

Commentary

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CONNECTING – FELLOWS TAKE ACTION:
AN INTERNATIONAL RURAL COLLABORATION

Jean Ross, Kate Emond, Daniela Händler-Schuster and Kim English

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INTRODUCTION

In December 2022, an international connection embedded in community fellowship was established, uniting four international academic nurses. We formed this fellowship while actively participating in a virtual platform in which to shape a vision synonymous with rural community nursing, community development, research, and education. Geography posed no barrier to this collaboration allowing for greater exploration of potential solutions to challenges inherent to rural community health (Whitehead et al., 2022). Conversations revealed more similarities than differences when exploring rural health and rural nursing issues. In this paper, we share our collective vision which was established from our initial collaborative brainstorming session. To achieve this, we provide context to our individual connections, introduce you to each of the community fellows with their individual focus and contributions, and present our collective vision including a five-year action plan of collaborative initiatives related to research, education, community development and collaboration. We advocate for a unified approach, promising a significant impact.

BACKGROUND: A VISION IS BORN

The four authors, each initially based in their respective countries, came together due to their shared commitment to enhancing rural community health and their engagement in undergraduate and postgraduate nursing education. While their connections stemmed from diverse circumstances, their common concern for rural population health equity and social justice bound them together. The rural population accounts for almost half the total global population (United Nations Statistics Division, 2017). This global focus further connects our fellowship. We recognise our rural communities are confronted with numerous barriers and reduced access to healthcare, impacting on their health and well-being (Whitehead et al., 2022) including an increase in health disparities and inequities (Whitehead et al., 2023). We also recognise there is limited agreement and understanding of conceptualising and defining the global 'rural' (Whitehead et al., 2022) related to community socio-cultural, demography, and unique rural encounters affecting vulnerable, minority and Indigenous populations, situated in geographical rural landscapes. So, the question remains, why create a global fellowship?

This background motivated our initial connection in December 2022 when we met face-to-face and virtually. We had all worked within the virtual medium for many years in our academic capacities prior to the COVID-19 pandemic. As COVID-19 emerged and brought about restrictions affecting populations, we had to adjust our modes of communication. We became adept at virtual engagement, both within our respective countries and on a broader international scale. Virtual conference presentations, email, Google Scholar, and social media collectively facilitated our initial connections. For example, the first author previously engaged with the second and fourth authors which internationally connected us, including Kate Emond (La Trobe Rural Health

School, Victoria, Melbourne, Australia), and Daniela Händler-Schuster (Zurich University, Applied Sciences in Switzerland via the School of Nursing, Midwifery and Health Practice at Te Herenga Waka-Victoria University of Wellington whilst on her sabbatical), to create a group focused on advancing work related to rural health and community development. The third author spontaneously decided to travel to Dunedin to explore collaboration with the first author related to rural community services. A virtual meeting was arranged with the second and the fourth authors. From this meeting, we initiated a Community International Fellowship (refer to Figure 1).

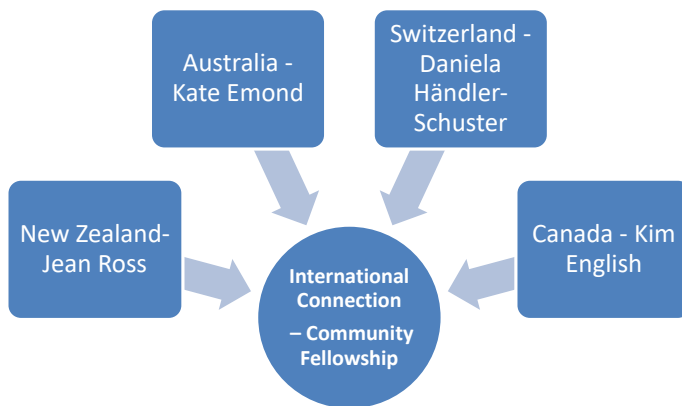


Figure 1. International Connection – Community Fellowship Founders 2022 (Source: Authors).



Figures 2 to 5. The authors.

The key factors that united this fellowship were the shared interests in establishing an international cohort capable of exchanging information and addressing questions relating to rural community health, rural community nursing, research, education, and community development. The fellows wished to actively engage in these areas of interest and enhance their development through international collaborations in the form of collaborative projects and research.

The focus of these endeavors is to improve the field of rural community health care. In this context, our interests aim to strengthen the focus of community nursing and to work with other nursing and rural organizations related to our individual countries, as well as on the international level, to work towards inclusivity, understanding diversity, and equity in healthcare. And thus, our conversations began with a vision to establish collaborative relationships that would pave the way for potential collective efforts related to community nursing practice with a rural focus.

VISION

As a collective, we considered the common threads binding us and potential gaps within the international landscape where our collective efforts could have a meaningful impact. Two of the four members are connected to the Global Rural Nurse Exchange Network (GRNEN), one is a co-founder and member of the leadership team and the other is a member of GRNEN's Ambassador programme. Our intention was to enhance the work of GRNEN, not detract from it. In Figure 6 below, you can see how we brainstormed our collaborative project work for the following 2022-2028 period, a seven-year vision supported with a draft plan of action.

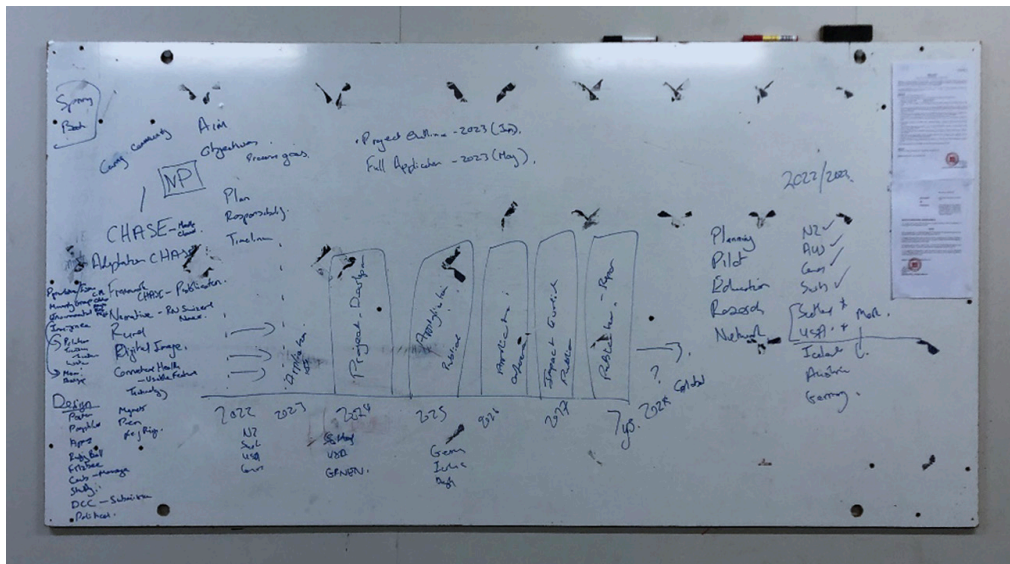


Figure 6. Brainstorming Plan 2022-2028 (Source: Authors).

Our concentrated efforts relate specifically to rural communities and community development, which will benefit rural nurses and student nurse learners, as we progress in our work.

INTERNATIONAL CONNECTION: COMMUNITY FELLOWSHIP

In the early part of 2023, the fellows met face-to-face at La Trobe Rural Health School, Victoria, Australia. The aim was to continue developing our collaborative work and provide our first public presentation. A virtual meeting was arranged to present this presentation. The inaugural presentation took place on Wednesday, 3 May 2023, focusing on our collaboration and the focus of our vision. We received a great deal of positive feedback from this presentation creating some potential future collaborations and applications for research funding. Additionally, each member of this fellowship is exploring funding options within their respective organisations.



Figure 7. Authors meeting at La Trobe (Source: Authors).

During this time, we built our collective capabilities further by transitioning our efforts into a structured strategic plan. This involved exploring the commonalities and, notably, the distinctions among the paradigms of rural nursing and community nursing across New Zealand, Canada, Australia, and Switzerland.

In each case, the unifying element was the improvement of rural healthcare and reduction of health disparities. During discussions about country differences, members of the group were drawn to the Community Health Assessment Sustainable Education (CHASE) model. This choice emerged due to its consolidation of features found in community-oriented models and its track record of successful implementation in education settings. The CHASE model has been mentioned and referred to several times as a means of international engagement by the fellows (Ross et al., 2023). The CHASE model was developed by Ross, Crawley, and Mahoney in 2017 (Ross et al., 2017) and since then has had many iterations and adaptations for different circumstances, and community needs internationally. The CHASE model is a living model that is evaluated and adapted pending individual countries and circumstances.

INTERNATIONAL PERSPECTIVES:

We advocate that the CHASE model (Ross et al., 2017) can identify and improve the health of diverse rural populations and communities which we refer to later in this paper: Undoubtedly, the social determinants of health, such as access to healthcare services, play a pivotal role in shaping health outcomes, particularly for community members involved in creative initiatives aimed at community development. Among these participants are nurse learners, whose innovative efforts are proving to be advantageous for rural communities. During the discussion regarding the implementation of the CHASE model, various viewpoints have been considered. The cross-border conversation highlighted the significance of maintaining ongoing dialogue to learn and share insights mutually. Furthermore, it became evident that when discussing rural healthcare, it is essential initially to identify existing needs. Through our exchange, we can discover opportunities for enhanced collaboration. To illustrate this, different global perspectives are presented.

NEW ZEALAND PERSPECTIVE

In 2022, the second author (Australia) commenced an international collaboration with the first author (New Zealand) as they engaged with the CHASE model, to enhance nursing students' local and global knowledge of rural communities, rural culture, and rural health issues. This collaborative work involved undergraduate Bachelor of Nursing students from both countries' organisations with a rural community development project

underpinned with the CHASE model. The CHASE model assisted the students to identify and assess the health needs of the identified community with the aim to improve healthcare with a public health approach, and to deliver appropriate mediums of health promotion messages and resources to support improvement of health and reduce health disparities. This initiative was aided by the successful application to GRNEN Nurse Learning Grant 2021/2022 to develop an international collaboration between two educational organisations and advance student nurses' scholarship through project work (Ross et al., 2023). This work was facilitated with the development of an interactive film of the rural community of Bishop's Castle, Shropshire, England referred to as the collaborating rural community. The aim was to bring student nurse learners from Australia and New Zealand to connect with each other and share in different ways and at different points of time, through the programme while also drawing on the CHASE model. Equally, we are keen to explore the possibilities of linking additional rural communities' attributes through film while aspiring to grow a regional, national, and global network of films that extends student nurses' learning and their engagement with the CHASE model, so we may enhance this way of underpinning rural community locally and globally. We envisage this approach could promote international collaboration, and unique learning opportunities, and enable students to have global connections and foster relationships with other students' understanding of rural communities, as they profile and assess community's health, and identify their health needs. We intend to showcase the CHASE model in action. Likewise, we wish to support the production of additional films and, in doing this with all nursing students, we aim to encourage the students to share their knowledge from their own countries in relation to rural community development and public health (Ross et al., 2023).

Additionally, a connection between the first and fourth authors commenced when they both presented at a virtual international American Nurse History conference in 2021. They both presented a rural historical perspective on nursing and began a collegial relationship from this connection. This led to further discussions related to their interests, associated with rural community health and rural community nursing, to aim for the improvement of healthcare for rural people using the CHASE model and the documentation of digital images and storytelling from rural nurses and rural student nurses.

Continued connections between these authors led to an offer by the first author for the fourth author to spend time in New Zealand learning more about the application of the CHASE model and how it might be utilised. In the final stages of the fourth author's doctoral degree, with a focus on ways to develop and support rural and remote nurses, and on a sabbatical, the timing was perfect to continue this collaboration in person. The intent of this time together was to learn more about rural nursing in New Zealand and the use of the CHASE model with the intent to take this learning back to Canada and the Trent/Fleming School of Nursing which is currently engaged in a curriculum revision.

CANADIAN PERSPECTIVE

Globally, there is a critical shortage of nurses which is having negative effects on access to care in rural and remote areas including Canada. This combined with a lack of will to explore different ways to address the practice of rural nurses in Canada, including recognition as specialists, only serves to exacerbate these shortages. This is particularly the case in community contexts. What has not happened, which could make a significant difference in rural and remote areas, is an expansion or move for Registered Nurses (RN) to work to full or a redefined scope of practice. For example, in remote fly-in communities where there are no physicians present, RNs practise very differently, yet still within the same regulations, as RNs in the same province who are not so geographically isolated. The question then is how to leverage the knowledge and expertise of these providers to assess gaps in care and address needs in rural areas. This consideration would build upon further use of the CHASE model to socialise nurses who are skilled in community assessment, development, intervention, and evaluation. In Canada, the Nurse Practitioner (NP) role is well-established to improve rural healthcare and reduce health disparities, however, there are still significant gaps in care in rural and remote areas.

SWISS/GERMAN PERSPECTIVES

In Switzerland and Germany, author three believes strongly in the importance of looking beyond one's own national borders and ensuring that professionals are well-prepared to address current and future challenges. A challenge for health professionals and planners of healthcare alike is to be prepared, for example with the ever-increasing growth of the aging population in society. This challenge requires preparation for the delivery of healthcare, especially in the community. It is essential nurses are prepared to collaborate with other professionals and health services and acquire skills to deal with many challenges. In Switzerland, the role of the NP in community-based care is still very new.

To this end, the third author would like to develop a joint research project understanding urban Switzerland as this will strengthen teaching with a special focus on the inter-professional orientation in various educational programs. They are particularly interested on the development and inclusion of caring communities associated with concern for "a good life for all"; which is reflected in the way people in communities interact with each other. Caring communities in Switzerland already exist or are emerging in neighborhoods, housing estates and village care systems. These caring communities play a strong role in the care for seniors and, by the pure essence of their existence, they relieve traditional health care systems. Caring communities follow the vision that life's challenges can be better managed collectively aligned with mutual care which creates a network of relationships, connectedness and further extends the concept of community. Caring communities require the involvement of families, neighbourhoods, professional service providers, volunteers, and state institutions. The CHASE model provides an internationally recognised framework for linking community work and the further development of professional nursing practice.

AUSTRALIAN PERSPECTIVE

In Australia, the second author is a nursing academic for the largest Rural Health School in Australia aiming to build a team of national and international experts in rural health research, and learning and teaching, who are committed to maximising health and wellbeing outcomes for rural people globally, nationally, and locally. Engaging rural communities enhances local and global knowledge but of equal importance, the collaboration that occurs across stakeholders and education providers offers learnings, and resources that would not otherwise be available to students. Investing in nursing education with a focus on rural health and rural communities provides students with the opportunity to genuinely understand the health disparities that occur between metropolitan, regional, and rural areas. Engaging with rural communities is a key characteristic of building a sustainable health workforce, therefore incorporating this into undergraduate nursing curricula at a university rural health school is vital. The second author has included as part of learner's education the CHASE model with significant success (Ross et al., 2023). Australia's perspective links very closely with New Zealand's as they have worked collaboratively together as described previously.

COLLECTIVE COLLABORATION

Collective collaborations have now been established with Australia and New Zealand, New Zealand and Switzerland, and between all four countries including Canada. Reflecting on time spent by Kim English in both New Zealand and Australia, it is noted there are many similarities to Canada, our healthcare system, and the preparation of nurses. More importantly, there are differences from which Canada can learn; specifically, the work at Te Pūkenga, Otago Polytechnic Ltd related to embedding the Māori Strategic Framework (2020). A crucial example to be drawn from Canada, as highlighted by the fourth author, is the ongoing challenge of incorporating Indigenous ways of knowing and being into healthcare nursing curricula and everyday practice. Additionally, the work undertaken by the nursing faculty at Te Pūkenga, Otago Polytechnic Ltd demonstrates innovative thinking,

action, and commitment recognising the need to educate nurses to work beyond hospital settings. The attention to rural community development is an inspiration for those looking to change curricula and is reflective of the need to shift focus to primary care and community development. It is clear from year one of the programme, nursing students are learning beyond the four walls of the hospital and more importantly, using community development tools to support rural communities. This work is key to assisting rural communities to grow and thrive, and for students to see the important role of nurses in doing this work. It is apparent in reading the rural nurse stories and then meeting many of those who contributed stories, there is a dire need to highlight the value, leadership, and innovation of rural nurses. The first author and their team have undertaken exceptional efforts to initiate this process, and their approach should serve as a model for replication globally.

As the work of the fellowship grows, so too will the number of members and expected outcomes of the work. The following section outlines the work to date of the fellowship and its plans as we move into the future for this collective.

COLLABORATION PLANNING

We have formulated a comprehensive seven-year strategic plan which includes the planning phase at the end of 2022/2023. To this end, this blueprint encompasses sequential phases. Subsequently, our focus will shift towards securing necessary funding, forming connections, and consolidating our initial collaborators in New Zealand, Australia, Switzerland and Canada. As part of our envisioned trajectory, the forthcoming year, 2023/2024, will focus on the expansion of our work. This will include consolidation of our accomplishments including: the application of the CHASE model and its implications for undergraduate and postgraduate education, rural communities and community stakeholders; the presentation of our findings at scholarly conferences; the preparation and dissemination of a publication related to our consolidated work; and extending our collaborative efforts into America, Wales, Scotland, Germany and Austria (Figure 8). This strategic diversification is envisioned to illustrate our global thematic focus in alignment with our overarching objectives.

Planning work during 2023 will extend our focus into the 2024–2027 period when the project work will focus on the following four main areas of collective responsibilities and networking internationally:

1. Research collaborations:

- develop international rural community research projects.
- enhance ongoing impact and evaluation projects.
- work on international rural definition using the framework Geographic Classification for Health (Whitehead et al., 2022)
- seek additional funding opportunities.

2. Teaching and learning collaborations:

- enhance the provision of teaching and learning for undergraduate and postgraduate education programmes.
- encourage and promote master's and doctoral programmes.

3. Community collaborations:

- work alongside and with communities with the intention to identify health needs and work collaboratively with stakeholders from those communities to improve healthcare by analysing data, designing health promotion messages and resources engaging with the CHASE model.

4. Knowledge sharing collaborations:

- joint conference presentations – plan for International Council of Nurses 2025, Helsinki
- joint written publications, for example, Online Journal of Rural Nursing and Health Care – basis of all publications define and add to the rural international debate, for example with international colleagues at conferences, through webinars and workshops.

These projects in 2024 will be showcased at international conferences and journal publications with the aim to broaden the work into 2025/26 with interested colleagues (refer to Figure 8) globally.

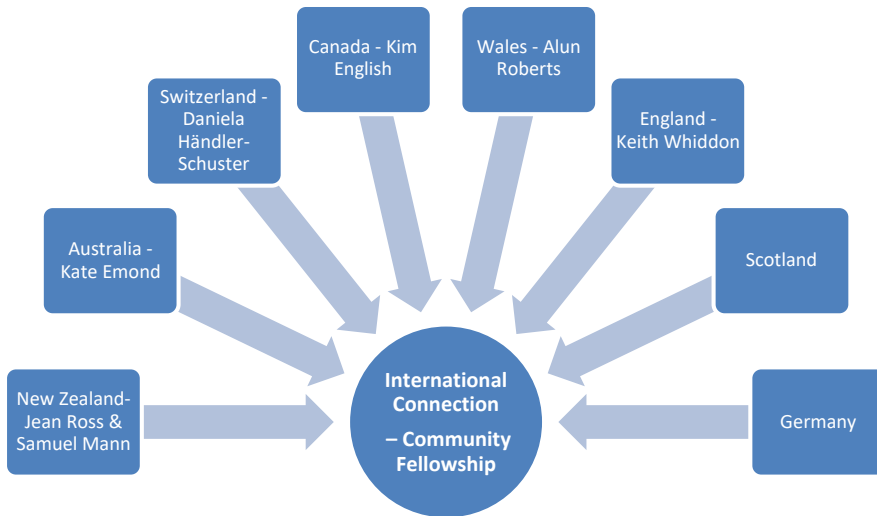


Figure 8. International Connection – Constructing Capacity 2023/24 (Source: Authors).

As we look towards 2027, we envisage this will be a year for consolidation. We intend to reflect on the work achieved, the outputs, and the improvements to the models we have adapted, advanced, and developed for use by our respective community rural colleagues. We wish to broaden our relationships with NPs who are integral members of these rural and isolated communities. Canada and Australia hold a wealth of experience, with New Zealand to a lesser extent, while Switzerland's experience has been limited. We hope to grow the NP clinical component as a collective within our fellowship (refer to Figure 9). Equally, we prioritise community health through a health promotion and public health perspective, with the goal of enhancing health and well-being. To achieve this, we strive to strengthen our efforts by applying the CHASE model while making the necessary adaptations to align with our country's specific needs.

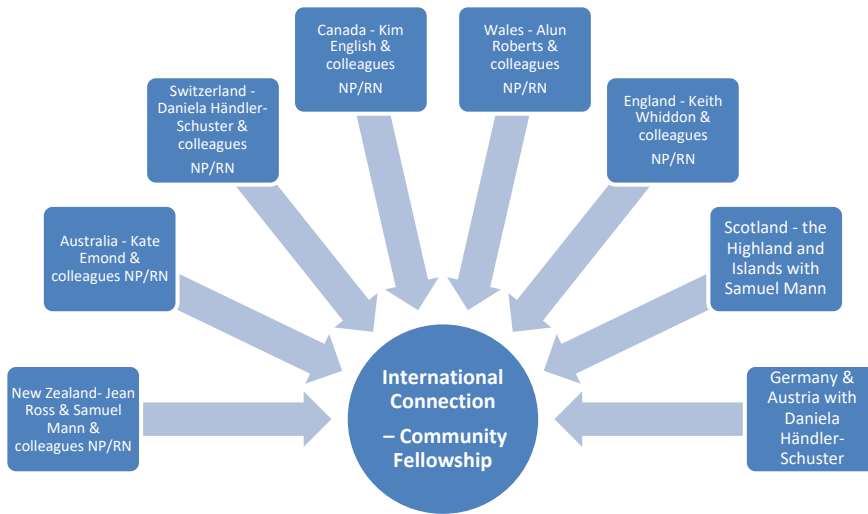


Figure 9. International Connection – Fostering Capacity 2025 onwards (Source: Authors).

CONCLUSION

Our international rural collaboration has undertaken a proactive initiative. International exchanges, which are virtually based, are opening new possibilities for collaborating. However, it is imperative for all fellows to develop an acute awareness of the nuances inherent to each country. The significance of rural healthcare varies from country to country, and the specific conditions for conducting comprehensive nursing practice have produced dynamic discussions. Therefore, these discussions will persist as an integral part of our collaborative endeavours. With the understanding that the CHASE model provides a basis for critically reflecting on community-based care and improving the quality of care in the community, the work of Ross et al. (2017) provides important guidance for the future direction of our collaborative work. By connecting Australia, Canada, Switzerland, and New Zealand, we have taken a significant initial stride towards broadening our perspectives to include other countries in the subsequent stages. This work aligns with our aims and objectives with GRNEN likewise and the fellowship continues to welcome international members. It is through international expansion that collective efforts to address the healthcare needs of rural populations can have the greatest impact.

ACKNOWLEDGMENTS

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CONFLICT OF INTEREST

The authors declare there are no conflict of interests.

Jean Ross, RN, BN, MA, PhD, is Professor of Nursing at Te Pūkenga, Aotearoa New Zealand, originally from Wales, United Kingdom. The cumulation of her work associated with rural health includes activism, research, and education. Jean is also an advocate for sustainable rural community development and nurse education. Jean's focus is research which both informs and directs her practice. Jean has more than 30 years' experience of working with the rural nursing workforce in New Zealand and five years internationally.

🔗 <https://orcid.org/0000-0003-2467-9233>

Kate Emond, RN, BN, PG Dip Mental Health, MN, is a lecturer specialising in mental health and therapeutic communication for postgraduate and undergraduate nursing and paramedicine degrees at the largest rural health school in Australia. Kate has extensive experience as a mental health nurse and focuses her research on community mental health.

🔗 <https://orcid.org/0000-0002-4968-4007>

Daniela Händler-Schuster, RN, MSN-Ed, MScN, PhD, is a professor of nursing at the Zurich University of Applied Sciences in Switzerland. She has over 30 years of experience in different areas of nursing. She is interested in advanced nursing practice in community work with a focus on dementia as well as sensory impairments.

🔗 <https://orcid.org/0000-0002-6638-4890>

Kim English, RN, BScN, MN, is a Professor at the Trent/Fleming School of Nursing. She uses narrative-informed research to focus on the work of rural and remote nurses, celebrating their innovation and leadership. Kim's work draws from the social sciences and humanities. She is privileged as a settler to be able to learn with and from many Indigenous nurses, elders, and colleagues to inform an anti-colonial lens to her understanding of context and health.

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

Correspondence to: Jean Ross, Jean.Ross@op.ac.nz

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