

The Nature of Rural & Remote Nursing

Fact Sheet 3 RNs in Nurse Practitioner Positions in Rural and Remote Canada

Norma Stewart, PhD, RN
University of Saskatchewan

Martha MacLeod, PhD, RN
University of Northern
British Columbia

AUGUST 2005



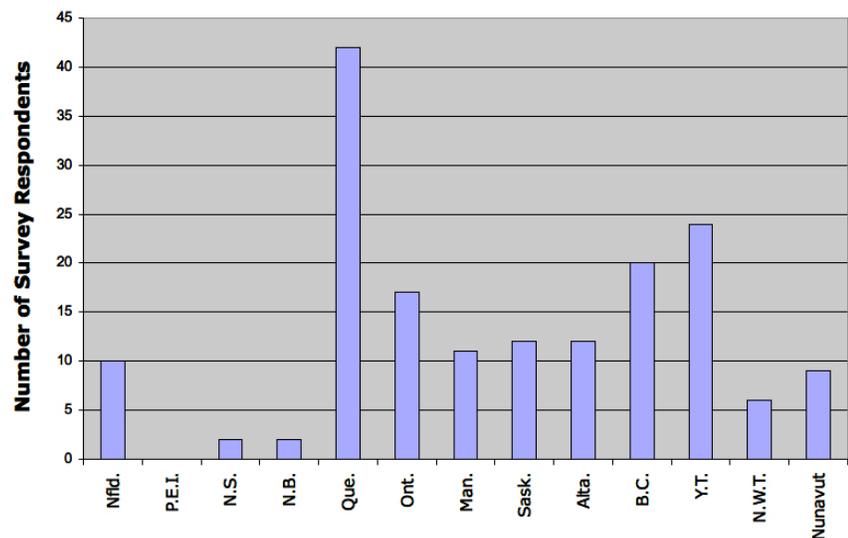
Nurses in rural and remote settings are often expected to take on enhanced or advanced practice responsibilities. Although one-third of the 3,933 Registered Nurses (RNs) in the national survey of nursing practice in rural and remote Canada considered their role to be “advanced nursing practice,” only 167 (4%) were in Nurse Practitioner (NP) positions in 2001–2002. Of these, one in four was practising in the province of Quebec (Figure 1). The survey respondents were carefully selected from RN databases in all provinces and territories to represent the NPs in rural and outpost areas of the country. This fact sheet describes the 167 RNs in NP positions who participated in the survey. The NP experience is illustrated by quotes from nurses in NP roles who participated in the parallel national narrative study.

EDUCATION AND DEMOGRAPHICS

Analysis of Canadian policy documents revealed that educational preparation for the NP role varies from a certificate program to a master’s degree level NP program. Fewer than half (40%) of the 167 RNs in NP positions in the survey had specific advanced nursing practice education. One in three had a diploma as the highest level of education, one in five were prepared at the baccalaureate level, while only one in twenty had master’s level education. The majority of these nurses (56%) had been licensed for 10 to 30 years.

There were twice as many men in NP positions (11%) as in the overall respondent group (5%), while the proportion of aboriginal RNs was the same (5%) in both groups. Only six RNs in NP positions were not Canadian citizens and four of these had landed immigrant status.

Figure 1. Registered Nurses in Nurse Practitioner Positions by Province or Territory (n = 167)



THE COMMUNITY

Three-quarters of those in NP positions considered the community where they worked as “remote,” and the same proportion worked in communities with a population of 2,500 or less.

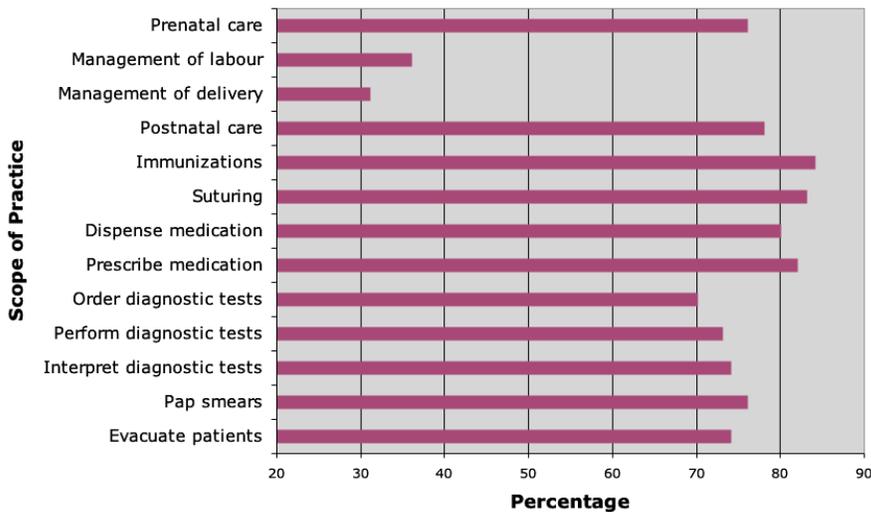
Ninety percent indicated they were happy to some extent with their work community. In in-depth interviews, several spoke of what makes small and often isolated communities “good to the nurses.”

“You’re not called at night unless it’s serious. An elderly woman, who was in pain and awake most of the night, didn’t wake me until 6:00 because she wanted me to have my night’s sleep ... She said, ‘I knew I could be OK. I knew you needed your sleep. You were busy yesterday.’ Which our clinic was.”

JOB CONDITIONS

Of the 167 surveyed RNs in NP positions, 28% had more than one position at the time. Half of these had been employed by their primary agency for five years or less. Most were employed by provincial or territorial governments (55%), local health boards (14%), or the federal government (13%). One-third worked in communities where there was a family physician. Ninety percent had a

Figure 2. Scope of Practice of Registered Nurses in Nurse Practitioner Positions (n=167)



colleague support network for professional support (79% - medicine; 71% - nursing). Over half of this support was face-to-face. *“Having the support of the nursing manager is good. Because she's actually worked in the community, she's aware of what it's like to be in the community when you're the only one there for health-care delivery.”*

Three-quarters were required to be on call. Even though 95% of these nurses were somewhat to very satisfied with their work, almost one in five had taken a formal (paid) stress leave. *“In this community, you are on call for 24 hours ... It's just not physically, mentally healthy ... You're better to do every other day so you can function, so you can think logically and diagnose appropriately. You can't work 70 hours a week for weeks on end, and not have some sort of down time.”*

Most RNs in NP positions (72%) found that there were barriers in their workplace to taking continuing education, often due to inadequate RN staffing. *“The biggest challenge is trying to keep up on what's happening out there. So that when people come to you and ask about a procedure or something like that, you're not sitting there with your mouth open because you've never heard of it before.”*

Three-quarters of RNs in NP positions indicated that equipment was available when needed for care and that personnel were trained to use the equipment. Most indicated that the equipment was up to date and well maintained. Most also found that supplies were available when they were needed.

Fewer than one in five reported that their work situation was “very flexible and accommodating” with respect to family obligations. A similar proportion

indicated that the workplace was inflexible or somewhat inflexible in this respect.

SCOPE OF PRACTICE

“I am about as enthusiastic about nursing as I was when I graduated 35 years ago. I find working under the extended scope of practice one of the most rewarding aspects of my whole nursing career – it allows us as nurses to be productive in our career and to feel that it is a very worthwhile area of nursing.” Figure 2 highlights the breadth of practice for RNs in NP positions.

CAREER PLANS

Thirty percent of RNs in NP positions in rural and remote areas of Canada had plans to leave their present nursing position within the next year (half of these planned to leave within six months). At the other end of the timeframe, 35% expected to remain in their present position for five or more years. Almost half planned to continue nursing in the same location for the next five years.

“I'm with a new employer now, who values my expertise and my opinion and supports me. And I will probably work the next ten years of my nursing career here for those reasons alone.”

“I left because I was treated poorly as an employee. I actually went agency the second year so I could work a month, have a week off, work a month, have a week off.”

CONCLUSION

Registered nurses in Nurse Practitioner positions in rural and outpost areas of Canada are in demanding roles that include a broad scope of practice. They are fulfilling advanced practice roles, but often do not have the educational, practice or organizational supports needed to successfully maintain their roles over time. They are highly satisfied with the autonomy of the advanced practice role, but autonomous practice comes with high levels of stress. Although most have personal and professional support networks, these are often at a distance. New ways of preparing and supporting these nurses are needed in order to ensure high quality, continuous health care in rural communities, particularly those that are isolated or remote.

References

Kulig, J., Thomlinson, E., Curran, F., Nahachewsky, D., MacLeod, M., Stewart, N., and Pitblado, R. (2003). Rural and Remote Nursing Practice: An Analysis of Policy Documents. Lethbridge, AB: University of Lethbridge. R03-2003.

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. For further information write to rrn@unbc.ca.

Citation Information

Stewart, N. & MacLeod, M. (2005, August). RNs in Nurse Practitioner Positions in Rural and Remote Canada. *The Nature of Rural & Remote Nursing*, 3. Retrieved from <http://www.ruralnursing.unbc.ca/factsheets/factsheet3.pdf>.