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Factors influencing community nursing roles and health service provision in rural areas: A review of literature

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Conflict of interest

None

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Author contributions

AB: Annette is the Nurse Unit Manager at the Westbury Community Health Centre in Tasmania. She was vital in the current study related to rural Community Nursing workforce; she undertook elements of the literature review, data collection and analysis and drafting of the manuscript.
DT: Daniel is a Research Fellow, who formulated the study concept and design, assisted with data analysis, literature review development, supervision and development of critical revisions.
QL: Quynh is a Senior Lecturer - and the Graduate Research Coordinator at the Centre for Rural Health, UTas. Her involvement was to oversee the supervision of the research scholar, provide critical revision of the paper and provide statistical expertise and advice throughout the project.
HA: Ha is a Postdoctoral Fellow of the Centre of Research Excellence in Primary Oral Care, UTas. She assisted with drafting and critical appraisal of the research paper and provided expert guidance within the literature review process and supervision of the research scholar.

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Abstract

Aims: This review seeks to better understand the issues and challenges experienced by community nurses who work in rural areas where other health care organisations are limited and how these issues and challenges shape their roles.

Methods: EPOCH, MEDLINE, PubMed, ProQuest Health and Medical, Nursing Consult, CINAHL, and Informit Health Collection databases were searched using key search terms to identify relevant English studies focusing on the issues and challenges experienced by rural generalist community nurses in developed countries published between 1990 and 2015. Reference lists of retrieved articles were manually searched for other relevant studies. Generic and grey literature, including dissertations, relating to the subject area was also searched. The search was systematically conducted multiple times to assure accuracy.

Results: A total of 78 articles were obtained and 14 articles met the inclusion criteria. This critical review identifies some common issues impacting community nursing. These issues were influenced by a range of factors including role definition, organizational change, human resource, workplace and geographic challenges.

Conclusion: This review indicates community nurses are flexible, autonomous, able to adapt care to the service delivery setting, and have a diversity of knowledge and skills. Considerably more research is essential to identify, quantify and articulate the factors that impact rural community nursing practice. In addition, greater advocacy is required for role definition that moves beyond the interests of the profession to focus more on developing the role that addresses client outcomes.

Keywords: Rural Population, Community Health Nursing, Health Services Needs and Demand, Rural Health, Nurse's Role

Introduction

There have been significant changes to the community nursing role since its establishment in the 1850s, with a number of factors contributing to these changes over the last decade (Boran, 2009). With the current austere and uncertain financial climate increased demands are placed on current health care delivery systems (Brand, Rosenkötter, Clemens, & Michelsen, 2013; Legido-Quigley et al., 2013; Lowe, Plummer, O'Brien, & Boyd, 2012). For example, care is taking on a more business-type model with greater implementation of illness prevention and health promotion programs (Jansen, Kerkstra, Abu-Saad, & Van Der Zee, 1996; Lowe et al., 2012). Many policy makers and health administrators believe that because community nurses are already involved in the community, they are in an ideal position to implement such programs, even if the programs may be out of their scope of practice (Aranda & Jones, 2008; Davy, 2007; Hegney, McCarthy, Rogers-Clark, & Gorman, 2002; Jansen et al., 1996; Jarvis, 2007; Madsen, 2009).

Further, the limited availability of hospital beds and changes to the acute sector has resulted in early client discharge and increased hospital-in-the-home approaches (Jarvis, 2007; Kemp, Harris, & Comino, 2005; Terry, 2012). These changes have been associated with greater pressure to increase the provision of acute health care services in community settings thereby impacting upon the community nursing role (Aranda & Jones, 2008; Davy, 2007; Hanna, 2001; Kemp et al., 2005). As illness prevention, health promotion and early intervention have received a greater focus, this has further impacted the community nursing role (Jarvis, 2007; Terry, 2012). At present there has been little empirical evidence in developed countries to validate these impacts (Jarvis, 2007; Terry, 2012).

Available research indicates that these factors have placed significant additional workload pressure on community nurses (Andrews, 2005; Hanna, 2001; Hegney et al., 2002; Jansen et al., 1996; MacLeod, Browne, & Leipert, 1998; McGarry, 2003). When combined with additional factors associated with working in rural community settings, community nurses can potentially become dissatisfied. These additional factors may include limited access to education, isolation of the role, and additional geographic challenges (Andrews, 2005; Hanna, 2001; Hegney et al., 2002; MacLeod et al., 1998; McGarry, 2003; Terry, 2012). This dissatisfaction may then impact the ability to recruit and retain community nurses for the long term (Andrews, 2005; Hegney et al., 2002; MacLeod et al., 1998; McGarry, 2003; Oberle & Tenove, 2000; Terry, 2012). Community nurses have anecdotally commented on these factors and the impact they have had on their nursing role, but there has been very limited research to accurately identify and quantify the factors affecting rural community nursing practice (Andrews, 2005; Barrett, Terry, Lê, & Hoang, 2015; Terry, Lê, Nguyen, & Hoang, 2015).

This review seeks to better understand what factors impact generalist community nurses as they provide home care services, particularly in rural areas, where other health care organisations are limited in availability and how these issues and challenges shape their roles.

Methods

Inclusion criteria

Inclusion criteria encompassed empirical studies and expert commentaries on the issues and challenges experienced by rural generalist community nurses who provide care within developed countries. This focus was due to the many similarities across various rural environments and heath care systems in developed countries, such as demographic trends, healthcare delivery models and the service delivery challenges in in rural and remote areas (Bushy, 2002). Only articles written in English and aimed at generalist community nurses or nurses that provide home care or community care in rural settings were included. This approach was utilised so that similar or comparable articles could inform the key factors that impact generalist community nurses in rural areas of developed countries.

Exclusion criteria

Developing countries were specifically excluded as there may be additional layers of complexity due to the differences in environmental, financial and cultural contexts, which may impact the role and capacity of generalist community nurses in rural areas. Health services in developing countries are often under-resourced and experience service provision failures that have led to additional health service and staff issues (Lehmann, Dieleman, & Martineau, 2008). The search specifically excluded nurses in rural areas that were not considered 'generalist' community nurses or who did not provide home-based care. These types of nurses included public health nurses, family or general practice nurses, school nurses, acute based nurses and specialist nurse such as breast care, family child health and remote area nurses. Search strategy

An online literature search was conducted between 1990 and October 2015, with an initial search of EPOCH, MEDLINE, PubMed, ProQuest Health and Medical, Nursing Consult, CINAHL, and Informit Health Collection databases. These databases were chosen as they were health focussed databases or specifically related to community nursing practice. The following search terms were used and included word combinations of: *community nursing, community nurses, generalist, rural nursing, district nursing, domiciliary nursing, nursing, rural areas, workforce, and health workforce.*

The initial search of titles and abstracts were systematically conducted multiple times to match inclusion and exclusion criteria and assure accuracy. This initial search was followed by a thorough examination of the search terms that were within the title, abstract, or keywords of each article. Each of these searches was to identify journal articles and research publications that discussed and highlighted generalist community nursing with a focus on rural areas.

Reference list of the retrieved articles were searched to identify additional research that were not located from the database search. Lastly, an online search for generic and grey literature, including dissertations, relating to the subject area was conducted via Google and Google Scholar. This method highlighted literature relating to the search and terms used. Information was also accessed via the Department of Health and Human Services Intranet site, workplace Library, and University Library.

[figure 1 here]

Results

There has been relatively little research conducted specifically in relation to generalist rural community nursing when compared to other areas of nursing (Barrett et al., 2015; Terry et al., 2015). As indicated in Figure 1, the search resulted in 78 articles and reports, including duplicates that met the inclusion criteria. Once duplicates were removed, the remaining 42 abstracts were systematically screened multiple times according to inclusion and exclusion criteria. This resulted in 22 articles being identified for further screening of their whole text and led to a final of 14 journal articles for inclusion in the review (see figure 1). The data from 14 journal articles were then extracted into a Microsoft word template as outlined in Table 1 (Appendix). The research team identified key themes within the literature. This resembled a thematic analysis approach, which was used to systematically identify recurring themes, patterns of behaviour and experience which then became a description of the phenomenon (Aronson, 1994; Braun & Clarke, 2006; Fereday & Muir-Cochrane, 2008). Six of the 14 articles were conducted in Australia (Barrett et al., 2015; Hanna, 2001; Hegney et al., 2002; Kemp et al., 2005; Madsen, 2009; Terry et al., 2015), while three were from the United Kingdom (Davy, 2007; Jarvis, 2007; McGarry, 2003), three from Canada (Andrews, 2005; Hunsberger, Baumann, Blythe, & Crea, 2009; MacLeod et al., 1998), one from the Netherlands (Jansen et al., 1996), and one from the US (Boswell, 1992). Overall, the 14 studies included a total 1021, mostly (>92%) female individuals who either participated in semi structured interviews, national surveys or state surveys.

The included articles identified five common factors impacting community nursing and include poor role definition, organizational changes, human resources, geographic and workplace factors. Each factor is now explained in greater detail as follows.

Poor role definition

The community nursing role is many and varied; within the literature, there was a number of variations of community nursing that were country and workplace 'centric' (Andrews, 2005; Davy, 2007; Hanna, 2001; Hegney et al., 2002; Hunsberger et al., 2009). For example, 12 out of the 14 included articles outlined the impact of role definition. One of the difficulties within the literature is that the role and definition of community nurses are based on the set of practices community nurses undertake and how and where they may be situated within the health care system. In some circumstances, differences were related to

legislation, needs of communities or role variation due to client needs (Andrews, 2005; Boswell, 1992; Davy, 2007; Hunsberger et al., 2009). Regardless of these many names, titles and variation, it has been argued that a nursing title should be based on skills and abilities rather than just on the application of specialty knowledge (Andrews, 2005; Barrett et al., 2015; Boswell, 1992; Davy, 2007; Hunsberger et al., 2009; Terry et al., 2015).

A shift in the role due to community needs and organizational change

As outlined in 8 out of the 14 included studies, community nurses are experiencing shifting roles due to community needs and organizational change. Rural community nurses are, by necessity, generalists due to lower population densities and the need to provide care for clients that have a broad range of medical conditions (Hegney et al., 2002; Hunsberger et al., 2009). Community nurses must have the technical and clinical skills to undertake crisis management of clients, while providing care to numerous populations throughout the lifespan and in all aspects of health. For example, they may be required to administer trauma care, provide mental health care, stabilise the critically ill, while providing comfort to the dying all within one shift (MacLeod et al., 1998). In addition, they need to have the ability to constantly tailor their practice to meet health needs but also to consider the social determinants of health that has an impact on individual clients and their families (Kemp et al., 2005; MacLeod et al., 1998).

Beyond client needs, there are increasing health care costs coupled with an increasing ageing population and a greater proportion of chronic illnesses in the community (Hanna, 2001; Jarvis, 2007). Due to these factors, Australia, the UK and the US have all recently developed policy initiatives aimed at reducing costs, improving access, ensuring quality while seeking to increase consumer satisfaction of health care (Jarvis, 2007; Madsen, 2009). This health care reform has resulted in changes in the delivery of care, and the types of services provided to clients that have significant implications for the community nursing role. Increasingly care is being shifted from acute hospital services to preventive community services, while acute medical care is moving toward more ambulatory care (Kemp et al., 2005).

These factors have resulted in a subsequent need to provide greater complexity of care in community settings. It is likely that an increasing number of health care services will be delivered in community rather than hospital settings in the future (Davy, 2007; Kemp et al., 2005). In addition, there are rising rates of chronic illness, particularly in rural areas, adding a further complexity to expectations on the community nursing role with potential for a large number of long term clients who remain on caseloads because of chronic or ongoing nursing needs (Hanna, 2001). Furthermore, Kemp et al. (2005) have indicated a significant increase in community nursing clients and more intensive and clinically focussed services. This care is then followed by rapid discharge instead of less intensive services over longer periods of time.

The move away from primary health care to more clinical care has created a poor holistic primary care focus. Consequently, nurses in Australia and the UK have experienced a conflict between the focus on

medical and treatment care and a primary health focus of health promotion, prevention and education (Davy, 2007; Jarvis, 2005; Kemp et al., 2005). This shift in focus of care is creating undue stress among health care professionals in both rural and urban areas and has a direct relationship with professional burnout and a departure from the profession altogether (Barrett et al., 2015; Terry et al., 2015). These increasing demands on community nurses necessitate staff being increasingly more resilient and resourceful.

Boswell, (1992) and Hanna (2001) have suggested the community nursing role functions in a relatively unstructured setting and it has the potential to result in conflicts situations. However, it has also been argued that these opportunities for less structure and greater autonomy create pleasure within the role (Hunsberger et al., 2009; Terry et al., 2015). This was reinforced that when nurses were given adequate time to perform their job, their stress levels decreased. Similarly when higher levels of competency are required in undertaking tasks, stress levels are also decreased (Boswell, 1992). The increasing complexity of client care, and the increasing workloads due to the organizational shift in health care are potentially significant in the current changing climate of community nursing role and shaping new identities (Davy, 2007).

There is an expectation that community nurses are to fill gaps when providing care to acute care clients in the community, rather than developing the service to address the needs of the community and health issues encountered (Barrett et al., 2015; Terry et al., 2015). This is particularly vital due to the changing health needs that include the increasing incidence of chronic disease (Davy, 2007). Community nursing caseloads differ to the acute care sector where 'beds' never close regardless of external factors and clients may be cared by community nurses for weeks, months or even years. This further impacts the pressure experienced by community nurses, due to their workloads and the resources that are allocated to meeting client needs (Davy, 2007; Kemp et al., 2005).

Geographical factors

There were 7 out of the 14 articles that highlighted geographical factors that have an impact on the community nursing role. For example, rural and remote areas are generally adequately serviced in terms of greater numbers of registered and enrolled nurses per capita than metropolitan areas (Andrews, 2005; Hegney et al., 2002). However, rural communities may be sparsely distributed geographically or may be remote due to terrain, thus, leaving an impact on health care delivery. As the remoteness or isolation of a community increases, the population density reduces. This correlation means rural regions may not have a critical mass to support health infrastructures, which may directly or indirectly impact the health of community members (Andrews, 2005; Hegney et al., 2002; Terry et al., 2015). Consequently, health services are often less equipped to provide the required breadth of services (Davy, 2007; Hegney et al., 2002).

This is reflected by Hanna (2001) who highlights rural community nurses have a lack of resources, inadequate equipment and facilities, while working in under-funded environments to meet community needs. These various issues highlight that rural and remote nurses are required and need to be further equipped to provide more acute care to people whose health may otherwise be severely impacted (Barrett et al., 2015; Hanna, 2001; Hegney et al., 2002). This is particularly evident in rural and remote areas where there are a greater number of people with chronic disease, farm and road traffic accidents and individuals with overall poorer health (Barrett et al., 2015). In addition, within rural and remote areas there are ongoing challenges with the retention of medical, allied health and nursing staff to adequately address the health needs of the community (Hegney et al., 2002; Hunsberger et al., 2009).

Beyond remoteness, isolation and inadequate health service in rural areas, distance, travel time, terrain and transport are common issues that complicate community nursing service delivery in rural areas (Barrett et al., 2015; MacLeod et al., 1998; Terry et al., 2015). These aspects of service delivery are often not anticipated or considered in funding or service delivery models. Travelling large distances to visit clients and spending significant parts of each day on the road, often with less than ideal terrain or in bad weather, can create stressful working conditions even prior to care provision (Barrett et al., 2015; MacLeod et al., 1998; Terry et al., 2015).

Human resource factors

There were 9 out of the 14 articles that highlighted human resource issues. For example, there is a high proportion of the community nursing workforce likely to retire within the next ten years which will create significant workforce shortages amidst increasing pressures on services due to the ageing population (Davy, 2007; Hunsberger et al., 2009; Terry et al., 2015). This suggests an immediate threat to the sustainability of rural nursing services (Barrett et al., 2015; Terry et al., 2015). A further issue is that rural health facilities are experiencing an increasing difficulty recruiting and retaining nurses and without the nursing workforce, many rural and remote health services would be unable to provide healthcare services (Andrews, 2005; Hegney et al., 2002). Some studies have assessed what strategies worked well to retain staff (Andrews, 2005). However, retention is highly dependent upon the needs of the individual and the rural community where the nurse is situated (Andrews, 2005; Hegney et al., 2002).

In addition to the issues associated with an ageing workforce, community nursing services are likely to be increasingly impacted by the factors associated with an ageing client profile. Improved health care and healthier lifestyles means people are living longer. This ageing population is often further exacerbated in rural areas with a tendency for younger people to migrate to more urbanised areas to find work(Barrett et al., 2015; Terry et al., 2015). As Jarvis (2007) outlines, the elderly are more likely to live alone and experience a higher number of health risks and need of support services. They are more likely to have a high level of functional dependency and sensory impairment; may take multiple medications; experience

cognitive impairments; and have complex chronic diseases. All of these issues are likely to result in a significant increased demand on community nursing services in rural areas where health care systems are often strained (Hanna, 2001).

Beyond the ageing clientele, Jansen et al., (1996) indicated that community nurses often felt more socially and professionally isolated, experienced more time pressure while receiving less support. In addition, they experienced greater burnout as time pressures increased. Despite these issues, a number of studies found rural and remote nurses consistently rated their job satisfaction as very high and generally reported great satisfaction, in some cases, more so than their urban counterparts (Andrews, 2005; Barrett et al., 2015; Hegney et al., 2002). Nurses were shown to benefit from the autonomy and creativity that is an intrinsic part of practicing in rural communities (MacLeod et al., 1998). As autonomy, skill variety, task significance and the levels of social support increased, the level of satisfaction increased while burn out decreased (Andrews, 2005; Hunsberger et al., 2009; Jansen et al., 1996).

Community nurses find themselves working between the ill-defined boundaries of professional work related roles and their personal life (Andrews, 2005; Barrett et al., 2015; MacLeod et al., 1998). Nurses in rural areas have a greater tendency than those in urban areas to have a high profile, and are well recognised and trusted members of the community (Barrett et al., 2015). As such, they are often encountered and used by clients when they are 'off duty', such as being at the supermarket, at community activities and in public places (Andrews, 2005; Barrett et al., 2015; MacLeod et al., 1998). Often this high visibility can extend to members of the nurse's family including their children. For example, a local community nurse with a child who has been involved in anti-social behaviours may be less respected than another whose child is the star of the local football team (Bushy, 2002; MacLeod et al., 1998). Despite these challenges, this high community profile and encountering clients while off duty has not shown to have a significant impact on workplace satisfaction (Andrews, 2005; Hunsberger et al., 2009).

Some nurses see this high public profile as a way to build rapport, and trust, while fostering health promotion and to provide opportunities for the implementation of positive health programs and activities (Davy, 2007). It also means that often community nurses can feel that they have no 'down time' and are never off duty (MacLeod et al., 1998). However, there are those who may be accustomed to these frequent and informal interactions and when these interactions are diminished it may increase a level of social isolation (Andrews, 2005). In addition, there are often pervasive informal networks which can be challenging when desiring a level of anonymity and confidentiality (Bushy, 2002). These factors may impact the retention and recruitment of community nurses to rural areas which is a common concern throughout rural communities (Bushy, 2002; Hegney et al., 2002).

Workplace factors

Beyond human resource factors, there were 10 out of the 14 articles that discussed workplace factors and challenges being experienced by community nurses. Community nurses are working in environments which have not been designed specifically for the delivery of health services and can present challenges. Generalist community nurses need to be highly flexible and skilled in being able to adapt care to the service delivery setting while maintaining appropriate standards of care and optimising health outcomes, often with limited resources (Barrett et al., 2015; McGarry, 2003; Terry et al., 2015).

Community nursing service delivery is not simply about a set of skills. Clinical tasks such as insertion of a supra-pubic catheter or provision of wound care can be vastly different between a structured health setting and a home environment where there may be animals, relatives, children, excess clutter and limited equipment (Barrett et al., 2015; Davy, 2007; McGarry, 2003; Oberle & Tenove, 2000). This care is further complicated by an overlay of being conducted within rural settings, where ready access to medical equipment, specialised care and access to communication may be exacerbated by terrain, distance and time. This may require flexibility, a depth of experience and the ability to improvise when providing care (Andrews, 2005; Barrett et al., 2015; Montour, Baumann, Blythe, & Hunsberger, 2009).

A community nurses' workplace environment is a setting where the client has more power and control. The home environment is a space where the client has greater involvement and influence regarding their care and one where the community nursing service needs to diplomatically negotiate the delivery of care. Client families too are often decision makers in care and have a greater influence over the decision making of clients (Barrett et al., 2015; Davy, 2007; McGarry, 2003).

Developing relationships with clients and their families is an important element of the role and subsequently it is very difficult to not become involved in other aspects of clients lives and maintain professional boundaries. This includes a number of ethical issues within community nursing practice that includes relationship issues, confidentiality, setting boundaries, system issues, increased exposure to physical and social risks, while balancing client empowerment and autonomy with client dependence (Barrett et al., 2015; Terry et al., 2015). Barrett et al. (2015) and Terry et al. (2015) further highlight the workplace environment may be a particularly vulnerable place for rural and remote community nurses where telecommunication is absent and increased violence or aggression toward community nurses is more than twice as likely to be experienced in rural areas.

Beyond these issues, the study by Hanna (2001) regarding remote nurses found that these nurses encounter a wide range of hazards within their role. Community nurses often practise in isolation and visit client' homes without knowing the exact circumstances and can be exposed to those affected by mental illness, substance abuse or with a history of violence. Similarly, they may be required to provide palliative

care services to clients in inappropriate beds, in crowded rooms with minimal lifting aids and devices. All of these factors expose community nurses to significant potential risks (Barrett et al., 2015).

Discussion and implications for nursing and health policy

Community nurses have various titles which include 'community nurse', 'district nurse', 'home care nurse', 'generalist community nurse', 'community health nurse', 'primary health care nurse' or 'domiciliary nurse.' (Andrews, 2005; Brookes, Davidson, Daly, & Hancock, 2004; Farlex, 2012; McKenna, Keeney, & Bradley, 2003). In contrast, other areas of nursing, such as 'midwifery' the title has a clear definition and is clearly understood regarding the function and expectation of the role. The variation of titles within community nursing and corresponding definitions have an overall impact on where community nurses actually 'fit' within the nursing profession, particularly as it seeks to have a 'specialist' status that encompasses generalist skills (Andrews, 2005; Aranda & Jones, 2008; Hunsberger et al., 2009; McKenna et al., 2003).

There has been some attempt to define the role of community nurses by the World Health Organisation (WHO) (1959); however, there are more contemporary definitions (Farlex, 2012). These include community nurses being defined as "the provision of nursing care in community settings utilising a nursing practice that focuses on promoting and maintaining the health of individuals and families, preventing and minimizing the progression of disease and improving quality of life" (St John & Keleher, 2007, p. 5). Further, generalist community nurses have been located as working in different areas of nursing, undertaking different roles in an unstructured way, and all within a single day (Andrews, 2005; Boswell, 1992; Troyer & Lee, 2006)

Regardless of the debate, community nurses undertake a diversity of roles, which are often determined by forces beyond this cohort of health professionals. Their diverse roles require both flexibility and adaptability to address client needs, while fulfilling the wider objectives of health care provision. As such, this unique combination of roles will continue to require having elements of fluidity into the future. Currently, there is a lack of clear professional identity among community nurses in some of the literature which impacts the perception of community nursing within the wider health care sector. However, without professional development, greater articulation and definition of the community nursing role, there is a risk that the role will continue to be influenced to suit policy and organizational requirements, rather than policy being developed to meet the needs of the role and client outcomes (Gardner, Chang, & Duffield, 2007; Madsen, 2009; McKenna et al., 2003; Terry, 2012).

The literature highlighted five key factors currently impacting community nursing practice, particularly in rural areas. These included poor role definition, organizational changes, human resource challenges, geographic and workplace factors that were frequently identified as issues for rural community nurses. Despite these significant issues impacting service delivery, previous research indicates the level of job satisfaction among rural community nurses remains high (Andrews, 2005; Barrett et al., 2015; Hegney et

al., 2002; Jansen et al., 1996). There were, however, limited comparative studies in this area and it would be interesting to determine if community nursing job satisfaction levels have increased or decreased over time and according to the increased level of acuity of the clients. In addition, it was noted that there was very limited research regarding the difference between urban and rural community nursing practice and hence comparative data between these differing settings would also be valuable.

While the community nursing role remains diverse by necessity, and the development of new roles and services have had an impact on the generalist role, there is little information and research regarding this finding (Terry, 2012). For example, many GP practices now have practice nurses who undertake many of the same functions as community nurses. There has also been the advent of specific specialist community nursing roles such as breast care nurses, continence nurses, palliative care nurses, and the implementation of consumer directed care. Due to these changes, further investigation is required to determine what impact this has had on the more traditional community nursing role and the client care they practice (Terry, 2012).

Community nursing is an extremely complex nursing role which cannot simply be broken down into specific skills and knowledge sets. Community nurses work with a diverse range of clients in very diverse settings which requires a high level of flexibility and diversity of knowledge and skills. Despite this, there was limited discussion regarding the need to develop critical thinking, risk assessment and analysis skills among community nurses or how this may be achieved. Due to the diversity of settings and situations where community nurses practise, it would arguably be impossible to be prescriptive in terms of service delivery or policy and procedure development and may be why there has been little focus in the past.

Despite these challenges of the past, this diversity of settings and practices as a generalist community nurse may be one solution to the ever divergent roles and specialisations that nurses experience within health care. In addition, it is the skills and multiplicity of the role that may provide the basis of a contemporary move forward in nursing as a profession. It is the competency and flexibility that may form the basis of many future nursing roles that are then required to develop these generalist community skills and autonomy prior to cultivating specific or specialised skills.

Further, as the shift away from the acute care continues to gather momentum, particularly where health services are diminishing, the fundamental skills and abilities that community nurses utilize and possess need to be more greatly appreciated and expanded. It is therefore vital that community nurses also take on more leading roles in professional and academic development of the generalist community nurse. This is to ensure that community nurses receive the requisite clinical supervision and reflective practice strategies to increase the sustainability of the profession, which has been not well supported in the past, especially when working autonomously. In addition to greater professional development, there needs to be more adequate numbers to perpetuate professional development and create greater legitimacy of the role. This

is vital as community nurses will need to be adequately prepared to meet the ever growing need of acute care clients within the community setting (Barrett et al., 2015; Terry et al., 2015).

It is argued that community nurses in rural areas need to partner with clients, academic peers, organisations, including health and non-health professionals to redesign, implement and enhance services for the community. These partnerships have a propensity to cross both informal with formal support systems. As part of this process, community nurses are then able to set the agenda to re-construct community nursing identities and roles, rather than be passive by-standers within the healthcare sphere (Aranda & Jones, 2008; Bushy, 2002; Jarvis, 2005). However, there is a potential for further conflict in this area as rural nurses are required to be malleable and effective team members. With very few other health professionals in rural areas there is an expectation community nurses are to be autonomous, yet able to meet the ever increasing health care demands as they seek to expand and re-construct their roles (Bushy, 2002; Hunsberger et al., 2009).

As such, there is a need to undertake further research to examine and understand the skills, practices and experiences of community nurses; how to adequately provide professional development, how to recruit greater numbers to the role; while identifying in what capacity the role can be further recognised and valued by health professionals and political organisations. In addition, there is scope for future research to focus on developing the community nursing role to move toward an enhanced contemporary role such as community nurse practitioners, without undermining the generalist community nurse (McKenna et al., 2003). This approach would be to facilitate community nurses to have greater capacity to provide health care, particularly in more rural and remote areas where other health services are limited.

Limitations

The relationship between the five factors impacting community nursing has been highlighted, though few studies were found of sufficient quality. This may be due to the methodological quality of the studies not being adequately assessed, which highlights the results of the literature review remain mixed. There were a number of other factors highlighted within the literature, however, with little evidence among the small number of studies and articles that were found, conclusions could not have been adequately addressed. In spite of this, there is also a gap in knowledge that has the potential for future research to provide a greater perspective on the factors influencing community nursing roles, its development as profession, and health service provision in rural areas.

Conclusion

Issues frequently identified among rural community nurses included poor role definition, organizational changes, human resource challenges, in addition to geographic and workplace factors. There is considerable diversity in the definition and function of community nurses and significant pressure for the

role to alter to meet current health service delivery needs; however, being such a diverse role, it is challenging to gain clarity or be prescriptive in relation to its long term functioning. Research is required concerning the role of community nurses; particularly in relation to the external factors that currently influence how the role is shaped. Furthermore, greater advocacy for role definition is required, that moves beyond the interests of the profession and to focus more on developing the role to meet client outcomes, particularly for current and future rural communities.

Appendix

[Table 1 here]

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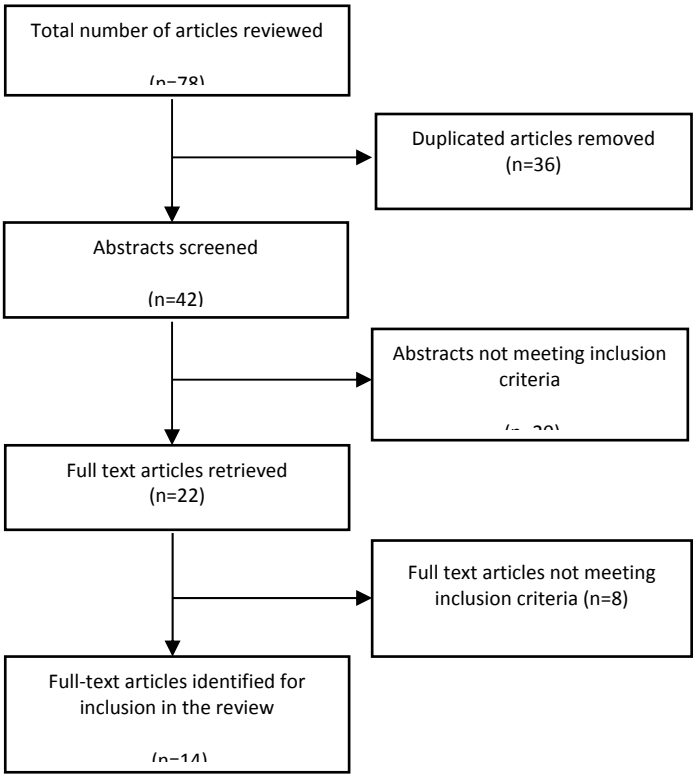

***Figure 1*: Review process of literature**

Table 1: ***Research examining issues and challenges experienced by community nurses in rural areas***

Author	Location	Methods	Study Results	Themes extracted
(Andrews, 2005)	Canada	National survey. Sample n= 412 nurses.	The study examined a number of the issues surrounding nurses working alone in rural and remote Canada. Nurses who work alone are significantly older than other nurses practising in rural and remote settings. The work environment is important to job satisfaction. Face-to-face contact with colleagues, adequate medical equipment, minimal barriers to continuing education results in increased job satisfaction, recruitment and retention.	• Professional and geographical isolation • Defining the practice roles and work setting • Environmental issues • Workplace factors
(Barrett et al., 2015)	Australia	Semistructured interviews Sample n=15 community nurses	The study examined the rural workforce challenges, gaps in services and the community nurses' lived experience of providing adequate health services to rural communities. The results indicated significant variations in the structure and type of community nursing services and a number of key challenges were identified within the profession. Despite these challenges community nurses interviewed indicated high levels of job satisfaction and long term employment.	• Professional and geographical isolation • Community and organizational change • Environmental issues • Workplace factors • Human resource issues
(Boswell, 1992)	US	Descriptive correlation method to determine relationship between stress	The study was conducted to determine the relationship between work stress and job satisfaction among community health nurses. The study found that higher stress levels were associated	• Work stress • Workplace factors • Environmental issues

Author	Location	Methods	Study Results	Themes extracted
		and work satisfaction. Sample n= 51 nurses.	with lower job satisfaction. It was noted that there were many other factors which needed to be further researched.	
(Davy, 2007)	UK	Expert commentary	Diversity of skills and roles within rural community nursing and the change in the role. Identifies gaps in service in UK. Discusses how to overcome gaps and challenges within the community nursing service.	• Human resource issues • Workplace factors • Role definition and expectations • Community and organizational change
(Hanna, 2001)	Australia	Tri-polar case study design. In-depth semi-structured interviews. Sample n= 4 senior nurses.	Identified barriers to effective practice, such as poor rural resources, sense of poor organisation support, maintaining specific skills, poor educational support, poor recognition, and professional isolation.	• Professional and geographical isolation • Defining the practice roles and work setting • Role definition and expectations • Community and organizational change • Workplace factors • Human resource issues
(Hegney et al., 2002)	Australia	Cross-sectional survey Sample n= 146 nurses.	Identifies personal, professional and rural factors influence community nurses decisions to remain in rural and remote area practice.	• Professional and geographical isolation • Role definition and expectations • Workplace satisfaction • Human resource issues
(Hunsberger et al., 2009)	Canada	Semi-structured interviews. Sample n= 21 managers and 44 nurses.	Three interrelated dimensions of the model were relevant to workforce sustainability: the balance between demands and the resources of the person, the level of social support, and the degree of influence. Nurses felt powerless when lacking resources, support, and influence to manage negative situations. Strategies to achieve workforce sustainability include resources to reduce stress in the workplace, education to meet the needs of new and experienced nurses.	• Defining the practice roles and work setting • Role definition and expectations • Community and organizational change • Workplace factors • Human resource issues

Author	Location	Methods	Study Results	Themes extracted
(Jansen et al., 1996)	Netherlands	Structured questionnaire. Sample n= 310 community nurses and 92 auxiliary nurses.	Job characteristics and individual characteristics are related to job satisfaction and burnout. Job satisfaction is affected more by job characteristics. Burnout is a result of individual characteristics.	• Professional and geographical isolation • Role definition and expectations • Workplace factors • Human resource issues
(Jarvis, 2007)	UK	Expert commentary	Discussion regarding NHS Scotland nursing workforce review (2005) and its impact on community nursing service development. The model to integrate core elements of community nursing.	• Defining the practice roles and work setting • Role definition and expectations • Community and organizational change • Human resource issues
(Kemp et al., 2005)	Australia	Four data sources used: community health client administrative data; occasions of service data; staffing numbers; and interviews with 14 community nurses.	There has been a large increase in the number of rural adult clients, and all clients are increasingly receiving a shorter, more intensive, clinically focussed service and are then discharged from care, rather than receiving a lower intensity service over a longer period of time. Staffing numbers have not increased to match this higher acuity and intensity.	• Defining the practice roles and work setting • Role definition and expectations • Community and organizational change
(MacLeod et al., 1998)	Canada	Expert commentary	Describes the context of rural and remote nursing practice in Canada and discusses issues of health status and the social determinants of health, geographical isolation, professional isolation and cultural safety.	• Professional and geographical isolation • Role definition and expectations • Community and organizational change • Human resource issues
(Madsen, 2009)	Australia	Historical analysis.	Two pieces of Federal legislation passed in 1956 and 1973, respectively, had critical effects on the work of district nurses. Greater government funding allowed	• Defining the practice roles and work setting • Role definition and expectations • Community and organizational change

Author	Location	Methods	Study Results	Themes extracted
			district nursing to highlight rural issues specifically when funding was locally based, but with government funding came other restrictions related to accountability processes and expectations regarding services provided, and these had profound effects on nursing practice, including excess workloads to the point of unsafe practice.	
(McGarry, 2003)	UK	Semi-structured interviews. Sample n= 10 community nurses.	The home as a workplace defines the essence of rural community nursing and notions surrounding the nature of relationships which exist within this setting. This is highlighted through the identification of emerging themes: the maintenance of personal–professional boundaries, notions of holistic care and professional definitions of community.	• Defining the practice roles and work setting • Role definition and expectations • Workplace factors
(Terry et al., 2015)	Australia	Semi-structured interviews. Sample n= 15 community nurses.	The role, function and structures of community nursing services varied from site to site and centred on meeting the needs of each community. Workplace health and safety challenges were identified and were centred on the geographical, physical and organisational environment that community nurses work across. Addtional issues included encountering, managing and developing strategies to deal with poor client and carer behaviour; working within and negotiating working environments; and issues around workload, burnout and	• Professional and geographical isolation • Role definition and expectations • Workplace factors • Human resource issues

Author	Location	Methods	Study Results	Themes extracted
			work-related stress.	