



Nursing Practice In Rural and Remote British Columbia: An Analysis of CIHI's Nursing Database

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Highlights

- In 2010, 6.7% the regulated nursing workforce in British Columbia was located in rural areas of the province where 12.4% of the population lived.
- The regulated nursing workforce in British Columbia grew between 2003 and 2010 by 21.5%, reaching a total of 41,524 regulated nurses. The greatest increase in the regulated nursing workforce between 2003 and 2010 was in LPNs (87.5%).
- In urban areas, the nurse-to-population ratio was holding steady for RNs, increasing for LPNs and decreasing for RPNs. In rural areas it was decreasing for RNs and RPNs, but increasing for LPNs.
- The rural nursing workforce was aging more quickly than the urban nursing workforce.
- Fewer rural than urban RNs work full-time. In 2010, rural LPNs had the highest proportion holding casual positions.
- The numbers of RNs and RPNs in rural British Columbia achieving baccalaureates increased from 2003 to 2010. The number of rural RNs achieving Master's degrees also increased during this time.
- There was a decline in the numbers of rural RNs working in primary healthcare settings.
- Although over 90% of nurses educated in British Columbia stay in British Columbia, in 2010, 39% of RNs, 13% of LPNs and 21% of RPNs received their initial education elsewhere.

Introduction

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 support nurses in rural and remote communities, planners and policy makers need up-to-date information. *Nursing Practice in Rural and Remote Canada II* provides some of that information.

Nursing Practice in Rural and Remote Canada II is a study conducted in partnership with planners and policy makers who will make sure that the findings can be used to improve nursing services and access to care in rural and remote Canada.

A key activity of the *Nursing Practice in Rural and Remote Canada II* study was the analysis of the Canadian Institute for Health Information's (CIHI) Nursing Database (NDB). This analysis was undertaken in order 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.

- Data for the years 2003 and 2010 were analyzed.
- Data for registered nurses (RNs), nurse practitioners (NPs), licensed practical nurses

(LPNs), and registered psychiatric nurses (RPNs) were included.

This document reports key findings from the NDB analysis for British Columbia (BC). It provides an overview of the regulated nursing workforce in BC, with a special focus on rural and remote locations.

Definition of Rural

We use the Statistics Canada definition of Rural and Small Town Canada (du Plessis et al., 2001, p. 6). 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.

BC has a population of just over 4.4 million, the majority of which is concentrated in the south of the province. The rest of the province is mainly rural or remote, and characterized by small towns and low population density. The rural population accounts for 12.4% of the total. Table 1 lists populations by health region.

Table 1. Population by health region, 2011, BC

Health Region	Population
East Kootenay	80,536
Kootenay-boundary	79,754
Okanagan	352,948
Thompson/Cariboo	224,230
Fraser East	286,758
Fraser North	616,412
Fraser South	726,525
Richmond	197,631
Vancouver	668,690
North Shore/Garibaldi	287,432
South Vancouver Island	374,674
Central Vancouver Island	265,979
North Vancouver Island	121,337
Northwest	75,606
Northern Interior	144,558
Northeast	70,251

Source: CIHI. (2013). *Regulated Nurses: Canadian Trends, 2007 to 2011*. Ottawa, ON: CIHI.

Nursing Database Analysis: Findings

1. Nursing Workforce Numbers in BC

In the period between 2003 and 2010, the overall regulated nursing workforce grew from 34,188 to 41,524, which represented a 21.5% increase. When this increase was examined in terms of nurse type, we find that the total number of RNs increased from 27,711 to 30,919 (up 11.6%), the total number of LPNs nearly doubled from 4,391 to 8,235 (up 87.5%), and the total number of

RPNs increased from 2,086 to 2,241 (up 7.4%). No numbers were available for NPs in 2003, but in 2010 there was a total of 129 NPs working in BC.

The changes in the regulated nursing workforce were also examined in terms of urban and rural comparisons. The numbers of urban RNs, LPNs and RPNs all increased between 2003 and 2010; however, in rural locations, only the numbers of LPNs increased, and the numbers of rural RNs and rural RPNs decreased. With the exception of the decrease in rural RNs, these changes reflected the wider trends found at the national scale.

Of the total regulated nursing workforce in BC in 2010, 6.2% of RNs, 11.6% of NPs, 9.4% of LPNs, and 3.4% of RPNs worked in rural communities. When we examined the rural regulated nursing workforce with respect to the rural population, we found that 6.7% of nurses served 12.4% of BC residents. The situation in urban locations was reversed; here we found that 93.3% of the regulated nursing workforce served 87.6% of the population.¹

2. Nurse-to-Population Ratios

Nurse-to-population ratios represent the number of nurses per 100,000 population. In BC, the nurse-to-population ratios were lower in rural than in urban locations for both data years (2003 and 2010). The BC population (including the rural population) increased over the past decade, but despite increases in the numbers of nurses, with the exception of LPNs, the increases have not kept pace with the population increase. As Table 2 illustrates, the nurse-to-population ratios decreased between 2003 and 2010 for RNs (down 5.4%) and RPNs (down 7.0%) in rural BC. Moreover, while the nurse-to-population ratio for LPNs in rural BC increased during this time period (up 40.0%), it was a much smaller increase than in urban locations (LPNs up 74.2%).

Table 2. Percentage (%) changes in 2003-2010 nurse-to-population ratios, BC and Canada

Jurisdiction	RNs		LPNs		RPNs	
	Urban	Rural	Urban	Rural	Urban	Rural
BC	1.1	-5.4	74.2	40.0	-2.7	-7.0
Canada	††	††	20.7	6.8	-10.6	-5.0

Notes: †† - no urban/rural allocations of RNs were available for RNs in Quebec in 2003. Data were suppressed for the territories due to small cell sizes. The National jurisdiction for RNs and LPNs refers to Canada and Western Canada for RPNs.

3. Demographics

Age:

In general, the regulated nursing workforce in rural BC was older and aging faster than in urban parts of the province. Table 3 provides information about the average age of all nurse types in urban and rural locations for 2003 and 2010. The average age for all nurse types was higher for rural nurses than for their urban counterparts. The average age of RNs and RPNs working in both urban and rural locations continues to increase. However, the average ages of LPNs – in

¹ Population data from 2011 census.

both urban and rural areas of the province – have decreased.

Table 3. Average age (in years) of the regulated nursing workforce, 2003-2010, BC and Canada

Jurisdiction	RNs				LPNs				RPNs			
	Urban		Rural		Urban		Rural		Urban		Rural	
	2003	2010	2003	2010	2003	2010	2003	2010	2003	2010	2003	2010
B.C.	45.5	46.1	47.0	48.1	45.0	40.9	47.0	44.3	46.9	47.1	49.6	50.8
Canada	††	†††	††	†††	44.4	42.8	44.6	44.8	46.3	47.6	46.1	48.6

†† no urban/rural allocation was made of 2003 Quebec NDB records for RNs.

††† data to compute average ages were not submitted by Manitoba for the 2010 NDB data year.

Gender:

The proportions of males in the regulated workforce remained low for all nurse types and in both rural and urban locations. The proportions of male RNs and LPNs in rural locations increased between 2003 and 2010, while the proportion of male RPNs decreased. In 2010, the overall proportion of males was lower in rural areas than it was in urban areas for all nursing types.

RPNs were the nurse type with the largest proportion of males. For example, in 2010 19.7% of RPNs in rural BC were male compared to 5.8% of RNs, and 4.7% of LPNs (see Figure 1). In the same year, 23.8% of RPNs in urban BC were male, compared to 6.6% of RNs and 9.2% of LPNs (see Figure 2).

Figure 1. Proportion male nurses, rural BC

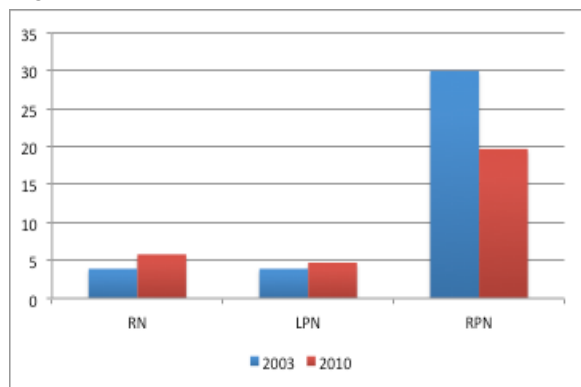
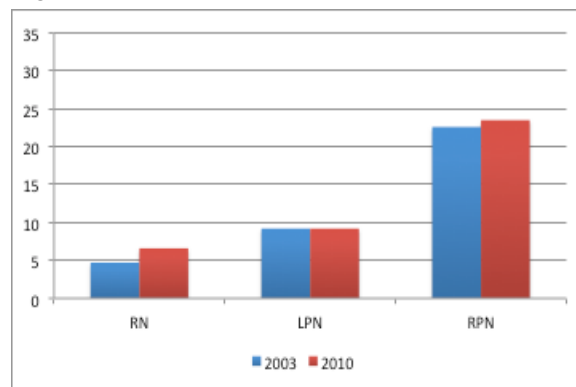


Figure 2. Proportion male nurses, urban BC



4. Education

In 2003 and 2010, more rural RNs (88.1% and 71.7%, respectively) than urban RNs (81.9% and 63.7%, respectively) in BC had a diploma as initial nursing education. However, as Figure 3 indicates, these proportions are decreasing. This pattern was also seen for rural and urban RNs across Canada (exception: no information for Quebec).

Typically, RNs working in urban areas had higher levels of education than their rural counterparts. For example, in 2003, 31.8% of urban RNs had baccalaureate degrees, compared to 23.3% of rural RNs. In the same year, nearly 3% of urban RNs and 1.2% of rural RNs had attained a Master's degree.

However, by 2010, there was evidence of the education gap beginning to close. In this year, 49.5% of urban RNs had a baccalaureate degree compared to 40.7% of rural RNs. The proportions of urban and rural RNs with Master's degrees were 4.5% and 2.4%, respectively. Figure 4 compares highest nursing education categories for rural and urban RNs in BC for 2003 and 2010.

Figure 3. Proportion of RNs with diploma as initial nursing education, rural-urban, 2003-2010, BC

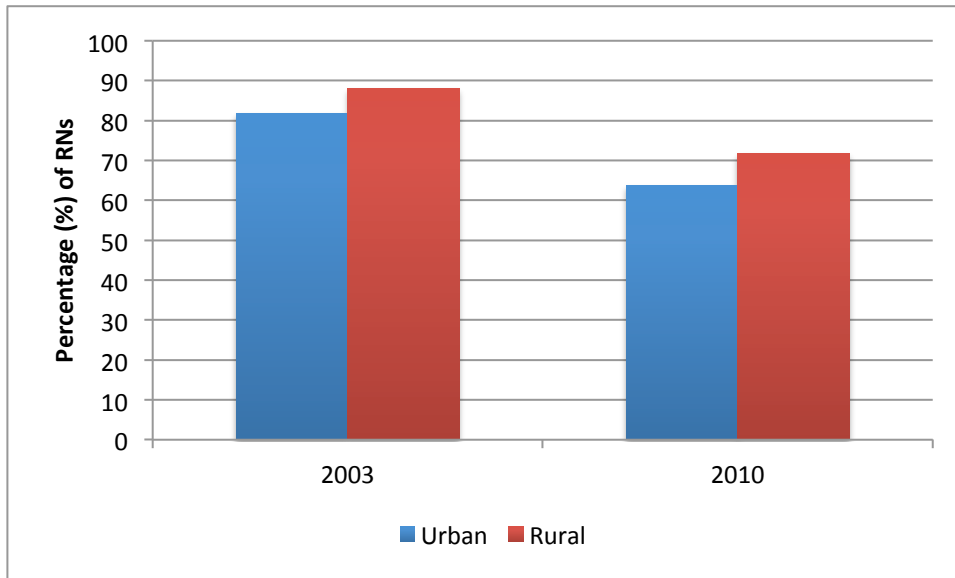
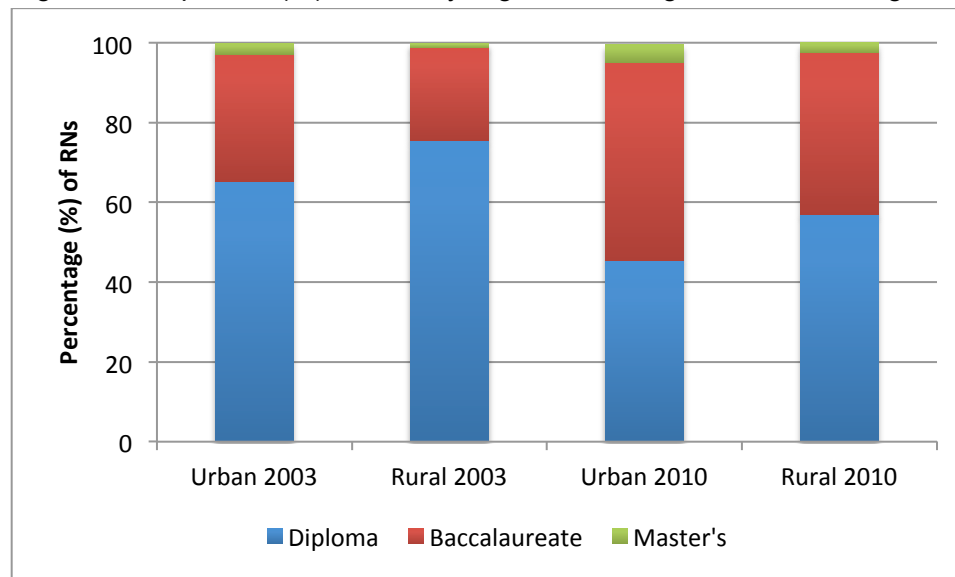


Figure 4. Proportion (%) of RNs by Highest Nursing Education Categories, 2003-2010, BC



5. Employment

Employment Status:

The NDB categories for employment status 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, 8). Casual nursing employment “does not guarantee a fixed number of hours of work per pay period” (CIHI 2012, 8). Table 4 provides employment status proportions by nurse type, rural/urban, and year.

Table 4. Employment status proportions by nurse type, rural and urban, 2003 and 2010, BC

	Urban			Rural		
	%FT	%PT	%Casual	%FT	%PT	%Casual
2003						
RNs	51.8	31.1	17.1	43.2	34.9	21.9
NPs	-	-	-	-	-	-
LPNs	59.5	13.5	27.0	56.8	14.3	28.9
RPNs	71.8	17.7	10.5	65.8	30.3	4.0
2010						
RNs	50.5	23.5	26.0	40.4	30.5	29.1
NPs	58.6	18.0	23.4	71.4	14.3	14.3
LPNs	44.3	0.7	55.0	39.0	0.3	60.7
RPNs	71.1	9.5	19.4	71.1	15.8	13.2

In 2003, the majority of RNs worked full-time, with more urban RNs in full-time positions than their rural counterparts (51.8% compared to 43.2%). In the same year, the proportion of rural RNs in part-time and casual positions was slightly higher than for urban RNs. The proportion of RNs working full-time decreased between 2003 and 2010 in both urban and rural locations, although this proportion remained lower for rural than for urban RNs. For both urban and rural RNs, the proportion in part-time positions decreased between 2003 and 2010 while the proportion in casual positions increased. In 2010, the proportion of rural RNs in part-time and casual positions was higher than it was for their urban counterparts.

There were no 2003 data available for NPs. In 2010, the majority of NPs reported full-time employment, and this proportion was higher for rural than for urban (71.4% compared to 58.6%). More urban than rural NPs were in part-time and casual positions, as well.

The majority of both rural and urban LPNs had full-time employment in 2003. The proportion of LPNs in part-time positions in this data year was lower than for casual positions in both urban and rural locations, with these proportions being slightly higher for rural than for urban. In 2010, the proportion of urban and rural LPNs in full-time positions decreased, with the greater decrease occurring in the rural group. Part-time employment decreased significantly between 2003 and 2010 for both urban and rural LPNs, while casual employment increased significantly.

In 2003, the majority of both urban and rural RPNs worked full-time, though this proportion was lower for rural RPNs than for urban. From 2003 to 2010, the proportion of RPNs who worked full-time stayed nearly the same in urban locations, and increased a little for rural RPNs. The proportion of rural RPNs in part-time positions dropped during this time, while the proportion in casual positions grew from 4% to 13%.

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.

Between 2003 and 2010, the proportion of rural RNs in BC who worked for more than one employer decreased from 29.8% to 23.1%. During the same time period, the proportion also decreased for urban RNs from 23.8% to 19.7%. In 2010, more rural than urban RNs had more than one employer. No data on multiple employers were available for NPs in 2003. In 2010, 33.3% of rural and 37.7% of urban NPs reported multiple employers.

The proportion of rural LPNs working for more than one employer increased between 2003 and 2010 from 19.7% to 29.4%. This reflected the trend in urban areas, where LPNs working for more than one employer rose from 22.1% in 2003 to 26.8% in 2010. More rural than urban LPNs had more than one employer in 2010.

Between 2003 and 2010, the proportion of rural RPNs who worked for more than one employer increased from 20.0% to 26.0%. A similar trend was found for urban RPNs during the same time period, with an increase from 20.1% to 28.2%. In 2010, there were more urban than rural RPNs who had multiple employers.

Place of Work:

The 'place of work' NDB data element consists of approximately fifteen sub-elements. Enumeration of these sub-elements by urban-rural nurses and jurisdiction produces a large number small cell sizes. As the numbers in these small cell sizes were suppressed, it was necessary to employ the CIHI grouping as indicated below:

- ***Hospital:*** Hospital, Mental Health Centre, Rehabilitation/Convalescent Centre
- ***Community Health Agency:*** Nursing Station (outpost or clinic), Home Care Agency, Community Health Centre, Public Health Department/Unit
- ***Nursing Home/Long Term Care Facility***
- ***Other Place of Work:*** Business/Industry/Occupational Health Office, Private Nursing Agency/Private Duty, Self-Employed, Physician's Office/Family Practice Unit, Educational Institution, Nursing Association/Government, Other
- ***Not Stated***

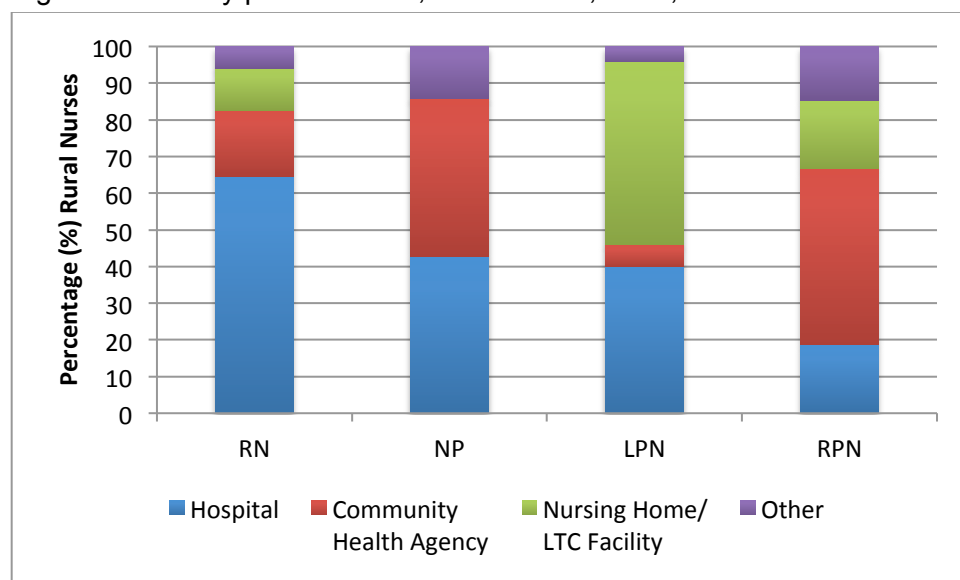
Figure 5 shows who worked in rural BC hospitals, community agencies and nursing homes/LTC facilities in 2010. The proportion of rural RNs working in hospital settings increased between 2003 and 2010 from 51.5% to 64.6%. In contrast, the proportion of rural RNs working in

community health agencies decreased from 20.9% to 18.1%, as well as in nursing homes/LTC facilities from 17.9% to 11.4%. These trends were similar for urban RNs, although a greater proportion of urban than rural RNs worked in hospital settings. NP data for place of work was not available for 2003. In 2010, 42.9% of rural NPs worked in hospital settings, compared to 59.6% of urban NPs.

During the same time period (2003-2010), the proportion of rural LPNs working in hospitals decreased from 46.1% to 40.1%. The proportion of rural LPNs working in community health agencies stayed essentially the same (within a percent), but the proportion working in nursing homes/LTC facilities increased from 42.4% to 50.0%. A similar pattern was evident for urban LPNs, with a greater proportion working in hospitals compared to rural LPNs.

The proportion of rural RPNs working in hospital settings increased slightly from 17.5% to 18.7%. A larger increase was seen in rural RPNs working in community health agencies (33.8% to 48.0%); however, the proportion working in nursing homes/LTC facilities decreased from 31.3% to 18.7%. In contrast, in urban settings the majority of RPNs worked in hospitals (45.3%), followed by community health agencies (24.3%) and nursing homes/LTC facilities (16.9%).

Figure 5. Primary place of work, rural nurses, 2010, BC



Percentages computed excluding 'not stated' category.

Primary Area of Responsibility:

Figure 6 illustrates nurses' primary areas of responsibility in rural BC in 2010. The proportion of rural RNs in direct care did not significantly change between 2003 and 2010, only dropping slightly from 92.9% to 91.7%. Similarly, the proportion of urban RNs in direct care stayed within a percent of 89%. In 2003 and 2010, there were more rural than urban RNs in direct care. The proportions of rural RNs in administration and education also did not change significantly between 2003 and 2010.

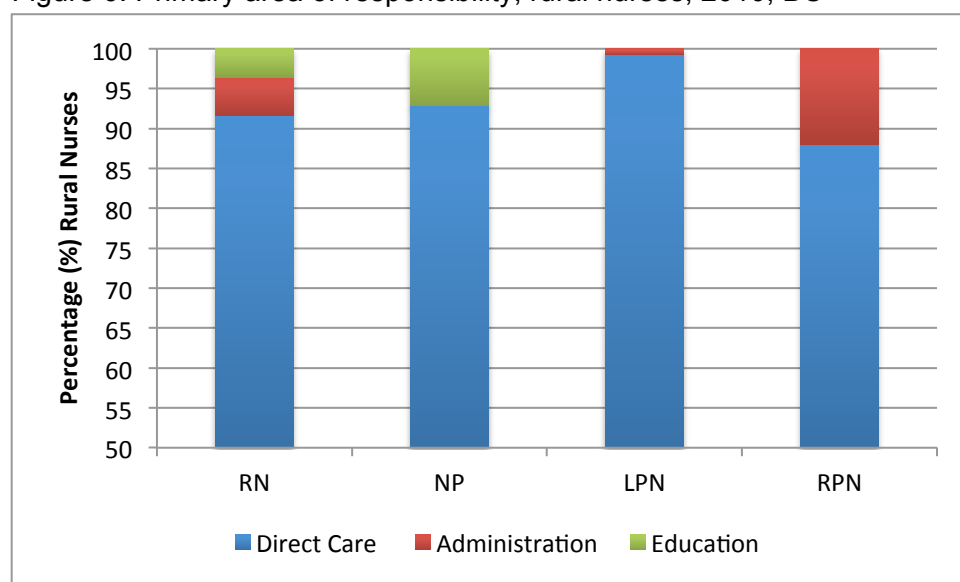
No data were available for NPs in 2003. In 2010, the majority of rural and urban NPs worked in

direct care roles. More rural than urban NPs were involved in education (7.1% compared to 5.8%), and very few were in administrative and research roles.

The majority of LPNs worked in direct care roles. The proportion of rural LPNs in direct care increased slightly between 2003 and 2010 from 98.5% to 99.3%. Similarly, the proportion of urban LPNs in direct care changed very little, staying within a percent of 98%. Less than 1% of rural and urban LPNs worked in administrative and education roles.

Between 2003 and 2010, the proportion of rural RPNs working in direct care decreased from 92.0% to 88.0%. The proportion of urban RPNs working in direct care also decreased (from 94.0% to 89.3%). Therefore, in 2010, a slightly larger proportion of urban than rural RPNs worked in direct care roles. In both urban and rural settings, the proportion of RPNs working in administrative roles increased, and the proportion with education and research as a primary responsibility changed little for both rural and urban nurses.

Figure 6. Primary area of responsibility, rural nurses, 2010, BC



Percentages computed excluding 'not stated' category.

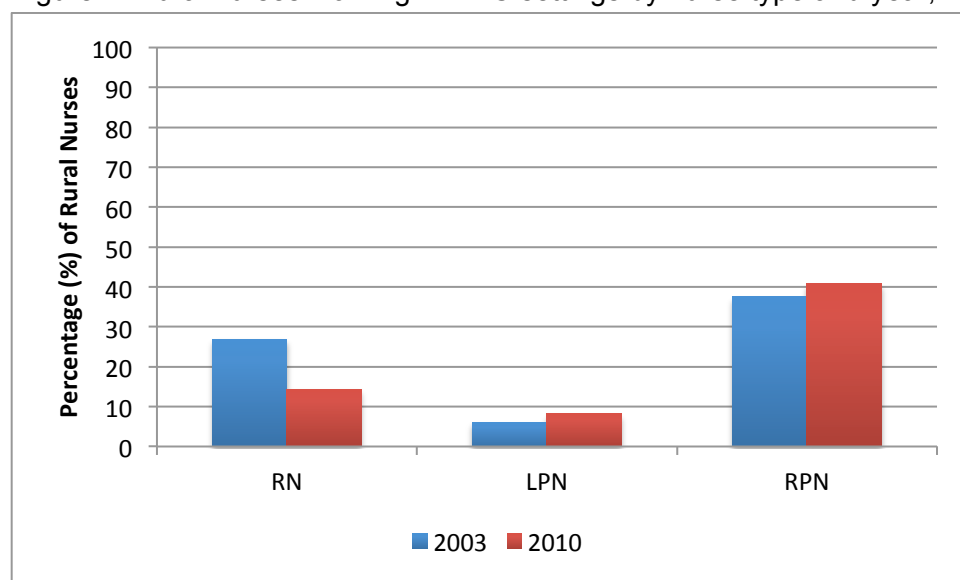
6. Work in Primary Healthcare Settings

Primary healthcare (PHC) settings include the following places of work: nursing station/outpost/nurse clinic; private nursing agency/private duty; business/industry/occupational health; self-employed/private practice; mental health centre; physician's office; home care agency; and public health agency/community health centre (Wong et al., 2009).

The estimated number of rural RNs working in PHC settings decreased between 2003 and 2010 from 531 (26.9%) to 274 (14.4%). During this time period, the estimated number of rural LPNs working in PHC settings doubled (from 33 to 63); however, due to the increase in the LPN workforce, this represented a small rise in the proportion (from 6.1% to 8.2%). The number of rural RPNs stayed the same, which also represented a small increase in the proportion (see Figure 7).

In 2010, 14.4% of rural RNs, 8.2% of rural LPNs, and 40.8% of rural RPNs worked in PHC settings.

Figure 7. Rural nurses working in PHC settings by nurse type and year, BC



7. Migration

International:

Nurses who obtained their entry-to-practice education in a country other than Canada are considered to be ‘international nursing graduates’ (INGs).² Generally, in Canada, larger proportions of urban than rural nurses are ING.

Between 2003 and 2010, there was a slight increase (15.6% to 16.1%) in the proportion of urban RNs who were ING, and a slight decrease in this proportion for rural RNs (7.1% to 5.6%). For RPNs, this pattern was reversed. Since 2003, the proportion of urban RPNs who were ING decreased slightly (13.3% to 12.9%), and the proportion of rural RPNs who were ING increased slightly (7.8% to 12.5%). In 2010, the proportions of urban RPNs and rural RPNs who were ING were nearly identical.

Interprovincial:

Canadian interprovincial migration is generally characterized by nurses moving to a neighbouring province/territory or to a relatively large ‘magnet’ province. In 2003 and 2010, the main interprovincial migration destination for BC educated RNs, LPNs, RPNs – both rural and urban – was Alberta. Table 5 provides details of interprovincial migration for LPNs and RPNs in 2003 and 2010. NPs were not included, as too many cells were suppressed to calculate any meaningful data.

² Also known as ‘internationally educated nurses’ (IENs).

Table 5. Interprovincial migration for RNs, LPNs and RPNs, 2003- 2010, BC

	RNs		LPNs		RPNs	
	2003	2010	2003	2010	2003	2010
Total number of nurses	27,711	30,919	4,391	8,235	2,086	2,241
Received initial nursing education in BC	16,971	19,560	3,399	7,388	1,406	1,292
Proportion retained ³	91% (n=15,421)	91% (n=17,851)	95% (n=3224)	96% (n=7,063)	97% (n=1,361)	97% (n=1,247)
Number not retained ⁴	1,550	1,745	175	325	45	45
Proportion working in urban areas of other jurisdictions ⁵	83%	85%	79%	82%	80%	89%
Proportion working in rural areas of other jurisdictions ⁶	16%	14%	21%	18%	20%	11%
Top two destinations	AB (53%) ON (25%)	AB (50%) ON (23%)	AB (51%) ON (24%)	AB (59%) ON (16%)	AB (67%) ⁷	AB (82%) ⁶
Proportion registered in BC who received initial nursing education elsewhere	44% (n=12,143)	41% (n=12,213)	23% (n=965)	14% (n=1,111)	30% (n=578)	28% (n=474)
Top three jurisdictions other than BC where initial nursing education was received	ING (34%) ON (21%) AB (17%)	ING (38%) ON (21%) AB (19%)	AB (32%) ON (29%) MB (13%)	AB (40%) ON (24%) ING (12%)	ING (44%) SK (23%) MB (18%)	ING (47%) MB (20%) AB (17%)

Note: The numbers and proportions reported in this table should be considered estimates due to suppression of small cells.

³ This is the proportion of those nurses who received their initial education in BC who were also registered to practice in BC.

⁴ This is the proportion of those nurses who received their initial education in BC who were registered to practice in jurisdictions other than BC.

⁵ This refers to a percentage of those nurses who were not retained (i.e., received initial education in BC but are registered in jurisdictions other than BC)

⁶ Percentages for urban and rural may not add up to 100 due to some suppressed cells.

⁷ A second destination could not be reported due to suppression of small cells.

References

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Further information about the full study is available from:

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APPENDIX 1

BC Synopsis

	Year 2010		RNs		LPNs		RPNs	
			Urban	Rural	Urban	Rural	Urban	Rural
Number of nurses employed in nursing	29,007	1,904	7,463	772	2,165	76		
Number of nurses per 100,000 population	753	349	194	141	56	14		
Average age (years)	46	48	41	44	47	51		
Gender (%)	7 Male 93 Female	6 94	9 91	5 95	24 76	20 80		
Place of work (%)	Hospital 71 Community Health Agency 12 Nursing Home/LTC Facility 8	65 18 11	47 6 40	40 6 50	51 24 12	19 48 19		
Primary area of responsibility (%)	Direct Care 89 Administration 4 Education 6 Research 1	92 5 4 0	98 1 1 0	99 1 0 0	89 9 2 0	88 12 0 0		
Full-time/part-time status (%)	Full-Time 51 Part-Time 24	40 30	44 1	39 0	71 10	71 16		
Position (%)	Staff 78 Managerial 8 Other 14	80 10 10	90 0 10	91 0 9	80 10 10	68 15 17		
Highest education in nursing (%)	Diploma 46 Bachelor's 49 Master's 4	57 41 2	n/a	n/a	88 12 1	89 8 3		
Place of graduation (%)	Canada 84 Foreign 16	94 6	98 2	99 1	87 13	88 12		

APPENDIX 2

The Regulated Nursing Workforce Employed in Direct Care, By Health Region, 2011

Health Region Code	Health Region Name	Pop Estimates	RNs		LPNs		RPNs		All Reg Nurses	
			Direct Care Counts	Per 100,000 Population	Direct Care Counts	Per 100,000 Population	Direct Care Counts	Per 100,000 Population	Direct Care Counts	Per 100,000 Population
5911	East Kootenay	80,536	310	385	205	255	9	11	524	651
5912	Kootenay-boundary	79,754	382	479	180	226	16	20	578	725
5913	Okanagan	352,948	1,937	549	1,028	291	138	39	3,103	879
5914	Thompson/Cariboo	224,230	1,130	504	478	213	87	39	1,695	756
5921	Fraser East	286,758	1,301	454	505	176	158	55	1,964	685
5922	Fraser North	616,412	3,010	488	942	153	625	101	4,577	743
5923	Fraser South	726,525	2,960	407	1,049	144	328	45	4,337	597
5931	Richmond	197,631	571	289	196	99	36	18	803	406
5932	Vancouver	668,690	5,480	820	949	142	305	46	6,734	1,007
5933	North Shore/Garibaldi	287,432	1,177	409	386	134	77	27	1,640	571
5941	South Vancouver Island	374,674	2,694	719	798	213	106	28	3,598	960
5942	Central Vancouver Island	265,979	1,344	505	681	256	80	30	2,105	791
5943	North Vancouver Island	121,337	610	503	237	195	31	26	878	724
5951	Northwest	75,606	350	463	147	194	16	21	513	679
5952	Northern Interior	144,558	932	645	327	226	26	18	1,285	889
5953	Northeast	70,251	219	312	115	164	19	27	353	502
	British Columbia (Direct Care Total)	4,573,321	24,407	534	8,223	180	2,057	45	34,687	758
	Canada (Direct Care Total)	34,482,779	231,234	671	81,646	237	4,584	43	317,464	921

Source: CIHI. (n.d.). Regulated Nurses: Canadian Trends, 2007-2011. Ottawa, ON: CIHI.

Note: The urban-rural breakdown of these data and comparable 2010 data are not available. Data were suppressed in accordance with CIHI's privacy policy; small cell size.