



The Nature of Nursing Practice in Rural & Remote Canada

Telehealth Presentation:

September 27, 2004

Chinook Health Region



To examine and articulate the nature of registered nursing practice in primary care, acute care, community health, continuing care (home care) and long term care settings within rural and remote Canada



The Study Components

- Registered Nurses Data Base (RNDB)
- Documentary Analysis
- Narrative Study
- Survey

<http://ruralnursing.unbc.ca>



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Funding Partners

(Total - \$592,000)

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- **British Columbia Rural and Remote Health Research Institute**
- **Saskatchewan Industry and Resources**
- **Provincial and Territorial Nurses Associations**
- **Government of Nunavut**
- **Canadian Institute for Health Information**



Registered Nurses Database (RNDB)

- Annual collation of provincial and territorial nurses' associations registration data
- Analyzed to highlight rural nurses in terms of age, sex, education, and employment characteristics

Report available from CIHI:

<http://secure.cihi.ca/cihiweb/splash.html>



Highlights

- 41,502 registered nurses were located in rural and small town Canada in 2000, a 2% decrease since 1994
- In 2000, 17.9% of the total RN workforce found in rural Canada which comprised 21.7% of the total population
- 62.3 RNs per capita in rural compared to 78.0 in urban Canada
- More rural (12.7%) than urban (7.8%) nurses work in community settings
- Rural nurses predominantly educated at the diploma level at their initial period of work (90.8%) and subsequently during their work life (81.4%)



Documentary Analysis

- Analyses of documents dating from 1983-2003 to determine the nature of the policy context within which rural and remote nurses practice
- Interim and interim reports available from web page



Five Policy Areas Emerged

- Advanced practice—an overall move to support this initiative
- Nursing practice issues in Aboriginal Communities—support needed for aboriginal nurses and those who work in aboriginal communities
- Educational preparation—no additional infrastructure to support preparation of rural & remote nurses
- Physician supply—interprofessional context of practice has not been examined
- Health care delivery—support of telehealth but no funds or opportunity to use in educational institutions



Narrative

- Narrative interviews conducted with 152 registered nurses across Canada
- Nurses discussed their experiences in rural and remote settings



Approximate Location of Narratives Respondents Based on Place of Work





They told us...

- Rural nursing is more complex than is given credit for
- Personal and professional roles are inseparable
- Communities shape the practice that nurses provide (demographics or their style)
- Need for extensive knowledge (i.e., nursing, community and other)

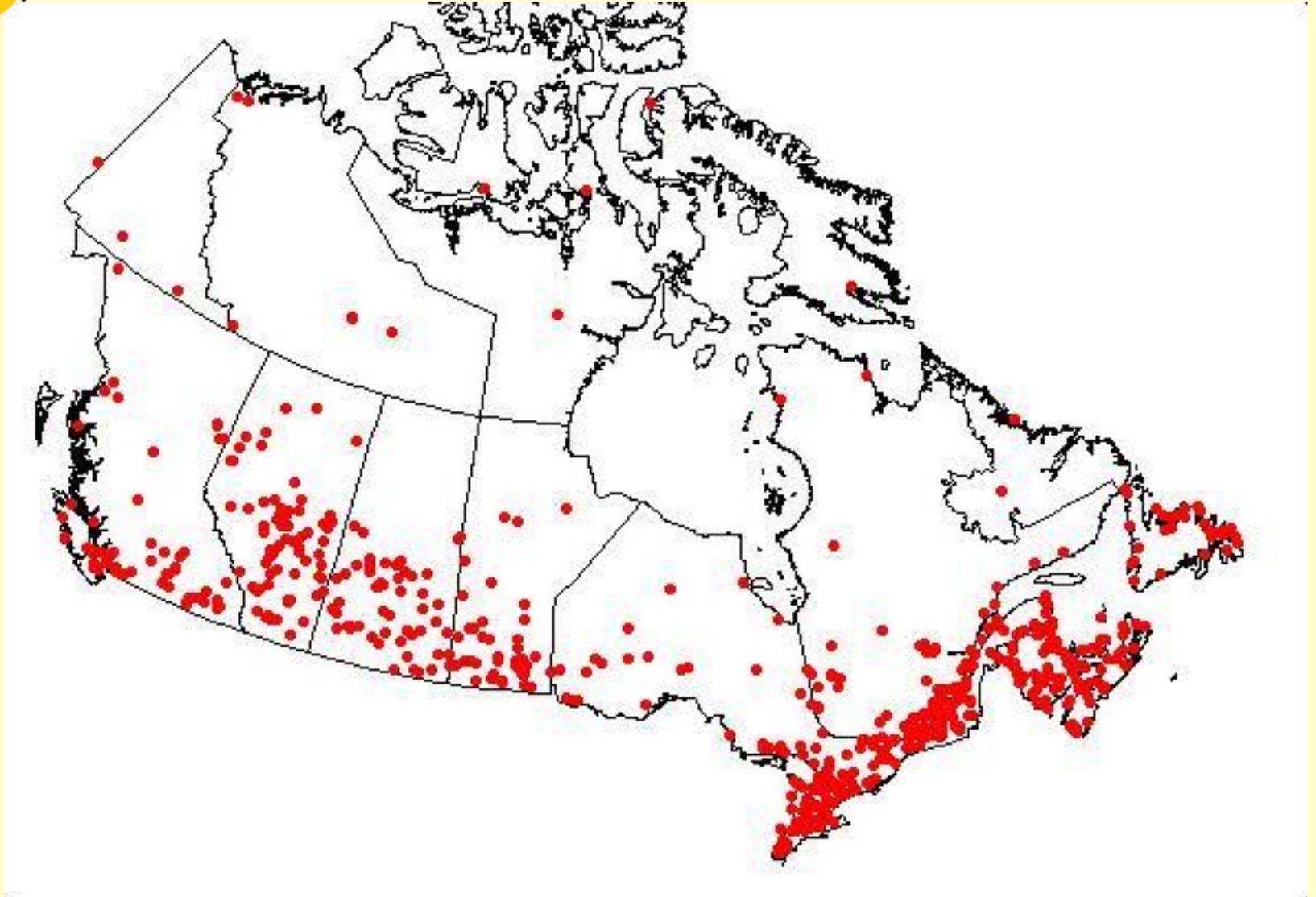


Survey Method

- Mailed questionnaire with persistent follow-up
(Dillman's Tailored Design Method)
- Sample (N=3933)
 - 1) random sample of registered nurses (RNs) living in rural areas in all Canadian provinces
 - 2) total population of RNs who work in outpost settings or the northern territories

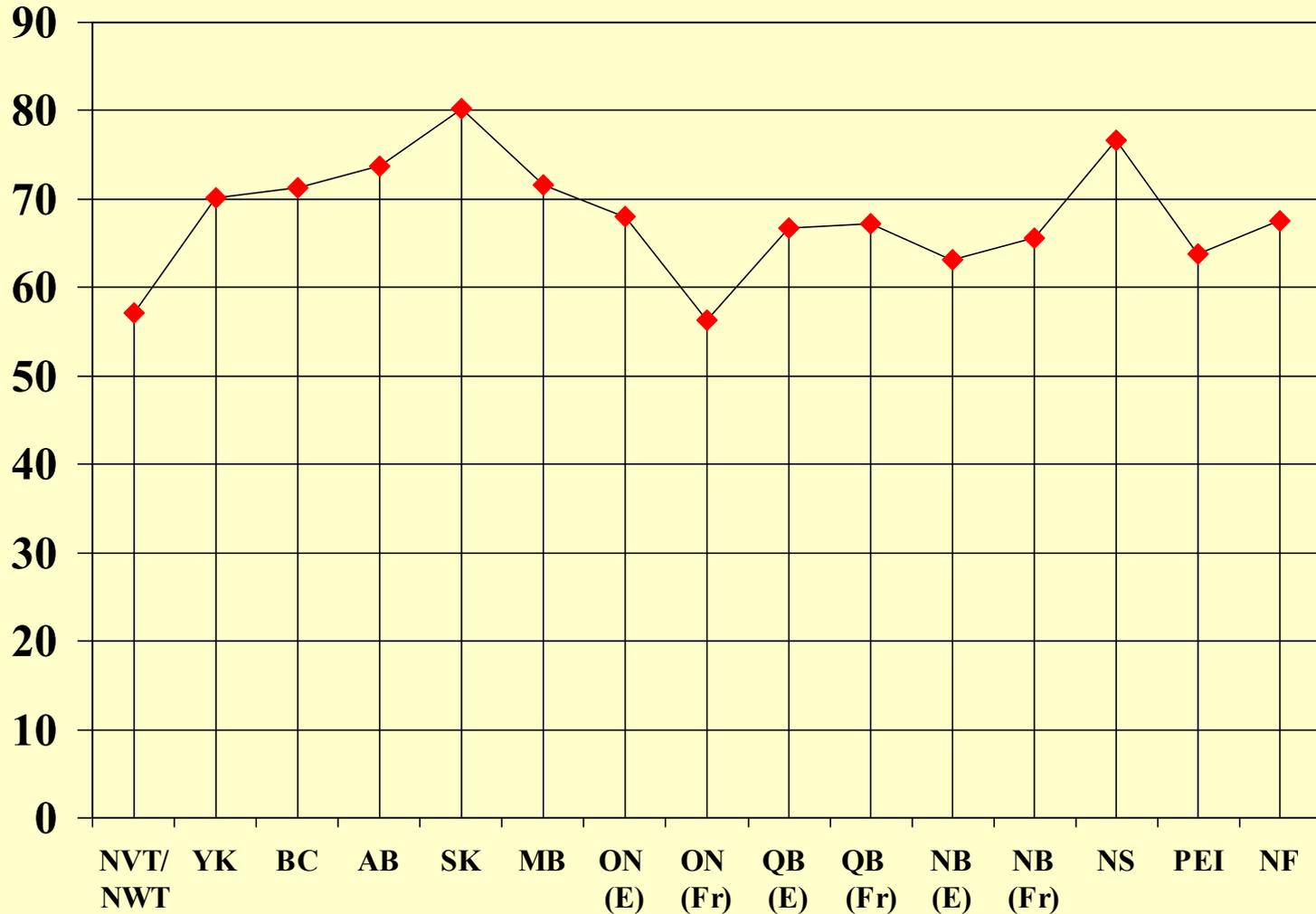


Approximate Location of Survey Respondents





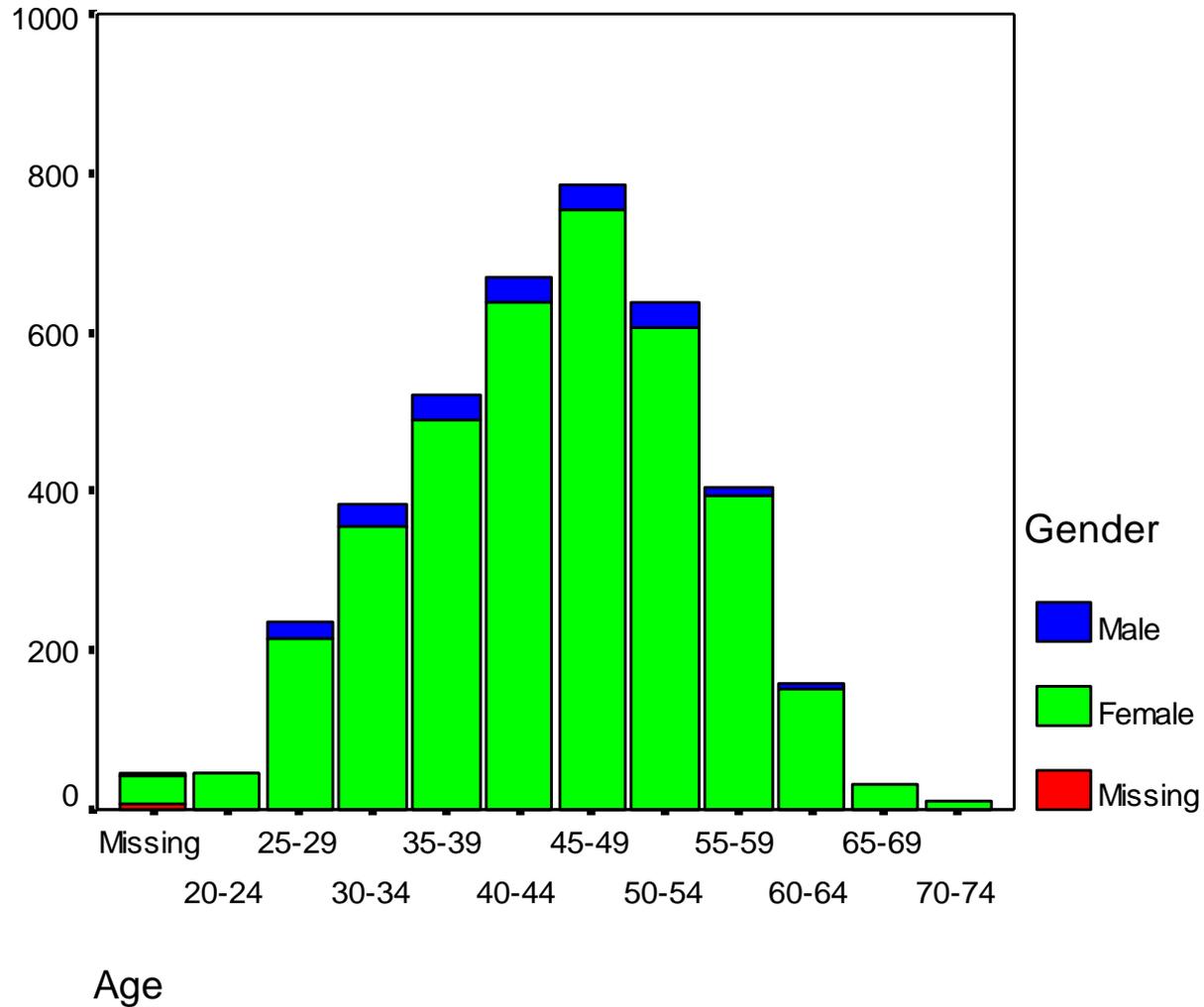
Sample Response Rates by Province and Territory (N=3933)



Source: 2001-2002 Nursing in Rural and Remote Canada Survey



Age & Gender: Total Sample





Gender and Age of Registered Nurses for Alberta

Gender (n=420)

Female	406	96.7%
Male	14	3.3%

Age (n=411)

<25	8	1.9%
25-34	58	14.1%
35-44	121	29.4%
45-54	154	37.5%
55-64	65	15.8%
>64	5	1.2%

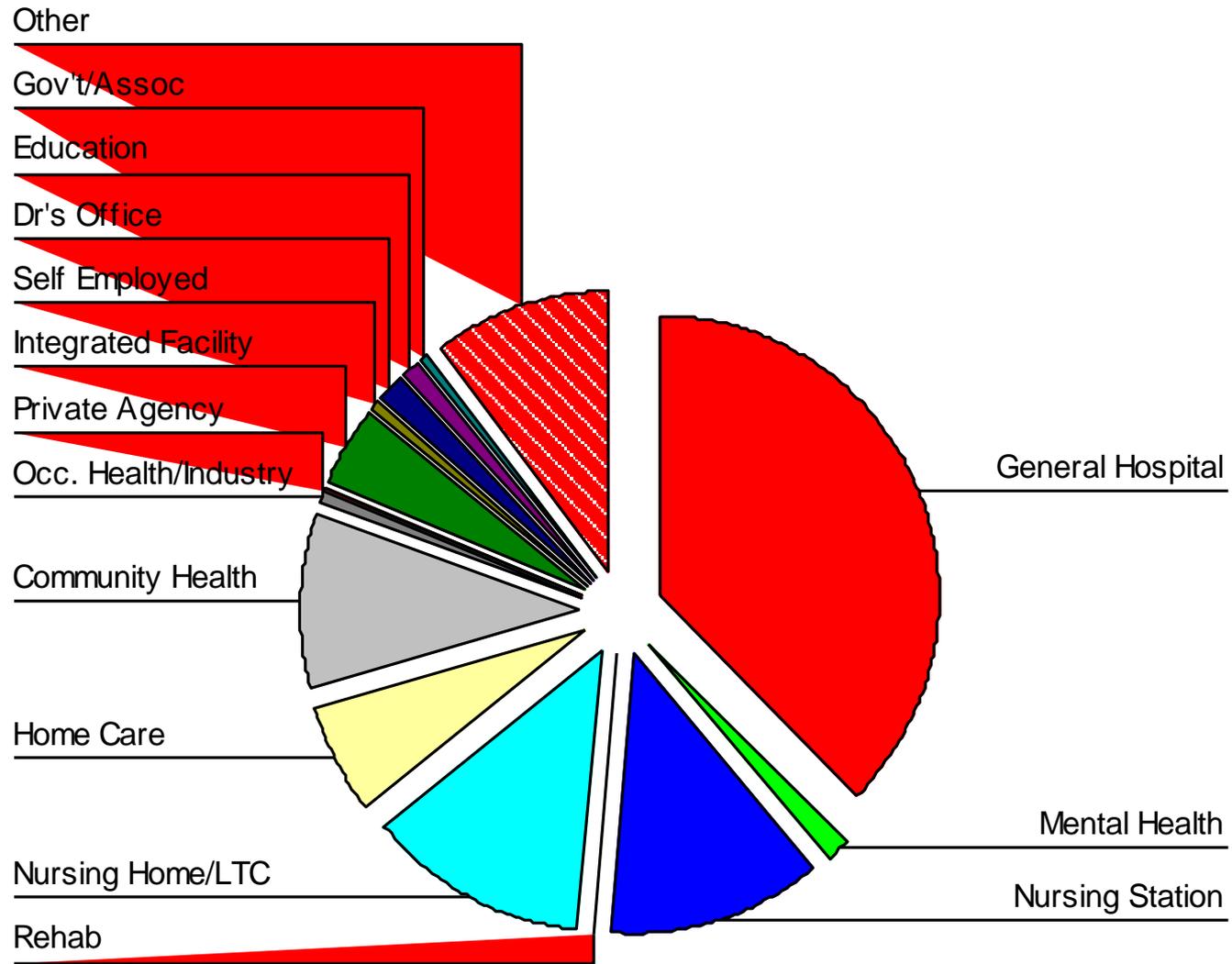


.. an aging workforce

- **Rural RNs**
 - 1994 average age: 40.6 years
 - **2000 average age: 42.9 years**
- **Urban RNs**
 - 1994 average age: 41.6 years
 - **2000 average age: 43.5 years**
- **All RNs**
 - 1994 average age: 41.5 years
 - 1998 average age: 42.6 years
 - **2000 average age: 43.4 years**
 - **2002 average age: 44.2 years**



Work Setting (N=3933)





Primary Work Setting of Registered Nurses for Alberta/British Columbia (n=781)

<u>Work Setting</u>	<u>n</u>	<u>%</u>
General Hospital/air ambulance/dialysis	303	38.8
Mental health centre/corrections/addictions	14	1.8
Outpost/nursing station	98	12.5
Nursing home/long-term care facility	109	14.0
Home care	71	9.1
Community health/public health	108	13.8
Business/private/industry	10	1.3
Integrated facility (acute and long-term)	26	3.3
Physician's office/family practice unit	6	0.8
Education/association/government	10	1.3
Other	26	3.3



Access to Care

- **Education of Nurses**



Education of Registered Nurses for Alberta and British Columbia (n=784)

<u>Nursing</u>	<u>n</u>	<u>%</u>
Diploma	683	87.1
Bachelors	226	28.8
Masters	7	0.9
Advanced Nursing Practice*	57	7.3
<u>Non-nursing</u>		
Bachelors	26	3.3
Masters	13	1.7

* Nurse Practitioner, Clinical Nurse, Specialist, and Midwifery



Advice for Educators

(Source: Narratives, Northern responses)

- Need for reality-based cases
- Part of curriculum offered in rural settings
- Educators who are specialized in knowledge and experience



General Comments from Northern Nurses

(Source: Narratives)

- Basic education inadequate for rural and remote practice
- Rural health nursing needs to part of basic nursing program



Quality of Care



Community Shaping Practice

- Size, distance, demographics
- Expectations of communities
- Knowing the client in the context of community; the community in the context of the client



Advice: Listen to Learn- Learn to Listen

Number one, do a lot of listening initially, and very little talking

Listen to your nurses! Listen to them and respect their opinions and have an open dialogue

Teach them how to use resources – how to find the answers. Don't give it to them.., don't feed it to them....



Sustainability of Care

- **Predictors of Intent to Leave**
- **Migration**



Overall Job Satisfaction and Pay Subscale Scores of Registered Nurses for Alberta (n=411)

	<u>M (SD)</u>	
Overall Job Satisfaction	4.93 (0.73)	
		<u>%</u>
< 20th Percentile		13.6
> 80th Percentile		32.8
Pay	5.15 (1.35)	



Predictors of Intent To Leave

Registered Nurses were more likely to intend to leave their present nursing position within the next 12 months if they:

- Were male
- Reported higher perceived stress
- Did not have dependent children or relatives
- Had higher education
- Were employed by their primary agency for a shorter time
- Had lower community satisfaction
- Had greater dissatisfaction with job scheduling
- Were required to be on call
- Performed advanced decisions or practice
- Worked in a remote setting



Correlates of Migration

Correlates	% Migrants	Odds Ratio
Gender		
Male	7.2	1.00
Female	12.0	1.31*
Highest Nursing Education		
Diploma	11.0	1.00
Baccalaureate	14.9	0.90
Graduate Degree (MA/PhD)	24.0	1.55*
Full-Time/Part-Time Employment		
Part-Time	10.8	1.00
Full-Time	12.7	1.07*



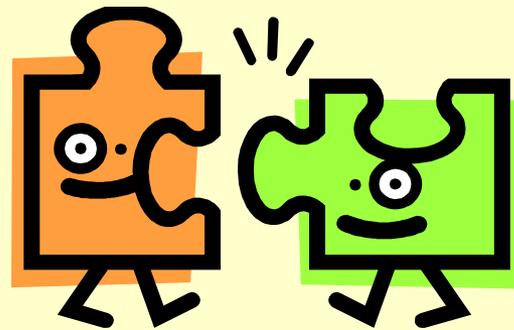
Correlates of Migration (Continued)

Correlates	% Migrants	Odds Ratio
Place of Work		
Hospital	10.6	1.00
Nursing Station	34.4	2.40*
Nursing Home/Long-Term Care	10.4	0.69*
Home Care/Community Health Centre	14.1	0.86*
Education/Association/Government	17.8	1.10
Other	12.8	0.96
Primary Responsibility		
Direct Care	11.9	1.00
Administration	10.8	0.68*
Teaching/Education	18.2	1.41*
Research	11.1	1.18



It's Your Turn!

- Do the findings presented here fit your own experience in rural nursing?





Letting other nurses know

- How can we share our findings with other nurses in:

Chinook Health Region

Other health regions?

Other parts of Canada?





Talking with Decision Makers

- What are some ways in which we can share the findings and your ideas with decision makers in:

This region?

Across the province?

Across the country?

