

# **Rural/Frontier Public Health Nursing: The State of the Art**

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Public health nursing represents the foundation of the U.S. public health system, particularly in predominantly rural and frontier states. According to Rural Healthy People 2010, the majority (69%) of local public health agencies nationally serves jurisdictions of less than 50,000 people and 50% of those serve populations of less than 25,000. Several studies have demonstrated that public health nurses provide the majority of public health services, particularly in rural and frontier areas, however most public health nurses lack formal preparation in public health. Recruitment and retention of rural public health professionals, particularly nurses, is challenging due to location, educational opportunities, workforce shortages, and financial constraints.

The purpose of this study was to describe the “state of the art” of public health nursing in Idaho, with an emphasis on nurses serving rural and frontier areas. Idaho is the fourth most rural state in the nation with 80% of its 44 counties classified as rural or frontier. Using a cross-sectional descriptive design, a statewide sample of 124 public health nurses currently practicing throughout Idaho were interviewed in relation to demographic characteristics, experience, educational backgrounds, job satisfaction, practice characteristics, professional goals, and professional development needs.

The results indicated that Idaho’s public health nurses are a highly committed and generally satisfied professional group. Demographically they are predominantly female and Caucasian, with a mean age of 49.2 years and 56% hold a bachelor’s degree or higher in nursing. Experientially they reported a mean of 22 years in nursing and 12 years in public health. Services focus on family planning/STD clinics, communicable disease/epidemiology, emergency preparedness, immunizations, and school nursing. Within Idaho’s unique multi-county seven district public health system, many nurses work in isolated one-nurse offices. Self-reported levels of competence were lowest in the areas of policy/program planning, analytic assessment, and financial planning/management skills.

Implications include the need for future recruitment efforts targeting young nurses from diverse backgrounds. The development of strong partnerships between public health agencies and nursing education programs is indicated to promote recruitment and accessible continuing education. Addressing salary equity with other practice settings is also needed in light of the shortage of nurses, particularly in rural and frontier areas.

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