We use the Statistics Canada definition of Rural and Small Town Canada (du Plessis et al., 2001). Rural refers to communities with a core population of less than 10,000 people, where less than 50% of the population commutes to larger urban centres for work. This Statistics Canada definition of rural includes northern communities, as well as remote areas with little or no metropolitan influence as measured, in a labour market context, by the size of commuting flows to any larger urban centre.

The Yukon is a sparsely populated territory with only one urban centre: Whitehorse. As of 2011, Yukon’s population was 33,903, with only 7,875 (23%) categorized as rural. However, the Yukon is more accurately characterized as “remote” since its urban centre is relatively small and a significant distance from any other urban centre. It also has limited services compared to urban centres further south.

An analysis of the Canadian Institute for Health Information’s (CIHI) Nursing Database (NDB) was undertaken to identify key characteristics of the regulated nursing workforce in rural and remote Canada, as well as changes in the workforce over the last decade.

Nursing employment data for the Yukon were examined for 2003 and 2010, and for registered nurses (RNs) and licensed practical nurses (LPNs). Due to the small number of nurses working in the Yukon, much of the data were suppressed in accordance with CIHI’s privacy policies. Proportions should be viewed with caution as they often refer to small numbers and may cause small changes to appear significant. Other limitations include not being able to identify the number of nurses who work in the Yukon but live elsewhere or the total number of nursing positions.

Background

People who live in rural and remote parts of Canada (including the North) tend to have more health challenges than people living in urban areas. Rural and remote communities also experience limited numbers and chronic shortages of health care workers, including nurses. In order to keep improving health services and to support nurses in rural and remote communities, planners and policy makers need up-to-date information. Nursing Practice in Rural and Remote Canada II is a study that provides that information.

This fact sheet reports key findings related to nursing employment for the Yukon (YT) located in northern Canada (see Figure 1).

Figure 1. Yukon Territory map


Methods

An analysis of the Canadian Institute for Health Information’s (CIHI) Nursing Database (NDB) was undertaken to identify key characteristics of the regulated nursing workforce in rural and remote Canada, as well as changes in the workforce over the last decade.

Nursing employment data for the Yukon were examined for 2003 and 2010, and for registered nurses (RNs) and licensed practical nurses (LPNs). Due to the small number of nurses working in the Yukon, much of the data were suppressed in accordance with CIHI’s privacy policies. Proportions should be viewed with caution as they often refer to small numbers and may cause small changes to appear significant. Other limitations include not being able to identify the number of nurses who work in the Yukon but live elsewhere or the total number of nursing positions.

Employment Status

The ‘employment status’ categories are: full-time, part-time, casual and not stated. The nursing colleges and CIHI define regular nursing employment as guaranteeing “a fixed number of hours of work per pay period. May be defined by the employer as full-time or part-time, but reflects permanent employment even though it may be time limited” (CIHI, 2012, p. 8). Casual nursing employment “does not guarantee a fixed number of hours of work per pay period” (CIHI, 2012, p. 8).
Multiple Employers

‘Multiple employers’ refers only to whether nurses have one or more employers. The actual number of employers was not available for this study.

Most data for multiple employer status were suppressed due to small cell sizes. In 2010, 30.1% of rural RNs and 21.2% of urban RNs reported having multiple employers (Table 1).

Table 1. Proportion (%) of the regulated nursing workforce with multiple employment status, 2003 and 2010, YT

<table>
<thead>
<tr>
<th>Registration Location</th>
<th>2003</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Urban</td>
<td>Rural</td>
</tr>
<tr>
<td>RNs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y.T.</td>
<td>†</td>
<td>†</td>
</tr>
<tr>
<td>Canada</td>
<td>13.5</td>
<td>14.8</td>
</tr>
<tr>
<td>LPNs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y.T.</td>
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<td>0.0</td>
</tr>
<tr>
<td>Canada</td>
<td>14.9</td>
<td>15.9</td>
</tr>
</tbody>
</table>

† Suppressed in accordance with CIHI’s privacy policy; small cell size.

Between 2003 and 2010, the proportion of nurses working full-time decreased for rural RNs (from 57.1% to 46.2%), and increased slightly for urban RNs (from 49.5% to 50.4%). Similarly, the proportion of RNs in part-time positions decreased in rural areas (from 41.9% to 11.8%) and increased in urban areas (from 31.4% to 39.0%). Casual employment increased significantly in rural areas from 0% to 41.9% and decreased from 19.2% to 10.6% in urban areas.

Employment status data for rural LPNs were suppressed. The majority of urban LPNs reported full-time employment in both 2003 and 2010. Part-time and casual employment in urban areas decreased between 2003 and 2010.

References


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