the community might support nurses' sense of being a professional. Given the results of this study, it seems entirely reasonable to suggest that community members play an active and important role in reinforcing rural nurses' experiences of being professional.

In the data, the subthemes of *obligations and expectations* and *confidentiality* fell under the overarching notion of visibility. The literature does not have much to report on how rural nurses' sense of community obligations and expectations (in terms of what they say or do) affects their experience of being a professional. However, it is known that nurses derive a sense of satisfaction from their work when they are able to apply

professional principles and enact the philosophies of the nursing profession (Baumann et al., 2001; Biton & Tabak, 2003). Nurses' desire to be regarded favourably by members of their community might also be their motivation for being positive role models who lead by courteous, healthy example. Positive role modelling in turn is likely to affirm nurses' professional experience.

The visibility of nurses in rural communities was often the basis for participants being approached by members of the community. These encounters frequently led to a situation in which the nurse had to exercise her professional duty to maintain confidentiality. All participants spoke of the importance of maintaining confidentiality about clients' illnesses or hospitalizations and safeguarding clients' personal health information during encounters outside the workplace. Interestingly, nurses' discussions about confidentiality were almost entirely based on interactions away from the workplace. This stands in contrast to the notion that confidentiality in nursing is a professional ideal that generally applies in the context of professional, workplace relationships (Canadian Nurses Association, 2008). Owing to the need for confidentiality, rural nurses seem to be constantly engaged in a professional relationship with members of the community, even though the basis for a particular interaction may be personal.

The need for teamwork was highlighted for participants when the hospital became especially busy and nurses had to collaborate and communicate with each other in order to keep up with care demands. The "fulfilling" aspect of being a team member suggests that teamwork contributes to nurses' sense of satisfaction with and happiness in their job. Nurses said that knowing they could rely on their colleagues to come in during particularly busy periods helped them to feel like professionals and contributed to good patient outcomes, which in turn reinforced their sense of professional satisfaction. The participants' emphasis on teamwork is echoed in the literature with regard to professionalism and job satisfaction (e.g., Apker, Propp, Zabava Ford, & Hofmeister, 2006; Leveck & Jones, 1996).

In the rural nursing literature, specific reference to the importance of teamwork and job satisfaction is scarce (Hegney, McCarthy, Rogers-Clark, & Gorman, 2002), but urban studies of the positive relationship between teamwork, job satisfaction, and professionalism are plentiful (Day, Minichiello, & Madison, 2007; Dunn, Wilson, & Esterman, 2005; Hegney, Eley, Plank, Buikstra, & Parker, 2006). The RNAO's (2007) *Professionalism in Nursing* BPG uses the phrase "collegiality and collaboration" to describe collaborative partnerships, mentorship, and interdependence between care providers in professional workplace environments; it suggests that professionalism, in terms of collegiality and collaboration,

includes nurses “developing collaborative partnerships within a professional context” (p. 27) as well as “acknowledging and recognizing interdependence between health care providers” (p. 27). Participants in the present study repeatedly affirmed that teamwork was a critical element in their experience of being a professional and ultimately helped to foster their own perceptions of a satisfying workplace.

The participants expressed many concerns about the lack of functional or modern equipment and the poor aesthetics of existing equipment. These concerns detracted from the nurses’ view of themselves as professionals and their work as professional. A recent analysis of national survey data from the Nature of Nursing Practice in Rural and Remote Canada study by Penz et al. (2008) found that “having available, maintained, up-to-date equipment and supplies was highly related to rural [acute-care] RNs’ job satisfaction” (p. 795). While there has been little rural research on how equipment and supplies affect nurses’ job satisfaction, the results of several urban-based studies do support the connection (e.g., Hegney et al., 2006; Khowaja, Merchant, & Hirani, 2005; Petzäll, Berglund, & Lundberg, 2001; West, Barron, & Reeves, 2005).

The experiences of the rural nurses in the present study overlapped with, but could not be readily categorized into, all the attributes of professionalism identified in the RNAO’s (2007) BPG (Knowledge, Spirit of Inquiry, Accountability, Autonomy, Advocacy, Innovation and Visionary, Collegiality and Collaboration, Ethics and Values). The goal of the present study was to articulate rural nurses’ experiences of professionalism in practice rather than to substantiate a predetermined framework for professionalism in nursing. While many of the RNAO attributes were evident in the nurses’ descriptions, the experiences of the nurses suggest a more nuanced and multi-faceted understanding of what it means to embody the qualities of nursing professionalism within the context of rural acute-care practice.

### ***Limitations***

The limitations of the study centre on its small number of participants and the analysis of interview data, which did not specifically aim to elicit the nature of professionalism or professional practice. The rich, detailed description of nurses’ experiences provided in the interviews offsets this limitation. All of the nurses who volunteered for the study were residents of western Canada, were female, and had 8 or more years of rural acute-care nursing experience. The findings could be different in other geographic locations in Canada, among male nurses, and among rural nurses with less than 8 years of acute-care experience.

## **Conclusions and Implications**

In this study, rural acute-care nurses in British Columbia and Alberta experienced professionalism in the contexts of the community and the workplace. The findings show that nurses' experiences of visibility in the community are significant in terms of affirming their perceptions of professionalism and job satisfaction. This phenomenon has not been attended to in detail in previous studies. It is clear that accurate representations of professionalism in a rural setting must reflect the important role played by nurses' interactions with community members.

Researchers have studied the various concepts of professionalism and job satisfaction. However, we need to achieve a firmer grasp on how professionalism can ultimately translate into improved recruitment and retention of Canadian nurses. The findings of this study suggest that nurses who perceive themselves as professionals are satisfied with their work. There are potential benefits associated with nurses' community visibility, and further exploration of the impact of visibility in the community context is warranted. Research on key components of professional practice environments in rural settings is also needed. The present results confirm that professionalism in rural nursing remains multidimensional and dynamic, traits that are frequently characterized by the presence of teamwork, communication, collaboration, and adequate equipment and staffing, as well as access to continuing education. These characteristics are also commonly associated with the positive assessment of job satisfaction, workplace commitment, recruitment, and retention.

With regard to nursing practice, the findings confirm the need for nurses to be aware of core nursing values when interacting in the community. Ensuring nurses' access to continuing education and quality equipment can enhance nursing practice and reinforce nurses' sense of professionalism. The findings suggest that, in order to more fully represent professionalism in rural practice, the RNAO's (2007) BPG would benefit from a reconsideration of the role of the community, engagement in teamwork, and collaborative practice, as well as the availability of equipment, human resources, and continuing education.

Education and policy supports for professional practice in rural nursing can help to create rural workplace and community environments that attract and retain nurses. Discussion in undergraduate nursing programs of professionalism as it is manifested in everyday rural nursing practice will help nurses to appreciate the significance and the dynamics of being a professional in a small community. Practical training in the management of multiple relationships and role conflict in the community could help nurses to prevent situations that compromise ethical practice. Acknowledgement of the important role of the community in nurses'

experience of professionalism can contribute to new ways of engaging rural communities in the recruitment and retention of nurses. Lastly, opening up a broader dialogue on professionalism and rural nursing could help to correct misperceptions about rural nursing and its development in Canada.

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