A rural landscape photograph showing a dark, textured field in the foreground, a line of bare trees in the middle ground, and a clear, light blue sky above. The text is overlaid on the image.

# Rural Preceptorship:

*A Cornucopia of Challenges and Opportunities as Revealed through Photovoice*



# Research Team

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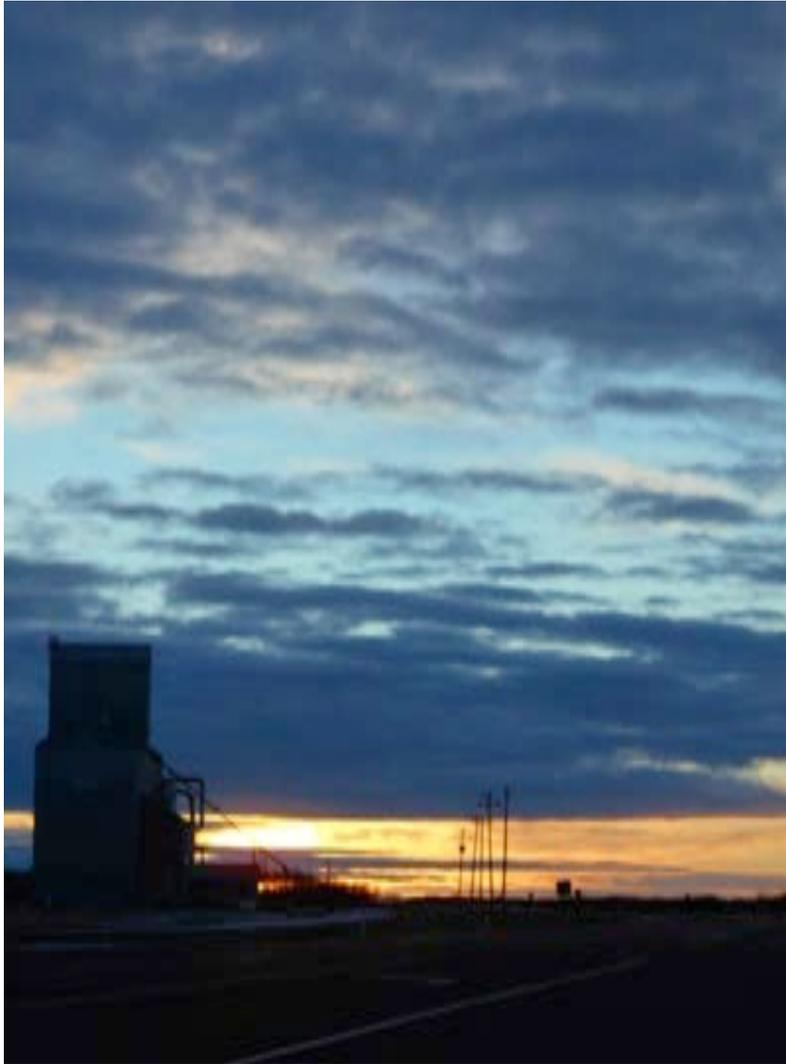
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Thanks to the students,  
preceptors, managers  
and site managers.  
Without them, this  
research would not be  
possible.

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This book is a result of a photovoice grounded theory study. The research question was, “What challenges and opportunities are experienced by nursing students and their preceptors as they engage in senior preceptorships in the rural setting?”

Twelve fourth year nursing students and their rural nurse preceptors participated; they were asked to photograph challenges and opportunities in and around their rural practice settings. The participants took over 300 photographs and they were interviewed as to why they took the photographs. The themes that emerged were: roads, rural care, rural community, challenges, opportunities, team, and rural vs. urban.

The core variable was:

“rural precepting means understanding what you don’t have...and sometimes realizing what you do have”. In other words, there were deep trade offs; some of the challenges turned into opportunities, but only after the passage of time and reflection on the rural precepting experience. Regardless of the challenges, the experience of learning to nurse in a rural setting was unique, fulfilling and even at times exceptional.



ROADS

RURAL CARE

RURAL COMMUNITY

CHALLENGES

OPPORTUNITIES

TEAM

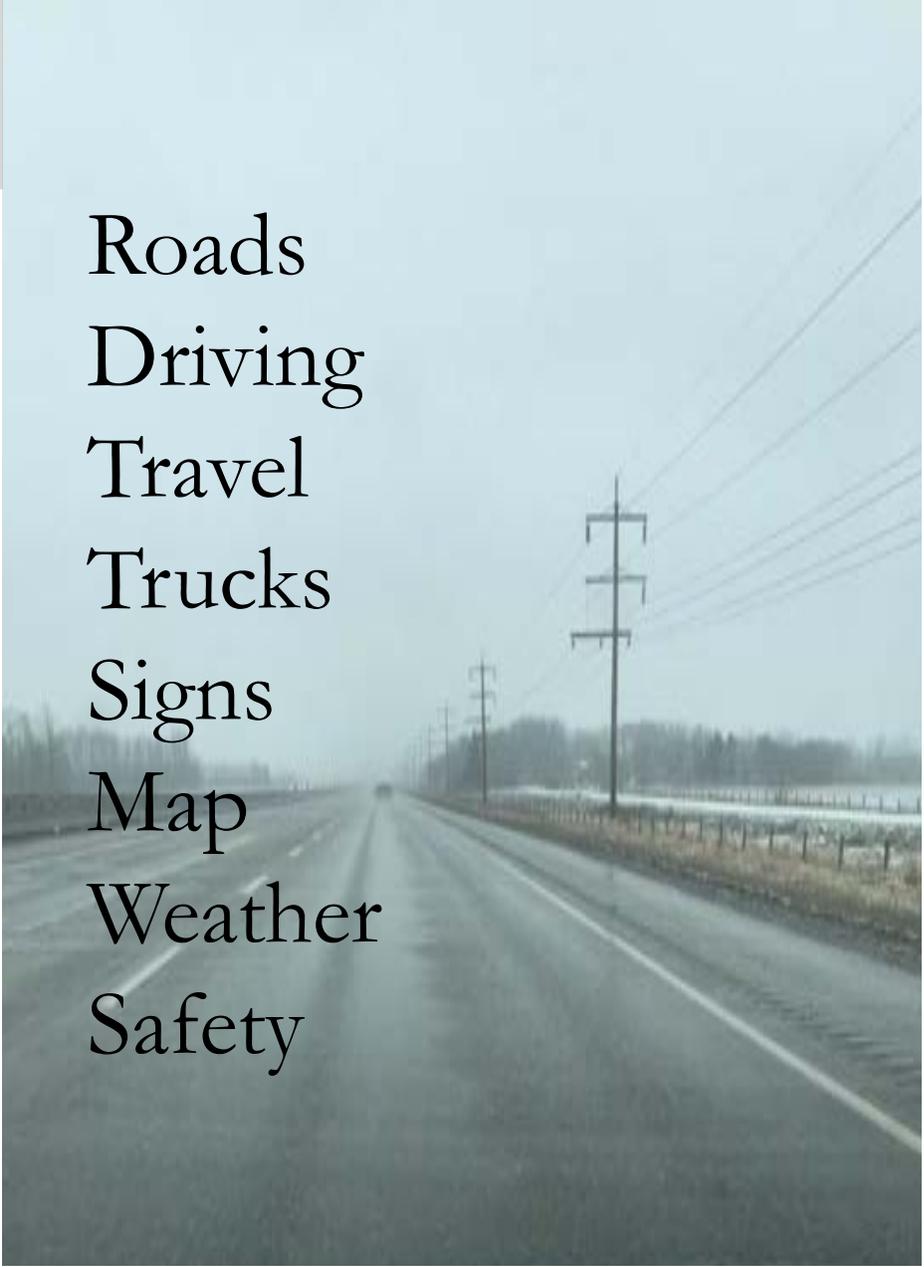
RURAL VS. URBAN



# ROADS

“Kinda like the start of a  
journey.”

“I spend a lot more time in  
my car nowadays.”



Roads  
Driving  
Travel  
Trucks  
Signs  
Map  
Weather  
Safety



# Concept of Rural Roads

A poem by Olive Yonge

I am flying up north, first to a city and then driving to  
the small rural hospital to conduct research.  
The airline passenger beside me tells me that he always  
rents an SUV  
gets him high in the seat  
big tires  
good grip.

I say  
I rented a mid-size car and not an economy size for the  
reasons he mentions.  
Get an SUV he repeats.

Avis/Budget have no SUVs left  
Instead I have a Golf  
Not even mid-sized.  
The clerk says it is scratched, windshield is pockmarked.  
She is breezy as if my trip will add to the chorus of  
dents.

Off I go  
Two hour trip to the 21 bed hospital.  
First a divided highway. Sweet.  
But it ends quickly.  
Then a freshly sanded highway, that too ends quickly.  
I push down the instinct to drive behind the sanding  
truck going 60K.  
The convoy behind me shouts—pass. Now.

Soon I am driving 90K  
no cruise control.

The road is icy, then dry, then cold and snowy —  
so many personalities.

I am focused on the road,  
rarely glancing at the fields and farmyards  
they are a blur, a distraction.

I might have to walk to one of them for help if I  
slip  
and spin off the highway.  
No traffic for me to hitch a ride.

I am finally at the hospital. Spent and white  
knuckled  
45 minutes later than expected.

The nurses are kind.  
We talk road talk.  
To them the distance I drove so fretfully and  
carefully  
- is nothing.  
It is the route they take to get groceries.

Groceries!



They then tell me they drive to  
Edmonton - there and back in  
one day  
just 9 hours.

But the road conditions?

It's just a concept, the nurses  
tell me.

A concept of rural road travel.

# Roads

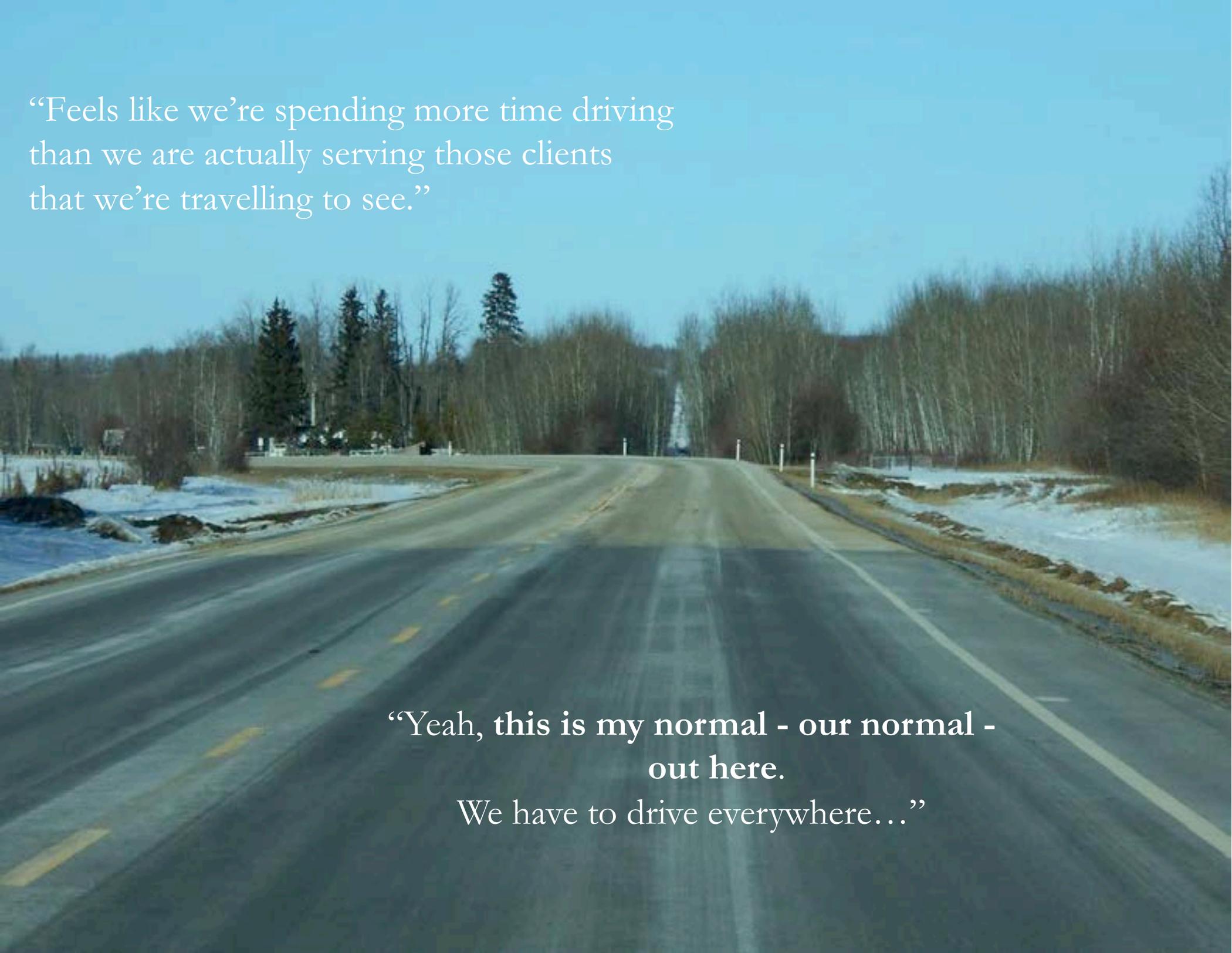
Snow-covered and slick roads, with sharp curves and icy bridges, were part of the reality for rural nurse preceptors and students. Sometimes the roads were paved; more often they were thick with mud or loaded with loose gravel. Adverse road conditions and weather events such as hailstorms and tornadoes, could delay nurses and put them behind in their work, or prevent them from traveling altogether. Unmarked roads could cause them to lose their way.

Preceptors and students took pictures of roads, signs, maps, and unreliable weather warning systems to show the challenges of the countryside. Travel often felt unsafe. Those with older vehicles worried about their reliability. At nighttime, large animals and drunk drivers posed equal hazards. Rural routes—especially side roads—often went unplowed after snowfalls. Preceptors spoke of throwing winter boots, extra mittens, and hats into the back of the car; in the springtime, they threw in galoshes.

In some areas, heavy truck drivers sprayed muck onto smaller vehicles while speeding to meet their quotas; one nurse had to pull off the road just to get out of harm's way. Rural clients were no less vulnerable. In one rural area, an elderly couple always drove an hour out of their way to avoid a treacherous bridge.

Commuting to and from work was sometimes pleasant and soothing, sometimes stressful and exhausting, depending on the weather and the day's events at the health care site. For preceptors and their students, car travels together could be productive and energizing, or awkward and tense, depending on the rapport between them.

Rural life meant accepting long trips. One preceptor drove 456 kilometers to the city and back home the same day. To her, it was simply “our normal out here”—an inevitable aspect of country living, to be accepted and even enjoyed. Students, on the other hand, felt the burden of long hours and costly gas fill-ups as they commuted to and from their rural placements. They took pictures of gas pumps and odometer readings. One student stated she needed caffeine as soon as she arrived at work, just to keep her going after the long road trip.

A photograph of a long, straight road stretching into the distance. The road is paved and has yellow dashed lines in the center and a white solid line on the right. The road is flanked by snow-covered fields and bare trees. In the background, there are more trees and a clear blue sky. The overall scene is a rural, open landscape.

“Feels like we’re spending more time driving than we are actually serving those clients that we’re travelling to see.”

“Yeah, **this is my normal - our normal -**  
**out here.**  
We have to drive everywhere...”

“It [the bridge] makes me nervous when there’s no snow on the ground, so I can imagine how difficult it would be for older clients too that are having to drive into the town.”





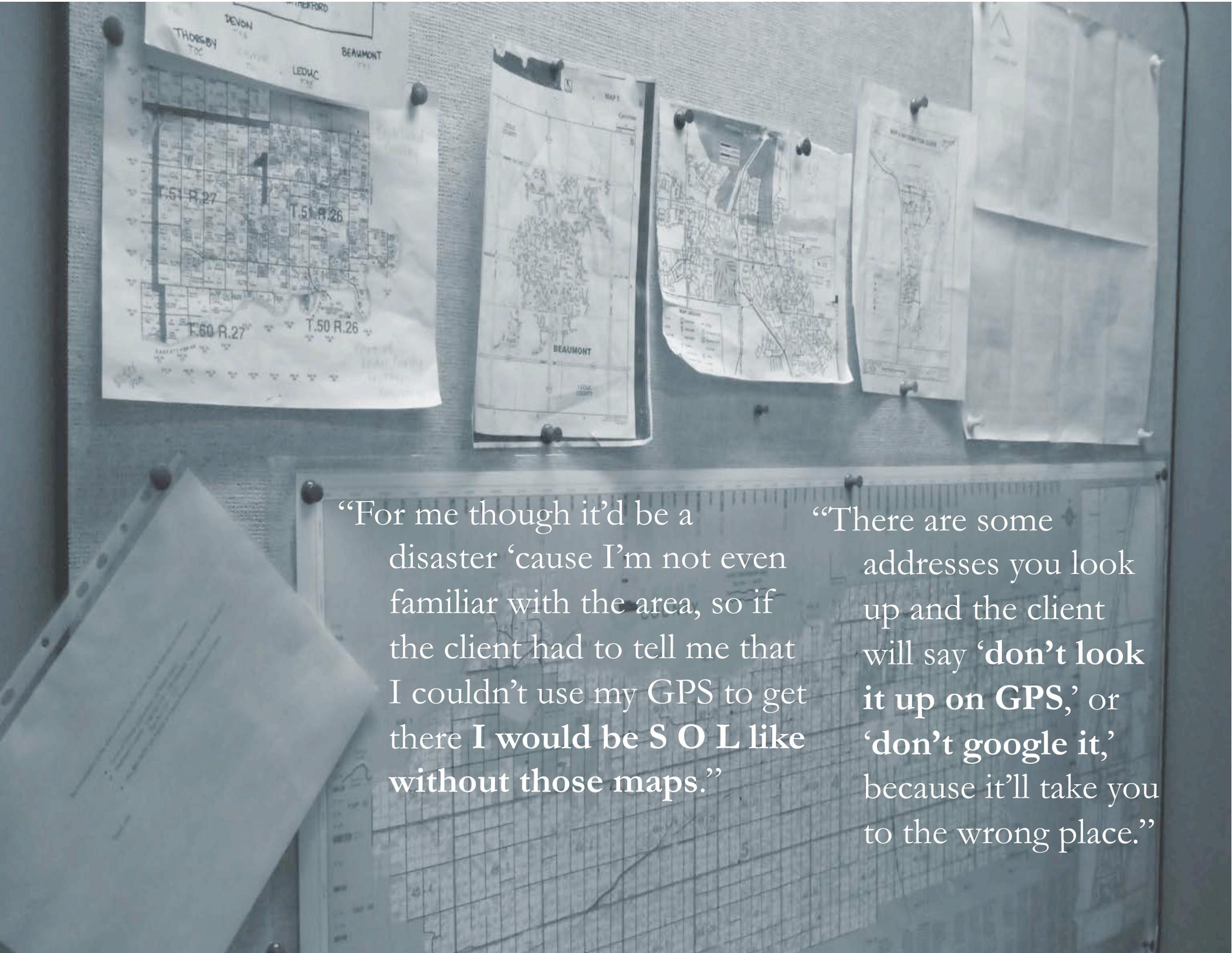
“We’re not that far ...  
but we are far enough.”

“and rural roads: a lot of them aren’t marked, [so]  
**we have to be our own safety.”**



“I’m scared of wildlife on the road and so that’s definitely a **danger of the job** because you don’t really have that as much working in urban settings.”





“For me though it’d be a disaster ‘cause I’m not even familiar with the area, so if the client had to tell me that I couldn’t use my GPS to get there I would be **S O L** like without those maps.”

“There are some addresses you look up and the client will say ‘**don’t look it up on GPS,**’ or ‘**don’t google it,**’ because it’ll take you to the wrong place.”



“Five out of seven of the people on today came from out of town,  
at least half an hour.”



“Because some of those truck drivers **aren’t** the safest drivers.”

---



“It’s ... what I  
use as a  
landmark.  
‘Cause I know  
this is about  
halfway for me,  
so I know when  
I’m there it’s  
about 10 more  
minutes.”

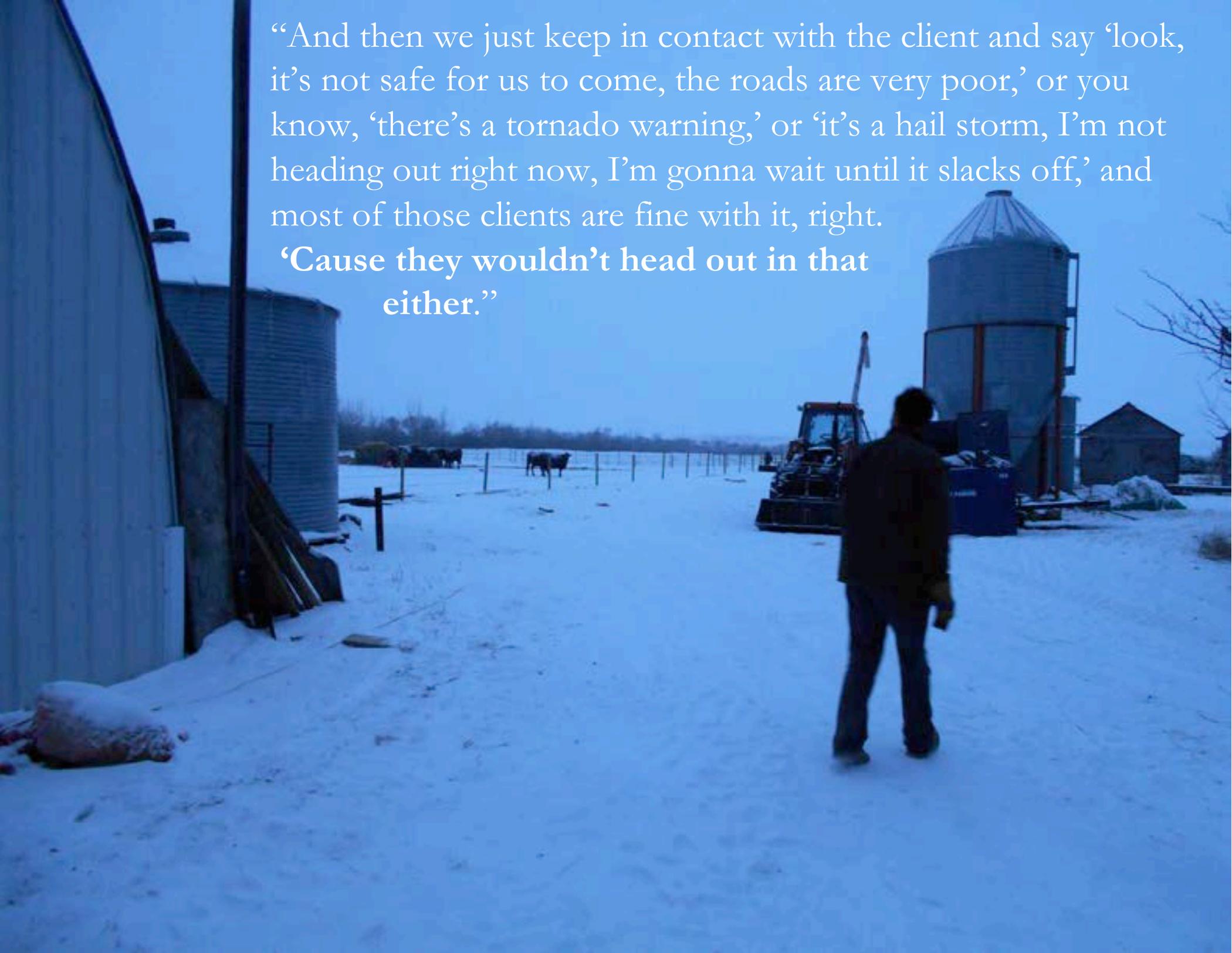


“In the winter... I’ll throw my winter boots in the back in case I’m on the side of the road and I can crawl back and get them if we have to get out somewhere. I keep an extra hat and pair of mittens in my vehicle too.”

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“And then we just keep in contact with the client and say ‘look, it’s not safe for us to come, the roads are very poor,’ or you know, ‘there’s a tornado warning,’ or ‘it’s a hail storm, I’m not heading out right now, I’m gonna wait until it slacks off,’ and most of those clients are fine with it, right.

**‘Cause they wouldn’t head out in that either.’”**



# CARE

“Everyone kinda just works together.”

“Jack of all trades.”



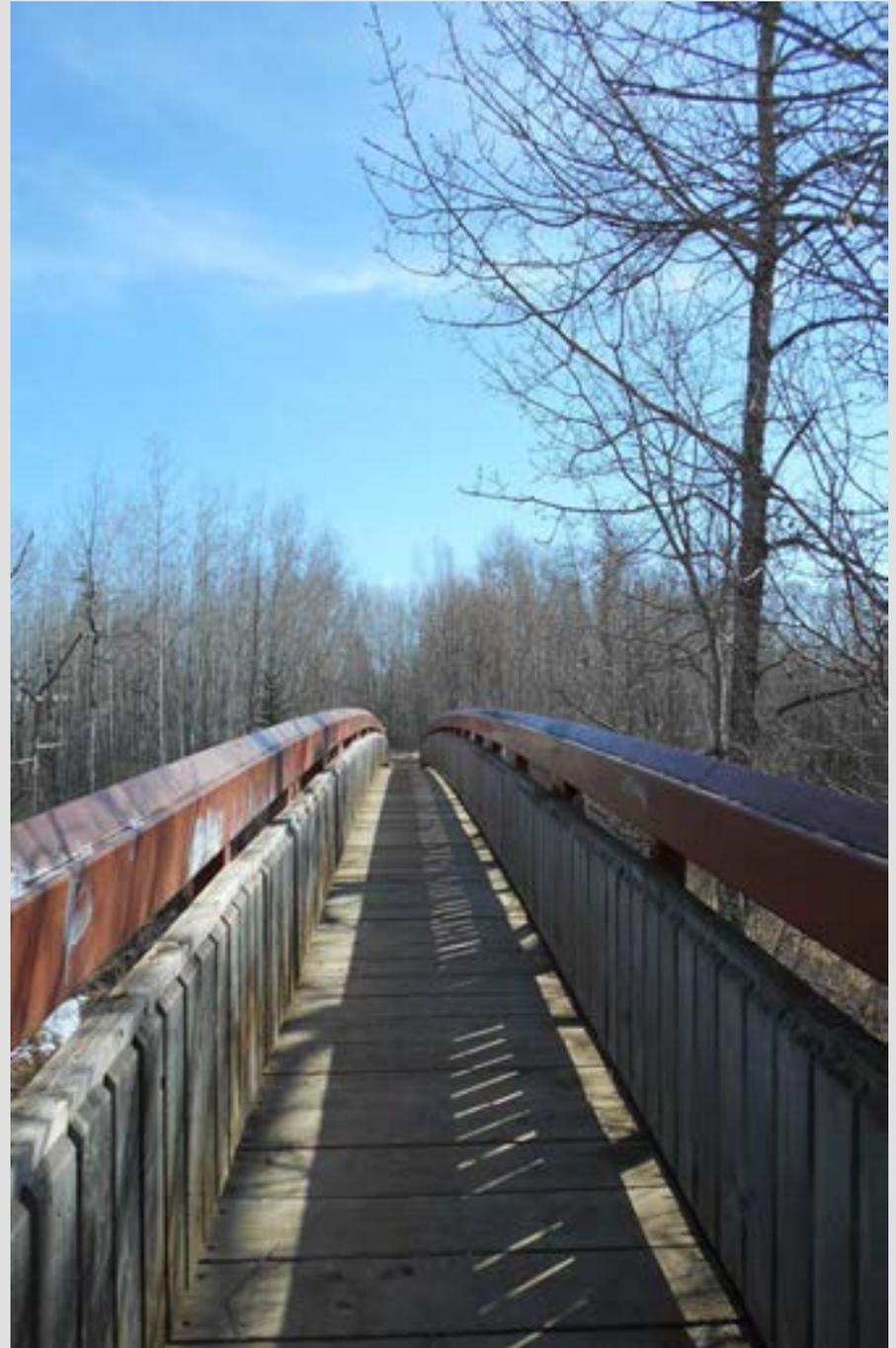
Rural Care  
Equipment  
Challenges  
Follow Up  
Policy  
Change  
Prioritization  
STARS  
Technology

# Rural Care

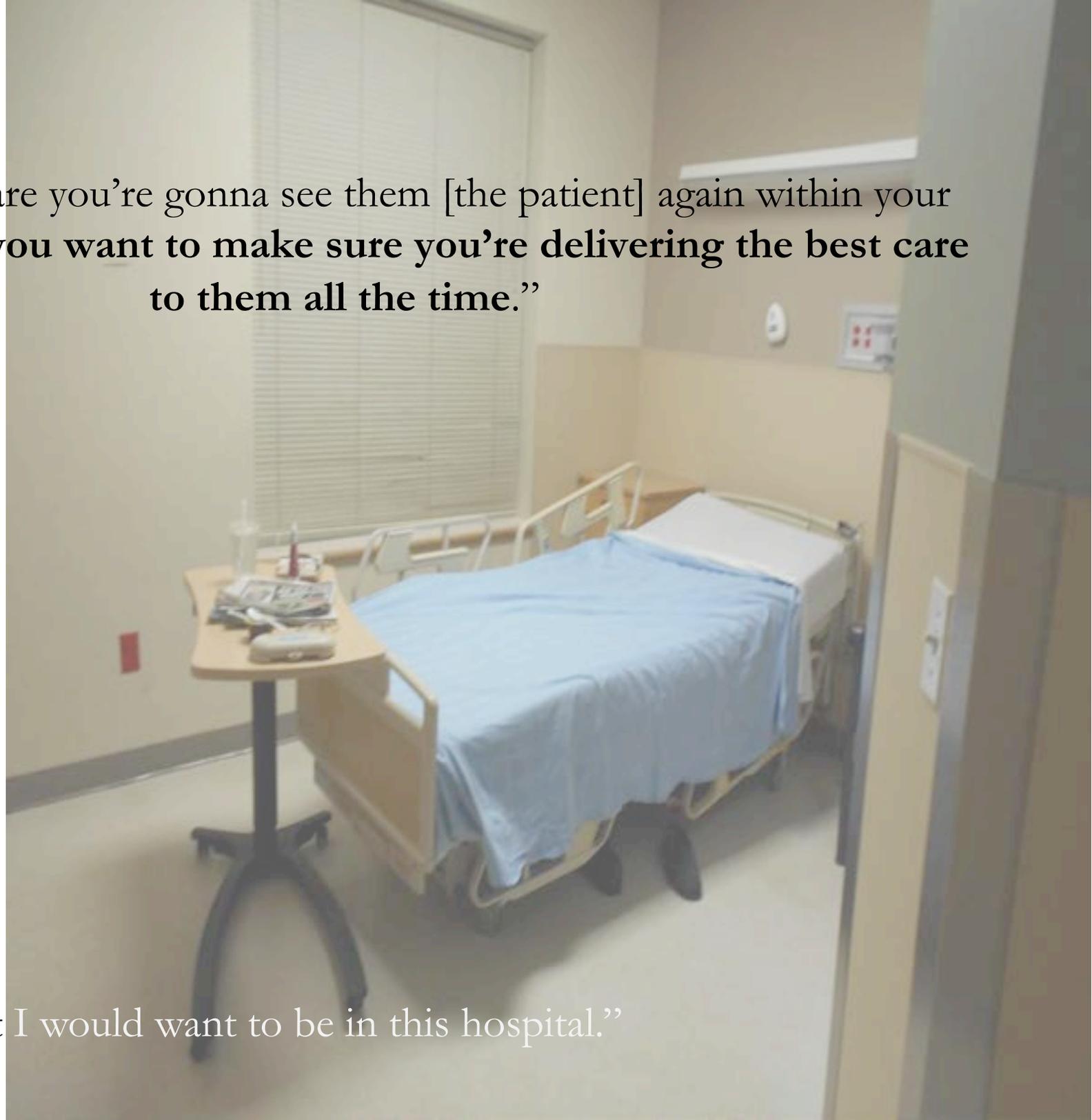
For the preceptors and students, rural care was unpredictable. One preceptor compared it to living in the Arctic: “You might as well just pretend you’re just as isolated, ‘cause you never know when NICU can get to you; if you can STARS somebody out; if you can do anything.” Staff were grateful for STARS and EMS responders because they were “extra hands.”

Students had to adapt to a variety of circumstances in their rotations. One student described becoming a “jack of all trades but a master of none, because you do go from Emerg, [to] O.R., to the floor, right, so you get all that experience—Palliative, Cardiac, Maternity—but you rotate a lot, and also the conditions that you see won’t always be the same.”

The heart of rural care was a strong sense of community. Knowing they would be sure to see the same patients again, students wanted to deliver the best care at all times. They were thankful for the chance to build meaningful rapport with community members as neighbours and patients. Many patients spent their whole lives in the same rural community thus it was not uncommon for hospital staff to attend their funerals.

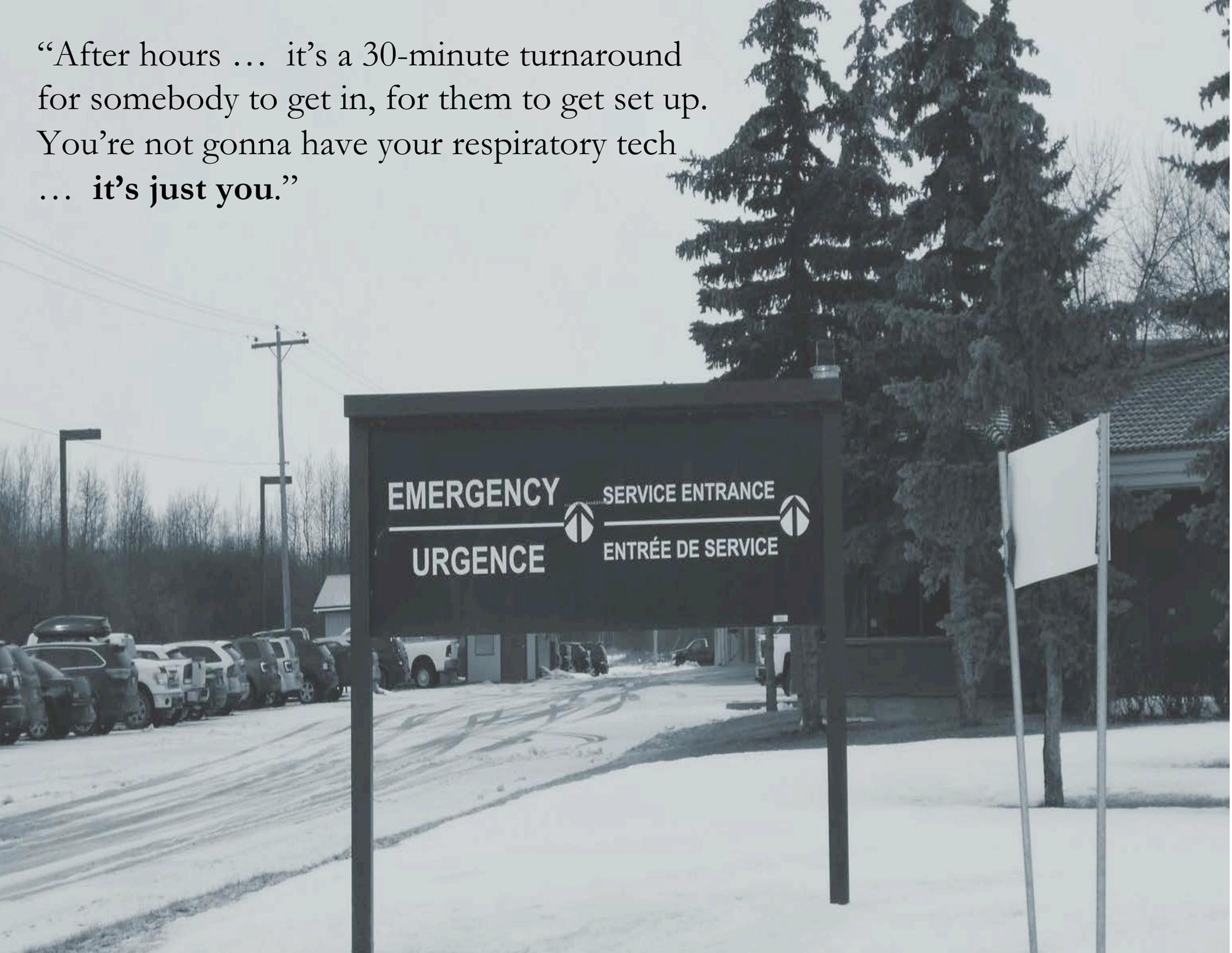


**“And chances are you’re gonna see them [the patient] again within your practice and so you want to make sure you’re delivering the best care to them all the time.”**



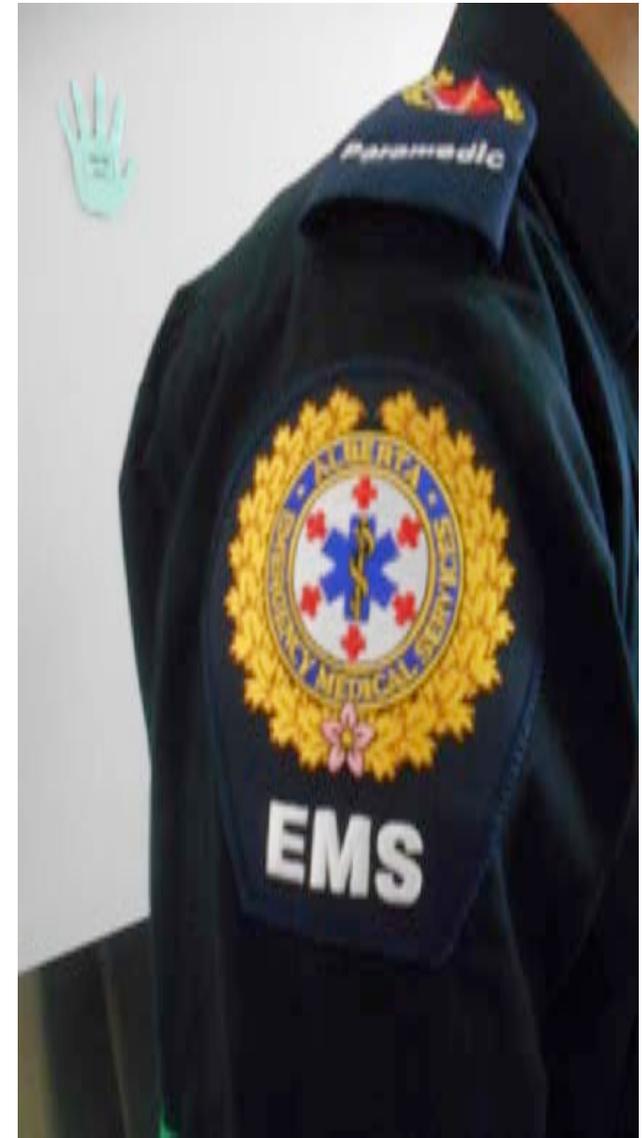
“If I was a patient I would want to be in this hospital.”

“After hours ... it’s a 30-minute turnaround for somebody to get in, for them to get set up. You’re not gonna have your respiratory tech ... **it’s just you.**”





“When STARS comes we can get the EMS team to come in and **they’re extra hands, too.**”



# RURAL COMMUNITY

“You’re not just a number  
here.”

“By the time you finish your  
shift the whole town will  
know what happened.”

“Everyone knows  
everyone’s business.”



Rural Community

Economy

Rural Life

Landscape

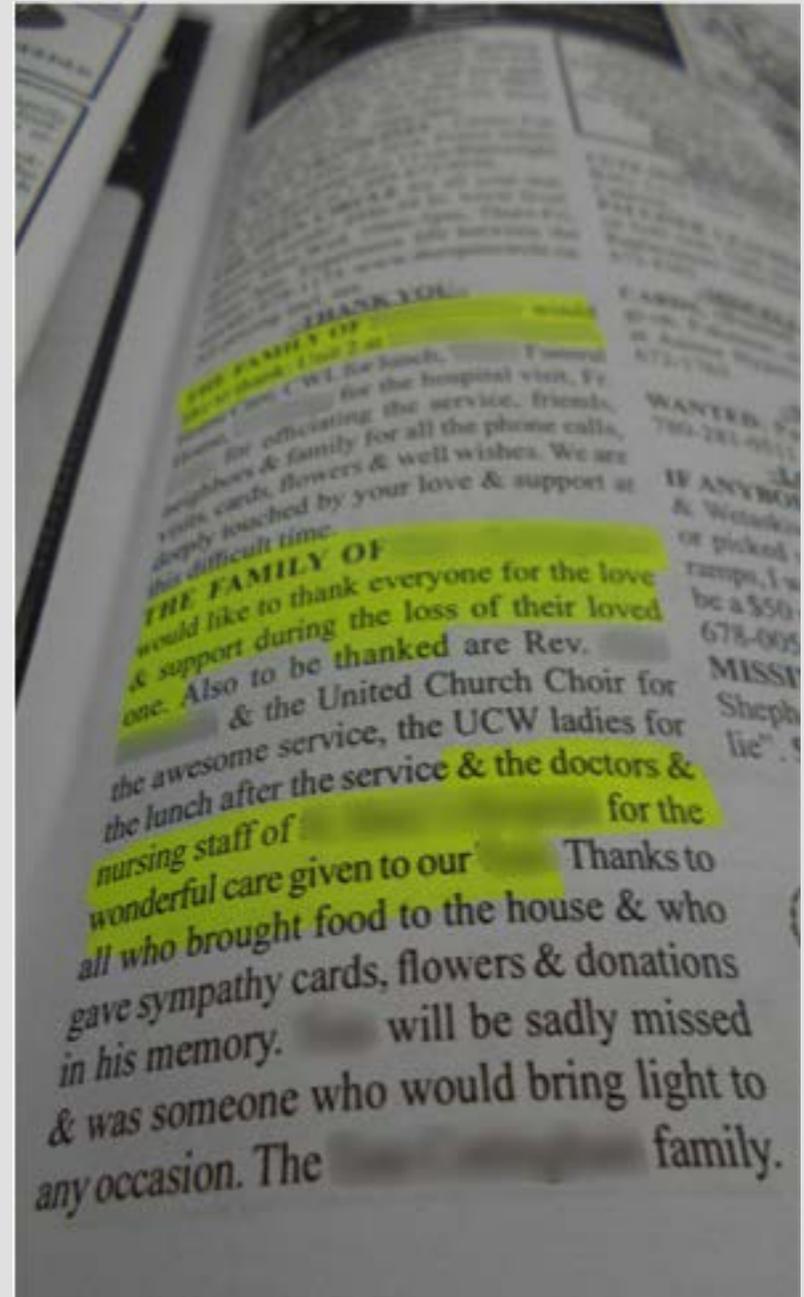
Lack of Variety

Boundaries

# Rural Community

In a small town, no-one is an island. Individual events rippled outwards to touch the entire community, and pulling together was instinctive. Students and preceptors described how “coffee time” at the local café was sacred; how hand-made care packages were given to new mothers with low incomes; how the whole town turned out for Family Day fireworks. Every layoff, every trauma, every loss of a loved one reverberated across the community.

Maintaining boundaries was challenging when “everyone [knew] everyone’s business.” Life was highly transparent. If a significant event occurred at the hospital, every staff member knew about it by the end of their shift. The students struggled to protect their patients’ confidentiality and privacy under an endless onslaught of questions from concerned or curious neighbors.



A wide-angle photograph of a snowy landscape. The foreground is a flat, snow-covered field with some tracks and small mounds of snow. In the middle ground, there is a dense line of bare trees. The sky is a clear, bright blue. The text is overlaid on the upper portion of the image.

“People out here, they quad, they Ski-Doo, they ski.”

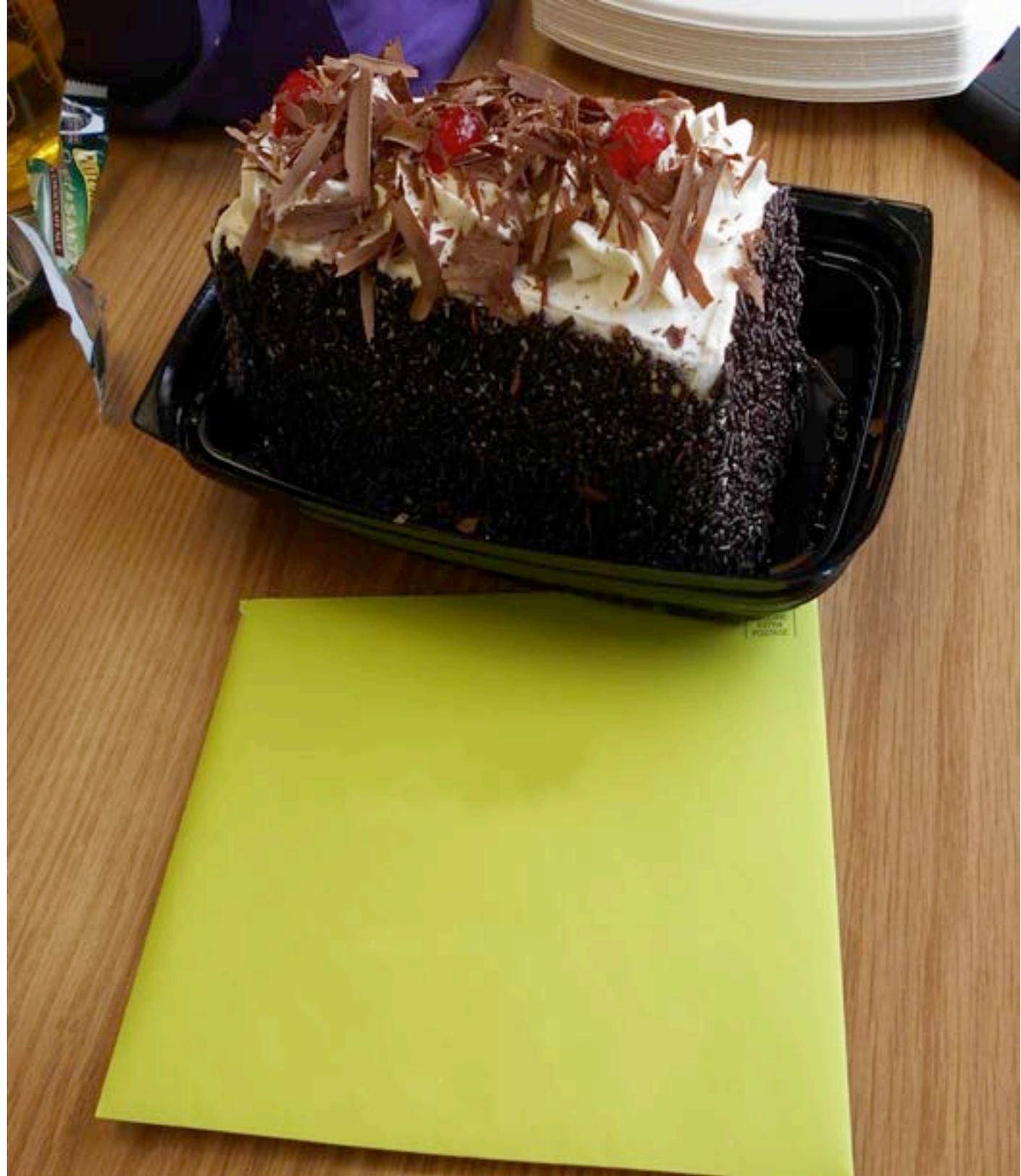
“I wouldn’t know how to work any of those things.”

“You would if you lived here.”

“When something happens here it’s **devastating** to the community.”



“Yeah, I guess maybe  
it just feels more  
personal because  
you know people.”

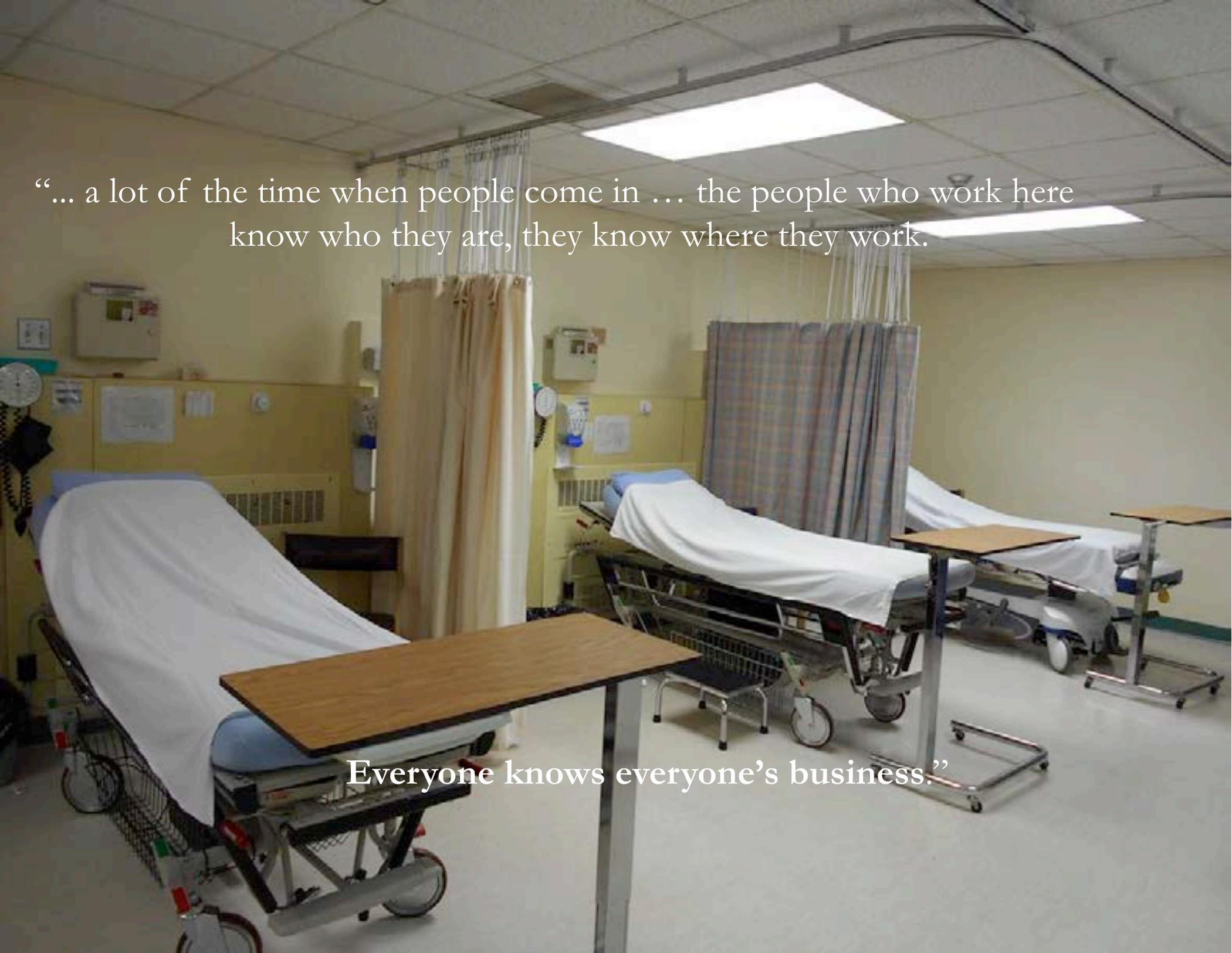




**“Getting the opportunity to work in the hospital here  
allows me to live in such a beautiful place.”**



“Lots of people [here] are farmers and I find lots of the nurses even live outside of town.”

A photograph of a hospital room. In the foreground, a gurney with a white sheet and a wooden table is visible. In the background, there are more gurneys and tables, some with blue and white curtains. The room has a tiled ceiling with fluorescent lights and a yellow wall with various medical equipment and notices.

“... a lot of the time when people come in ... the people who work here know who they are, they know where they work.”

Everyone knows everyone's business.”

# CHALLENGES

“Like a regular workload plus all the additional things.”

Challenges  
Cost of  
Preceptorship  
Risk Avoidance  
Technology



# Challenges

Isolation, staff shortages, and limited resources were a few of challenges confronting rural health care providers. Preceptors and students lamented their outdated and insufficient equipment, their lack of funding, and the restricted operational hours of their pharmacies and labs. At one site, slow computers were a constant source of frustration and complaints to management.

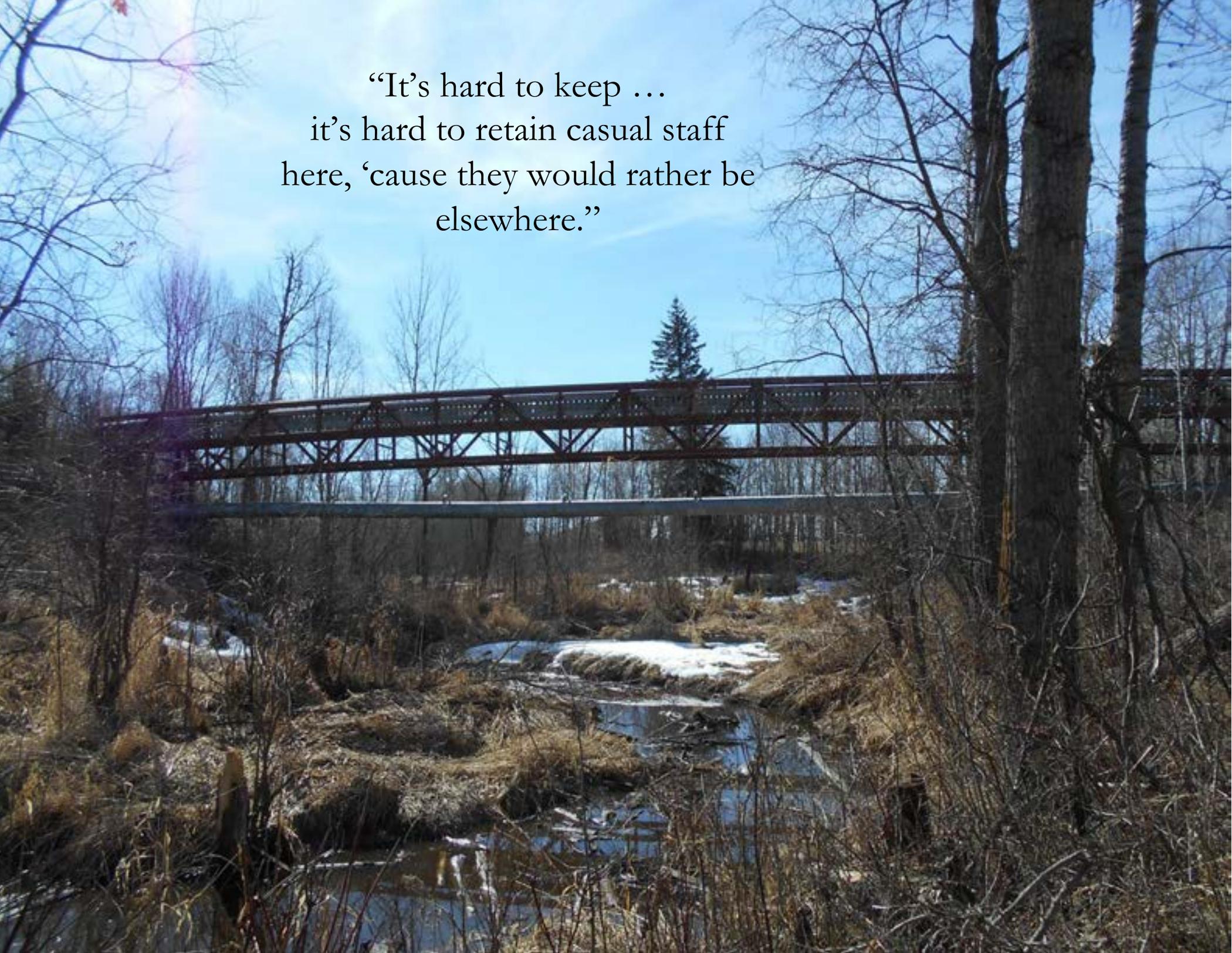
Unable to access a pharmacist after hours, nurse preceptors began every evening shift by ensuring there were enough medications to last the night. Pharmacies in neighboring towns might come to the rescue if the meds ran out, but transporting them cost precious time. Understaffed and hard-pressed to retain casual employees, rural health care teams found themselves unable to “go to town on... breaks, or leave the facility,” as one student remarked, for fear that a sudden spike in activity might leave them critically short of hands.

At night, the nurses took on extra administrative duties as the unit clerks and other support staff only worked days. Other staff were strictly on call: “You can’t just send blood work to the lab or get an X-ray at 2 a.m. You have to call for emergencies.”

Some frustrations were unique, such as the air ambulance landings, which kept exhausted nurses from leaving the hospital parking lot after a 12-hour shift: “You’re sitting in the parking lot going, *Really?*” sighed one preceptor. Other frustrations were all too familiar to everyone in the town: spotty public WiFi and cell reception, high prices and limited selection in the stores, inconsistent business hours, power outages, the cost of gas, and poor road conditions.

More often than not, challenges brought out the best in the staff: flexibility, creativity, patience, and resilience. One rural hospital acquired an ultrasound machine and bladder scanner with funds raised by a marathon-running physician and nurse. The students were frequently awestruck by their preceptors’ resourcefulness.

“It’s hard to keep ...  
it’s hard to retain casual staff  
here, ‘cause they would rather be  
elsewhere.”



A photograph of an office cubicle. The cubicle is filled with desks, shelves, and office chairs. The desks are cluttered with papers, folders, and other office supplies. The shelves are also cluttered with various items, including bags and boxes. The office chairs are black and have five wheels. The overall appearance is one of a busy, somewhat disorganized workspace.

“We haven’t gotten any funding for computers since ... **it’s been a while.**”

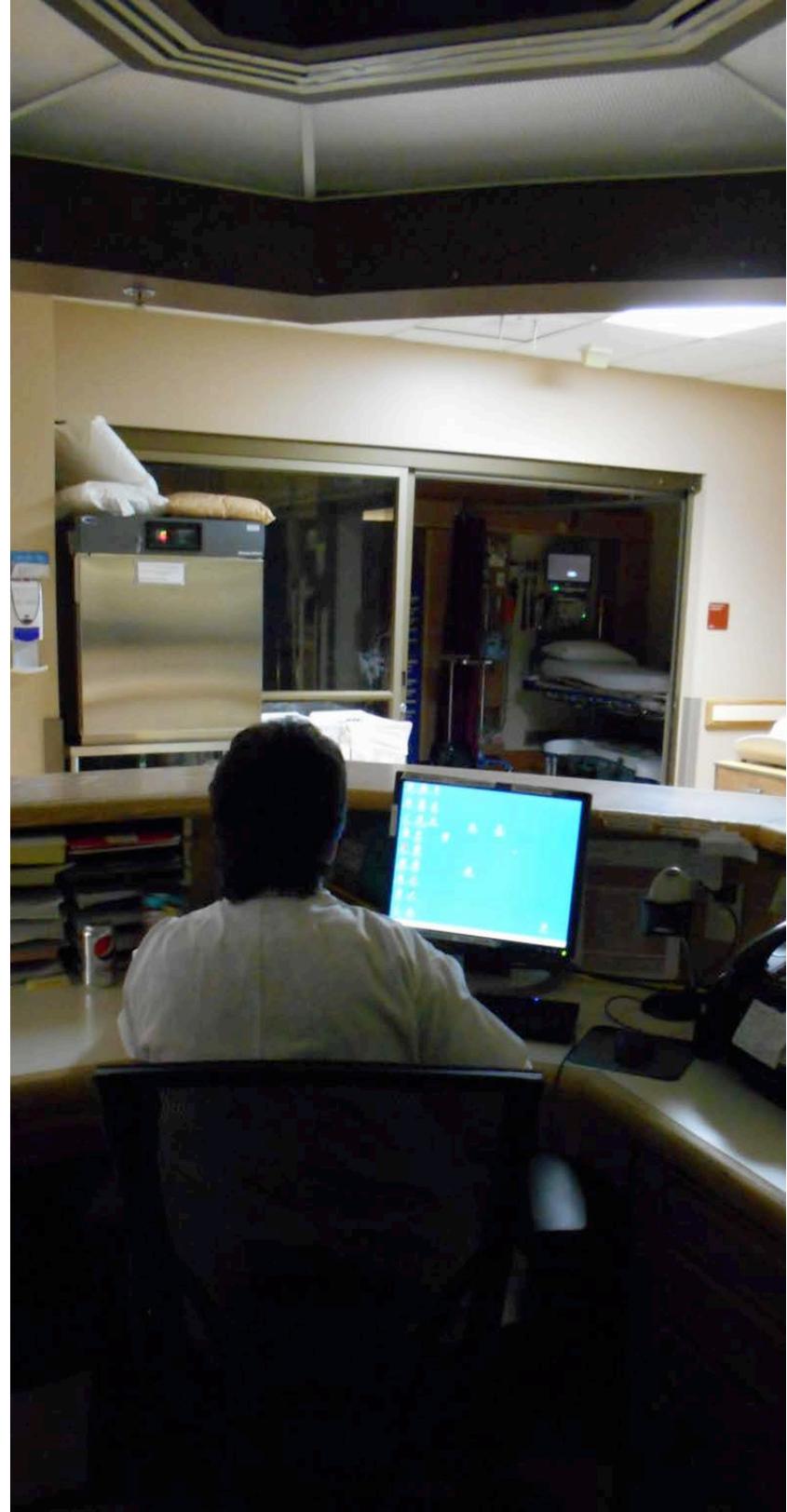
“The **computers are a constant source of complaints** and stuff to management because they’re so slow and then they still [put] everything online. Like they put all our policies online, they put all our parental manuals online, but yet we can barely get on a computer.”



“I think that the paper charting is a challenge as well. It takes a lot longer than maybe some of the online charting or the computerized charting that they have.”

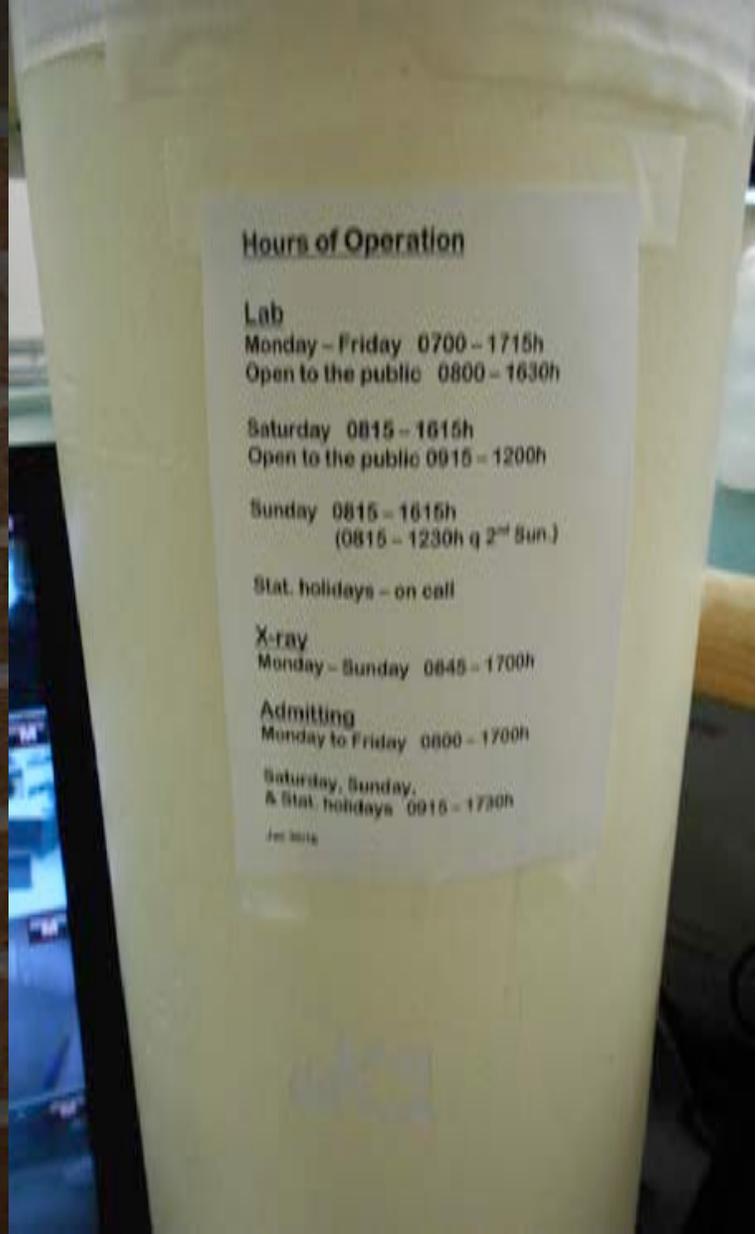
“... the cafeteria isn’t open on the weekends so if you happen to be late and you don’t bring lunch, it’s like there’s nowhere to lunch. Downstairs you can go and get a bag of Bits & Bites and a drink, but if you’re working a 12-hour shift **that’s not the greatest.**”

“But [food] is quite expensive and there’s not a lot of variety.”





“We don’t have unit clerks when we work weekends or evenings or at night.”



“... at the very beginning of an evening shift, you would have to make sure you have all your meds, ‘cause the Pharmacy closes at 4.”

“But [the equipment] is  
so archaic; it’s  
probably from the  
1970s.

**Honestly. You  
wouldn’t want to  
be using it.”**





“... it’s really hard if you’re a nurse [when] you come on shift and you hear that **there’s gonna be a delivery and you haven’t done that in maybe 5 years**, it could be kind of dangerous and overwhelming.”

“[on a night shift]  
there are literally  
only two people  
working in the  
whole hospital,  
taking care of all the  
emergencies and all  
the patients who are  
admitted.”





“There’s a little bit of office here: this is our work area, this is where we sit for our break sometimes ... it’s our lunch room and **everything all rolled into one.**”



“It [telephone tornado warning system] is off because we don’t get reception. So if there’s something that we need to know about **we depend on the other health centres to let us know, or the hospital.**”

“We’ve got a STARS landing pad over here, it’s right beside the parking lot for staff, and **when they’re coming in then they have to close off our parking lot.** So if this happens at change of shift you can’t get to your vehicle until STARS has left.”



“Major accidents STARS comes out right away. They will actually come to the accident scene and pick them up ‘cause there’d be no point in transferring here.”

# OPPORTUNITIES

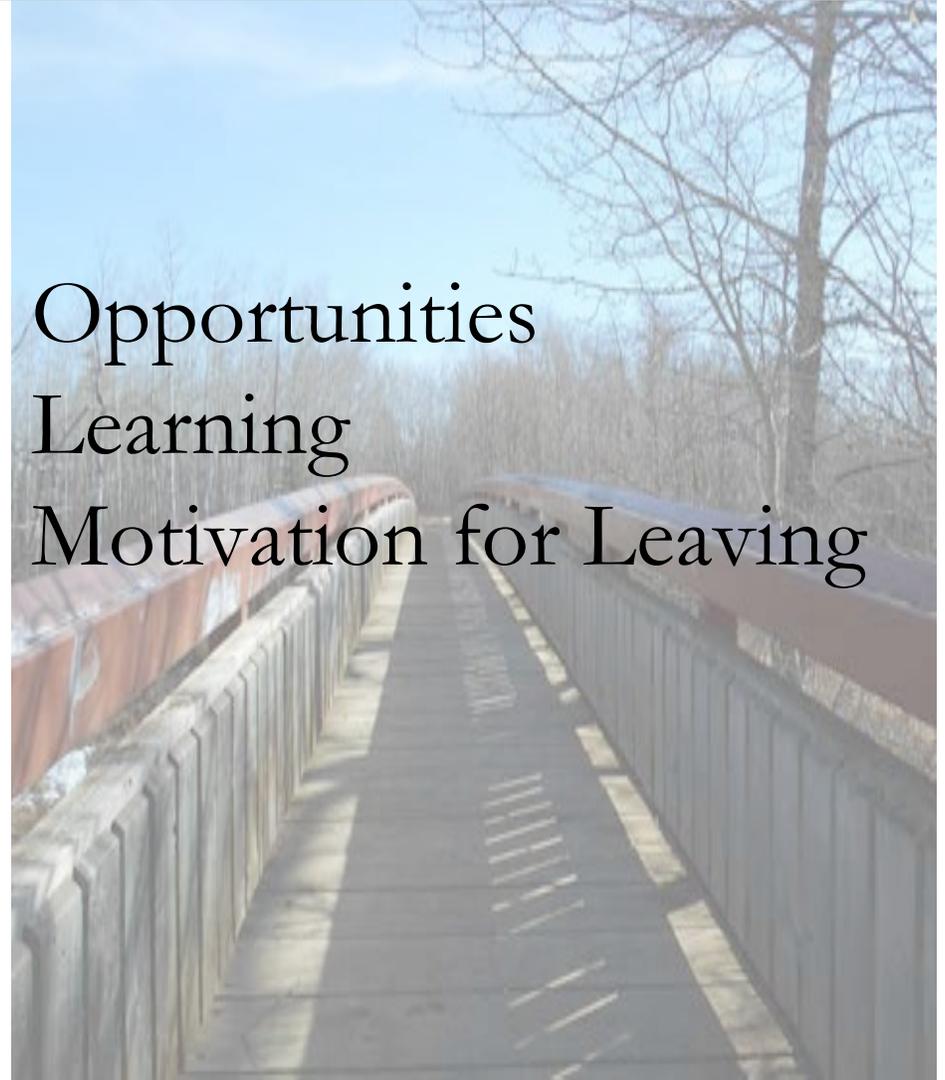
“You kinda get to know  
people a little better.”

“It’s a good learning place.”

Opportunities

Learning

Motivation for Leaving



# Opportunities

Rural health care enriched the lives of preceptors and their students. Every day, they were uplifted and inspired by the kinship-like bonds between themselves, their co-workers, and their patients. Like their rural neighbours, health care team members pulled together, supported and relied upon each other, regardless of status, to deliver optimum care despite scarce human and material resources. Caregiving was more than just a job; it was woven into fabric of everyday life in the community.

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The students capitalized on the wide variety of experiences and learning opportunities that arose with every shift. At any given time, only a handful of staff were responsible for all patients. This enabled the students to learn the self-reliance, autonomous decision making, and multitasking their preceptors took in stride. One student's photograph, depicting an array of posters detailing various procedures, captured the expert generalist draw of rural practice: "It might just be one nurse in Emergency at 2 am, alone, so they can't ask someone for help; they have to know what to do."

---



“But, for me, I also viewed it as an opportunity to learn not to be as wasteful and just make sure that I’m using only what I need.”



“You don’t have that Emergency background so it’s really important that they have all these posters up so that if a chest pain comes in, they know ‘OK I need to do this...’ because it might just be one nurse in Emergency at 2 am alone so they can’t ask someone for help; they have to know what to do.”



“So in Edmonton - where I’m from, where I’ve done all my clinicals - the IV poles are completely different and that’s what we’ve learnt on even like at the University. So when I came here, **already kind of having a lot to learn**, I had to learn how to use these IV machines.”





“I found that being a generalist nurse was an opportunity because you got to experience a **wide variety of patients and opportunities**, whereas in the city you’re more specialized and you were definitely [caring for] one demographic of patient.”

“I think you have to be kind of a **jack of all trades.**”



Gifted by the University of  
the Pacific to the Pacific  
Northwest Museum  
www.pnw-museum.org



“I think the **palliative care is definitely a big opportunity in rural nursing** because ... I feel like they get more time with their families, nurses and spiritual care here at this hospital, [and] they also get the opportunity to bring in maybe music or a live guitar player or ... the chaplain.”



# TEAM

“It’s a great team effort.”

“I have a lot of respect for  
them.”

“It’s great to have STARS.”



Team  
Staffing  
Doctor-Nurse  
Relationships  
Health Care Workers  
Multitasking  
Nurses  
STARS

# Team

Rural practice was a team effort. Central to the team dynamic was an overarching, mutual trust running through the comments of every preceptor and student. One student remarked that her rural placement had restored her belief—shaken by her prior, urban rotations—in physicians’ capacity to trust nurses, borne out in the number of verbal orders the doctors gave. The student herself felt trusted and respected as a team member.

The rural team dynamic also shone through in the collegial relationships among different disciplines. Nurses felt valued and respected, remarking there “wasn’t as much superiority” exercised by the physicians they worked with. Doctors never simply came in to “tell [them] what to do.” For their part, the students took part in a team rapport that encompassed every care worker, from EMS and STARS personnel to LPNs and administrative staff.



“But staff here is really great, like if you do need a hand or anything it’s a great team effort.”

“I rely just as much on the LPNs as a new nurse ‘cause they have just as much knowledge as the RNs.”



# TAKE A COMPLIMENT



KEEP IT FOR YOURSELF OR  
GIVE IT TO SOMEONE ELSE

SMART COOKIE

CONTAGIOUS SMILE

I APPRECIATE YOU

YOU'RE HELPFUL

BEAUTIFUL INSIDE  
AND OUT

YOU'RE 1 OF A KIND

YOU'RE A CANDLE IN  
THE DARKNESS

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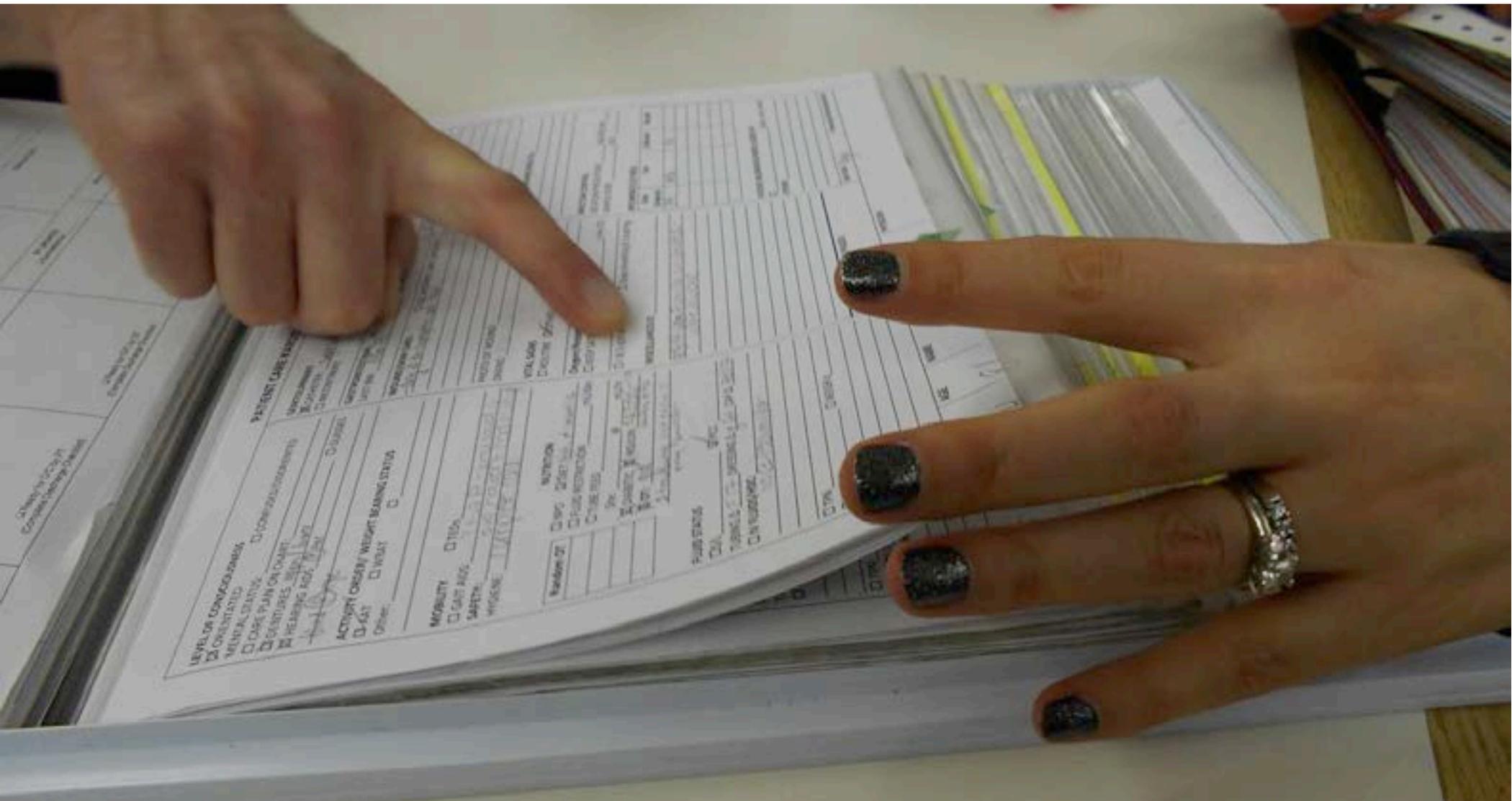
“You get a more personal relationship with the staff and the doctors, which may make it easier to discuss patient care or concerns that you have for people on the unit.”

---



**“Everyone kinda just works together to get things done.”**

**“Especially in rural nursing: you know your resources are so far spread sometimes that you need to work together to make things work and run efficiently.”**



# RURAL VS. URBAN

“You know when  
you’re young  
you can’t wait to  
get outta here  
and then when  
you get old you  
can’t wait to  
come back.”



Rural vs. Urban  
Rural



## Rural VS. Urban

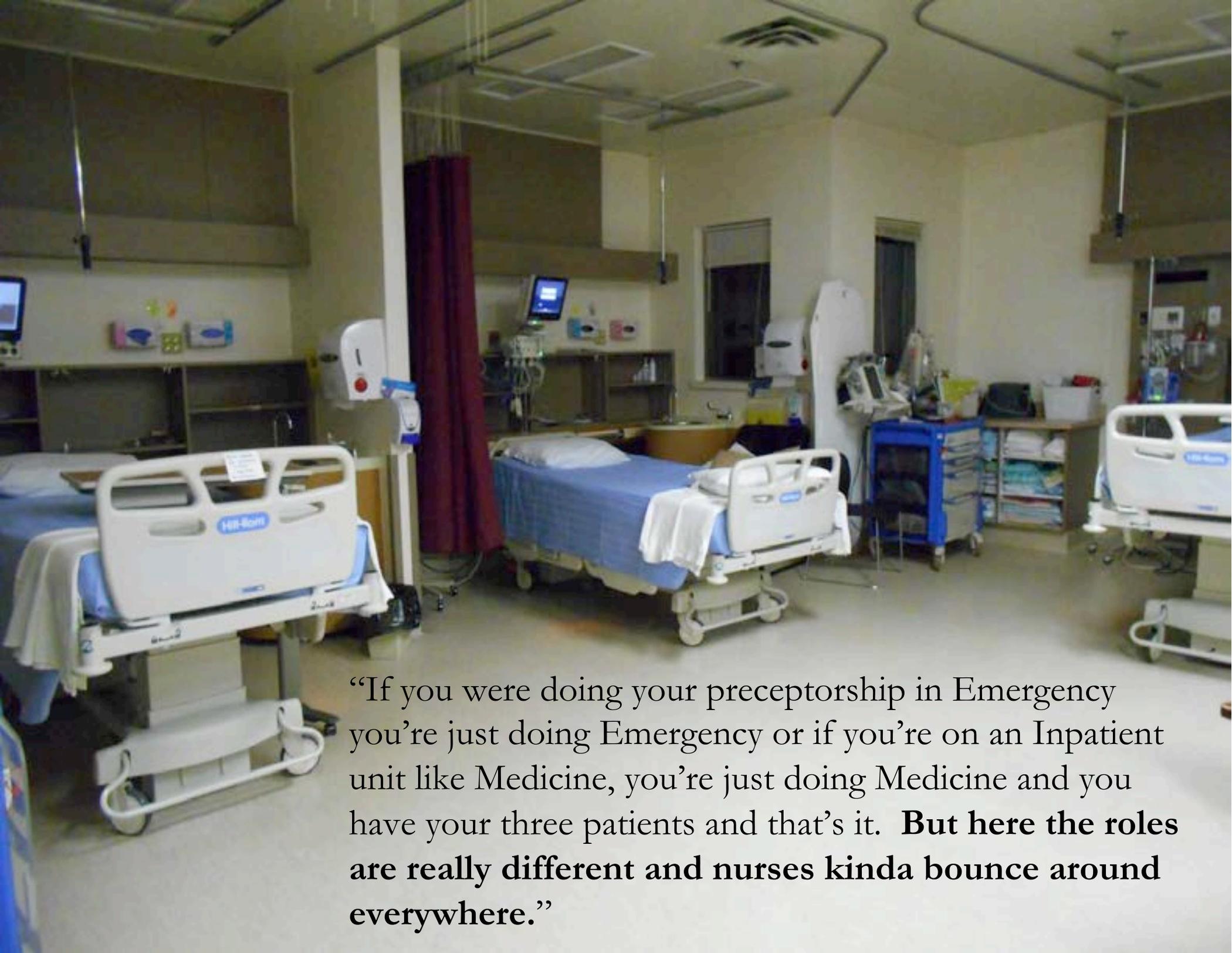
The students built durable relationships with patients and community members; people *knew* them. In turn, the students came to know the countryside. Rural communities afforded the chance to “look into someone’s life,” observed one student, “because you do see their farmyard—you do see their yard—whereas in the city, you know, you have a little fenced backyard and you don’t see into people’s areas as much.” For the students, farmyards and fields symbolized the open, inclusive nature of rural communities and health care sites. One student remarked that she had never felt so warmly welcomed as she did in her rural placement.



“So if you were a patient and you were gonna be here for a week, park over there and your vehicle is 2 bucks to get out.”



“[It’s] nice to be able to live right across the street from the hospital, in the hospital residence, and **I get to go home for my breaks and make lunch.**”



“If you were doing your preceptorship in Emergency you’re just doing Emergency or if you’re on an Inpatient unit like Medicine, you’re just doing Medicine and you have your three patients and that’s it. **But here the roles are really different and nurses kinda bounce around everywhere.**”

“I just feel like they [the community] are **so much more involved on a more intimate level** as opposed to hospitals in the city.”





“I’ve begun to see clients **over and over again to the point where you start to get to know them**, [whereas] in an urban setting you may see somebody once you don’t have any connection to them as a person.”



“I’ve never been **so warmly welcomed** as I was in this rural Community.”

“... as soon as the kids graduate and stuff **they're gone.**”



“I drove through  
the **whole town** in  
about 5 minutes  
going 30 kilometers  
an hour.”





“Rural precepting means understanding what you don’t have ... and sometimes realizing what you do have.”

