



Nature of Nursing Practice in Rural and Remote Canada - Yukon

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The Nature of Nursing Practice in Rural and Remote Canada

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**



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- Government of Nunavut
- Canadian Institute for Health Information





LUNGEAR CENTRE

HOSPITAL
EMERGENCY
ENTRANCE
←







Rural and Remote Nursing

Access to Care

Quality of Care

Sustainability of Care



Access to Care

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



Who are Rural Nurses?

- **Ensuring Access to Care**

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



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

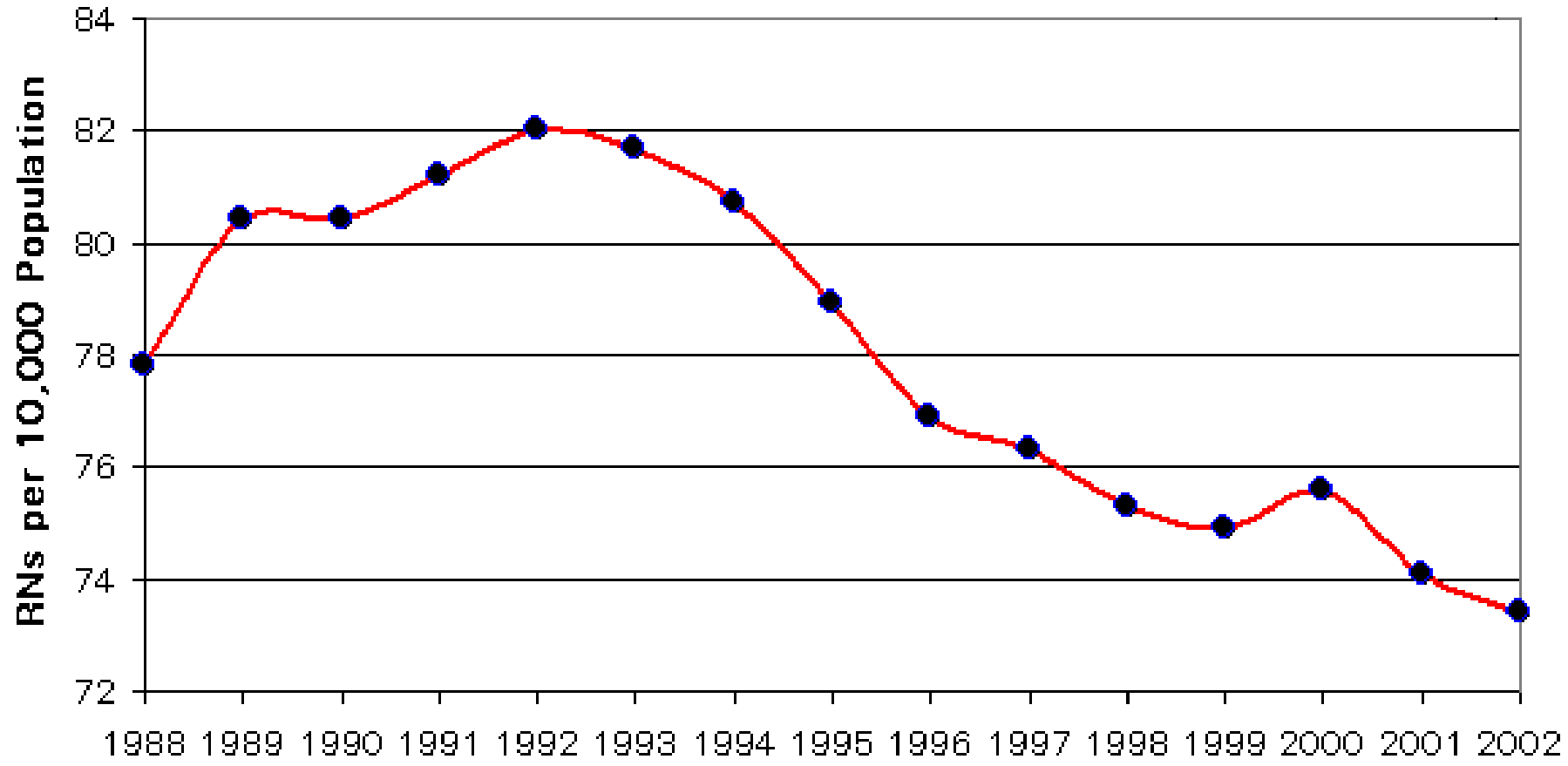


Canadian Institute
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Nurse to Population Ratios (All RNs), 1988-2002



Source: RNDB/Statistics Canada and CIHI

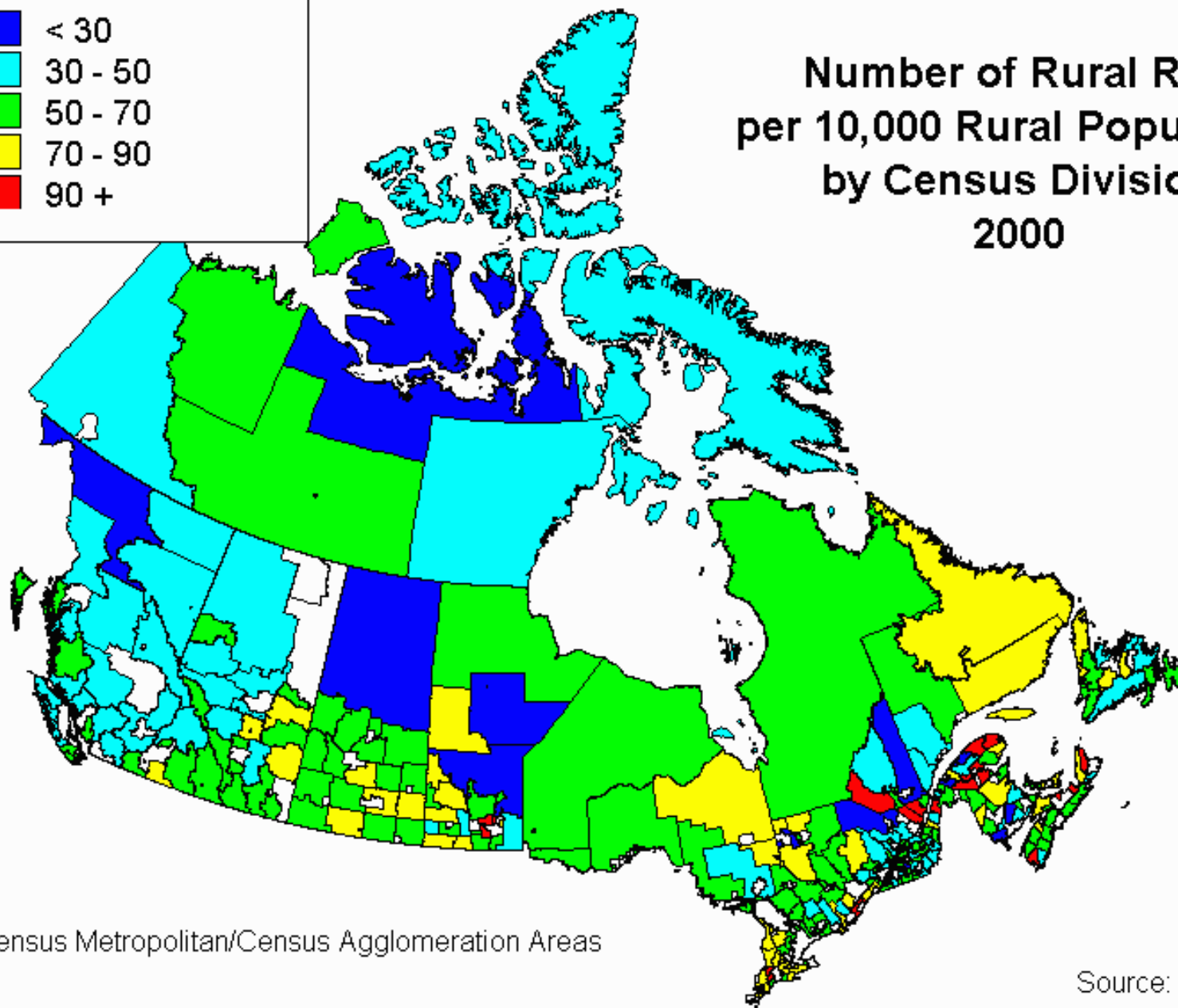
Year	Number of rural (RST) RNs	% of all RNs	Rural (RST) % of total Canadian/ YT population
1994	42,303 45	18.0 22.2	22.3 28.3
2000	41,502 46	17.9 19.4	21.7 29.9
2002	40,648	17.6	20.6

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)

	Canada	Rural/YT	Urban/YT
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

- 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



Educational Preparation of RNs in Rural and Remote Areas

- Little information in available reports
- Most equate rural with accessibility
- No education for telehealth
- No discussion of educational opportunities for students in rural sites
- Educational documents discuss a few programs with rural focus



- 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



Ensuring the Quality of Care - Understanding and Enhancing Rural and Remote Nursing 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 as Shaping Practice

- A permeable membrane
between community and health
care organizations



Community Needs and Resources as Shaping Practice

- Responding to community needs
- Experiencing a burden of responsibility

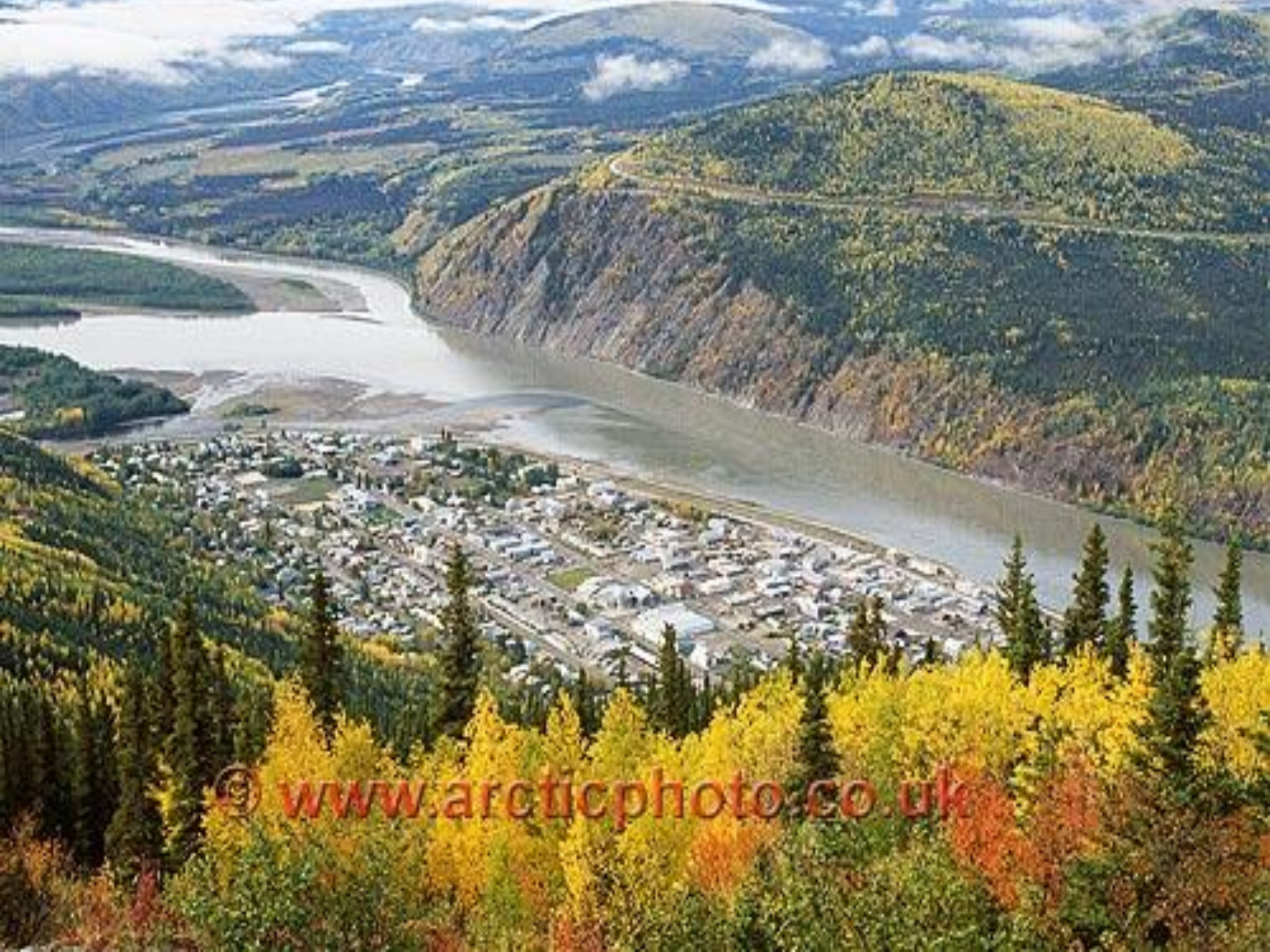
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Being Present as a Nurse and as a Community Member

- Knowing the client: knowing the nurse in the context of community
- Maintaining multiple roles: a different kind of community rapport



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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 Components**

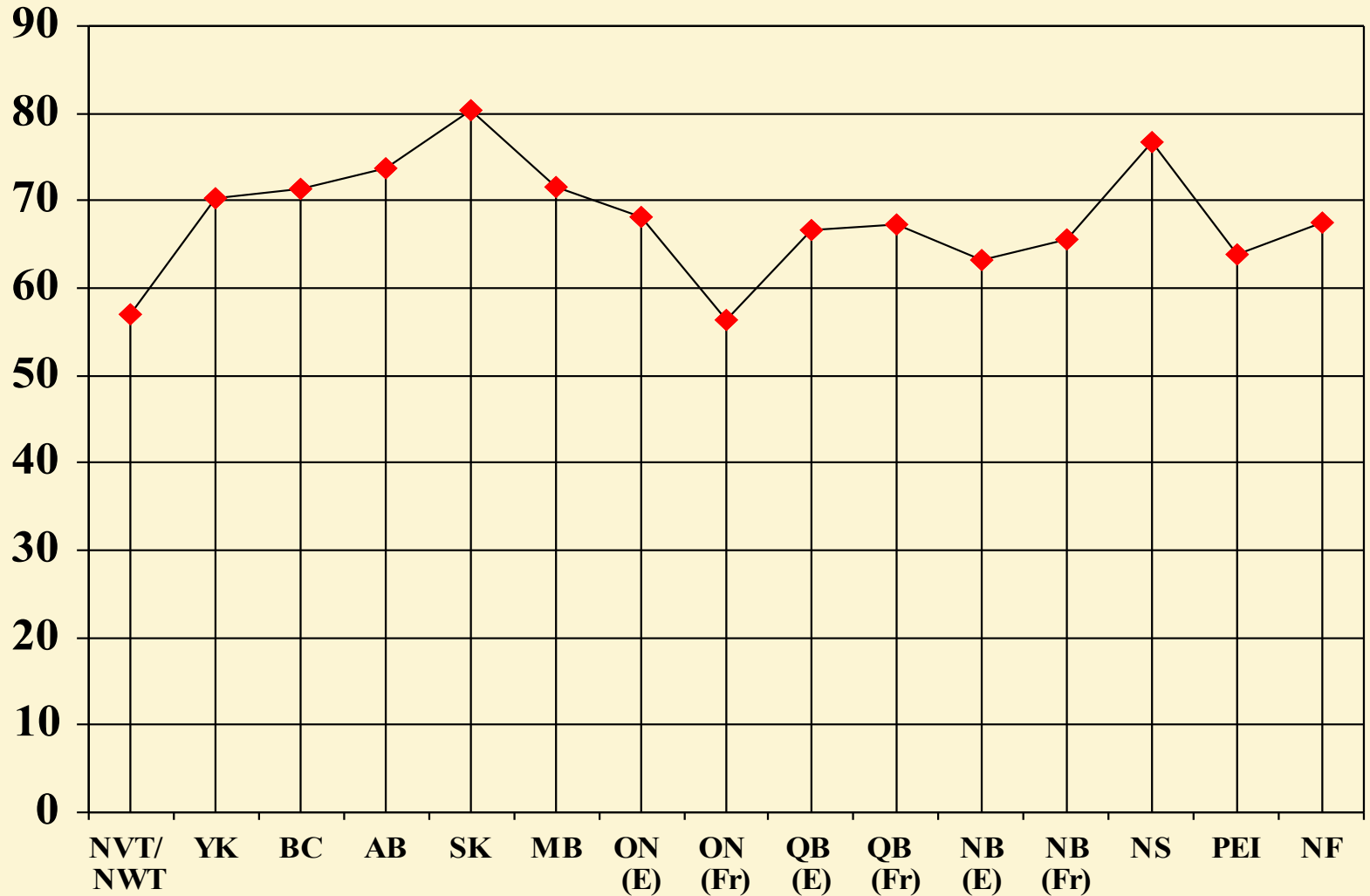


Survey Method

- 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*)

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

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



Character of Practice

(Source: Survey)

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



Primary Care as Main Practice

- **National – 8.3%**

- **Territories**

Yukon – 15.6% NWT – 11.5% Nunavut – 20%

- **Provinces**

British Columbia - 10%

Manitoba – 11.4%

Ontario – 13.5%

Saskatchewan – 8.4%

Newfoundland – 6.1%

New Brunswick – 6.1%

Alberta – 5.7%

Nova Scotia – 4.9%

Quebec – 4.6%

PEI – 0%



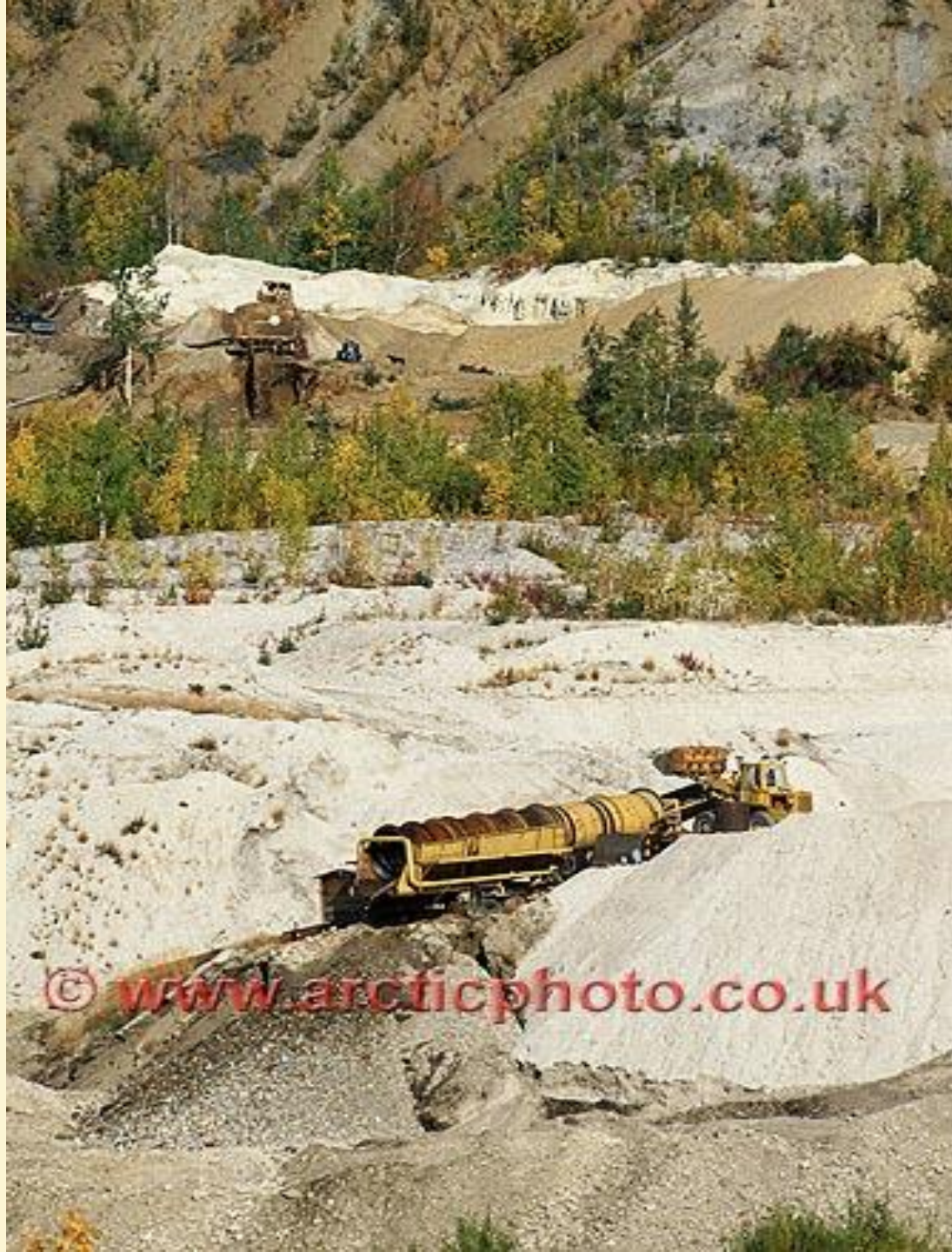
Health Promotion in Community

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



Challenges in Renewing Rural Practice

- Staffing issues
- Professional complacency
- Lack of appropriate supports and resources



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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)



Towards Enhancing Rural Practice

- Recruiting and educating rural nurses
- Enhancing professional practice environments
- Mobilizing and supporting leadership



Supporting Nurses and their Communities

Relevant and responsive structures and processes that recognize the complexity and diversity of rural practice and build on the strengths of rural nurses and their communities



Who will be there for rural and remote 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 and remote nurses**
- Workplace supports in health authorities and agencies will enhance the retention of rural and remote nurses**
- Better supports for nursing education programs that prepare rural and remote nurses**



Rural nurses are the most versatile and adjustable persons probably in the world – they are just people that can work with nothing, literally.



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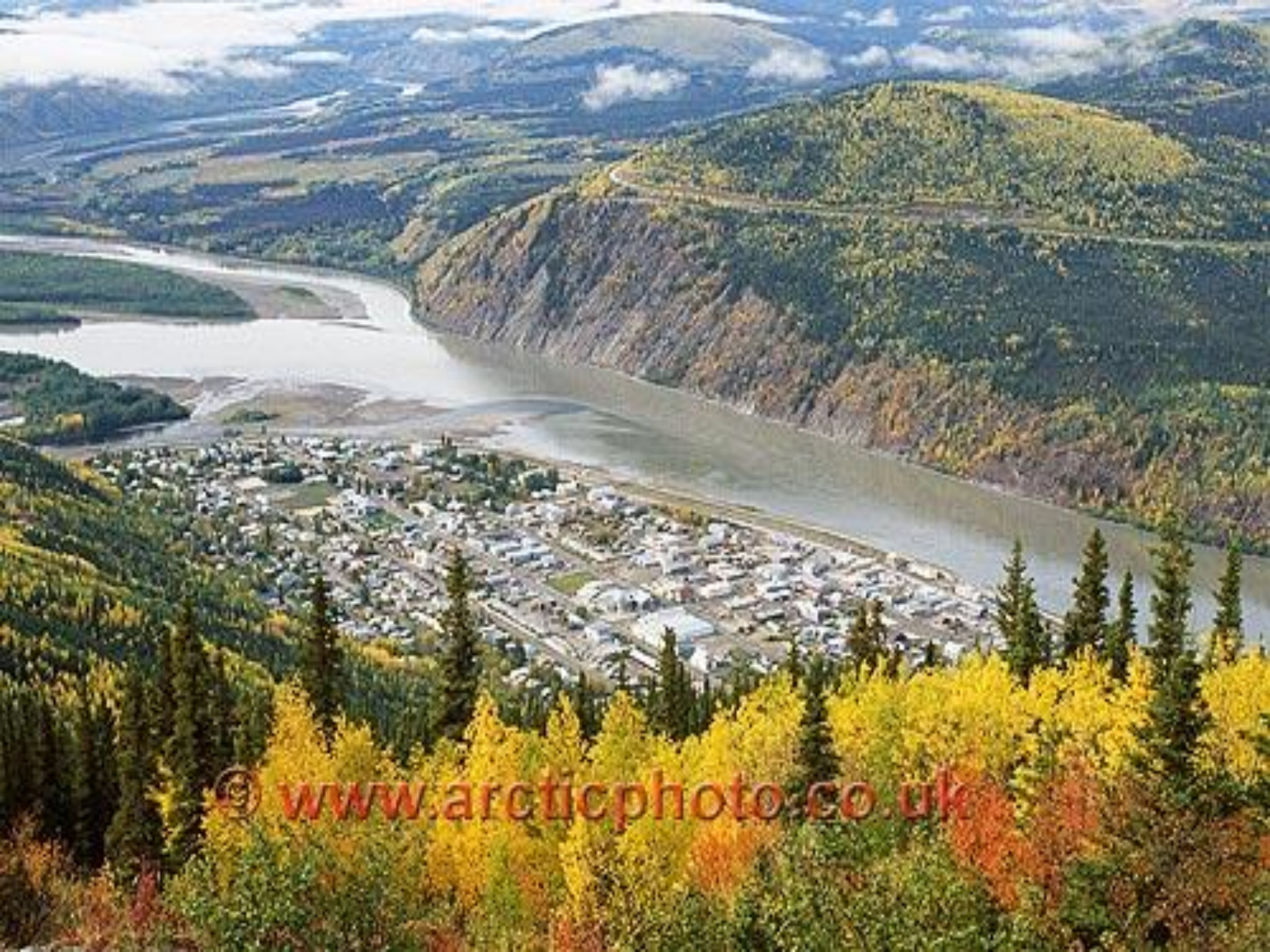
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