Chapter 52
Inclusive Learning for the Rural Healthcare Professional:
Considering the Needs of a Diverse Population

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ABSTRACT

The focus of this chapter is on health care manager's need to develop equal learning opportunities in rural communities. Educational opportunities for healthcare professionals in the rural facilities often get overlooked and/or require more effort to obtain the same level of training as their urban counterparts (Buzza, Ono,Turvey, Whittrock, Noble, Reddy, Kaboli, & Schacht, 2011; Hartung, Hamer, Middleton, Haxby, & Fagnan, 2012). Education and self-directed learning (SDL) promotes emancipatory learning and social action (Lindeman, 1926; Merriam & Caffarella, 1999). It provides a way to minimize the gap in learning opportunities for those serving rural communities. Intentionally integrating socio-cognitive and critical pedagogy (Kincheloe, 2008) into their learning engagement can influence the necessary emotional, motivational, and cognitive engagement. The factors considered for this rural population---- include: diversity of staff (i.e., socioeconomic background, cultural differences, learning abilities, and lived experiences), available resources (i.e., computer equipment, speed of internet connection, funding, and staff resources), and the connectedness between the learner and the educator.

INTRODUCTION

We know that the educational opportunities for healthcare professionals in the rural facilities often get overlooked and/or require more effort to obtain the same level of training as their urban counterparts, thereby marginalizing a portion of the organization (Buzza, ; Ono, ; Turvey, ; Whittrock, ; Noble, ; Reddy, ; Kaboli, & Schacht, 2011). In an attempt to make learning equal, self-directed approaches and distance education have been implemented for some rural facilities. This solution still misses the identity of the

DOI: 10.4018/978-1-5225-9279-2.ch052

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rural healthcare professional, which needs to be considered during the instructional design process. Visionary leaders who desire to create learning organizations in this field will consider various aspects of the learner as they make training and development decisions. These leaders understand the educational process evolves and changes as various communities and their associated identities are integrated into the organization. Adult education …"is an activity…designed to effect changes in the knowledge, skill and attitudes of individuals, groups or communities" (Knowles, Holton, & Swanson, 1998, p. 10). These adult learners require relevance and purpose in learning as they relate to their lived experiences (Knowles et al., 1998). Learning is related to the self-identity developed from the social environments and community in which they live. Thus, the need for situated cognition is necessary whether that be online, face-to-face or a hybrid model.

This chapter will provide awareness for motivationally-effective inclusive design that supports identity of those in the rural community and considers all learner attributes –visible or invisible. The focus is on education of healthcare professionals in rural communities. Learning experiences for these rural professionals are different than their urban colleagues. To describe the necessity for these differences, the following areas will be explored related to education of rural healthcare professionals, their community, and learning opportunities. The first section describes the learners, specifically their identity, motivation and cognition. Next, the role of the educator is discussed, which highlights full person engagement, the need for critical self-reflection, and inclusive community building. The third section reviews instructional design decisions for optimal learning and concludes with a summary of recommendations.

THE RURAL HEALTHCARE PROFESSIONAL

The rural community in the United States represented approximately 20% (22 million people) of the overall population; however only 9% of the physical population practices in rural centers (Geyman, Hart, Norris, Coombs, & Lishner, 2000). Often trainings are designed with a universal learner in mind—making learners' identities invisible. The invisibility of where a healthcare professional practices creates a gap in design decisions when developing instruction. Design strategies must be multifaceted with intentional inclusion of all diversities (Geyman et.al., 2000) Otherwise, designers could make decisions that favor their own identity (which is not likely that of a rural healthcare professional). The healthcare professionals in the rural community have unique identities and experiences that must be considered for learning to be effective and relevant. In developing an equal learning opportunity for these healthcare professionals, their rural identity needs to be considered. Identity integrates into learning engagement (Kincheloe, 2008). Since self-concept influences the way in which information is processed (Baldwin, 1992), design needs to be inclusive of the invisible diversity of rural identity.

People make meaning from events that occur in the community where they live and/or work. The social and communal norms influence their behaviors, which become experiences. These experiences shape the thinking and meaning created by members of the community. The lack of awareness in how diversity inclusion influences motivation and learning, within the development of instruction requires praxis (Freire, 1970, 1973).

Prior to taking action on instruction it is important to consciously understand this rural healthcare provider. The learners' ability as well as social, cultural and developmental factors need to be considered in order for this process to be effective (Merriam, & Caffarella, 1999). These factors for consideration

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