

# The Nature of Rural & Remote Nursing

## Fact Sheet 1 How many registered nurses are there in rural and remote Canada?

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**APRIL 2005**

Headlines scream “Nursing statistics tell us Canada not prepared for next public health crisis” and “Nursing supply problem threatens health system.” Canada is facing a serious shortage of health professionals, but rarely is there a focus on the registered nurses (RNs) who provide frontline, and sometimes the only, healthcare to the 6.6 million people living in rural Canada. (From here on, “rural” should be taken to include “remote.”)

This first fact sheet from the research project the *Nature of Nursing Practice in Rural and Remote Canada* provides an overview of selected demographic, educational and employment characteristics of rural nurses in Canada, based on our analysis of the Canadian Institute for Health Information (CIHI) Registered Nurses Database (CIHI, 2002). Although the information presented here is based on the RN workforce in the year 2000, we believe that the patterns shown below are applicable today.

### COUNTS AND RATIOS

Just over 41,500 RNs work in rural Canada, that is, the areas of the country outside the urban centres with core populations of 10,000 or more. Although there are regional variations, only 17.9% of all RNs employed in nursing in Canada work in rural areas, but they serve 21.7% of the population.

Over the past decade, decreases in the absolute numbers of RNs along with increases in the absolute numbers of Canadians have led to decreases in nurse-to-population ratios in both rural and urban areas of Canada. The 2000 ratios are 62.3 and 78.0 nurses per 10,000 in rural and urban areas, respectively. In general, the Canadian nurse-to-population ratios decrease from east to west. However, as the map on the next page shows, these ratios differ considerably within the provinces.

While nurse-to-population ratios are useful, they fail to recognize geographical problems (such as

distance and isolation) that rural RNs must cope with and the problems of healthcare access that rural populations face. These ratios also fail to differentiate between various practice patterns and context (such as the proximity of physicians and other healthcare providers). Some of these issues will be explored in other reports from the project.

### AN AGING WORKFORCE

It is now well known that the RN workforce is aging. In less than a decade (1994 to 2000), the average age of RNs living in rural Canada increased from 40.6 to 42.9 years. This is primarily the result of the failure to recruit substantial numbers of younger nurses into the profession.

In a significant number of rural communities in Canada, nursing care is provided by a sole RN. Based on our initial analyses, 22 of these communities are served by an RN who is 60 years of age or older; in another 93, the sole RN is in her/his 50s. At the other end of the age spectrum, the sole RN in 54 rural communities is under the age of 30.

### EDUCATIONAL BACKGROUNDS

Reflecting the demand for increased skills and qualifications in the nursing profession, the bachelor's degree in nursing is increasingly becoming the standard for practice entry across Canada. In rural Canada, 6.4% of nurses entering practice in 1994 had a bachelor's degree, compared with 9.2% in 2000; in urban Canada, 8.8% had a bachelor's degree in 1994 compared with 12.3% in 2000. This trend can also be seen in the highest level of nursing education reported by RNs. In rural areas of Canada in 1994, 12.5% of RNs had attained a bachelor's degree in nursing as their highest education in nursing compared with 18% in 2000. The equivalent figures for urban RNs are 17.6% in 1994 and 23.8% in 2000. What is significant here is that rural RNs have consistently achieved lower levels of education than urban RNs, both at practice entry and during their nursing careers.



## EMPLOYMENT PROFILES

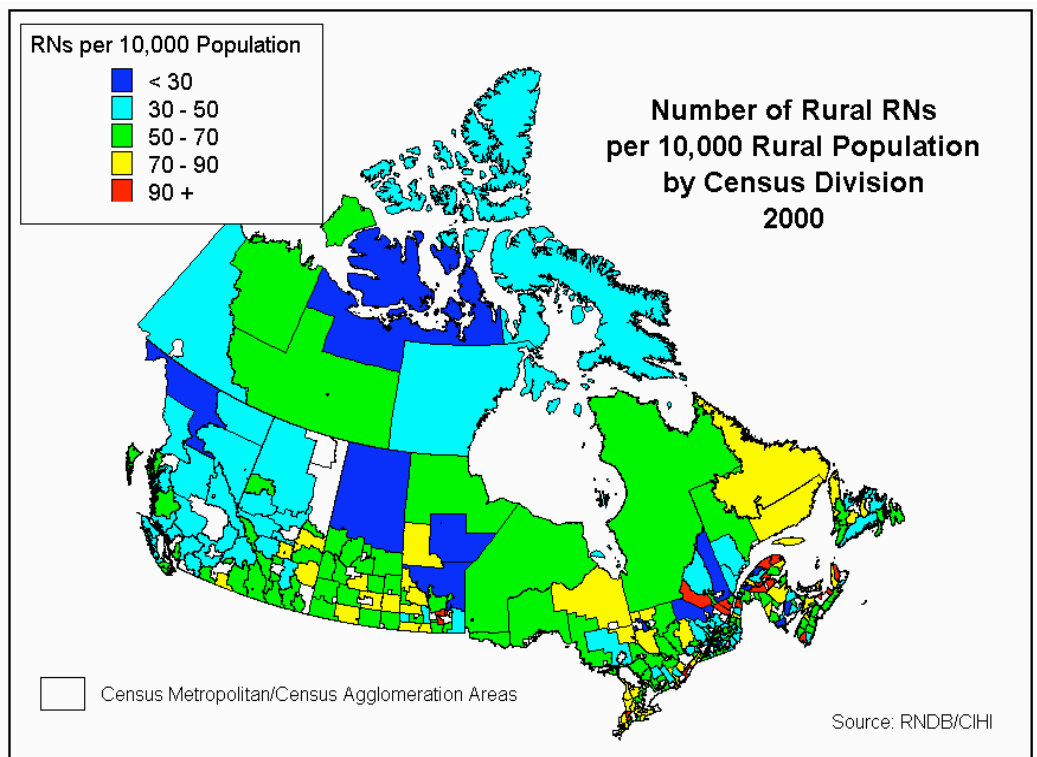
In both rural and urban Canada, the majority (85% or more) of RNs provide direct patient care, most often in hospital settings. However, a lower proportion of rural RNs (53.8%) than urban RNs (62.5%) work in hospital environments. This difference appears to be growing as more and more rural RNs find employment in community health or long-term care/homecare settings.

A number of nursing organizations now advocate 70% full-time employment for RNs. Such a level is a long way off. Although the proportion of RNs who work full time has increased marginally each year since the mid-1990s, the proportion of rural RNs who work full time hovers around 50%, and even in urban Canada the proportion is only slightly higher. In addition, more rural nurses than urban have multiple employers. This is true across all ages, but the proportions (25% or more) are particularly high for rural RNs under the age of 35.

## IMPLICATIONS

- The information provided here and in our expanded documentation (CIHI, 2002) is needed as a foundation for supply-side health human resources planning. Yet this is the first time that such data have been accumulated and assessed for rural RNs across Canada. We recommend that such a compilation and analysis be undertaken on a regular basis, just as is done for the entire nursing workforce. This will require that the nursing associations and CIHI include a "rural variable" on their databases.

- For accessible nursing care in rural communities, an appropriate supply of nurses is needed who are suitably educated for the roles they are to assume. There is an apparent contradiction between the practice demands of RNs in these areas and the comparatively lower level of their formal education. This suggests that new ways are needed to make advanced educational opportunities for rural nurses relevant and accessible.



- Nursing students tell us that they will be seeking full-time employment when they graduate. Rural Canada's current low proportion of full-time nurses coupled with its relatively high proportion of multiple employers will be a detriment to both recruitment and retention of nurses.

- These statistics point to the need for further investigation into the nature of nursing practice in rural areas. Statistics alone fail to portray many of the difficulties faced by RNs in these areas, such as geographical distance and isolation. The complementary components of this research project will provide a better understanding of the experience of nursing in rural Canada.

## Reference

Canadian Institute for Health Information. (2002). *Supply and Distribution of Registered Nurses in Rural and Small Town Canada, 2000*. Ottawa: Author.

This report was prepared for CIHI by the following research project members: Roger Pitblado, Laurentian University; Jennifer Medves, Queen's University; Martha MacLeod, University of Northern British Columbia; Norma Stewart, University of Saskatchewan; and Judith Kulig, University of Lethbridge.

**The Nature of Rural & Remote Nursing** is a series of fact sheets deriving from the research of the three-year project, *The Nature of Nursing Practice in Rural and Remote Canada*, supported by the Canadian Health Services Research Foundation and many co-contributors. The project's goal was to articulate the nature of registered nursing practice in primary care, acute care, community health, continuing care (homecare), and long-term care settings within rural Canada.

These fact sheets (and related tables and graphs) are posted on the project website at [ruralnursing.unbc.ca](http://ruralnursing.unbc.ca). For further information write to [rnn@unbc.ca](mailto:rnn@unbc.ca).

## Citation Information

Pitblado, J.R. (2005, April). How many registered nurses are there in rural and remote Canada? *The Nature of Rural & Remote Nursing*, 1. Retrieved from <http://www.ruralnursing.unbc.ca/factsheets/factsheet1.pdf>.