

PRECEPTORSHIP PLACEMENTS IN WESTERN RURAL CANADIAN SETTINGS: PERCEPTIONS OF NURSING STUDENTS AND PRECEPTORS

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ABSTRACT

This article reports on one theme from a grounded theory study examining the experiences of fourth year nursing undergraduate students and their rural-based preceptors. The preceptors reported issues concerning orientation and communication with faculty, integration of students into care, severe weather conditions, and lack of resources whereas the students reported issues with relocation to rural centers, accessing information, faculty contact, travel and accommodation. Addressing these issues as well as increasing theoretical content related to rural nursing practice may be effective in recruiting younger nurses via positive preceptorship experiences to rural practice, thus ensuring rural residents continue to have access to limited health services in rural settings. The findings have implications for the role of faculty in preparing, orienting, and supporting both preceptors and students.

INTRODUCTION

Daily, nurse educators face the challenge of providing students with opportunities to learn how to cope with an escalating body of knowledge, rapid advances in science and technology, and ongoing health care changes and reform (Jacobs, Ott, Sullivan, Ulrich & Short, 1997; Laschinger & MacMaster, 1992). In any professional discipline, the acquisition of knowledge is embodied by its application in the practice or field setting and particularly so in nursing (Myrick, 2002; Scanlan, 1996). Preceptorship, in the final year of the undergraduate nursing program, is the primary approach to the promotion of knowledge through application (Myrick & Yonge, 2003). Specifically, preceptorship experiences for nursing students in the rural setting expose them to the knowledge and expertise of nurses working in a complex practice environment. The unique characteristics of rural practice include: more independent practice in smaller centers; intricacy of work; distance from the educational institution and supervising faculty; limited access to educational experiences and resources; and difficulty in recruiting nurses to the setting (MacLeod, Kulig, Stewart, Pitblado & Knock, 2004).

The purpose of this article is to describe one theme emerging from a grounded theory study, whereby the authors studied preceptors and students in rural settings. The primary methods of data collection were guided interviews with rural-based preceptors and students, augmented with written field notes, and available documents such as course outlines.

BACKGROUND

The setting for this project is rural Alberta and Saskatchewan. Statistics Canada (1993) defines a rural area as a place having a population of less than 1000 and a density of less than 400 persons per square kilometer. In Canada, the term rural might be perceived as referring to areas in which access to health care services is limited by distance and lack of qualified care providers, particularly physicians (Alberta Physicians Resources Planning Group, 1997). In 2000, 41,502 Registered Nurses (RNs) worked in rural Canada, more than half of them in part-time positions, and consisted of 17.9% of the total number of RNs employed in nursing nationwide. As well, as with the nursing profession generally, the rural nursing workforce is aging, with an average age of 42.9 years, an increase of 2.3 years since 1994 (Canadian Institute for Health Information (CIHI), 2002). Recruitment of new graduates to rural areas therefore can only be enhanced by the provision of high quality precepted student learning experiences.

REVIEW OF THE LITERATURE

Nurses working in rural areas are described as having the ability to function autonomously, adapt nursing interventions to low-tech environments, to be expert generalists (Bushy 2001), and frequently extend their practice into the domain of other health professionals (Weinert & Long, 1989). Rural nurses have higher than average turnover rates, while those who stay in the setting cite job satisfaction and team work as reasons for continuing to practice in the setting (Hegney, McCarthy, Rogers-Clark, & Gormann, 2002). Beatty (2001) noted little has been done to investigate rural nurses' learning needs or the context of their practice setting. In addition, professional isolation prevents these nurses from networking with colleagues.

Rural nursing is recognized as a practice setting that requires nurses to be flexible, able to engage in more autonomous practice, and be able to expand the nursing role into the scope of practice of other health care professions as appropriate (Kenny & Duckett, 2003; Lauder, Reynolds, Reilly & Angus, 2001; Long & Weinert, 1999). Rural nursing requires nurses who are generalists with strong assessment and case management skills (Bushy, 2001; Kenny & Duckett, 2003; Long & Weinert, 1999). Kenny and Duckett (2003) suggest the complexity of rural nursing practice necessitates masters-prepared advanced practice nurses; however, most new nurses in Canadian rural settings are recruited from undergraduate or diploma nursing programs.

Nurses in rural practice in Canada are aging and are on average 42.9 years of age. In Alberta and Saskatchewan, rural nurses on average are even older (43.9 and 44.2 years respectively) (CIHI, 2002). Combined with national and worldwide nursing shortages, this demographic trend creates the imperative to recruit new nurses to rural practice settings. According to Nichols (1999) and Baird-Crooks, Graham and Bushy (1998), an effective means of achieving this end is to address rural nursing issues in undergraduate curricula and expose students to rural nursing during their educational programs. Preceptorships in rural practice settings during students' senior years provide an ideal means of providing rural nursing experience under the supervision of experienced rural nurses.

At this time, little is known about rural-based preceptorship experiences. Since all students in western Canada are offered and often encouraged to accept a rural

preceptorship experience, it was timely to begin to research this type of teaching. As educators, the authors are strongly committed to developing research evidence for teaching and learning. Furthermore, the authors selected this setting recognizing the challenges of rural nursing and appreciating the uniqueness of the setting for nursing students, and recognizing rural preceptors too held unique views about their participation in the preceptorship process.

METHODS

The study design is a grounded theory with the intent of developing a middle-range theory that can be empirically tested (Streubert & Carpenter, 1999). As well, this method affords the researchers an opportunity to deal directly with what is actually going on in the preceptorship experience. “The grounded theory method tells it like it is” (Glaser, 1978, p. 14). Fourth year students were invited to participate via classroom presentations and a written information letter. Their assigned rural preceptors were invited through a written information letter followed by a telephone call. All participants meet the criteria: to speak and understand English; be involved in a structured rural clinical preceptorship of 340 hours; and sign a consent form agreeing to participate in the study.

Prior to commencement of the study, the researchers sought permission from the Deans of their respective Faculties/Colleges of Nursing, and the clinical agencies in which the preceptorship experiences took place, and ethical approval from the appropriate Ethics Review Committees. To ensure credibility of the data, participants were asked to review transcripts of their interviews, make any desired changes or deletions and sign a transcript release form indicating their willingness to release the data to the researchers. To ensure confidentiality, names of the participants were removed from the tape recordings, written transcripts and field notes, and replaced with randomly assigned code numbers.

Data Collection

Data were collected, including demographic data, in nurses’ respective work settings through interviews, field notes and document analysis. Initial interviews followed an interview guide and contained open-ended questions to help facilitate participants’ freedom of response (Strauss & Corbin, 1990). Subsequent interviews were guided by the emerging categories. Twenty six preceptors and twenty three students were interviewed. See Tables 1 to 3 for description of the sample. The authors had hoped to engage in participant observation but both the preceptors and students expressed unease at being observed.

Data Analysis

As with any grounded theory method, analysis of the data began with the first interview. This immediate analysis was used to direct the study by using theoretical sampling to fully explore issues and patterns (Glaser, 1978). The authors were able to generate inductively substantive categories and their attributes (Mullen, 1975). These categories were coded and clustered, and relationships among the clusters emerged (Stern, 1980). Next, data were organized around the interrelation of the substantive codes (Glaser,

1978) and dimensions of the categories were established. Saturation of the data occurred and major recurring themes emerged. More incidents confirmed but did not further develop the emergent theory.

Rigor

To maintain rigor, the following criteria were used: credibility; fittingness; and auditability (Guba & Lincoln, 1989). Credibility was addressed by developing rapport, establishing trust and working collaboratively with the preceptors and students. Findings were validated with the participants via member checks and structured feedback (Guba & Lincoln, 1989). Fittingness, the recognition that findings can fit into contexts beyond the study (Kirk & Miller, 1986) and be meaningful to individuals outside of the study was augmented by collection of data from two different programs and multiple rural settings. Auditability, the ability of other researchers to follow the thinking, decisions and methods used by the original researchers and, if strong, allows other researchers to arrive at similar, not contradictory, results and conclusions (Yonge & Stewin, 1988) was established through a comprehensive audit trail.

RESULTS

Students' Perceptions of Rural Placements

The majority of students in the study had requested a rural placement for their final preceptored practicum experience. Typically, these students originated from or grew up in smaller towns, had accommodation, family support, previous positive experiences in small towns, or they did not like 'big cities'. Several stated directly they were more comfortable in the rural setting. Some of the students expressed their enjoyment of the 'family feel' that coincides with a rural hospital. The reasons they cited for requesting rural placements included: the variety of experiences, challenges, and areas in which they would be working. They use the words 'floating around' as a positive attribute of the practice setting, a perspective expressed in the following quote,

It's been challenging because I'm going to so many different areas, but it's a welcome challenge. I'm happy to be having the wide range of experiences I am having. The experiences I'm getting are so diverse, you know. You go from working with pediatrics to working with the elderly, from emergency to labor and delivery and it's just that there's some variety.

Students selected rural placements as part of their career planning and several expressed interest in returning to the rural setting to work once they had finished school, as captured in the following quote,

I'm going back to the rural setting. Absolutely. I'm a farm girl. I was born and raised in a small community and I'm headed back to a small community. Not the same one I was born and raised in, but absolutely, I'm going to be a rural nurse.

Another student countered the perceptions of this student by commenting on the dynamics that could occur in a small hospital. She states,

I don't want to be stuck in a small town. Because I grew up in a small town and I don't want to be in a small town. In small towns, there are not a lot of opportunities for positions.

It's all seniority and these people have been here for years and years and years, so right now I don't want to be in a hospital...not because I don't like it... really, I like the variety of everything...I just don't want to be in a small town.

A few students who had not requested a rural placement but were placed there, were pleasantly surprised to find their rural experiences were proving to be both challenging and fulfilling. In fact, some students discovered their negative assumptions about rural nursing practice were unfounded once they were in the practice setting. Most commented on the challenging nature of client care in acute care environments and holistic nature of community nursing practice, both unexpected findings for them.

The disadvantage of being in rural placements was the lack of technology in the rural hospitals particularly in terms of computer use. If there are computers, the students' knowledge of use often surpassed that of the hospital staff. As well, many students commented on the fact that contact with their university instructors had been limited and often only one short site visit occurred. One student mentioned a sense of isolation and believed students in rural placements did not have academic support. Their sense of isolation was heightened by lack of peer contact and support. There was also unpredictability with patient numbers, ranging from a demanding patient assignment to too few patients whereas in urban centers, the patient census did not vary as widely. Students were often pleasantly surprised by the complexity of some rural client needs and care, having assumed that more complex clients would be admitted to urban centres.

Preceptors Perceptions of Rural Placements

Preceptors and students shared many similar perceptions. Preceptors believed students had more exposure to different clinical areas in a rural setting. They believed their practice was unique and demanding, and not every nurse could work in a rural area. Numerous times, they commented they were generalists who had to be alert in patient care, as noted in the following quote,

'Working in a rural hospital you can have so many things going on. You can have a really sick patient on the unit; you can have someone in labor; you can have something major going on in emergency and you kind of have to stay on top of things.'

Like the students, they used the words 'variety of experiences', 'doing everything' and 'challenging' when describing the nature of their work.

Preceptors often referred to the differences between a rural and urban setting. In a rural setting there was increased opportunity for intersectorial networking, time to spend with patients, and time for the preceptor and student to spend with each other, particularly if they were driving together. Preceptors also identified more opportunities to effect change and be involved in front line work. As well, they noted staff role modeled positive working group dynamics given they live in the same geographic area. Lastly, as a limitation, rural settings did not have the resources of the urban centers, in terms of other health care professionals, specialists, or computers. Just as they sent patients to the urban area for specialist care, the urban centers sent certain types of patients back to them. If the latter occurred, the health care agency had no choice but to accept them because the patient was 'at the end of the line and has nowhere else to go', resulting in unpredictable workloads and more long-term care and palliative clients.

All in all, preceptors believed students obtained a better education in a rural setting given the ease by which student experiences could be arranged and rearranged and the way the staff worked together to facilitate student learning. The following quote captures this sentiment,

‘Our unit is a combined unit – it’s a very bizarre combination of geriatrics, medical, psychiatry, ICU and pediatrics. We have this vast arrangement of patients. Now if I’m pulled into ICU one day and it’s maybe not the best experience for the student, then one of my co workers will take the student under his or her wing that day and so the ward functions very nicely.’

Rural preceptors often commented they received the ‘best students’ in rural placements, often evaluating their practice as excellent or exceptional. They assumed students who were experiencing difficulties in their nursing practice and thus requiring more observation were assigned to urban centers so faculty instructors could give support to students and staff. They too recognized the rural setting was not for every student particularly if they had rigid expectations for practice and were unable to be flexible.

Like the students, they too recognized the unpredictability of the workflow in acute or long-term care settings as reflected in the following quote,

‘I would have liked her to have a bit more experience with some things, but we just had some shifts where nothing happened. And that’s just the chance you take in a rural setting. You can end up with crazy stuff or you can have nothing. We kind of had a bit of a slow spell while she was here. This is unusual, because we’re usually full. Sometimes you just have a lull.’

Community-based preceptors also commented on the effect of the weather on their practice, indicating at times, severe winter weather could affect clinical experiences in communities to which they traveled. Although they could arrange experiences for students with greater ease than their urban counterparts, they couldn’t control the impact of poor conditions on their own traveling or on client attendance at the pre arranged appointments or clinics.

Unlike the students, preceptors commented they often personally knew the patients or the patients’ family in this setting whereas urban nurses were less likely to know their patients. This could be a disadvantage if the patient did not want to be nursed by the student, someone they did not know. Often the patients wanted the nurse they knew personally to be assigned to them and were wary of someone new and not primarily because it was student assigned to them. The following quotes capture this relationship,

‘It’s a small community. We know a lot of the clients that we are working with and their family circumstances. What she was telling me sounded reasonable for the situation... It’s different that in the city where your nurses wouldn’t know those families so well. I think that’s another plus of the rural areas, you know you see the babies in the baby clinic, you see their grandparents at the flu clinic. You know the whole family so you live in the community you know so and so and not in a, you know, in a gossipy way but you know.’

The nurses used their knowledge of the community to enhance their nursing care and derived personal satisfaction from these relationships.

Like the students, preceptors also noted they did not have the contact with the faculty instructor when in the rural setting as opposed to what they imagined happens in the urban setting. Many indicated they would like more contact even if it were just in the form of telephone calls.

DISCUSSION

In this study, approximately 60% of preceptors were over the age of 40 years and most were diploma-prepared. All students were in their fourth year of baccalaureate nursing programs and the vast majority (95.7%) were in their twenties. Several students commented on the 'diploma-degree' controversy that may have affected the willingness of rural nurses to preceptor, as did several preceptors who indicated a lack of confidence in the currency of their nursing knowledge. Because most rural nurses in Canada are diploma-prepared (82%) (CIHI, 2002), nursing faculty may need to address the importance of a preceptor's practice or experiential knowledge when endeavoring to recruit rural nurses as preceptors. As well, over half of the rural nurses in Canada (50.3%) (CIHI, 2002) are employed part-time, frequently resulting in preceptorships where two nurses function as joint preceptors for a single student. This arrangement may have some beneficial aspects for student learning but can also result in orientation and communication difficulties for students and supervising faculty. Considering these employment demographics, faculty may need to reconsider their orientation and communication strategies to involve both nurses in their discussions of student progress. If faculty are not flexible in accepting this arrangement, they may be limiting the number of preceptorships rural agencies are willing to host.

Preceptors in this study were proud of their practice in rural settings and believed they had unique and challenging experiences to offer nursing students. They were enthusiastic in their selection of clinical experiences for students, believed they had more control over the learning experiences and had greater opportunity to offer students intersectorial networking, holistic care, and autonomous nursing practice. They also indicated greater opportunity to address mental health issues in their client populations, a vastly underserved issue in rural settings (Lauder, Reynolds, Reilly & Angus, 2001). They perceived the preceptored experience as a means of recruiting new nurses to the setting and willingly supported offers of employment to graduating students. Several believed their preceptored students who experienced positive nursing practice in the rural setting may consider rural practice later in their careers. They supported students in their desire to work in urban settings upon graduation to increase their skills and confidence levels prior to rural practice.

Preceptors acknowledged some limitations in rural placements for students, not the least of which was the lack of resources for nursing practice. Long and Weinert (1999) suggested rural nurses need to be orientated to techniques for accessing diverse sources of current information especially when access to journals and current textbooks may be limited. Unfortunately, some rural settings did not have computerized documentation systems or access to the Internet. In many instances, because student skills in Internet and computer use exceeded that of their preceptors, they were involved in retrieving information that was useful to both student and preceptor. Although this arrangement may have limited student learning in various ways, it also allowed for mutuality in the precepted relationships; students could assist their preceptors in information retrieval or presentation preparation, often completed on a secretarial computer after hours.

Preceptors also expressed concern about lack of immediate access to faculty, assuming that urban-based preceptors met with supervising faculty on a regular basis. They expressed the need for more frequent contact with faculty, acknowledging the telephone

would be the most useful means of maintaining this contact. It may be advantageous for faculty to formally establish a communication contact system with preceptors whereby exact times and dates for contact are established prior to the rotation. Even though preceptors recognized it is not realistic to expect faculty to travel great distances to meet with them, they still wanted frequent contact. In several instances, preceptors viewed the preceptoring experience as a means of continuing their professional education in part from the stimulus of student questions and through interactions with faculty. This aspect of preceptoring may be an important recruitment strategy if nursing programs are to increase the rural nursing experience in their programs.

Students who requested rural placements often did so because they had prior experience in rural settings. Considering the needs of rural residents for more accessible health care, all students would benefit from greater knowledge of rural nursing practice. Such a strategy could also facilitate recruitment of new graduates to rural practice settings. Providing rural experiences for all students necessitates addressing rural nursing issues in theoretical content throughout the program and encouraging practical experiences in senior years of programs (Baird-Crooks, Graham & Bushy, 1998; Bushy, 2003). In doing so, faculty may be able to address erroneous assumptions about rural nursing. Students in rural placements consistently commented on the complex nature of the practice, opportunities for autonomous nursing practice, the need for strong assessment skills, and provision for holistic nursing care. Contrary to some expectations, they were challenged.

Student issues about rural placements often related to personal difficulties with finances, locating accommodation, or maintaining current residences and jobs while out of the city. Student support regarding these personal issues could facilitate more students in rural preceptorships. In addition, students often found by requesting rural placements, they obtained experience in desired practice areas that were severely over-subscribed in urban centers.

Students are entering an established culture whereby long term relationships are formed in the rural community (Moran & Reel, 2003). Essentially the student is a stranger and one that wants to learn intimate health and illness details of the patient's life and then leaves the setting. Preceptors have long term relationships with the patients and not the students, know the patients and are respectful of their privacy and assess what information is appropriate to be disclosed to the student. They may ask the patient's permission to include a student in the delivery of care or decide a prior that it would not be appropriate for a student to work with a particular patient. Lee and Winters (2004) discuss the concepts of anonymity and familiarity when describing rural nursing theory whereby everyone knows who others are and what they are doing. In this study, preceptors were acutely aware of these concepts and ensured students were introduced to others but this did not mean they could automatically care for all patients.

CONCLUSIONS

Countries such as Canada with a large rural population and distant health services throughout rural regions must address issues of preparing health care professionals to provide health services in these settings. A positive preceptorship experience for both the student and the preceptor could significantly impact recruitment. As nurse educators we must understand the perceptions of the students and preceptors to better prepare, support

and guide them through the experience. This study highlights the importance of preparing student to learn in rural settings including knowledge about the nature of rural nursing, respect for boundaries, lack of use and awareness of technology and to contend with the unexpected. Preceptors need consistent access to faculty particularly as a resource to their development as teachers.

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