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Safety for Community Health Nurses in Rural and Remote Communities: A Literature Review and Research

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A Literature Review and Research

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Abstract

Many safety measures devised and implemented are focused on urban hospital settings, which differs from rural and remote settings. Community health nurses are expected to travel and visit their clients' homes alone, which leaves the nurses vulnerable to their environment. This brings up the question: Does the safety for community health nurses in rural and remote areas have an impact on the care provided in the communities that they serve? After reviewing the six primary literature, three common themes were revealed: lack of boundaries in their personal and professional lives, safety concerns (i.e. isolated geographical locations, workplace violence), and increased workload.

The conducted research continued with the focus on community health nurses who work in rural and remote communities in the United States. The mixed-method study design was performed using a survey asking quantitative and qualitative questions to identify nurses' safety concerns and perspectives on quality of patient care. The quantitative data utilized descriptive statistics while the qualitative data was explored and content analysis with a grounded theory was utilized to find themes that arose.

Keywords: challenges, community health nurses, rural and remote communities, impact of safety

Problem Statement

Oftentimes the focus of safety measures for nurses in high-income countries are based on urban hospital settings, which consequently, redirects the focus away from community health nurses, especially those who work in rural and remote areas. According to the Nursing Times over a decade ago, "in hospitals or clinics, colleagues or even security staff are on hand to help but community nurses are on their own. They are at risk as they travel to see patients—and can be even more so when they enter these patients' homes" (NT Contributor, 2008, para. 2). Frequently, many community healthcare workers will be on the field alone in their respective locations, which puts them at a greater risk of being a target of danger. Evidently, the issue continues to persist as the "health workers were more vulnerable to occupational injury, work instigated disability, and are at higher risk of experiencing prolonged work absence due to workplace and safety issues" (Terry et al., 2015, p. 1).

The safety of current and future rural community health nurses in high-income countries should be a high priority as those who work in urban settings. By bringing awareness and implementing safety measures for rural community health nurses, improvement will be made on the care of the communities that they serve as well as ultimately improving the health equity gap by allowing the already scarce access to health services to continue to operate and be available.

Research Questions

The focus question related to research: Does the safety of community health nurses in rural and remote regions have an impact on health equity in the communities that they serve? Questions that developed from reviewing the different literatures: Do individualized safety measures need to be implemented for each specific region? What kind of measures can be implemented to ensure safety for community health nurses?

Literature Review

Introduction

The objective of this literature review is to assess and determine the challenges and safety issues that remote community health nurses encounter and the impact it may have on the health equity gap in rural and remote areas. The literature disclosed that there is insufficient amount of studies done in other countries or specific communities in order for accurate and applicable measures. Due to varying differences in geographical conditions of different regions that may categorize them as remote or rural, the findings discussed in this literature review may not be relevant or applicable for some regions outside of Australia, Ireland, and Canada. The literature review aims to reveal any association between safety for community health nurses and its link to the impact of care for the communities that they serve.

Search Strategy and Road Map

The databases Google Scholar, CINAHL Plus, Iceberg, and PubMed were used for information pertaining to challenges working in remote areas of high income countries. Keywords and several search terms were used and it includes the following: Challenges, Community nurses, Rural and remote communities, Impact of safety. The keywords “challenges,” “community nurses,” and “rural and remote communities” were used to find studies that investigated the conditions and safety issues that remote community health nurses encounter daily. Utilizing “impact of safety” with the previous keywords resulted in research that included emphasis on the delivery of safe care to the clients.

The number of articles found within the multiple databases were limited and scarce. The articles that were chosen pertained to either challenges of community health nurses in rural and

remote areas or the importance of safety during care. The chosen articles utilized are primary sources that were published between 2009 and 2020.

A total of six primary studies were chosen and utilized. There were many overlapping themes and findings; therefore, the literature review was organized into three categories. One will discuss the lack of boundaries for community health nurses in their personal and professional lives as well as having to extend out of their scope of practice. The second category will address issues and safety concerns while nurses are out on the field and the third will address the workload of remote community health nurses. To find the summary of each primary article, refer to the Literature Review Table.

Lack of boundaries

The studies included in this category discusses the lack of boundaries that remote community health nurses face whether in their personal and professional lives or having to extend out of their scope of practice.

Lenthall et al. reviewed 26 literature through databases such as Google Scholar, CINAHL, Medline, and the Cochrane databases to identify stresses that remote nurses experience. Using the databases, keywords utilized were “remote,” “remote area nurses,” “stress,” “occupational stress,” “burnout,” and “job strain.” In 2009, the qualitative study found four themes; one being that community health nurses living near or within their place of work cannot maintain a private life due to the small communities and home being “inextricably linked” to work.

Additionally, Alzghoul et Jones-Bonofiglio published their study in 2020 that explored how registered nurses in northern Ontario, Canada dealt with ethical issues in two rural acute care hospitals. They focused on this particular region being that those living in rural communities

in northern Ontario had higher rates of medical conditions such as injuries, chronic diseases, and mental illness as well as less access to healthcare services and poorer health outcomes compared to people living in other parts of the province (Alzghoul et Jones-Bonofiglio, 2020, p. 2). The study included eight female registered nurses with each having some exposure to other hospital settings. The registered nurses were individually asked open-ended exploratory questions pertaining to the objective of the study. The results showed that the boundaries between personal and professional relationships were blurred due to the small communities. It was even mentioned that patients may be from their own social circles or family and friends; the registered nurses would find it difficult to separate their own knowledge of the patient and what the patient reports to the healthcare team (Alzghoul et Jones-Bonofiglio, 2020, p. 5, 6).

In addition to lack of boundaries relating to personal and professional life and relationships, Lenthall et al. addressed the lack of boundaries within scope of practice for nurses. According to the study, nurses are expected to "manage medical emergencies and trauma, provide primary care for acute and chronic conditions across the lifespan and deliver preventative, public health and community development programs" (Lenthall et al., 2009); this is in part due to the lack of other medical personnels and health services.

According to Alzghoul et Jones-Bonofiglio, they found that due to the small and isolated nature of the communities that the remote nurses serve, few support and resources are available; therefore, they must assume responsibility outside of their scope of practice. One nurse reported that during the night, she finds herself needing a doctor to assess a patient, but the physician will be on call and off site, which leads her and other nurses to making decisions outside of their scope.

The limitations of both studies are small sample sizes and focus on a specific region, which can lead to generalization. Although there are limitations, Lenthall et al. narrowed down the lists of challenges a remote community health nurse may encounter, which can help identify resources that could meet and resolve those challenges. On the other hand, Alzghoul et Jones-Bonofiglio provided insight in understanding how challenges in rural and remote communities can affect how nurses make ethical decisions on the care of their clients.

Safety concerns

The studies included in this category are those that address safety concerns related to the isolated geographical location as well as workplace violence for community health nurses while out on the field.

Safety concerns relating to the isolated location, Lenthall et al. found that working in isolated communities meant that there was a lack of access for social and family support, which can lead to feeling vulnerable in both their personal and professional lives.

Another study conducted by Terry et al. in Australia aimed to investigate the safety issue of the environment that remote community health nurses may encounter and how these concerns and issues can impact the care provided to the clients. The study consisted of 15 community health nurses each with a semi-structured interview of face-to-face interviews and phone calls done by a registered nurse; to reduce bias, the nurse was not a community health nurse. The qualitative study released their findings in 2015 stating that nurses have to travel long distances to make home visits for each client, which is time-consuming and taxing. Along with long commute times, the conditions of the roads were not “well-developed” or “maintained,” which caused injury and ultimately, increased the rate of absenteeism from work (Terry et al., 2015, p. 2).

A third study included in this category, Farrelly et al., was conducted to understand what issues public health nurses encounter in rural Ireland. With a sample size of 13 public health nurses, they were asked to keep a daily diary detailing their work days for 3 months and partook in semi-structured interviews for another 2 months. Their findings also revealed that public health nurses in Ireland spent most of their 8 hour shifts commuting to and from their client's homes. The study also noted that with increased commuting time, there was less time they were able to spend with their clients, which decreased the quality of the care. Similar to the Terry et al., road conditions were also a major concern where some roads were only accessible by foot. As one nurse has stated, she would be nervous when traveling to isolated areas with rough road conditions. Additionally, Farrelly et al. found that nurses lacked the support and also felt vulnerable when traveling alone to isolated areas.

The limitation of the studies utilized to identify the safety issues related to the geographical location is generalization due to the use of small sample sizes. Another limitation that was presented while reviewing the literature was that there is no standard definition of "rural" such as what population size would be eligible to be considered rural. Additionally, the participants' answers may vary depending on their sites. On the other hand, the multiple studies provided consistent findings (e.g. rough road condition, vulnerability, long commute) despite being in different regions and/or countries (i.e. Australia, Ireland).

Next, safety concerns relating to workplace violence, Terry et al., found that remote community health nurses who experienced violence or aggression received delayed or limited support after the incident had been reported. The study also clarified that though there is no indication that remote nurses are at a higher risk of workplace violence, it can still be "destructive and has a negative impact on the professional and personal lives of healthcare

workers, but also on the quality and coverage of care provided [...] These factors lead to reduction in health services available to the rural population as more nurses [move elsewhere] and a propensity to leave the profession" (Terry et al., 2015, p. 2).

McCullough et al. conducted a study with 10 remote nurses to identify challenges within the workplace through their perspectives. There were three rounds—with a focus on the first two rounds—of questionnaires that were sent out via email. The first round identified hazards that the nurses experience individually and the second round asked the remote nurses to rate the identified hazards on a scale of 0 to 4, (0 = not a hazard, 1 = minor hazard, 2 = moderate hazard, 3 = major hazard, 4 = extreme hazard). In 2012, the qualitative study found that intoxicated clients and those with a history of violence were ranked by the 10 remote nurses to be a contributor to the risk of violence. The study also noted that there was a lack of support from management (i.e. no action is taken after an incident is reported).

Limitations to McCullough et al. include generalizability of the results as well as possible bias in selecting the panel of remote nurses as most of the participants resided in the same location. The study was able to access remote nurses through low-cost means such as through email and an online survey; their findings were also consistent with other resources available pertaining to workplace violence despite only having contactless interactions.

Increased workload

The studies discussed in this category investigated the workload of remote nurses and the effects it may have on the nurses and care for the clients.

Terry et al. found that a community health nurse's day to day workload is very heavy due to time constraints from long commutes and having to take on another nurse's clients during the case of leave or sick days. The community health nurses in the study retold stories of

unanticipated events such as the client falling and spending hours longer with the client, which can interfere with care for the others who were scheduled after.

The last article utilized in the literature review is Kaasalainen et al., which conducted a study to explore nurses' experiences in rural communities with a focus on the residential setting and its impact. The qualitative study consisted of 21 rural community health nurses who participated in a semi-structured telephone interview with questions regarding their experiences and how they make decisions related to care in the rural and remote communities. Kaasalainen et al. found that the quantity of home care increased, but the quality is decreasing due to shorter timeframes as well as increased workload due to decreased nursing staff. One participant noted that she was denied vacation time due to the lack of nurses to take her place for the time being as well as receiving, on average, over 50 pages of paperwork to fill per night.

Limitations include generalization due to data being collected from one province in Canada; therefore, the results may be different for other regions and/or countries. Additionally, the study only focused on the perspectives of rural community health nurses rather than both views of the clients and nurses. Kaasalainen et al. provided more knowledge on the topic of nurses' experience in rural communities that have fewer healthcare services and resources for the people they serve.

Overall Literature Discussion

After reviewing each article, the findings were consistent regarding the challenges remote community health nurses encounter whether in Australia, Ireland, or Canada. The findings included lack of boundaries in a nurse's personal and professional life as well as extending out of their scope of practice, safety concerns related to the physical environment and workplace violence, and lastly, increased workload on a day to day basis. Strengths of the literature include

establishing a basis of knowledge on challenges remote nurses encounter to guide further investigation for implementation of safety measures or proper support for community health nurses. Overall limitations include the small sample sizes of each study and its focus on specific regions that may differ from other remote communities. The evidence is worthy of guiding practice because the literature suggests that providing safety and support for remote nurses can improve the quality of care for the community that they serve. It revealed that there is a need to conduct more studies in different areas in order to prevent generalization and to gather more data on the client's perspective.

Research Proposal

The research questions are:

1. Does the safety of community health nurses in rural and remote regions have an impact on the quality of healthcare in the communities that they serve?
2. What kind of measures can be implemented to ensure safety of community health nurses?

After reviewing the six primary articles, a few gaps have been identified. Due to differences in geographical terrains, the findings discovered in the articles may not be applicable for variations in dissimilar regions. The six articles discussed the terrains of rural communities in Australia, Ireland, and Canada; findings discussed may not be applicable to remote communities in the United States. Ultimately, the largest gap identified within the six primary articles was the insufficient amount of research done pertaining to the safety for community health nurses and the effects it has on the health equity gap in remote communities. The objective of the research is to assess and determine the challenges and safety issues that community health nurses encounter and the impact it may have on the health equity gap in rural and remote communities in the United States. The hypothesis is that the quality of healthcare declines as safety concerns (i.e.

workplace violence, isolated regions, increased workload, extend out of scope of practice) for community health nurses increase.

Research Study Design & Methodology

The study is a cross-sectional mixed-study design and will consist of an online survey with quantitative and open-ended, qualitative questions that will explore the challenges that community health nurses in remote regions in the United States may encounter. The survey will consist of two parts. The first part of the survey will collect demographic data such as age, gender, county of residence, etc (**Table 1**) and the second part will collect quantitative and qualitative data on challenges that the nurses may encounter as well as their recommendation for improving safety. The second part with 12 questions is expected to take approximately 10 to 15 minutes to complete, which will allow more flexibility between the nurse's daily work schedules. The survey will draw on the positivism approach through illustration of the subjective experiences of the community health nurses. Exploratory and open-ended questions will be asked pertaining to the entire course of their career as a community health nurse in the surveys to allow for subjective responses (**Table 2**).

Table 1: Demographic Questions
1. What is your age in years?
2. What is your gender?
3. What is your county in which you practice nursing?
4. How many total years of nursing practice have you had?
5. How many years of practice in the community or public health sector have you had?

Table 2: Study Questions
1. Have you ever felt unsafe while providing health service out on the job? (Scale of 1 to 5); 1 = not safe at all; 2 = somewhat unsafe; 3 = neutral; 4 = somewhat safe; , 5 = completely safe)
2. How many times have you felt unsafe while out in the community on the job over the whole course of your career as a community health nurse?
3. If you identified at least one incident in which you felt unsafe, please briefly describe your experience without including any specific details (no names, addresses, or exact dates).
4. Please describe any additional safety issues that you have observed.
5. Please describe barriers to safety for nurses that you have observed, if any.
6. Please describe any safety measures that you have personally employed to ensure your own safety.
7. From your perspective, does your workplace adequately address and prepare community/public health nurses for situations in which they find that their own safety or the safety of another person could be in jeopardy? (Scale of 1 to 5; 1 = not safe at all and without any preparedness and 5 = completely safe and well-prepared).
8. Has there ever been a situation while out in the field, in which you observed the quality of health care declined due to safety concerns? (Yes/no/not sure).

9. Please expand upon your answer to number 8.
10. Has your safety changed during the Covid-19 pandemic? (Yes/no/not sure)
11. If yes to Question 10, please describe the change.
12. What are your recommendations for helping to ensure safety for community health nurses?

The study will focus on community health nurses in remote counties in the United States. Recruitment will consist of the primary researcher, research advisor, and nursing friends reaching out to extended networks and different chapters of Sigma Theta Tau located in the target regions. The study aims to recruit at least 5 community health nurses.

Description of Sample

The sample size will include community registered nurses such as home health, hospice, and public health nurses who perform home visits in rural or remote areas in the United States. Participants must have experience in making home visits.

Plan for Data analysis

The surveys will be self-administered through Qualtrics, an anonymous online survey software, that will be distributed via email to those who are on the mailing list and through nursing friends by word of mouth. The demographic data and quantitative data (i.e. Likert scale scores) will be analyzed with descriptive statistics. The qualitative data will be utilizing content analysis to find key concepts and cross-checked with the research faculty advisor to ensure correct groupings and validity.

Ethical Protection

In the case of electronic data breach, protections for the participants include no collection of information containing the participants' personal information (i.e. name, contact information, employer, etc). In addition to protection of electronic data, only the primary researcher and faculty advisor have access to the data stored on password protected computers. The survey software Qualtrics will not link the participants' responses to their email or IP addresses. Potential participants were informed of the research purpose and procedure at the beginning of the survey and were advised that they would be able to skip or stop answering questions at any time. Potential participants were also informed that submission of their answers constituted their consent to use the information for this study.

Theoretical Framework

The theory that supports the research is Glaser and Strauss' grounded theory as it can utilize multiple types of data, provide in-depth perspective from the community health nurses, and generate new theories through coding data into themes (Cohen et Crabtree, 2006). As data is collected, there will be constant comparative analysis, memoing, and coding. The focus will be on the positivism aspect of the grounded theory, in which knowledge is drawn from human experiences. Additionally, it will help to understand the community health nurses' experiences with working in remote communities and regions as well as revealing social relationships and interactions between the nurses and the clients. This supports the research through exploration and construction of a theory based on the perspectives of the participants.

Results

Members of Sigma Theta Tau in California recruited through the mailing list and additional participants recruited through word of mouth were provided information about the

study and a link to fill out the survey. The participants consisted of five nurses who have worked in community and home-based nursing services, including three females and two males who are aged between 31 to 58 years with one to 20 years of experience in community or public health practices.

Quantitative

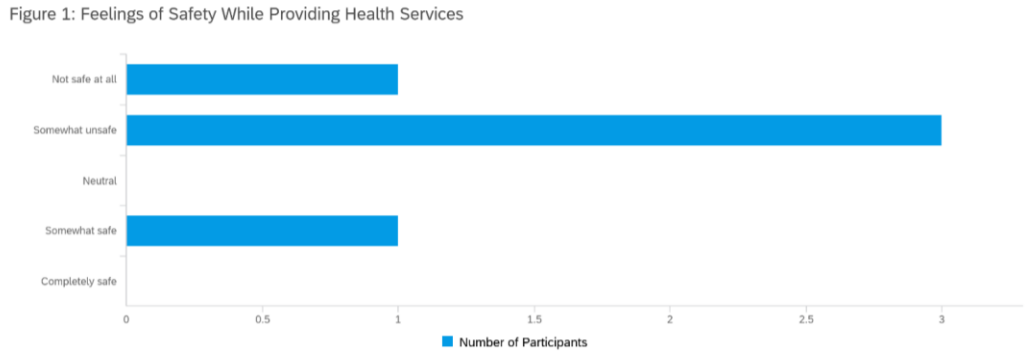
Descriptive statistics were used to examine the demographic data and quantitative survey questions. Refer to Table 1, Figure 1, and Figure 2.

Table 1: Demographic of Community/Home Health Nurses

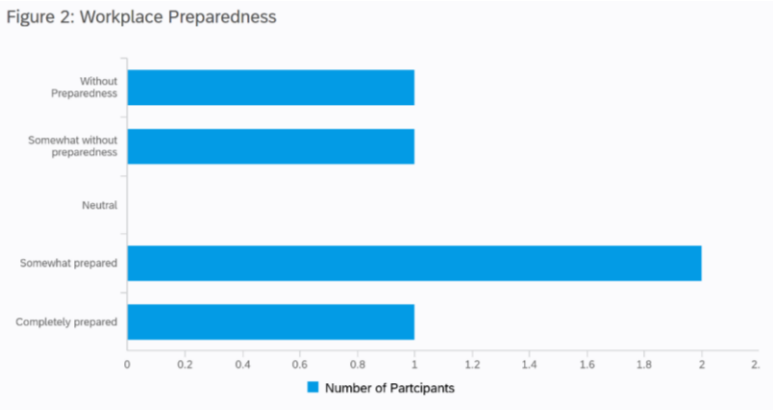
Variables	**n (%)**
Age groups, years (n = 5)	
30-49	2 (40.0)
50-69	3 (60.0)
Sex (n = 5)	
Male	2 (40.0)
Female	3 (60.0)
County of practice (n = 5)	
California counties	3 (60.0)
Unknown	2 (40.0)
Total years of practice (n = 5)	
1-25	3 (60.0)
26 or more	2 (40.0)
Years of practice in home visits (n = 5)	
1-9	3 (60.0)
10-19	1 (20.0)
20 or more	1 (20.0)

The participants have reported feeling unsafe multiple times while out in the community on the job over the whole course of their career as a community or public health nurse. 60

percent (n = 3) of participants stated that they felt "somewhat unsafe" providing health services at the patients' homes or at their small clinics while 20 percent (n = 1) of participants felt "not safe at all". On the other hand, 20 percent (n = 1) felt "somewhat safe" (**Figure 1**). Though the majority of participants felt unsafe, the workplace preparedness provided a safety net for the nurses as 60 percent of participants reported the workplace as "somewhat prepared" (n = 2) and "completely prepared" (n = 1). In comparison, some felt that their workplace was "without preparedness" (n = 1) and "somewhat without preparedness" (n = 1) (**Figure 2**).



(Figure 1) Have you ever felt unsafe while providing health service out on the job? (Scale of 1 to 5; 1 = not safe at all; 2 = somewhat unsafe; 3 = neutral; 4 = somewhat safe; 5 = feeling completely safe)



(Figure 2) From your perspective, does your workplace adequately address and prepare community/public health nurses for situations in which they find that their own safety or the safety of another person could be in jeopardy? (Scale of 1 to 5 with 1 = not safe at all and without any preparedness and 5 = completely safe and well-prepared).

Qualitative

Key phrases from responses to the qualitative questions were chosen and reviewed by the research team (Refer to Table 2). The team identified safety issues for community health and public health nurses. The nurses identified safety issues as a concern in providing optimal care and made a number of suggestions for improvements.

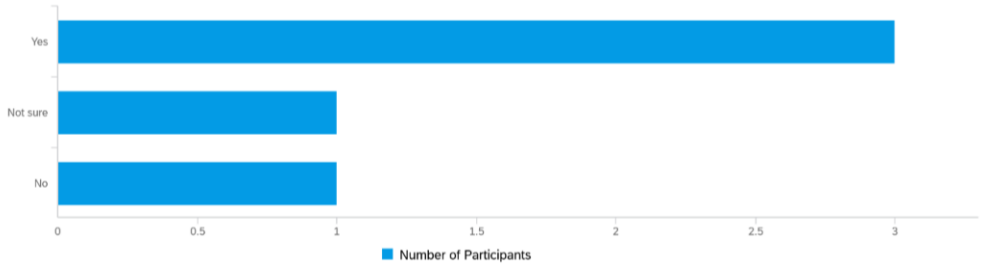
The participants were also asked whether or not they have seen a decline in the quality of healthcare services due to safety concerns for nurses. Some (n = 3) reported seeing declines due to companies and services refusing to provide aid for patients who do not comply with safety policies, unclean homes, and violence in the proximal area (**Figure 3**). Additionally, 60 percent (n = 3) of participants have seen changes in safety during the Covid-19 pandemic as their safety became more compromised due to lack of PPE's and increased exposures to the airborne virus (**Figure 4**).

Table 2: Qualitative Study Questions	**Key Concepts**
If you identified at least one incident in which you felt unsafe, please briefly describe your experience without including any specific details (no names, addresses, or exact dates).	● Darkened homes/late night on calls ● Weapons present in homes ● Unsafe environments (e.g. unclean homes, illicit drug activities in proximity of patient homes)
Please describe any additional safety issues that you have observed.	● Violence ● Unclean/unorganized home environments ● Unsafe neighborhood environments
Please describe barriers to safety for nurses that you have observed, if any.	● Lack of training and knowledge before entering patient homes (e.g. language barriers)

	● Unsafe environments (e.g. lack of security, lack of safe/affordable housing)
Please describe any safety measures that you have personally employed to ensure your own safety.	● Asking staff, colleagues, or local authorities for assistance or advice ● Bringing protective personal items (e.g. PPE's, charged phones)
Has there ever been a situation while out in the field, in which you observed the quality of health care declined due to safety concerns? Please expand upon your answer.	● Home health companies refusing services due to noncompliance, violence, or unsafe homes
Has your safety changed during the Covid-19 pandemic? Please describe the change.	● Continuing home visits with increased risk of airborne virus
What are your recommendations for helping to ensure safety for community health nurses?	● More training and preparedness (e.g. increase screening tools to assess patient homes) ● Providing more safety spaces and equipments (e.g. alternative open spaces for social distancing, more provided PPE's)

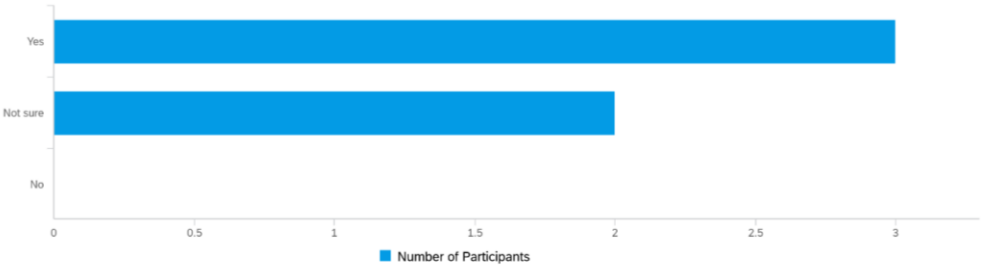
While a full content analysis was not performed, the researchers were able to explore the responses for similar words and phrases. Researchers noted that safety was a serious concern for the nurses. Respondents identified several risk factors that could jeopardize nurses' safety, including darkness, weapons, violence, and lack of cleanliness (potential fall concern) as issues. Respondents also described the need for more training and better preparedness.

Figure 3: Decline in Quality of Healthcare



(Figure 3) Has there ever been a situation while out in the field, in which you observed the quality of health care declined due to safety concerns?

Figure 4: Changes in Safety during Covid-19 pandemic



(Figure 4) Has your safety changed during the Covid-19 pandemic?

Limitation

Limitations include lack of in-depth responses via surveys. Interviews via video call may have provided more in-depth responses that allowed for clarifications and further inquiries of responses as well as keeping social distancing during the pandemic. Additional limitations include small sample size that resulted in limited data collection and may lead to generalization.

Conclusion

After analyzing the collected data of identified safety issues for community and public health nurses, there is a better understanding of where improvements can be made. There is a lack in training and screening tools utilized to prepare nurses of what they could expect when entering a patient's home. Additionally, further discussion is needed to implement and reinforce safety measures recommended by the nurses such as more PPE's during the on-going pandemic

and training to help nurses protect themselves in any unexpected situation. Overall, adding to the growing knowledge of challenges community and public health nurses may encounter can open the discussion for safety measures to be implemented to ensure the safety, but further research is needed to determine whether increased safety issues for nurses decrease the quality of healthcare services.

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Appendix

Authors/Citation	Objective	Sample	Study Design	Study Methods	Major Finding(s)	Strengths	Limitations
Alzghoul, Jones-Bonofiglio (2020)	To explore registered nurses' experiences of ethical issues and ethical decision making in rural acute care in hospitals in	8 registered nurses working in acute care hospitals in northern Ontario	Interpretive descriptive, qualitative approach	In-depth, individual, and semi-structured co-interviews by both RN researchers were conducted using open-ended exploratory questions	Power between nurse-physician relationships lead to disagreements in care. Trust: small communities lead to blurred boundaries between the	Findings may provide insight into understanding nurses' moral distress, ethical dilemmas, and ethical decision-making experiences in similar settings	Use of small purposive sample, which relates to a lack of generalizabilit y for the results

	northern Ontario, Canada				RN's personal and professional relationships. Fear because there is little support, so they have to take on more responsibilities out of their scope of practice.		
Farrelly et al. (2018)	To understand	13 PHNs working in	Ethnographic approach	Use of diaries, and interviews	Travel issues (long travel	Gained in-depth and meaningful	A small number of

	the contemporary public health nurse's (PHN) role and the issues that they face working in rural Ireland	rural areas in the South West of Ireland (populations with less than 1,500 persons)	(ethnography by proxy) (qualitative study)		times)—less time is spent with each client. Working in isolation. Client transport issues. ICT/telecommunication	data from the participants, providing a window into the participants' working lives as PHNs in rural areas.	participants involved meant that one must be cautious with the findings. None of the participants were community RNs or practice nurses who also worked in the community.

Kaasalainen et al. (2014)	To explore nurses' experiences of providing palliative care in rural communities with a particular focus on the impact of physical residential setting	21 rural nurses	Qualitative descriptive design	Semi-structured telephone interview; questions focused on eliciting information on the nurses' experiences of providing palliative care to rural clients living in the community	Quantity of home care increased, but quality is decreasing due to shorter timeframes. Increased workload due to decreased nursing staff. Challenges of accessing resources and supplies that were needed to	Add to the growing body of knowledge of rural nurses' experiences of providing palliative care in communities that are under-served in some areas such as healthcare services and often plagued with a range of challenges in	Data was collected in one province of Canada, so the results may be different in other provinces and/or countries. Perspective of nurses only, but would have been enriched by

					provide optimal palliative care.	providing optimal palliative care.	hearing first-hand experiences of clients and family members.
Lenthall et al. (2009)	Review and synthesize the literature identifying the stresses experienced by remote area nurses. Identify	26 papers were included	Designed as a qualitative study with themes	Used Medline, CINAHL, the Cochrane database, and Google Scholar. Dominant themes were identified, discussed, and	4 themes: The remote context--isolation and lack of personal/professional boundaries, Workload/extended scope of	Job resources that could meet the significant job demands faced by RANs were identified	Literature relating to remote area nursing in Australia is limited and largely descriptive. Few papers focused on

	interventions implemented to address identified stresses			agreed within the research term of "remote" OR "remote area nurses" AND "stress" OR "occupational stress" OR "burnout" OR "job strain"	practice, Poor management, Workplace and community violence		solution to these problems and few were based on empirical evidence beyond case studies
McCullough et al. (2012)	Identify and describe hazards within the (remote	Ten RANs who had been nominated agreed to	Descriptive method	3 rounds of questionnaires which progressively refine	The characteristics of violence, namely: the environment;	This provided low-cost access to the RAN population distributed	Bias may have been present in the selection of the panel, the

	area nurses) RAN workplace from the perspective of experienced RANs	form the expert panel. Ten RANs who had been nominated agreed to form the expert panel.		knowledge and opinion to reach a consensus from the participants. Both email and an online survey were the mediums of data collection. The first and third rounds consisted of open-ended questions and	the nurse; the client; and the organization (including community) in which the interaction takes place	across Australia's remote regions.	generalizability of results was limited due to the descriptive nature of the study, and the majority of participants resided in the Northern Territory

				were completed via email.			
Terry et al. (2015)	To investigate the types of workplace health and safety issues rural community nurses encounter and the impact these issues	13 of the 16 consenting healthcare services; 15 communit y nurses; Sex (N=15) Male 2 (13.3)	Narrative inquiry underpinned by a phenomenolo gical approach (qualitative study)	Face-to-face or via phone semi-structured interviews; questions were asked in no particular order; interview was done by a female RN with interview training who	Geographical environmental issues, Physical environmental issues, Organization environment issues	Highlights that many practices and processes remain unsafe among community nursing services, Interviews were giving voice to the community nurses	A number of telephone interviews were undertaken, which may have influenced the data that were collected in terms of quality and its depth of

	have on providing care to rural consumers	Female 13 (86.7) Age groups, years (N=15) 30–39 1 (6.7) 40–49 3 (20.0) 50–59 10 (66.6) 60–65 1 (6.7)		was not a community nurse to reduce bias			information. Function and structures of community nursing services varied greatly from site to site and these differences may have influenced the participants' responses