

## Commentary on “Bloodroot: Life Stories of Nurse Practitioners in Rural Appalachia”

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Letvak, S. (2007). Commentary on “bloodroot: life stories of nurse practitioners in rural Appalachia.” *Journal of Holistic Nursing*, 25(2), 80.

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Caldwell (2007) presents us with powerful narrative research, weaving the life stories of nurse practitioners in rural Appalachia with the culture of those who call these ancient mountains home. Moustakas’ heuristic phenomenology is used to describe nurse practitioners’ experiences of rural nursing in a small Appalachian community. Caldwell uses the metaphor of the bloodroot, a medicinal self-perpetuating wildflower native to Appalachia to symbolize the interconnection between culture and interrelationships of her participants. The participants’ stories are illuminated through this metaphor by the process of incubation, which Moustakas calls “a process in which a seed has been planted; the seed undergoes silent nourishment, support, and care that produces a creative awareness of some dimension of a phenomenon or creative integration of its parts or qualities” (Moustakas, 1990, p. 28).

Caldwell describes the experience of being for these rural nurse practitioners as one of interconnection with roots to family, mountains, and people, integration into an Appalachian culture, the considering of patients as extended family, and one of making a difference. Holistic nurses will be empowered by these stories, identifying with the desire to connect with patients and families as well as the desire to make a difference in the lives of individuals and communities. Indeed, many believe that there is nothing unique about rural nursing practice because nursing care needs are similar regardless of setting (Bushy & Leipert, 2005).

Caldwell’s participants stated their patients preferred the care of a nurse practitioner. This finding is supported by other research, including Knudston’s (2000) study of 93 rural patients who reported high levels of satisfaction with their care by rural nurse practitioners and Green and Davis’s (2005) study of predictors of patient satisfaction with nurse practitioner care, finding that patient satisfaction was highest when the nurse practitioner was female and practiced in a rural area.

At a time of an acute nursing shortage, recruiting and retaining health professionals to work in rural areas continues to be a challenge. Despite the many rewards of rural practice, rural health care providers experience isolation and often a lack of adequate resources. Caldwell illustrates the rewards of practicing in rural settings. Additionally, she challenges nurses to conduct research to advance nursing theory to enhance the delivery of health care for rural populations.

## **References**

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