The Nature of Nursing Practice in Rural and Remote Canada

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Rural and Remote Recruitment and Retention Steering Team
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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

Study Components:

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

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- Nova Scotia Health Services Research Foundation
- British Columbia Rural and Remote Health Research Institute
- Saskatchewan Industries 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
How many Registered Nurses are there in rural and remote Canada?
Registered Nurses Database

Canadian Institute for Health Information

Provincial/Territorial Registrars

Privacy & Confidentiality Committee

Consultant Nursing Databases

RNDB

Nursing Practice in Rural & Remote Canada

Documentary Analysis

Survey

Narratives
<table>
<thead>
<tr>
<th>Year</th>
<th>Number of rural (RST) RNs</th>
<th>% of all RNs</th>
<th>Rural (RST) % of total Canadian/NS population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>42,303</td>
<td>18.0</td>
<td>22.3</td>
</tr>
<tr>
<td></td>
<td>2577</td>
<td>28.1</td>
<td>38.9</td>
</tr>
<tr>
<td>2000</td>
<td>41,502</td>
<td>17.9</td>
<td>21.7</td>
</tr>
<tr>
<td></td>
<td>2584</td>
<td>29.7</td>
<td>38.1</td>
</tr>
<tr>
<td>2002</td>
<td>40,648</td>
<td>17.6</td>
<td>20.6</td>
</tr>
</tbody>
</table>

2002 – based on CIHI figure generated without Quebec data

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

RNs per 10,000 Population
- < 30
- 30 - 50
- 50 - 70
- 70 - 90
- 90 +

Source: RNDB/CIHI
.. an aging workforce

- Rural RNs -Canada/NS
  - 1994 average age: 40.6 years/41.0
  - 2000 average age: 42.9 years/43.4

- Urban RNs
  - 1994 average age: 41.6 years/40.0
  - 2000 average age: 43.5 years/42.7

- All RNs
  - 1994 average age: 41.5 years/40.2
  - 1998 average age: 42.6 years
  - 2000 average age: 43.4 years/42.9
  - 2002 average age: 44.2 years

- source: RNDB
Access to Care
Education of Nurses

Documentary Analysis Methods:
• conducted to achieve a contextual understanding of the policy and practice environment
• systematic collection and analysis of relevant documents according to the policy cycle: policy formulation, policy implementation and policy accountability (Rist, 1994)
• using this cycle, developed a guide to examine the materials
• located 200+ documents with input from advisory board - over 150 analyzed
### Highest Education Level of RNs in Rural Canada/NS, 2000

(Source: RNDB)

<table>
<thead>
<tr>
<th></th>
<th>Rural</th>
<th>NS</th>
</tr>
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<tbody>
<tr>
<td>Diploma</td>
<td>81.4%</td>
<td>79.6%</td>
</tr>
<tr>
<td>Bachelor’s</td>
<td>18%</td>
<td>19%</td>
</tr>
<tr>
<td>Master’s/Doctorate</td>
<td>0.6%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>
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 any telehealth education 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)
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

General Comments from Rural Nurses (source: Narratives)

- Most basic education does not prepare new grads for rural and remote practice
- Rural health nursing needs to part of all basic nursing programs
Quality of Care

- Community as Shaping Practice
- Practice Components
- Working on the Edges of Practice
Quality of Care
Community Shaping Practice

Narrative Approach:

- 152 Nurses (11 Francophone)
- NS- 9; Atlantic-36
- Areas of Practice: Acute, Long-term Care, Public Health, Home-care, Community, Primary Care
- Telephone Interviews
- Analysis: interpretative phenomenology & thematic analysis
Community Shaping Practice
source: Narratives

• Size, distance, demographics
• Expectations of communities
• Knowing the client in the context of community; the community in the context of the client
Quality of Care
Scope of Practice

Survey Method

• Mailed questionnaire with persistent follow-up
  (Dillman’s Tailored Design Method)

• Sample (N=3933)(NS=353; Atlantic= 1120)
  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
Sustainability of Care

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

source: Survey

- Individual
  - Sociodemographic & professional
  - Satisfaction with work & community

- Worklife

- Community
Sustainability of Care

• Migration of Nurses

• source: RNDB
• In 2000 14,177 international nursing graduates were registered and employed in nursing in Canada
• 5.7% of international nursing graduates worked in rural Canada
• But this represented only 1.9% 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

% Migrants
(No data)
<10%
10-19%
20-29%
30-39%
40-49%
50+% 

Source: RNDB 2000
Nature of Nursing Practice

Recognizing nurses and the complexity of rural and remote practice

• Access to Care
• Quality of Care
• Sustainability of Care
Implications

• Create a “rural lens”
• Understand and support the fact of the inseparability of nurses’ professional and personal roles
• Provide supports at a distance - in-person and via technology
• Partner with nurses and communities in recruiting and retaining nurses
Implications

• Develop new models of interprofessional practice
• Attend to the needs of Aboriginal communities
• Develop undergraduate and post-graduate education for rural nursing
Implications

• Develop and design relevant continuing education
• Do not rely on recruiting nurses from overseas
• Improve nursing databases and rural indicators
Contact Information

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