



# **The Nature of Nursing Practice in Rural and Remote Canada - Yukon**

Martha MacLeod, PhD, RN

University of Northern British Columbia

Nursing Practice Discussions  
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# **Aim of the Study**

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

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



# Principal Investigators and Decision-maker

- **Martha MacLeod**  
**University of Northern  
British Columbia**
- **Judith Kulig**  
**University of Lethbridge**
- **Norma Stewart**  
**University of  
Saskatchewan**
- **Roger Pitblado**  
**Laurentian University**
- **Marian Knock**  
**B.C. Ministry of Health  
Planning (to 2003)**



# Co-Investigators

- Ruth Martin-Misener  
Dalhousie University
- Ginette Lazure  
Université Laval
- Jenny Medves  
Queen's University
- Michel Morton  
Lakehead University
- Carolyn Vogt  
U. Manitoba
- Gail Remus  
U. Saskatchewan
- Debra Morgan  
U. Saskatchewan
- Dorothy Forbes  
U. Saskatchewan
- Barbara Smith  
U. Saskatchewan
- Carl D'Arcy  
U. Saskatchewan
- Kathy Banks  
BC Women's Hospital
- Elizabeth Thomlinson (to  
2004)
- Lela Zimmer  
UNBC



# Current Advisory Team Members

- Cathy Ulrich, BC
- Anne Ardiel, BC
- Debbie Phillipchuk, AB
- Cecile Hunt, SK
- Donna Brunskill, SK
- Marlene Smadu, SK
- Marta Crawford, MB
- Sue Matthews, ON
- Suzanne Michaud, QC
- Roxanne A. Tarjan, NB
- Adele Vukic, NS
- Barb Oke, NS
- Elizabeth Lundrigan, NF
- Joyce England, PEI
- Barbara Harvey, NU
- Madge Applin, NF
- Elizabeth Cook, NWT
- **Fran Curran, YT**
- **Jan Horton, YT**
- Francine Anne Roy, CIHI
- Maria MacNaughton, FNIHB - Health Canada
- Lisa Dutcher, Aboriginal Nurses Association
- Lisa Little, CNA



- Investigator(s)
- Advisor(s)
- Investigator(s) and Advisor(s)





# Funding Partners

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- Nova Scotia Health Research Foundation
- 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



# **Rural and Remote Nursing**

**Access to Care**

**Quality of Care**

**Sustainability of Care**



# Access to Care

- **Supply and Distribution of Nurses**
- **Education of Nurses**

# Supply and Distribution of Registered Nurses in Rural and Small Town Canada



**How many  
Registered Nurses  
are there in rural  
and remote  
Canada?**



Canadian Institute  
for Health Information  
Institut canadien  
d'information sur la santé

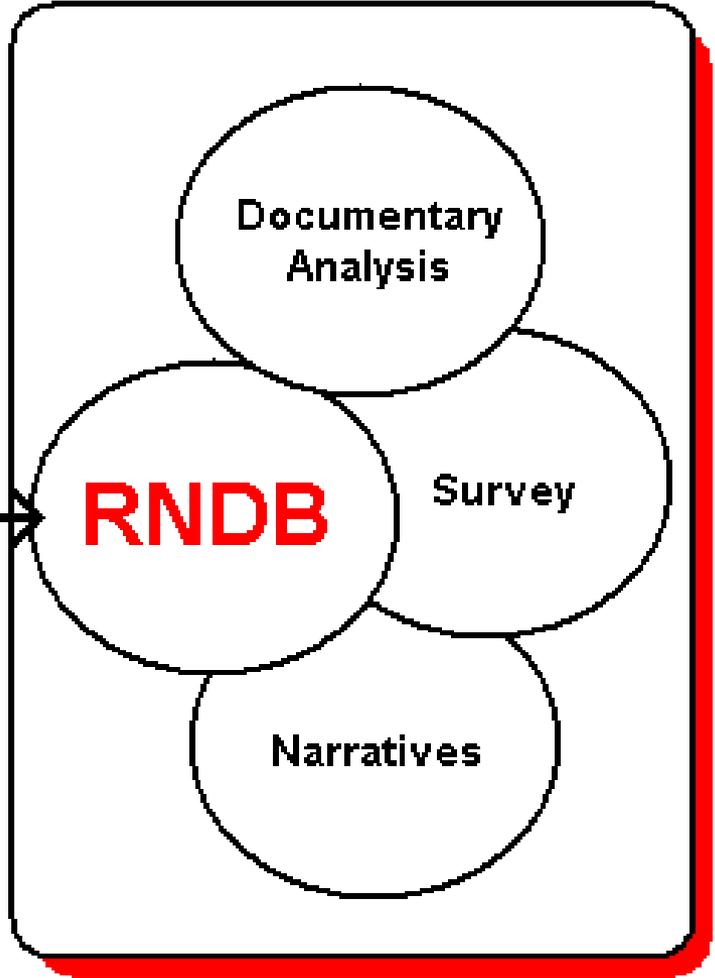
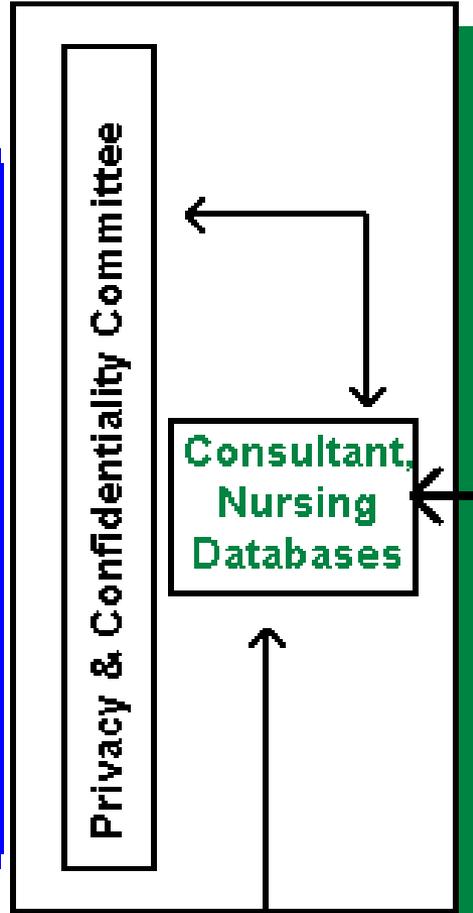


Provincial/  
Territorial  
Registrars

Canadian Institute for  
Health Information

Nursing Practice in  
Rural & Remote Canada

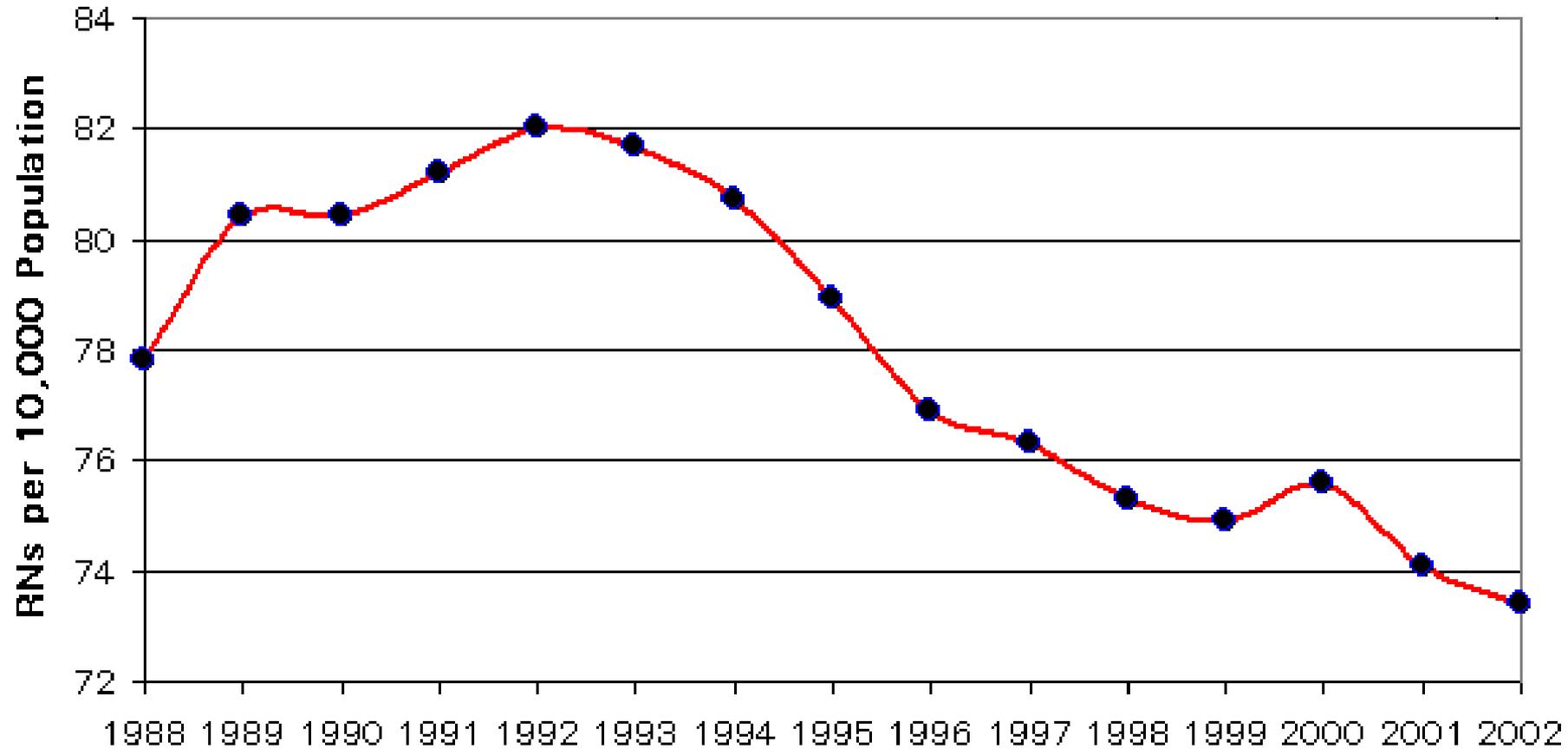
Nfld.	P.E.I.
N.S.	N.B.
Que.	Ont.
Man.	Sask.
Alta.	B.C.
Y.T.	N.W.T./Nun.



**Registered Nurses Database**



## Nurse to Population Ratios (All RNs), 1988-2002



Source: RNDB/Statistics Canada and CIHI

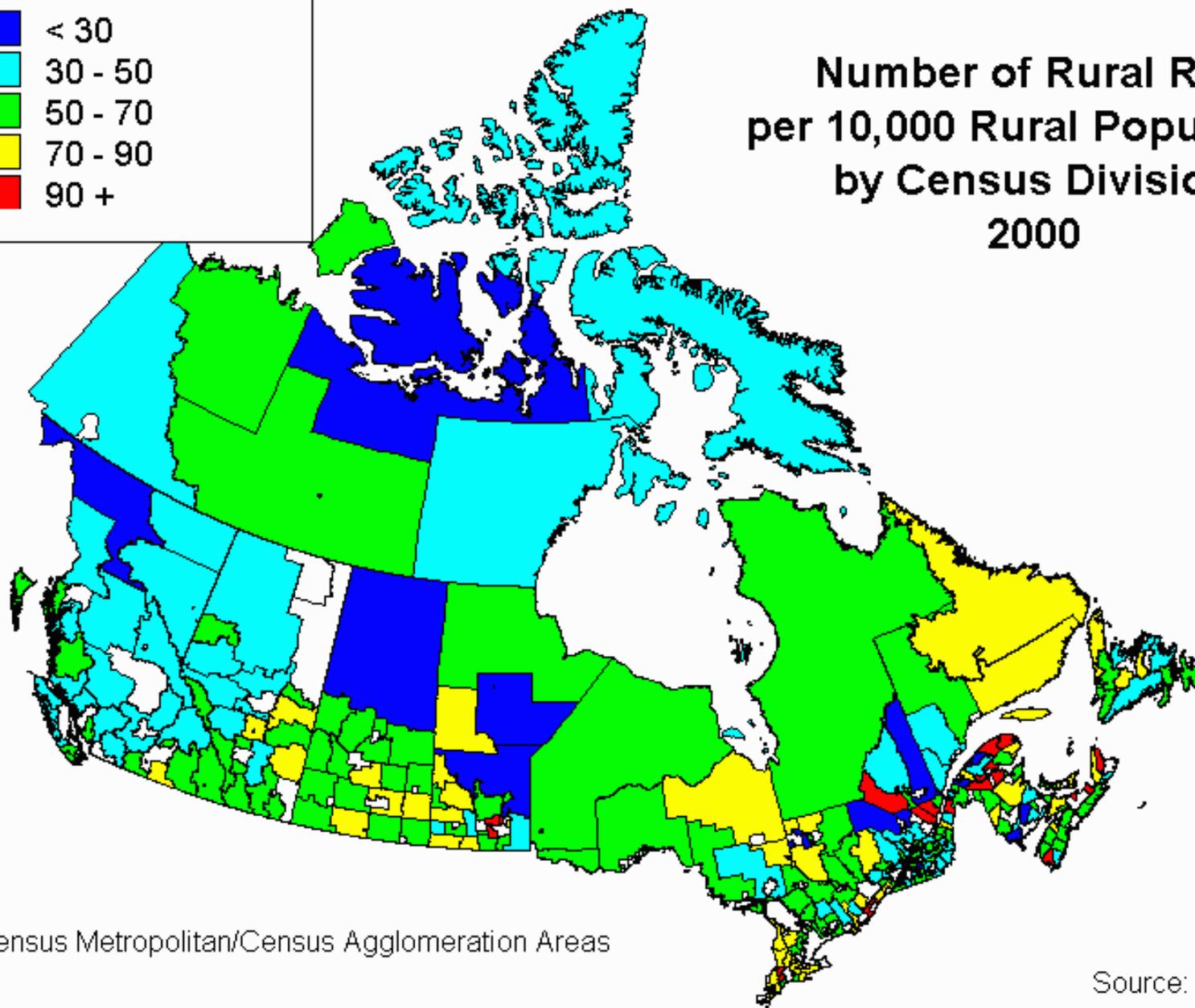
Year	Number of rural (RST) RNs	% of all RNs	Rural (RST) % of total Canadian/ <b>YT</b> population
1994	42,303 <b>45</b>	18.0 <b>22.2</b>	22.3 <b>28.3</b>
2000	41,502 <b>46</b>	17.9 <b>19.4</b>	21.7 <b>29.9</b>
2002	40,648	17.6	20.6

2002 – based on CIHI figure generated without Quebec data

RNs per 10,000 Population

- < 30
- 30 - 50
- 50 - 70
- 70 - 90
- 90 +

Number of Rural RNs  
per 10,000 Rural Population  
by Census Division  
2000



□ Census Metropolitan/Census Agglomeration Areas

# .. an aging workforce

- **Rural RNs -Canada/YT**
  - 1994 average age: 40.6 years/**39.8**
  - 2000 average age: 42.9 years/**44**
- **Urban RNs**
  - 1994 average age: 41.6 years/**41.4**
  - 2000 average age: 43.5 years/**43.4**
- **All RNs**
  - 1994 average age: 41.5 years/**41**
  - 1998 average age: 42.6 years
  - 2000 average age: 43.4 years/**43.5**
  - 2002 average age: 44.2 years



# ...Place of work

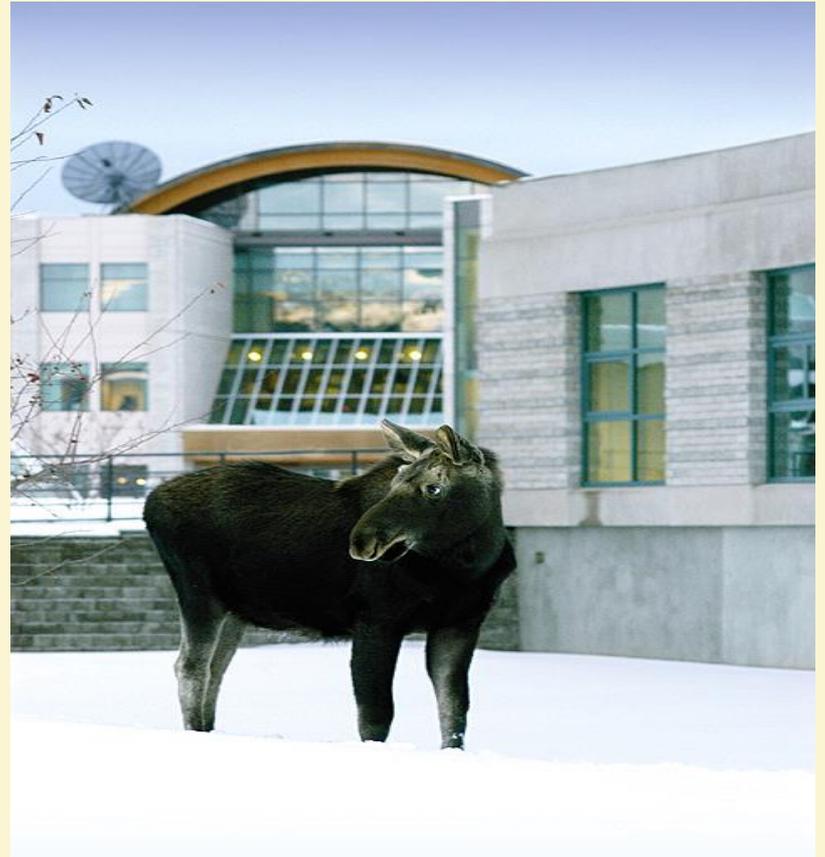
(Source RNDB)

- 64%/57% (YT) of all RNs work in hospitals/nursing stations
- 57%/76% of rural RNs work in hospitals/nursing stations(in 2000)
- More rural (18%/21%) than urban (11%/17%) nurses work in community settings



# Access to Care

- **Education of Nurses**





# Highest Education Level of RNs in Rural Canada/YT, 2000

(Source: RNDB)

	<b>Canada</b>	<b>Rural/YT</b>	<b>Urban/YT</b>
Diploma	81.4%	47.8%	64.2%
Bachelor's	18%	52.2%	34.8%
Master's/PhD	0.6%	0%	1.1%



# Documentary Analysis Methods

- to achieve a contextual understanding of the policy and practice environment
- systematic collection of 200+ documents and analysis of over 150
- developed a guide to examine the materials using the policy cycle: policy formulation, policy implementation and policy accountability (Rist, 1994)



# **Educational Preparation of RNs in Rural and Remote Areas**

- Little information in available reports
- No government documents located that discuss the need to provide educational opportunities for students in rural sites



- Most nursing associations equate rural with accessibility issues regarding education
- Entry-level competencies focus on generic requirements



- Education for remote practice links it with First Nations health issues
- Education documents discuss programs with rural focus at locations such as UNBC, University of Saskatchewan, First Nations University of Canada



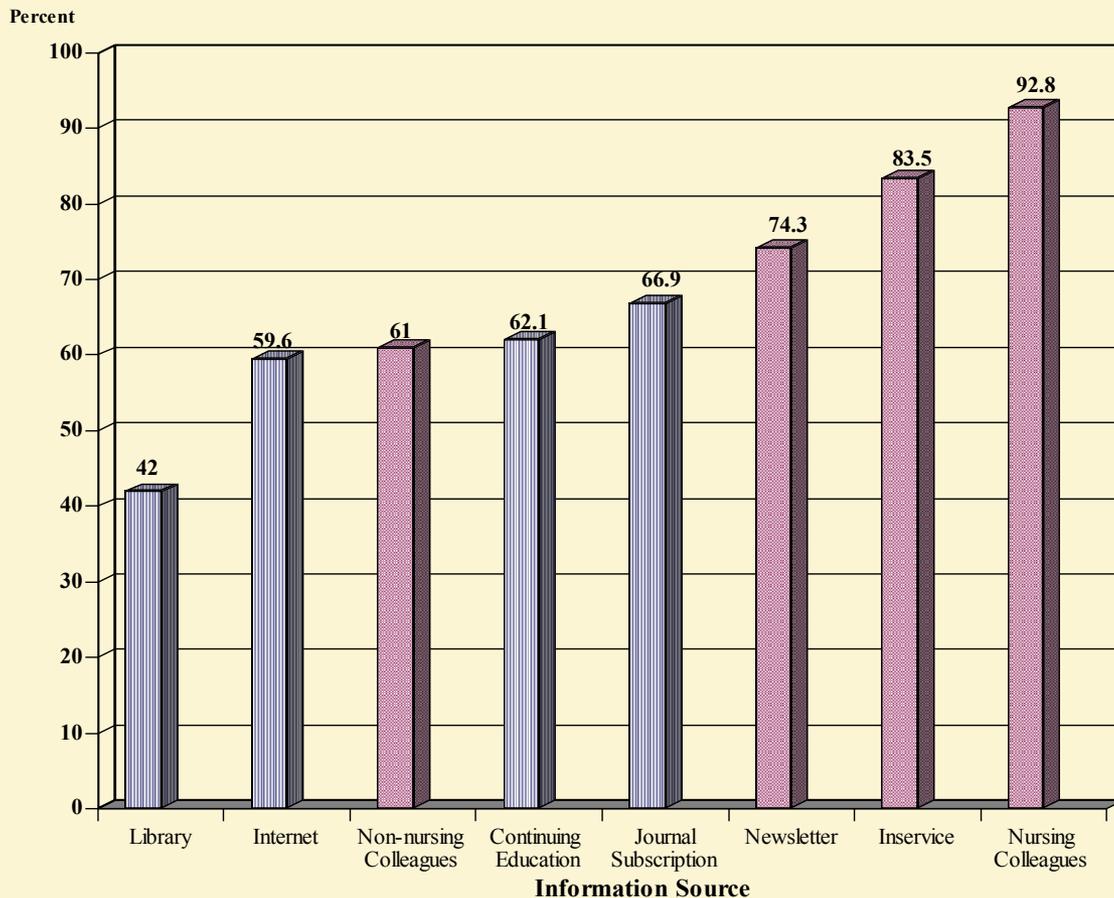
- No indication of education for telehealth occurring within nursing programs
- Nursing programs prepare graduates to be computer-literate but technology not always available or feasible in rural and remote settings



- Extended mentoring or orientation programs need consideration (documentary analysis) but do not replace basic education with employment mentoring (narrative)



# Sources of New Information on Nursing Practice



- The three information sources used most frequently by rural and remote nurses (than any other suggested source) are nursing colleagues, inservice, and newsletters.
- Nurses are 32% more likely to use newsletters than the library to inform their practice, and 21% more likely to use inservice than continuing education to obtain new information on nursing practice.

Source: 2001-2002 Nursing in Rural and Remote Canada Survey (N=3440)



# Advice for Educators

(Source: Narratives)

- Need for reality-based education
- Part of curriculum offered in rural settings
- Educators who are specialized and experienced in rural practice



# Quality of Care

(Source: Narratives)

- **Community as Shaping Practice**
- **Scope of Practice**
- **Working on the Edges of Practice**



# Narrative Approach

- 152 Nurses (11 Francophone)
- Yukon: 8 Territories: 29
- Areas of Practice: Acute, Long-term Care, Public Health, Home-care, Community, Primary Care
- Telephone Interviews
- Analysis: interpretative phenomenology & thematic analysis



## Place of Work of Narratives Respondents





# 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





# Size, Distance, Demographics

*As I stepped off the ski plane I stepped into a foreign world. My role as a nurse was changed completely and my personal life soon became unfamiliar to me in my unfamiliar surroundings*

*We do get a lot of moms with children with various things, but mostly with kids, you know, it's the head colds, bad ear, sore throat, bit of abdo pain. [...] Our kids are basically a healthy population.*

*I remember being up in this same community and working 36 hours straight, no sleep, no break, nothing*



# Expectations of Communities

*I always say it's a double edged sword because they hold you to high respect because you're their own.[...] . And because of that you can't be the normal person that you are. You have to always be this person that everybody looks up to. And the clinic is situated on the top of a hill, so that I can look down at all the [community] around me. And most times I feel that way, that people think it's like that. That I'm the person on the hill looking down on everybody else. And there's a lot of pressure to be the perfect person when you're the nurse.*



# Knowing the Client: Knowing the Community

*We are very responsive in our community because we see those people in our churches and in our grocery stores. And so you know we try and be all things to all people, maybe that is kind of bad. But in the end we are the one who see these people outside of our work life too.*



# 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....*



# Quality of Care

- **Scope of Practice**

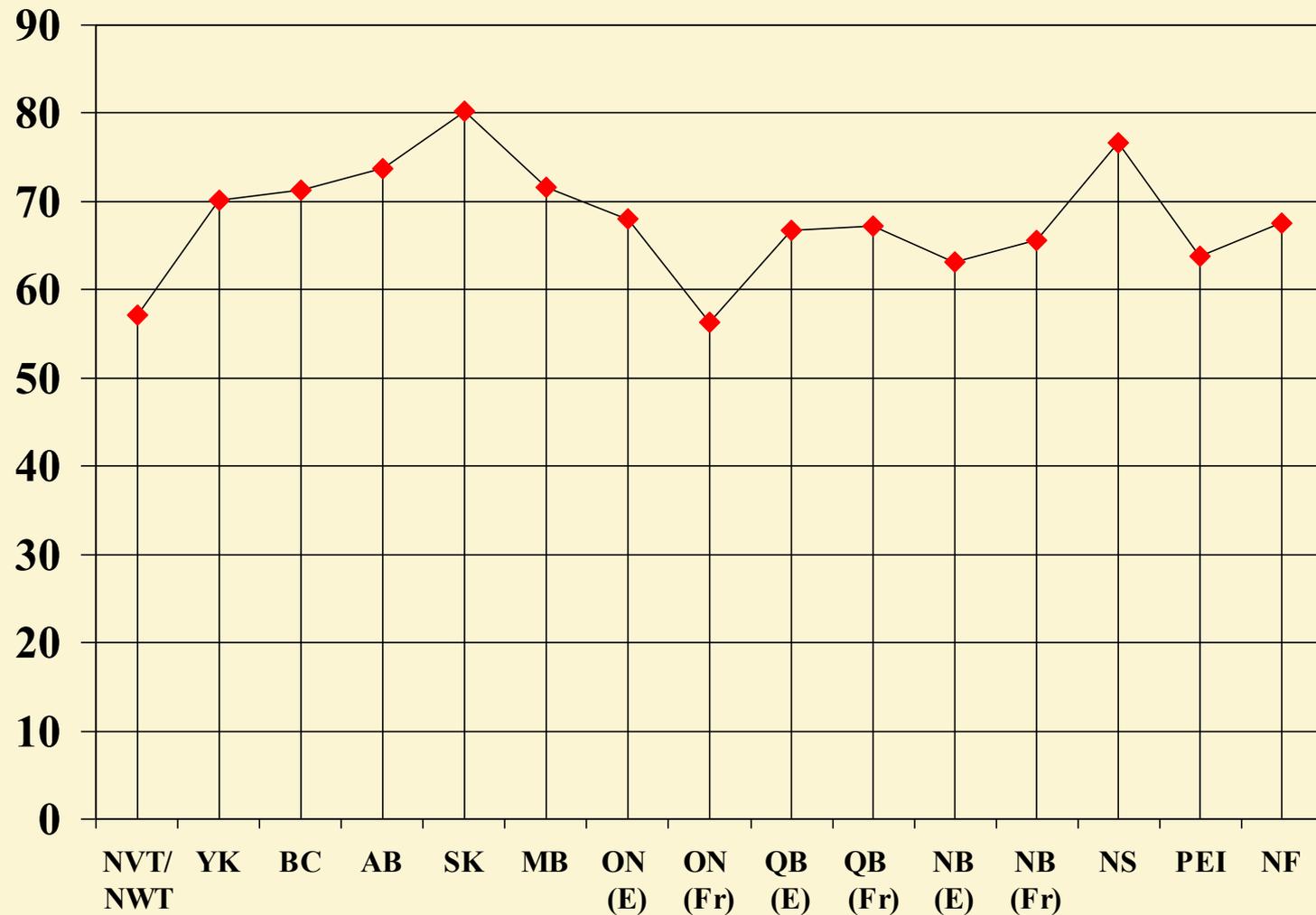




# Survey Method

- Mailed questionnaire with persistent follow-up  
(Dillman's Tailored Design Method)
- Sample (N=3933)(YT=171; Territories=451 )
  - 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

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



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



## Main Area of Nursing Practice (n = 3493\*)

<b>Practice Area</b>	<b>YT (%)</b>	<b>NT (%)</b>	<b>NU (%)</b>	<b>All of Canada (%)</b>
Acute Care	<b>44.2</b>	51.5	40.0	44.4
Long term Care	<b>8.4</b>	7.3	---	17.7
Community Health	<b>20.1</b>	17.6	36.9	16.1
Home Care	<b>5.2</b>	5.5	1.5	8.7
Primary Care	<b>15.6</b>	11.5	20.0	8.3
Other	<b>6.5</b>	6.7	1.5	4.8
<b>Total n</b>	<b>154</b>	165	65	3493

Survey question: “In which of the above practice areas do you spend most of your time?” \*Excluded here – education, administration, research



# Primary Care as Main Practice

- **National – 8.3%**
- **Territories**
  - Yukon – 15.6%** **NWT – 11.5%** **Nunavut – 20%**
- **Provinces**

<b>British Columbia - 10%</b>	<b>Manitoba – 11.4%</b>
<b>Ontario – 13.5%</b>	<b>Saskatchewan – 8.4%</b>
<b>Newfoundland – 6.1%</b>	<b>New Brunswick – 6.1%</b>
<b>Alberta – 5.7%</b>	<b>Nova Scotia – 4.9%</b>
<b>Quebec – 4.6%</b>	<b>PEI – 0%</b>



# Character of Practice

(Source: Survey)

<b>Scope of Practice</b>	<b>YT (%)</b>	<b>NT (%)</b>	<b>NU (%)</b>	<b>All of Canada (%)</b>
Advanced nursing practice and decision-making	<b>50.3</b>	43.5	68.9	39.9
Facilitation of community health promotion activities	<b>53.0</b>	52.5	63.5	47.8
Nothing in my day is routine	<b>61.7</b>	60.8	80.0	63.3
I am required to take on other roles depending on demand	<b>59.1</b>	54.2	46.2	58.2
I use protocols specific to ANP	<b>37.7</b>	44.0	64.6	36.9
<b>Total n</b>	<b>154</b>	165	65	3493



# Advanced Decision-Making or Practice

- **Total – 39.1%**
- **Territories – 47.8%**
- **Provinces**
  - **Ontario – 50%**
  - **BC/AB - 42.7%**
  - **SK/MB – 38.7%**
  - **Atlantic – 32.6%**
  - **Quebec – 31.0%**



# Health Promotion in Community

- **Total – 48.6%**
- **Territories – 56.3%**
- **Provinces**
  - **BC/AB – 54.7%**
  - **Ontario – 52.7%**
  - **SK/MB – 49.3%**
  - **Atlantic – 44.9%**
  - **Quebec – 36.6%**



# Maternity Care

(Source: Survey)

Scope of Practice	YT (%)	NT (%)	NU (%)	All of Canada (%)
Pre-natal Care	<b>43.5</b>	45.5	72.3	35.1
Management of labor	<b>16.9</b>	30.9	60.0	22.8
Management of delivery	<b>14.9</b>	29.7	60.0	20.8
Post-natal care	<b>44.2</b>	52.1	78.5	40.5
<b>Total n</b>	<b>154</b>	165	65	3493



# General Diagnostic Tests

(Source: Survey)

Scope of Practice	YT (%)	NT (%)	NU (%)	All of Canada (%)
Ordering diagnostic tests	36.4	39.4	63.1	28.5
Performing diagnostic tests	46.8	40.0	64.6	32.5
Interpreting diagnostic tests	48.1	42.4	69.2	35.0
<b>Total n</b>	<b>154</b>	<b>165</b>	<b>65</b>	<b>3493</b>



## Medication and Referrals

(Source: Survey)

Scope of Practice	YT (%)	NT (%)	NU (%)	All of Canada (%)
Prescribing medication	27.3	29.1	66.2	17.8
Dispensing (not administrating) medication	51.9	54.5	81.5	46.7
Direct referral to an <i>allied health professional</i>	52.6	48.5	66.2	49.3
Direct referral to a <i>medical specialist</i>	23.4	22.4	52.3	21.9
<b>Total n</b>	<b>154</b>	<b>165</b>	<b>65</b>	<b>3493</b>



# Emergency/Acute Care

(Source: Survey)

Scope of Practice	YT (%)	NT (%)	NU (%)	All of Canada (%)
Suturing	26.6	26.1	67.7	20.2
Taking X-rays	24.7	20.6	56.9	8.2
Casting/Splinting	31.2	32.1	66.2	25.4
Evacuating patients	45.5	55.2	83.1	37.0
Pronouncing death	29.9	21.2	55.4	41.8
<b>Total n</b>	<b>154</b>	<b>165</b>	<b>65</b>	<b>3493</b>



## Specific Diagnostic Tests

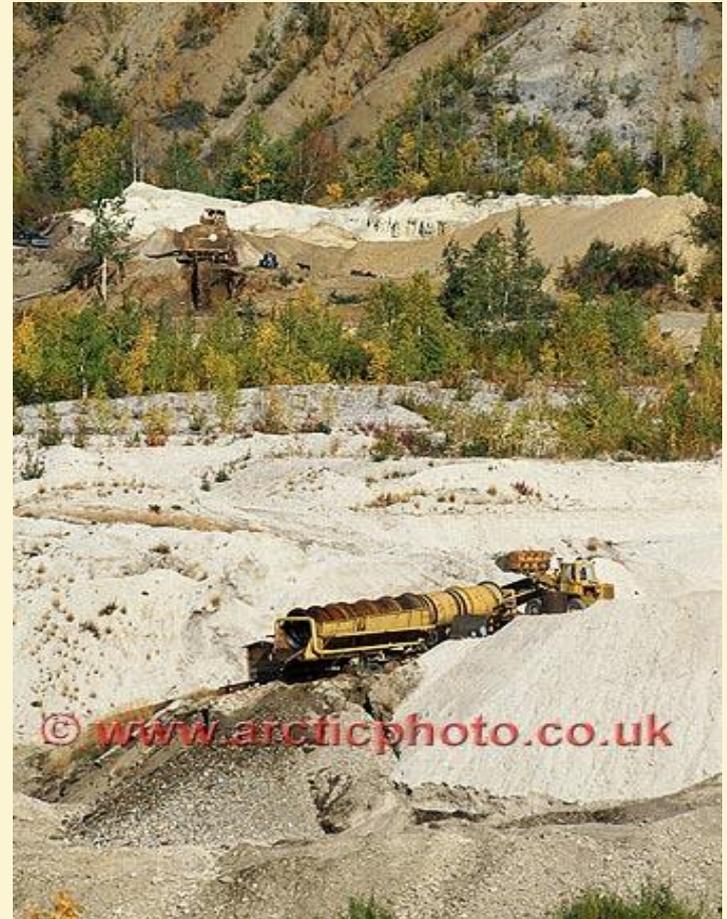
(Source: Survey)

Scope of Practice	YT (%)	NT (%)	NU (%)	All of Canada (%)
Performing pap smears	<b>25.3</b>	27.3	61.5	15.9
Audiometry	<b>25.3</b>	23.0	49.2	12.6
Refraction	<b>5.2</b>	7.9	21.5	3.8
Pulmonary function testing	<b>15.6</b>	20.0	36.9	12.4
<b>Total n</b>	<b>154</b>	165	65	3493



# Quality of Care

- Working on the edges of your practice





“Something just didn’t feel right. I called the doctor but I couldn’t articulate my concerns and she was kind of cranky on the phone, she said, call me when you know what you’re talking about .....when you know. And this was one of the nights that I was on for 17 hours straight with hardly a break. And we’d had a really, really busy time... we were all extremely exhausted .... I don’t remember ever being so exhausted. And I asked one of the nurses who was still up, I sort of ran it over with her, and she said, ....oh, I can’t, I’m too tired, I can’t really talk to you about this ... And I was exhausted so I just kind of thought okay, maybe he’ll be okay. He’ll make it to the morning, the nurse will see him then and if he needs to go out he can go out.”



*The hardest thing I find is deciding not to do anything with a patient. Deciding that everything is okay. Like if somebody is acutely ill, you can start IVs and give them antibiotics and do chest x-rays. That's easy. But it is having the confidence to say no I don't think this is something really serious, and they can go home and come back and see us again in the morning.*



# **Sustainability of Care**

- **Predictors of Intent To Leave**
- **Migration of Nurses**



# **Sustainability of Care**

- **Predictors of Intent To Leave**



# Predictors of Intent To Leave

(Source: Survey)

- **Individual**
  - Sociodemographic & professional
  - Health (perceived stress)
  - Satisfaction with workplace & community
- **Workplace**
  - On Call
  - Advanced decision making
- **Community**
  - Remote setting



# Retaining Rural Nurses

(source: Survey)

RNs who plan to leave their jobs were:

- Unsatisfied with job scheduling, level of autonomy & on call requirements
- More likely to be making advanced decisions & working in remote settings
- Less satisfied with the community where they work

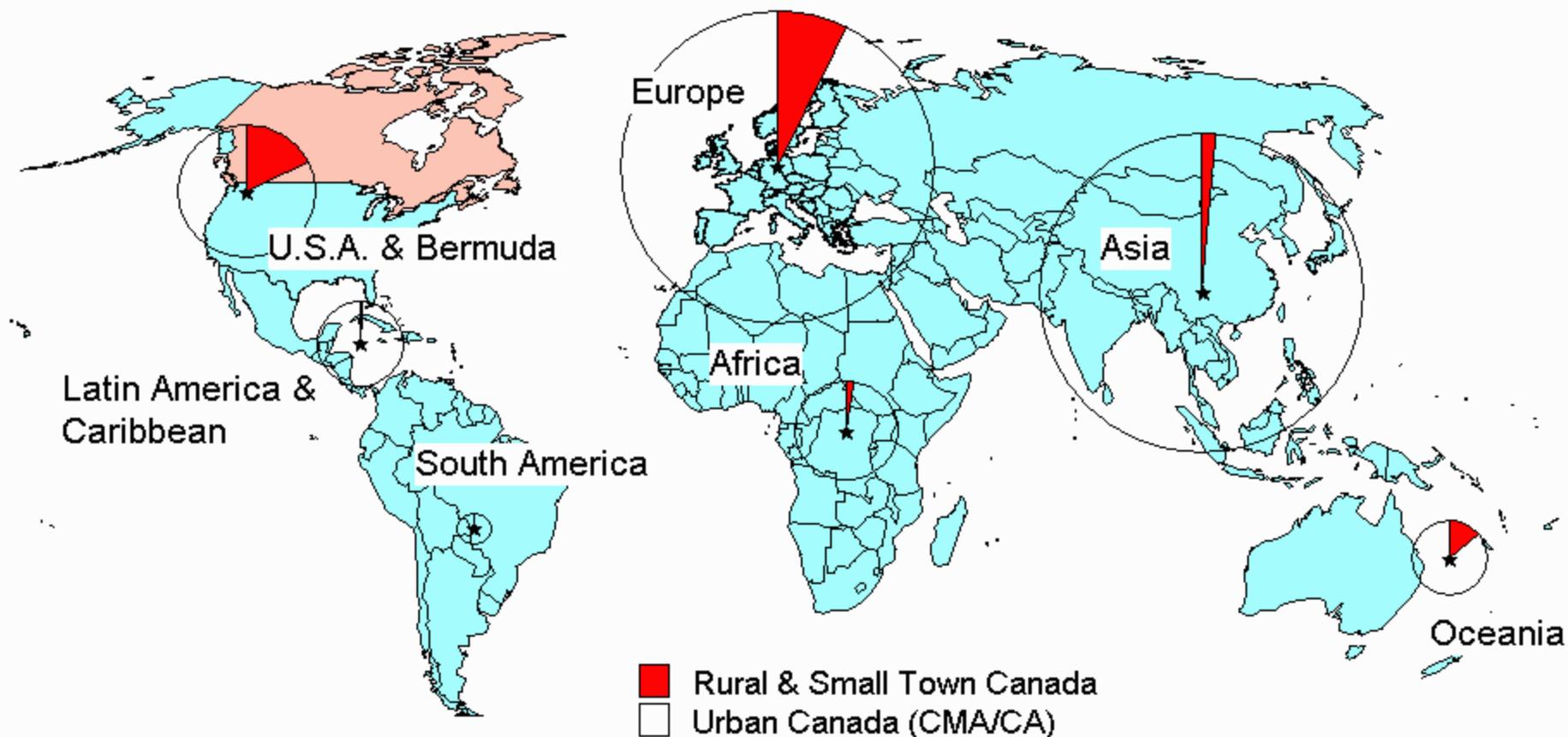


# **Sustainability of Care**

- **Migration of Nurses**



## Major World Region Origins of the International Nursing Graduate RNs of Canada



Source: RNDB/CIHI, 2000

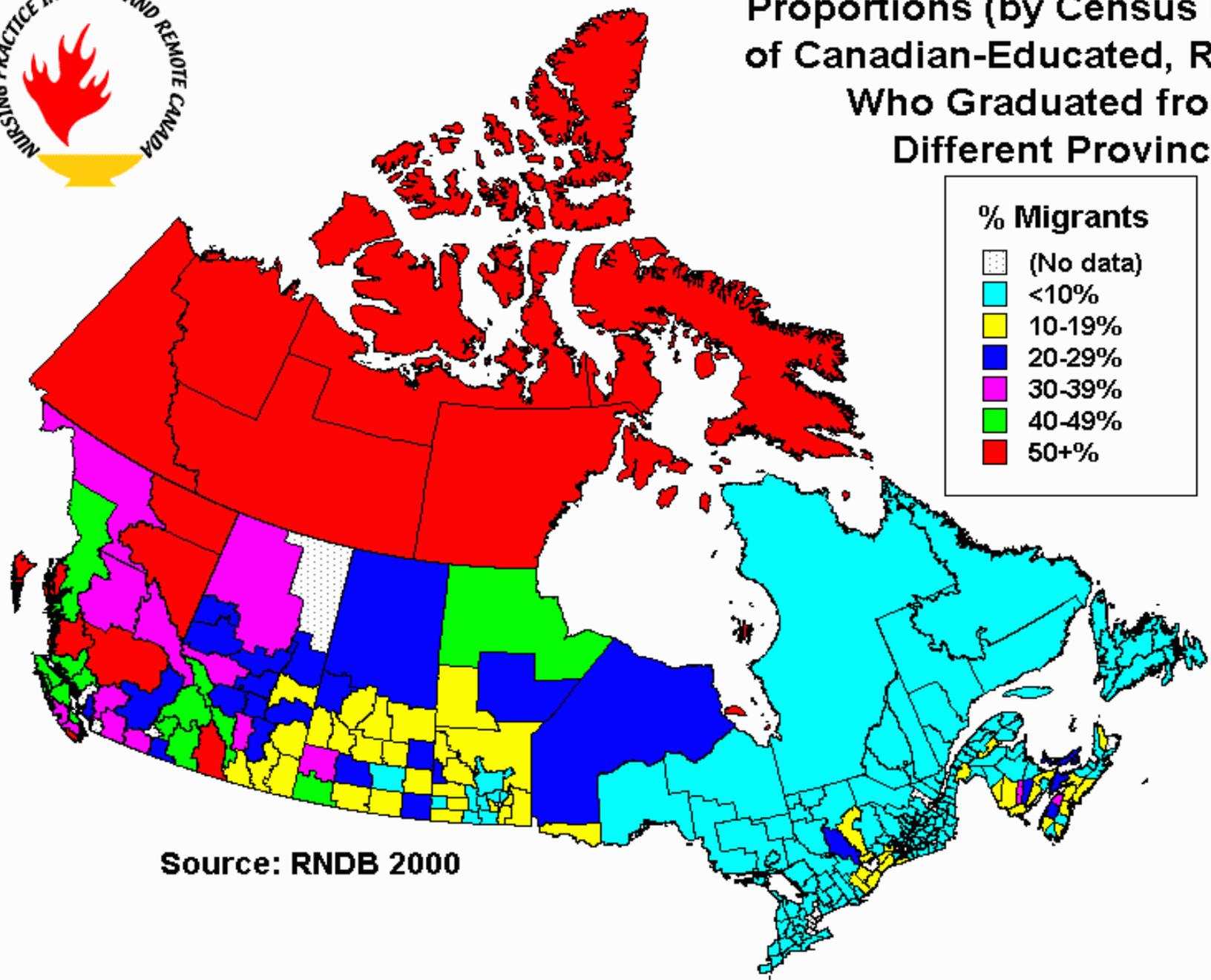


# International Nursing Graduates

- In 2000 14,177 international nursing graduates were registered and employed in nursing in Canada (**Yukon – 17**)
- 5.7% of international nursing graduates worked in rural Canada (**Yukon - 2 or 10%**)
- But this represented only 1.9% (**Yukon - 4%**) of rural RNs
- Therefore, our analyses focus on **INTERNAL MIGRATION** of Canadian-educated, rural RNs



# Proportions (by Census Division) of Canadian-Educated, Rural RNs Who Graduated from a Different Province



Source: RNDB 2000



# Correlates of Migration

(Source: RNDB)

Similar to Predictors of Intent to Leave (Survey):

- Male
- Graduate Degree
- Employed full time
- Work in a nursing station  
or teaching position
- Staff position
- Highly rural community



# Mobility of Rural Nurses

- By 2006, Canada is projected to lose the equivalent of 13% of the 2001 RN workforce through retirement and death (O'Brien-Pallas et al., 2003)
- BUT, up to 27% of Canada's rural nurses have moved from their province of graduation (Survey)
- AND 20% of rural nurses plan to retire by 2007 (Survey)



# Nature of Nursing Practice

Recognizing nurses and the complexity of rural and remote practice

- Access to Care
- Quality of Care
- Sustainability of Care



# Who will be there for rural communities?

- Create a “rural practice lens” for relevant planning, policies and programs
- Partnerships between communities and health authorities are needed to successfully recruit and retain rural nurses
- Workplace supports in health authorities and agencies will enhance the retention of rural nurses
- Better supports for nursing education programs that prepare rural nurses



# Contact Information

## **Project/Narratives:**

**Martha MacLeod**

1-866-960-6409

e-mail: [macleod@unbc.ca](mailto:macleod@unbc.ca)

<http://ruralnursing.unbc.ca>

## **Project Coordinator:**

Donna Bentham, BSN, RN

e-mail: [rrn@unbc.ca](mailto:rrn@unbc.ca)

## **Documentary Analysis:**

**Judith Kulig**

(403) 382-7119

e-mail: [kulig@uleth.ca](mailto:kulig@uleth.ca)

## **Survey: Norma Stewart**

(306) 966-6260

e-mail: [stewart@sask.usask.ca](mailto:stewart@sask.usask.ca)

## **RNDB: Roger Pitblado**

(705) 675-1151 ext: 3355

e-mail: [rpitblado@laurentian.ca](mailto:rpitblado@laurentian.ca)



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