



# Nursing Practice In Rural and Remote Saskatchewan: An Analysis of CIHI's Nursing Database

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## Highlights

- In the period between 2003 and 2010, the regulated nursing workforce in Saskatchewan grew by 15.0%, reaching a total of 13,220 regulated nurses. The greatest increase in the regulated nursing workforce during this time was in LPNs (32.4%).
- In 2010, 23.8% of the regulated nursing workforce in Saskatchewan was located in rural areas of the province where 39.1% of the population lived.
- In urban areas, the nurse-to-population ratio was increasing for RNs and 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 had full-time positions. In 2010, rural LPNs had the highest proportion holding casual positions.
- The numbers of RNs and RPNs in rural Saskatchewan achieving baccalaureates increased from 2003 to 2010. The number of rural RNs achieving Master's degrees also increased during this time.
- Between 2003 and 2010, the overall proportion of rural nurses working in primary healthcare settings decreased from 30.9% to 28.8%. However, rural RPNs working in primary healthcare settings increased (from 19.7% to 32.8%).
- Although the majority of nurses educated in Saskatchewan stay in Saskatchewan, in 2010, 23% of RNs, 26% of LPNs and 12% 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 Saskatchewan (SK). It provides an overview of the regulated nursing workforce in Saskatchewan, 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.

According to the 2011 Census, Saskatchewan had a population of 1,033,437. As of 2011, the rural population was 404,457, which accounted for 39.1% of the total and represented an increase of 3.4% since 2006. Table 1 lists population by health region.

Table 1. Population by health region, 2011, SK

Health Region	Population
Sun Country	54,439
Five Hills	53,313
Cypress	43,168
Regina Qu'Appelle	262,692
Sunrise	54,117
Saskatoon	320,331
Heartland	43,266
Kelsey Trail	40,145
Prince Albert Parkland	78,861
Prairie North	71,934
Mamawetan Churchill River/Keewatin Yathé/Athabasca	35,618

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

## Nursing Database Analysis: Findings

### 1. Nursing Workforce Numbers in Saskatchewan

In the period between 2003 and 2010, the overall regulated nursing workforce grew from 11,498 to 13,220, which represented a 15.0% increase. When this increase was examined in terms of nurse type, we find that the total number of RNs increased from 8,503 to 9,538 (up 12.2%), the total number of LPNs increased from 2,056 to 2,723 (up 32.4%), and the total number of RPNs decreased from 939 to 837 (down 10.9%). No data were available for NPs in 2003, but in 2010 there were 122 NPs working in Saskatchewan.

The changes in the regulated nursing workforce were also examined in terms of urban and rural comparisons. The numbers of urban RNs and LPNs all increased between 2003 and 2010 while

the numbers of urban RPNs decreased. In rural locations, only the numbers of LPNs increased (up 29.0%), and the numbers of rural RNs and RPNs all decreased. With the exception of the decrease in rural RNs and urban RPNs, and the extent of the increase in rural LPNs, these changes generally reflected the wider trends found at the national scale.

Of the total regulated nursing workforce in Saskatchewan in 2010, 21.8% of RNs, 53.3% of NPs, 32.0% of LPNs, and 16.0% of RPNs worked in rural communities. When we examined the rural regulated nursing workforce with respect to the rural population, we found that 23.8% of nurses served 39.1% of Saskatchewan residents. The situation in urban locations was reversed; here we found that 76.2% of the regulated nursing workforce served 60.9% of the population.<sup>1</sup>

## 2. Nurse-to-Population Ratios

Nurse-to-population ratios represent the number of nurses per 100,000 population. In Saskatchewan, the nurse-to-population ratios for RNs, LPNs and RPNs were lower in rural than in urban locations for both data years (2003 and 2010). Table 2 illustrates that the nurse-to-population ratios have decreased for rural RNs (down 5.4%), as well as for urban and rural RPNs (down 18.4% and 14.6%, respectively). The nurse-to-population ratio for LPNs in rural Saskatchewan increased during this time period (up 29.1%), and was a larger increase than in urban locations (up 21.5%).

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

Jurisdiction	RNs		LPNs		RPNs	
	Urban	Rural	Urban	Rural	Urban	Rural
<b>SK</b>	7.4	-5.4	21.5	29.1	-18.4	-14.6
<b>Canada</b>	††	††	20.7	6.8	-10.6	-5.0

*Note: †† - 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:

Generally speaking, the regulated nursing workforce in rural Saskatchewan 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. With the exception of RPNs in 2010, the average age of rural nurses was higher than 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 both urban and rural areas of the province – have decreased.

<sup>1</sup> Population data from 2011 census.

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

Jurisdiction	RNs				LPNs				RPNs			
	Urban		Rural		Urban		Rural		Urban		Rural	
	2003	2010	2003	2010	2003	2010	2003	2010	2003	2010	2003	2010
SK	44.4	44.7	46.1	47.4	43.6	42.1	46.0	44.4	44.8	49.4	45.6	49.3
Canada	††	†††	††	†††	44.4	42.8	44.6	44.8	46.3	47.6	46.1	48.6

Note: †† 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. However, the proportions were lower in rural than in urban Saskatchewan. The proportion of male RNs and LPNs increased in both urban and rural locations. The proportion of male RPNs increased in urban areas, but decreased in rural communities.

RPNs were the nurse type with the largest proportion of males. For example in 2010, 9.0% of RPNs in rural Saskatchewan were male compared to 3.1% of RNs, 1.5% of NPs, and 1.1% of LPNs (see Figure 1). In the same year, 17.1% of RPNs in urban Saskatchewan were male compared to 6.1% of RNs, 3.5% of NPs, and 4.8% of urban LPNs (see Figure 2).

Figure 1. Proportion male nurses, rural SK

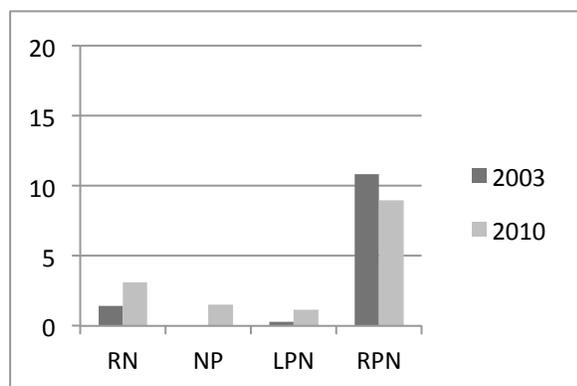
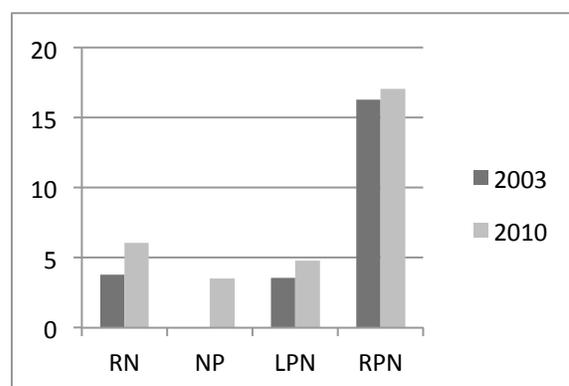


Figure 2. Proportion male nurses, urban SK



## 4. Education

In 2003 and 2010, more rural RNs (84.8% and 70.6%, respectively) than urban RNs (79.2% and 59.0%, respectively) in Saskatchewan had a diploma as their initial nursing education. As Figure 3 indicates, these proportions were decreasing. This pattern was also seen for rural and urban RNs across Canada (exception: no information for Quebec).

Typically, RNs working in urban areas have higher levels of education than their rural counterparts. For example, in 2003, 28.3% of urban RNs had baccalaureate degrees compared to 20.7% of rural RNs. In the same year, 1.2% of urban RNs had attained a Master's degree while less than 0.5% of rural RNs had done so.

However, by 2010 there was evidence of the education gap beginning to close. In this year, 48.5% of urban RNs had a baccalaureate degree compared to 35.5% of rural RNs. The proportions of urban and rural RNs with Master's degrees was 3.0% and 1.3%, respectively. Figure 4 compares highest nursing education categories for rural and urban RNs in Saskatchewan for 2003 and 2010.

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

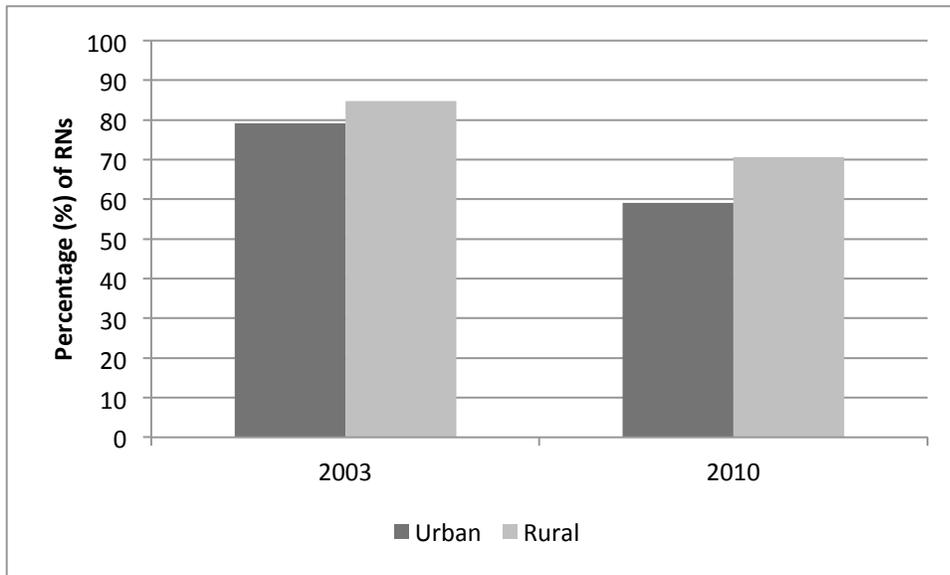
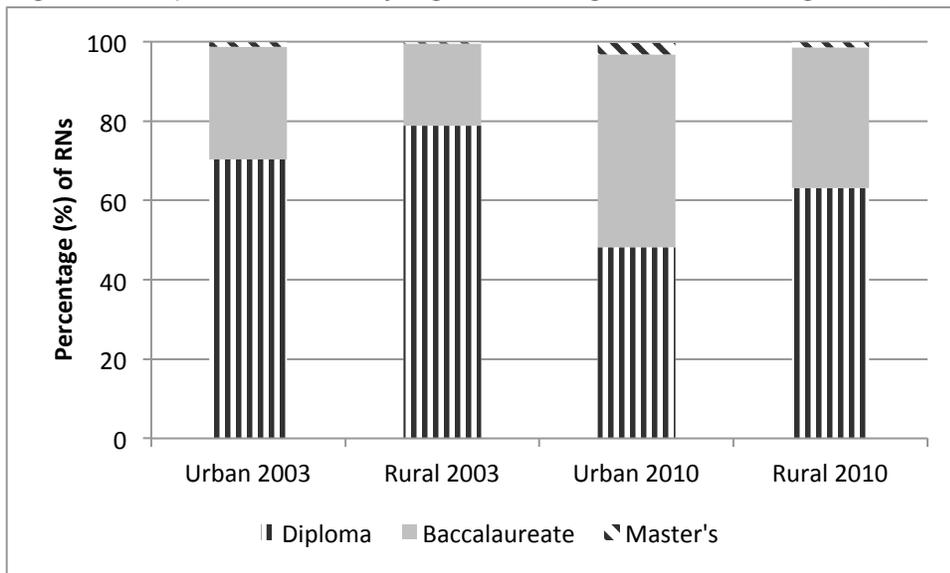


Figure 4. Proportion of RNs by highest nursing education categories, rural-urban, 2003-2010, SK



## 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, p. 8). Casual nursing employment “does not guarantee a fixed number of hours of work per pay period” (CIHI 2012, p. 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, SK

	Urban			Rural		
	%FT	%PT	%Casual	%FT	%PT	%Casual
<b>2003</b>						
RNs	57.1	31.4	11.5	46.1	43.7	10.2
NPs						
LPNs	61.1	21.9	17.0	51.4	31.8	16.8
RPNs	76.2	23.6	0.3	63.7	36.3	0.0
<b>2010</b>						
RNs	62.2	25.6	12.2	53.5	33.7	12.8
NPs	80.7	0.0	19.3	81.5	0.0	18.5
LPNs	57.9	23.9	18.3	46.8	33.3	19.9
RPNs	74.5	17.7	7.8	67.9	20.9	11.2

In 2003, more urban RNs were in full-time positions than their rural counterparts (57.1% compared to 46.1%). In the same year, the proportion of rural RNs in part-time positions was higher than for urban RNs (43.7% compared to 31.4%), and the proportion in casual positions was nearly the same for both rural and urban RNs (10.2% and 11.5%). The proportion of RNs working full-time increased 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 slightly. In 2010, the proportion of rural RNs in part-time positions was higher than it was for their urban counterparts while the proportion in casual positions was nearly the same.

There were no data for NPs in 2003. In 2010, the majority of urban NPs worked full-time (80.7%), followed by casual (19.3%). In the same year, 81.5% of rural NPs reported full-time employment in 2010, with 18.5% working casual.

More LPNs reported full-time than part-time or casual employment status in 2003, with the proportion being higher in urban areas (61.1% compared to 51.4%). The proportion of LPNs in part-time positions in this data year was 31.8% and 21.9% for rural and urban locations, respectively. A slightly larger proportion of urban LPNs were in casual positions in 2003 than their rural counterparts. Between 2003 and 2010, the proportion of urban and rural LPNs in

full-time positions decreased, but with a larger proportion remaining for the urban group. Part-time and casual employment increased between 2003 and 2010 for both urban and rural LPNs, and casual employment increased for rural LPNs, with greater proportions of rural LPNs in these positions compared to urban.

In 2003, the majority of both urban and rural RPNs worked full-time, and this proportion was higher for urban RPNs than for rural (76.2% compared to 63.7%). Between 2003 and 2010, the proportion of RPNs working full-time decreased in urban and increased in rural locations. The proportion of rural and urban RPNs in part-time positions decreased between 2003 and 2010, while the proportion in casual positions grew.

### ***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 Saskatchewan who worked for more than one employer decreased slightly from 26.1% to 25.7%. During the same time period, the proportion increased for urban RNs from 15.4% to 20.0%. In 2010, more rural than urban RNs reported multiple employers. No multiple employer status data were available for NPs for this time period.

The proportion of rural LPNs working for more than one employer increased between 2003 and 2010 from 30.3% to 33.5%. In contrast, the proportion of urban LPNs working for more than one employer decreased from 18.3% in 2003 to 15.5% 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 decreased from 19.1% to 12.7%. During the same time period, urban RPNs working for more than one employer increased from 13.7% to 20.6%. In 2010, there were more urban than rural RPNs with 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 of 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***

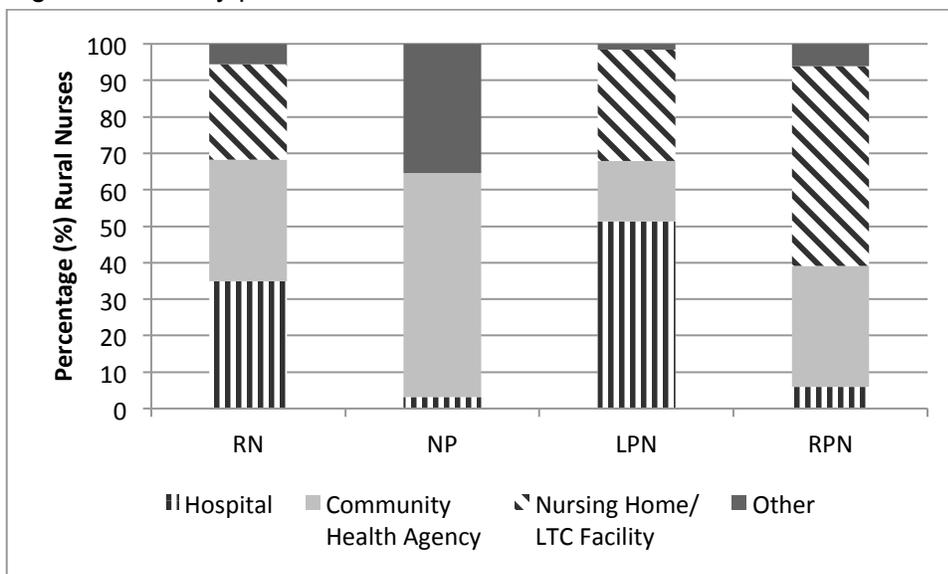
Figure 5 shows who worked in rural Saskatchewan hospitals, community agencies and nursing homes/LTC facilities in 2010. The proportion of rural RNs working in hospital settings did not change between 2003 and 2010, staying at 35%. Over the same time period, the proportion of rural RNs working in community health agencies decreased slightly from 35.7% to 33.3%, and increased for nursing homes/LTC facilities from 22.6% to 26.3%. In urban locations, the proportion of RNs in hospital settings and nursing homes/LTC facilities decreased while increasing slightly in community health agencies. In 2010, 63.5% of urban RNs worked in hospital settings compared to 34.9% of their rural counterparts.

No 2003 data were available for NPs. In 2010, the majority of rural NPs were employed in the community health agencies (61.5%) and in the 'other' category (35.4%). This trend was similar for NPs in urban areas, however, the proportion of NPs working in hospital setting was greater in urban than in rural areas (15.8% compared to 3.1%).

The proportion of rural LPNs working in hospitals decreased between 2003 and 2010 from 61.2% to 51.4%, respectively. The proportion of rural LPNs working in community health agencies increased from 14.4% to 16.6%, and the proportion working in nursing homes/LTC facilities increased from 20.7% to 30.5%. In urban areas, the proportion of LPNs working in hospitals and nursing homes/LTC facilities increased, but held steady for community health agencies.

Between 2003 and 2010, the proportion of rural RPNs working in hospitals decreased from 19.1% to 6.0%, and increased for community health agencies from 20.4% to 33.1%. The proportion of rural RPNs working in nursing homes/LTC facilities changed very little, increasing a few percent from 52.0% to 54.9%. These trends were similar to the patterns found in urban areas.

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

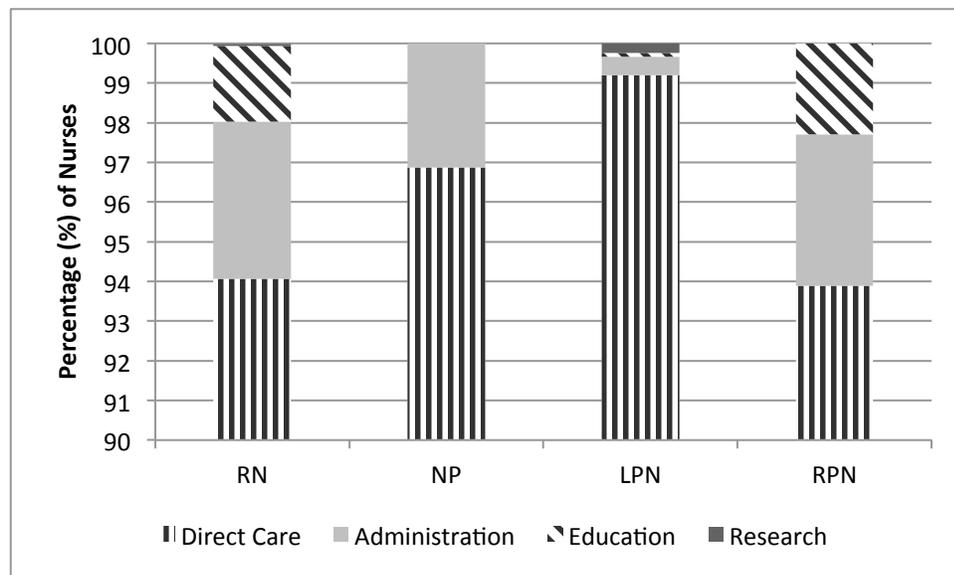


Note: Percentages computed excluding 'not stated' category.

### Primary Area of Responsibility:

Figure 6 illustrates nurses' primary areas of responsibility in rural Saskatchewan in 2010. The proportion of rural RNs in direct care rose between 2003 and 2010 from 90.9% to 94.1%. Urban RNs in direct care also increased slightly from 88.8% to 89.9%. In 2003 and 2010, there were slightly more rural than urban RNs in direct care. The proportions of rural RNs in administration decreased between 2003 and 2010 for both urban and rural RNs, and did not change significantly for education.

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



Note: Percentages computed excluding 'not stated' category.

No 2003 data were available for NPs. In 2010, the majority of both rural and urban NPs worked in direct care, with more rural than urban NPs reporting this primary area of responsibility. In 2010, 3.1% of rural NPs were in administration and none were in education (compared to 7.0% and 3.5% of urban NPs, respectively).

The proportion of rural LPNs in direct care increased slightly between 2003 and 2010 from 98.1% to 99.2%, and the proportion of urban LPNs in direct care stayed at 99%. Very few rural and urban LPNs reported working in administrative and education roles (~1%).

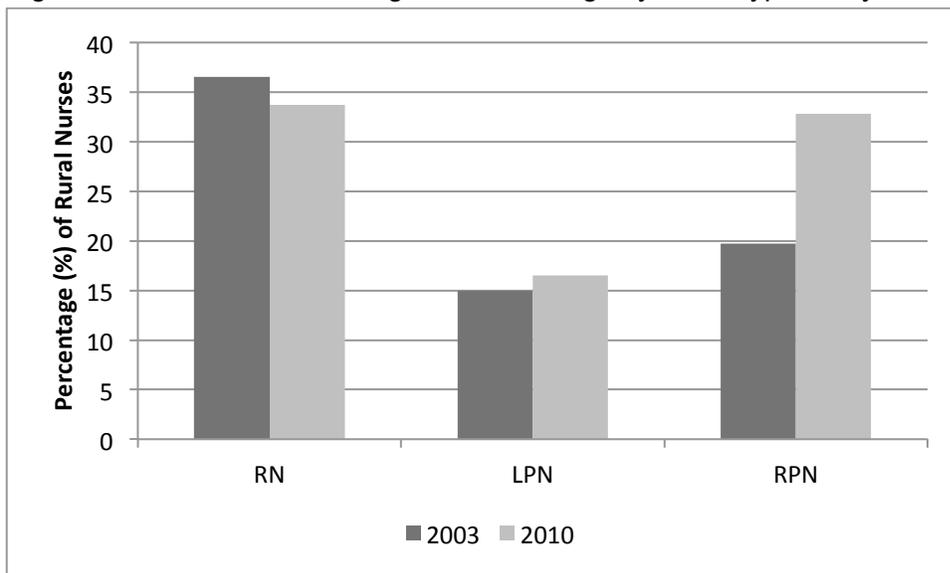
Between 2003 and 2010, the proportion of rural RPNs working in direct care stayed between 93-94%. The proportion of urban RPNs working in direct care decreased (from 93.0% to 90.7%). Therefore, in 2010, a slightly larger proportion of rural than urban RPNs worked in direct care roles. In urban settings, the proportion of RPNs working in administrative roles increased slightly, and the proportion reporting education as a primary responsibility increased for both urban and rural RPNs.

## 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).

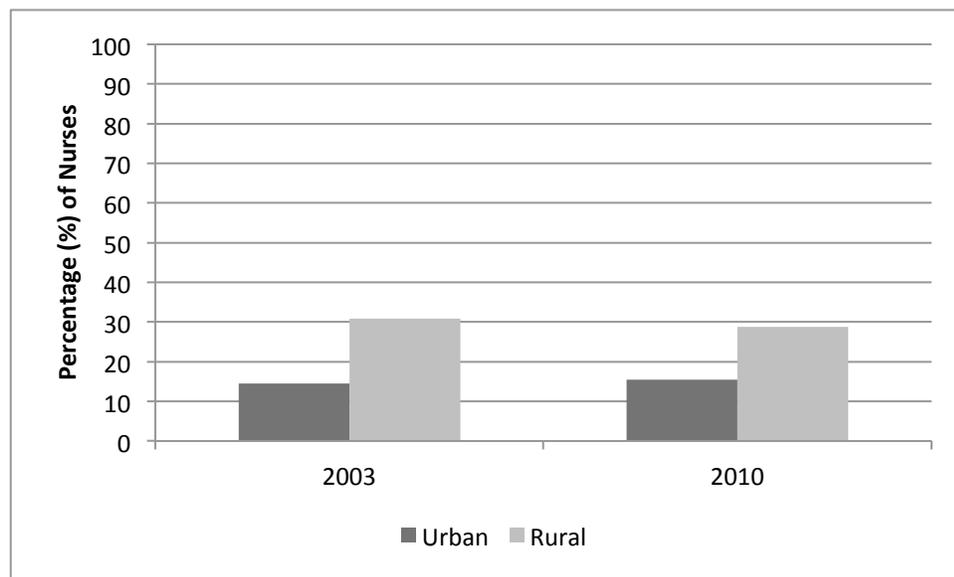
The total number of rural nurses working in PHC settings decreased from 937 (30.9%) in 2003 to 890 (28.8%) in 2010. The proportion of rural RNs working in PHC settings decreased between 2003 and 2010 from 36.5% to 33.7%. During the same time period the number of rural LPNs working in PHC settings increased from 101 to 144, which equated to the proportion rising from 15.0% to 16.5%. The number of rural RPNs increased from 31 (19.7%) to 44 (32.8%). Figure 7 illustrates the proportions of rural RNs, LPNs and RPNs working in PHC settings in Saskatchewan in 2003 and 2010. Figure 8 compares the total nursing workforce working in PHC settings in urban and rural areas, in 2003 and 2010.

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



*Note: Percentages are estimates due to suppressed cells in some categories.*

Figure 8. Proportion of nurses working in PHC settings, rural-urban, 2003-2010, SK



Note: Percentages are estimates due to suppressed cells in some categories

## 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).<sup>2</sup> Generally, in Canada, larger proportions of urban than rural nurses are ING.

Between 2003 and 2010, the proportion of urban RNs who were ING increased from 3.4% to 7.1%, and the proportion of rural RNs who were ING increased from 2.3% to 3.4%. No NPs reported being ING, and the proportion of LPNs who are ING was very low; it was decreasing slightly in urban settings and increasing slightly in rural settings. Since 2003, the proportion of urban RPNs who were ING increased slightly (0.7% to 1.1%), and the proportion of rural RPNs who were ING also increased (0.0% to 2.2%). In 2010, the proportion of rural RPNs who were ING was higher than for urban RPNs.

### ***Interprovincial:***

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

<sup>2</sup> Also known as ‘internationally educated nurses’ (IENs).

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

	RNs		LPNs		RPNs	
	2003	2010	2003	2010	2003	2010
Total number of nurses in SK	8,503	9,538	2,056	2,723	939	837
Received initial nursing education in SK	10,371	10,238	2,038	2,258	1,191	986
Proportion retained <sup>3</sup>	67% (n=6,922)	71% (n=7,260)	85% (n=1,728)	90% (n=2,021)	71% (n=851)	75% (n=736)
Number not retained <sup>4</sup>	3,449	2,978	310	237	340	250
Proportion working in urban areas of other jurisdictions <sup>5</sup>	84%	87%	79%	76%	77%	78%
Proportion working in rural areas of other jurisdictions <sup>6</sup>	15%	13%	20%	24%	23%	22%
Top two destinations	AB (51%) BC (28%)	AB (53%) BC (27%)	AB (53%) BC (27%)	AB (60%) BC (20%)	AB (54%) BC (39%)	AB (64%) BC (31%)
Proportion registered in SK who received initial nursing education elsewhere	17% (n=1,468)	23% (n=2,175)	31% (n=778)	26% (n=702)	8% (n=69)	12% (n=101)
Top three jurisdictions other than SK where initial nursing education was received	AB (32%) MB (22%) ING(18%)	AB (34%) ING (30%) MB (15%)	AB (18%) MB (9%) ON (5%)	AB (64%) MB (14%) ON (8%)	MB (58%) AB (36%)	MB (48%) AB (34%) ING (11%)

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

<sup>3</sup> This is the proportion of those nurses who received their initial education in Saskatchewan who are also registered in Saskatchewan.

<sup>4</sup> This is the proportion of those nurses who received their initial education in Saskatchewan who are registered in jurisdictions other than Saskatchewan.

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

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

## References

- CIHI. 2012. *Registered Nurses Data Dictionary and Processing Manual, Version 12.0*. Ottawa: Canadian Institute for Health Information.
- CIHI. (2013). *Regulated Nurses: Canadian Trends, 2007 to 2011*. Ottawa, ON: CIHI.
- du Plessis, V., Beshiri, R., Bollman, R.D. & Clemenson, H. (2001). Definitions of rural. *Rural and Small Town Canada Analysis Bulletin*, 3, 1-16.
- Wong, S. T., Watson, D. E., Young, E., & Mooney, D. (2009). Supply and distribution of primary healthcare registered nurses in British Columbia. *Health Policy*, 5, 91-104.



### **To cite this report:**

Place, J., MacLeod, M., Stewart, N. & Pitblado, R. (June, 2014). *Nursing Practice In Rural and Remote Saskatchewan: An Analysis of CIHI's Nursing Database*. Prince George, BC: Nursing Practice in Rural and Remote Canada II. RRN2-01-3

### **This short report is derived from:**

Pitblado, R., Koren, I., MacLeod, M., Place, J., Kulig, J., & Stewart, N. (2013). *Characteristics and Distribution of the Regulated Nursing Workforce in Rural and Small Town Canada, 2003 and 2010*. Prince George, BC: Nursing Practice in Rural and Remote Canada II. RRN2-01

### **Further information about the full study is available from:**

Nursing Practice in Rural and Remote Canada, II  
University of Northern British Columbia  
3333 University Way  
Prince George, BC V2N 4Z9  
Tel: 1-866-960-6409  
Email: [rrn@unbc.ca](mailto:rrn@unbc.ca)  
[www.ruralnursing.unbc.ca](http://www.ruralnursing.unbc.ca)

## APPENDIX 1 Saskatchewan Synopsis

Year 2010	RNs		LPNs		RPNs	
	Urban	Rural	Urban	Rural	Urban	Rural
Number of nurses employed in nursing	7,455	2,082	1,852	871	703	134
Number of nurses per 100,000 population	1,185	515	294	215	112	33
Average age (years)	45	47	42	44	49	49
Gender (%)	6 Male 94 Female	3 97	5 95	1 99	17 83	9 91
Place of work (%)	64 Hospital 14 Community Health Agency 8 Nursing Home/LTC Facility	35 21 21	73 6 17	51 17 30	28 22 32	6 33 55
Primary area of responsibility (%)	90 Direct Care 4 Administration 5 Education 1 Research	94 4 2 0	99 1 0 0	99 1 0 0	91 5 3 1	94 4 2 0
Full-time/part-time status (%)	62 Full-Time 26 Part-Time	54 34	58 24	47 33	75 18	68 21
Position (%)	78 Staff 6 Managerial 16 Other	80 9 11	85 0 15	92 0 8	74 13 12	84 11 5
Highest education in nursing (%)	48 Diploma 49 Bachelor's 3 Master's	63 34 1	n/a	n/a	97 3 0	94 6 0
Place of graduation (%)	93 Canada 7 Foreign	94 6	99 1	99 1	99 1	98 2

## 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										
4701	Sun Country	54,439	292	536	109	200	37	68	438	805				
4702	Five Hills	53,313	326	611	113	212	99	186	538	1,009				
4703	Cypress	43,168	282	653	125	290	15	35	422	978				
4704	Regina Qu'Appelle	262,692	2,537	966	757	288	223	85	3,517	1,339				
4705	Sunrise	54,117	436	806	179	331	59	109	674	1,245				
4706	Saskatoon	320,331	3,170	990	643	201	101	32	3,914	1,222				
4707	Heartland	43,266	262	606	101	241	1	11	375	867				
4708	Kelsey Trail	40,145	239	595	112	279	11	27	362	902				
4709	Prince Albert Parkland	78,861	543	689	267	339	57	72	867	1,099				
4710	Prairie North	71,934	488	678	272	378	98	136	858	1,193				
4714	Mamawetan Churchill River/Keewatin Yatthé/Athabasca	35,618	143	401	61	181	1	11	211	592				
	<b>Saskatchewan (Direct Care Total)</b>	<b>1,057,884</b>	<b>8,718</b>	<b>824</b>	<b>2,747</b>	<b>260</b>	<b>711</b>	<b>67</b>	<b>12,176</b>	<b>1,151</b>				
	<b>Canada (Direct Care Total)</b>	<b>34,482,779</b>	<b>231,234</b>	<b>671</b>	<b>81,646</b>	<b>237</b>	<b>4,584</b>	<b>43</b>	<b>317,464</b>	<b>921</b>				

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.