



**Voices from
the Fields:
Rural Health
Challenges**

N434: Evidence-Based Practice

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Summary of article



- **Purpose:**

- ~ Quality and effectiveness of care
- ~ Obstacles of health care access in rural areas

- **Main Findings:**

- ~ Independence
- ~ Distrust
- ~ Suspicion
- ~ Understaffing
- ~ Limited support



- **Methods:**

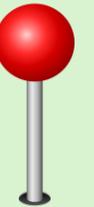
- ~ Cultural consideration
- ~ Patient-Provider communication
- ~ Provider-provider communication

- **Conclusions:**

- ~ 5 key themes
- ~ Inadequate access to healthcare
- ~ Low patient population
- ~ Monitored access

- **Location:**

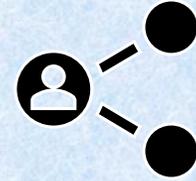
Montana, USA



Delay of care



Delegating patient care



Cultural factors

Patient-provider communication
Provider-provider communication

Problems & Purpose

Shorter life expectancy



Fewer doctors and hospitals



Less resources



Framework and/or Methodology

- Levesque et al., Framework:
 - ~ Conceptual
 - ~ Contains 5 dimensions
 - ~ Main focus; Acceptability, Appropriateness

- Qualitative Study
 - ~ 12 participants
 - ~ Rural Montana
 - ~ Provider perspectives
 - ~ Interviewed questions



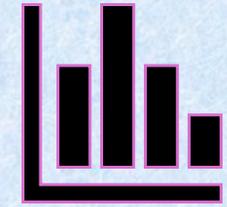
Review of Literature

- Overview:
 - Participants
 - Methods
 - Themes
- Key Findings:
 - Main barriers
 - Cultural and Communication
- Evaluation

Research Question/Objective/ Hypothesis

- Study Type:
 - Qualitative research
- Focus:
 - Healthcare barriers
 - 2 Key Dimensions
- Research Objective:
 - Challenges
- Key Connections:
 - Low healthcare education
 - Little cultural awareness
 - Poor communication

Variables



Key Concepts :

- 🌱 Cultural barriers
- 🌱 Communication
- 🌱 Access to care

Contextual factors acknowledged:

- 🌻 Rural geography
- 🌻 Workforce shortages
- 🌻 Provider experience

Controlled by:

- 🌱 Triangulation of coders
- 🌱 Member checking
- 🌱 Data saturation

Operationalized: Through coding of provider narratives in interviews

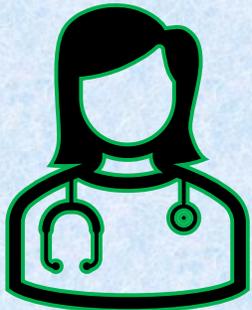
Design

What design was utilized?

-  Qualitative, interpretive, & exploratory design
-  Interviewed 12 rural U.S. healthcare providers

Is internal validity addressed? How?

-  Peer reviewed
-  Reviewed by an independent researcher
-  Achieved after 10 interviews
-  SRQR guidelines

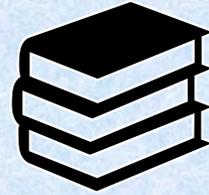


Is the design appropriate for the research problem?

-  Identifies cultural and communication barriers
-  Detailed experiences of providers
-  Explores challenges in rural healthcare setting



Convivence Sampling



Qualitative & exploratory

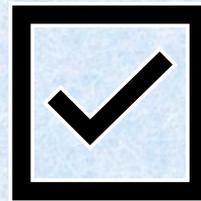


12 Providers from
rural Montana

Sample 



12 Interviews conducted



Anonymity was
maintained



Participants gave
informed consent

Data Collection Methods

- Semi-structured interviews:

- ~ Phone calls

- ~ Zoom

- ~ Physicians

- ~ Nurses

- ~ Behavioral health providers

- ~ Care coordinators

- ~ January-September 2021

- ~ Open-ended questions



- Snowball sampling approach

- Deductive and Inductive reasonings

- Hard-copy field notes

- Member checked



Data Analysis

- Type of study:
 - Qualitative
- How was this data analyzed:
 - Themes
 - Planned topics and new ideas
- Focus Area:
 - Culture
 - Communication
- Results:
 - 5 main themes
 - Table
- Charts:
 - Are there charts and graphs?

Results, Conclusions, Discussion of Findings

- Results:

- ~ Diverse participants
- ~ Average of 9 years as healthcare professional
- ~ Expanded patient populations
- ~ 5 themes identified ★



- Conclusions:

- ~ Rural healthcare is more complicated
- ~ Acceptability and appropriateness are essential ★
- ~ Must be culturally respectable
- ~ Independence/trust influence patients

- Discussion:

- ~ Levesque's framework
- ~ Lack of collaboration
- ~ Cultural mismatch
- ~ Poor system coordination



Overall Evaluation of the Research Report

- Noticing the clear focus:
 - Research question
 - Explored study
- Credible and Relevant Perspectives:
 - Participants
- Limitations:
 - Location
 - Findings
- Visual Presentation:
 - Clear structure
 - Experiences and interviews
- Implications for Practice:
 - Cultural sensitivity
 - Overall trust
 - Individualized care

References

Coombs, N. C., Campbell, D. G., & Caringi, J. (2022). A qualitative study of rural healthcare providers' views of social, cultural, and programmatic barriers to healthcare access. *BMC Health Services Research*. (22)438:p 1-16. DOI: <https://doi.org/10.1186/s12913-022-07829-2>.

