

Interview

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A GLOBAL CONTEXT FOR RURAL NURSING:
AN INTERVIEW WITH PROFESSOR KIM ENGLISH
(VISITING SCHOLAR)

Interviewed by Josie Crawley

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Kia ora Kim. Could you tell us a little about your role?

I am a professor in the Trent Fleming School of Nursing, located in Peterborough, Ontario, Canada. I teach in our first, third and fourth years and most of the teaching I do is about the profession itself – becoming a nursing professional, leadership and advocacy and rural nursing practice. Rural nursing practice and access to rural health is my area of passion. I like being able to introduce nursing students to areas of nursing they haven't thought about before. Many come into the program with a picture of either emergency nursing or delivering babies. I love being able to open their eyes to the different ways that you can be a nurse, what that looks like and the opportunities. Watching them become aware the work that they do is more than just tasks, incorporating knowledge translation and assessment skills. I always think of rural nurses as the top in demonstrating all of those skills, because they have to when there's so few resources around.



Figure 1. Kim English (Source: Kim English).

How did you become a visiting scholar?

Well, that happened just by coincidence! Jean Ross and I met at a virtual conference, she messaged me at that conference and that led to a connection through the Global Rural Nurse Exchange Network. I had posted on that network that I was on sabbatical for the 2022-23 academic year and was looking to have some experience in rural nursing that was outside of Canada. I had exploratory conversations with people in Scotland and England. And Jean piped in and said, "well, you need to come to New Zealand". Jean had started conversations and collaborations with colleagues in Australia and Switzerland; the timing worked out that we could all be in the same hemisphere for one period of time. It made sense to visit New Zealand and Australia as I'm looking to understand rural nursing from a more global context.

What did being a visiting scholar look like?

It looked like a lot of reading of documents! I came to understand how grassroots networks and connections led to the strategies and frameworks in place in New Zealand today by reading a lot of the historical documents and the work that's been done by the New Zealand rural nurse network and also some of the physicians.

It's meant a lot of time engaging with wonderful colleagues and talking about our work – seeing similarities but also differences. I took away bits and pieces for my own knowledge and learning and application to the work I do. Having the wonderful opportunity to travel to a few areas across the South Island and Stewart Island to meet some rural nurses and actually hear in their voice, their stories. They talked about the work that they do with such grace and passion and such connection to Jean and yourself (as story collectors and storyteller). By physically being there, it was so obvious that connection was crucial to their work. Connection to their communities but also to the support and development of other rural nurses – almost a way of giving back themselves. It was stunning to see how each of the nurses we visited with, knew the others – almost a forming of connections informally yet still holding great meaning.

Timewise, it was just under a month; around 10-11 days, in New Zealand and then just under a week in Australia. Practically, it has helped me finalize some of my doctoral work. While hiking on a mountain with Jean [Ross] in Arthur's Pass and talking about my Doctoral journey, she solved all of the problems and said "here's what you should be doing from what I'm hearing". It helped me package my ideas and when I came back [to Canada], I was able to shift my direction to something that was more concrete than what I had been considering before.

What similarities and differences did you notice in rural nursing across Canada, New Zealand and Australia?

The similarities were the challenges around staffing and how students attribute more value to acute care hospital based type settings, without seeing the true value of working in more rural areas where you have much more autonomy in your practice. The passion that rural nurses had for their work, you could just hear the skill and knowledge and expertise that came through in those conversations.

The differences – New Zealand has a National Rural Health Framework that comes from that group's grassroots perspective. It was built from the context of people who understood rural and lived and breathed rural – they shaped it rather than being dictated to. It was developed up from the community, which was to me was key.

Another difference is in how New Zealand rural nurses practise with a level of autonomy that we don't see in Canada. For example, owning a practice is not something that that would happen in the same way here [in Canada]. Also, the strong sense of identity – considering or seeing yourself as a rural nurse specialist – there's still a lot of debate whether rural nursing is a specialty in Canada! This is a big difference that I have brought back to Canada.

You mention storytelling. Anything from that aspect that particularly struck you?

It emphasised for me, that as much as we focus on the technical skills, the hands on and the doing; a lot of our work as nurses really is about those stories and experiences that we carry with us. The stories are key to our memories and our journey as a nurse. If you think about the span of your career, we all have those stories that have stayed with us. It's helping me reconsider the notion of nurses' knowledge – that Nurse storytellers can be the broker and translator into nurses' professions. Canadian authors Gwyneth Hartwick Doan and Colleen Varcoe (who spent a fair bit of time in New Zealand) talk in their textbook *How to Nurse* about creating your nursing story and helping students to see to see themselves in that story as a nurse.

I had several spontaneous conversations with NZ rural nurses about having shared their rural nursing stories in a publication. The theme for that conversation was really around the recognition of the work that they do. A real reflective self-worth; not just feel valued but to value themselves. I think until they started to tell their stories, it was just the work that they did. But, having to sit down and think about putting on paper the work that you do – that's when people started to walk through their journeys and think wow, you know, I can't believe that I did that, or I would just go and do that without any second thought. Often it wasn't really part of their initial plan for the work that they were going to do, but that's what happened. It seemed a benefit of telling their stories was the realization of the skill they have, the things that they've brought to their work, the past that they've travelled through and the impact that it's made to their communities as well.



Figure 2. Community Notice Board (Source: Kim English).

had cell phones these boards were our communication highway. The board illustrates that connection with members and also visitors. It spoke to me about that that way to maintain connection outside of using some of the tools that we've come to rely on a little bit too much perhaps.



Figure 3. Local Boots (Source: Kim English).

You knew the theme of Scope this year is connections. Could you walk me through the images you've shared?

This is a picture of a Community Board on Stewart Island. There was all kinds of information posted on this board. Information about people selling items, information from people who were looking for items, but also information from the health clinic. There's a bunch of handouts that are in a ziplock bag under the health clinic news with information about COVID for people who are there; protected yet anybody could come and grab them, and there's information about how to access the Island Nursing Service and how to contact the police. There was also information about the upcoming funeral service for a member of the community who had been well known.

Coming from a rural community myself, it spoke to me about how it is that we communicate in our communities and let people know things are happening when you don't have a daily newspaper or when you're small enough that you don't have news coverage about your community. In an era before we

This was a small cafe on our way back from back through the Catlins and everybody's boots were at the front door. It provided me with lots of messages. The notion that when you're entering into somebody else's space the first thing you do is you look down at your footwear and think I'm not tracking the mud into their space. And that concern and acknowledgement of entering into a space for different purposes than that when you put your boots on!

But it's also feeling comfortable enough to do that as well. For me, if I were in that same position, I'd think, 'Oh my gosh, do I have socks on today? Is there a hole in my sock? Do I need to worry about that?' But obviously it was not a worry.

It spoke to connection on two different levels because it's the connection of the person taking off their boots, but also to that environment where you feel welcomed and safe and supported to be able to do that before you entered into the next part of what you were doing when you go into that room. I just love that picture!

This is an outdoor area on Stewart Island – it was a great gathering space. Now I understand it was intended for people who were smoking, but during the time that I was there, I did walk by and see a number of people who were sitting in that that space. As you can see, it's all covered; so regardless rain, sun, people will be able to sit there and not feel they have to leave because of the weather. It was a way of coming together; if you look in the picture you see that there's everything in there from a comfortable love-seat-type couch that somebody might have been getting rid of from their home to cinder block tables. People have put time and effort into creating that gathering space, which might have had one intention early on, but created a place for people to go, sit together, talk and share time and information with one another.

Figure 4. Local Community Gathering Place (Source: Kim English).



This is a combination of two pictures together. That stunning sunrise is at Stewart Island. The second picture was on our travels back through the Catlins. In the short time I was there, walking along the beach you could see this storm rolling in. The juxtaposition of this beautiful morning sunrise and waiting to start your day contrasted with the storm coming in, spoke of our whole entire experience of those times that are good in our connections



Figure 5. Sunrise over Stewart Island (Source: Kim English).



Figure 6. Storm Approaching Catlins (Source: Kim English).

and beautiful and lovely – but there's also times that are a little bit stormy. Yet even in that picture of the storm rolling in there's absolute beauty because you can see how those clouds are pulled together and the light coming from behind them.

When you look back, the sunrise picture has clouds too. It's a different perspective on those moments of connection and coming together that could be perceived as challenging or beautiful – it's all in in how we frame those pictures and how we think about those.

And I think that, when I think about some of the rural nurse stories that I was hearing, again it's depending on your perception. You could listen to that story and think how would you continue on doing that work? Or you could listen to that story and think you know what the nurse telling the story was talking about – how this is just an experience that happens as a rural nurse. "And so here's what we did and we did the best we could and then you know we went on to the next part of what we had to do". Yet this story still remains with me and so I do very much see these images as an analogy for the work of rural nurses that it's difficult and beautiful all at the same time.

After this experience – what comes next?

Well, one place that this experience has to go is into finishing my dissertation. I've been pulling that together as a separate piece. It's also bringing the experiences and what I learned in in both New Zealand and Australia back to my colleagues in Canada and saying – "you know this started as a grassroots effort". How could we do something similar? We're not going to solve the issues that we have in rural healthcare access in Canada right now, but we could start to make some inroads. We could start to shift lenses around how we view the work of rural practitioners and even how we view rural residents themselves, which is a whole other piece. The presentation that I gave in New Zealand and then part of our group presentation in Australia was really about that the right to access to healthcare and in rural communities.

In Canada, we've seen a chipping away of services and the effect that that has both for providers but also for community members. I am starting to get the word out in Canada from a more global perspective; continuing to work with Jean Ross in New Zealand, Kate in Australia and our colleague Daniela in Switzerland.

I am already applying for some funding and grants so that I can come back, because I just think that this was only a tiny little bit and there's just so much more that that I think collaboratively we could share; storytelling, rural health and rural nursing.

What could New Zealand learn from Canada and Australia?

That's a tough one because I feel many of us need to learn more from what's happening in in New Zealand. I was really struck at the differences in approach to Māori in New Zealand compared to what we're still struggling with so significantly in in Canada. That's a key piece for me I've brought back. I think that on so many levels New Zealand is farther ahead than Canada in much of the work around rural health and rural nursing.

Perhaps one opportunity is expanding the roles of nurses, yet, most of the nurses I was talking to did have very expansive practices. It's similar to what we're hearing from colleagues across North America and across global areas of the world – rethinking what nursing practice looks like and that it's not all hospital based. How do we move forward into this new era where nurses work outside hospitals in large numbers – and how do we best support nurses working elsewhere in the community?

What suggestions do you have for people exploring becoming a visiting scholar?

I think be open to change, willing and able to be spontaneous with what you're doing and maybe shifting some of your ideas. I originally thought where I wanted to go and most of it was related to family ties and interests. But it was the unexpected things that had a big impact; I recall one of our walks up the mountain with Jean where she said to me that this experience could really be a game changer for me. It's true – this wasn't what I had intended to do initially, but it was what I was meant to do in the end.

Finally, I would ask some more questions before I came – because you don't know what you don't know. When a Kiwi says, "let's go for a walk" – they actually mean we're going to hike a mountain and you need proper footwear to do that!

I would like to express my gratitude: being offered this amazing experience, flying across the country to meet up with people I'd never met before beyond emails; the generosity of staying with people, being offered rides and then being taken around to see different areas. I am thinking about ways to give back with similar experiences myself.

Kim English (Professor) is based in Ontario, Canada; teaching nurses since 2002. Kim's narrative informed research explores the work of rural and remote nurses, celebrating their innovation and leadership. She feels privileged as a settler to learn with and from many Indigenous nurses, elders, and colleagues. Kim has been the recipient of several teaching awards, including the Trent University Excellence in Online Education Award in 2020.

🔗 <https://orcid.org/0000-0001-7510-4021>

Josie Crawley (Associate Professor) has been involved in nurse education for 30 years. Her research platform explores phenomenological experience, narratives for education, reflection, and compassionate care. She co-edited a book of rural nurse narratives: *Stories of Nursing in Rural Aotearoa: A Landscape of Care* and has published widely in academic literature.

🔗 <https://orcid.org/0000-0003-1011-3335>

Correspondence to: Josie Crawley, Josie.Crawley@op.ac.nz