Nursing Practice in Rural and Remote Canada II

New Brunswick Survey Fact Sheet

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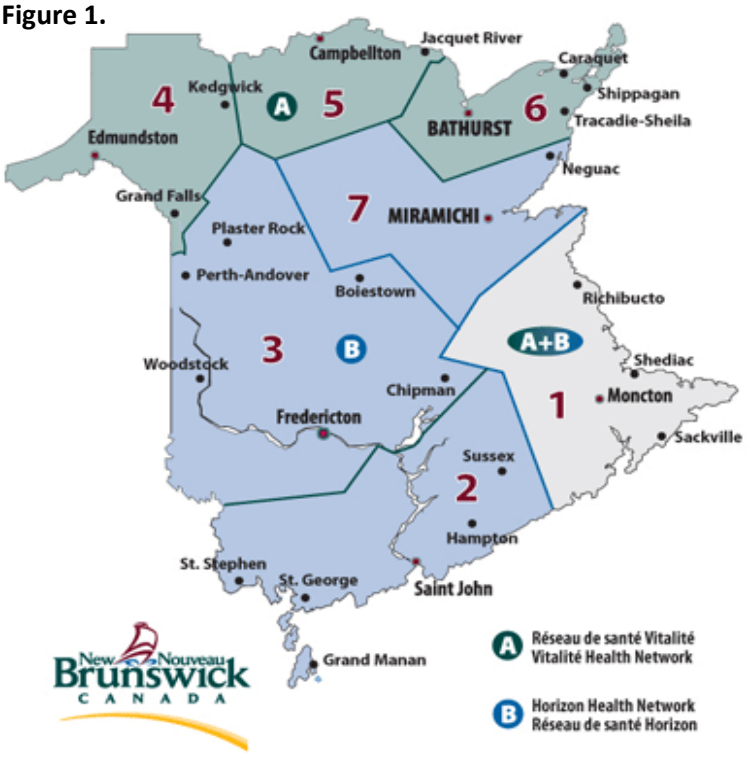
The multi-method study, *Nursing Practice in Rural and Remote Canada II (RRNII),* aims to provide insights into the work lives and practice experiences of registered nurses (RNs), nurse practitioners (NPs), licensed/registered practical nurses (LPNs), and registered psychiatric nurses (RPNs) in rural and remote communities in all Canadian provinces and territories. The study is intended to inform policy and practice decisions regarding nursing service capacity (nursing personnel and activities) and access to care in rural and remote Canada (http://www.unbc.ca/rural-nursing).

This survey partially replicates and considerably extends a national, cross-sectional survey of rural/remote RNs and NPs undertaken in 2001-2004, *The Nature of Nursing Practice in Rural and Remote Canada (RRNI)* (MacLeod, Kulig, Stewart, Pitblado, & Knock, 2004). The present *RRNII* survey places greater emphasis on primary health care (PHC) and includes all regulated nurses – NPs, RNs, and LPNs – who practice in all provinces and territories, and RPNs, who practice in the four western provinces as well as the territories. This provincial fact sheet presents initial results from the national survey about the nature of nursing practice in rural/remote New Brunswick (hereafter rural NB), including how nurses experience accessibility and quality of PHC in their workplace.

A mail survey was distributed primarily through the nursing associations/regulatory bodies in each province and territory between April 2014 and September 2015. The questionnaire was sent to a target sample of nurses who resided in the rural areas (less than 10,000 core population) of each Canadian province and to all nurses who worked in Nunavut, Northwest Territories, and the Yukon.

We received a total of 3,822 completed questionnaires by mail or on-line (2,082 RNs, 163 NPs, 1,370 LPNs, and 207 RPNs) from across Canada. The national response rate was 40% (margin of error 1.5%). **From New Brunswick, a total of 268 nurses responded: 142 RNs, 17 NPs, and 109 LPNs**. The eligible sample for NB was 675 individuals and the response rate was 40% (n=268, margin of error 5.6%).

Figure 1.

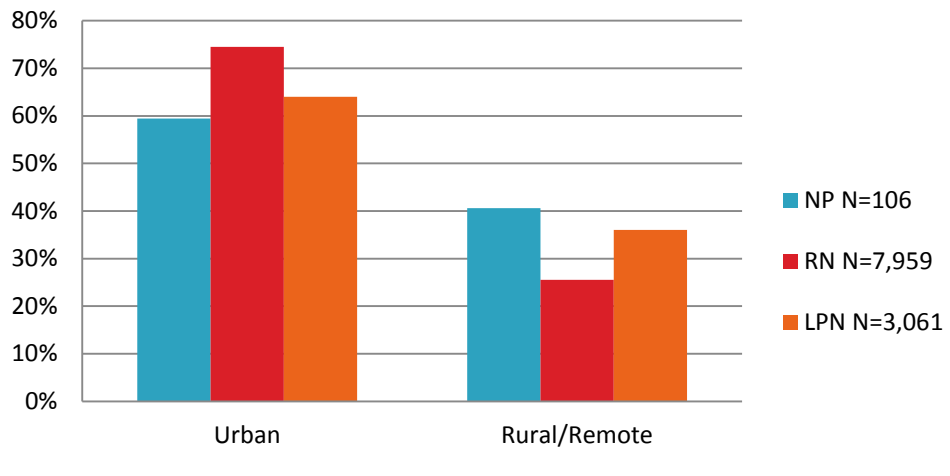


We can say the following: with 90% confidence, the sample of rural RNs, NPs, and LPNs in NB is representative of rural NB nurses as a whole; and say with below 85% confidence, the separate samples of rural RNs, NPs, and LPNs are representative. In this fact sheet, we compare three sets of data: rural NB nurse data from the *RRNII* survey, rural Canada nurse data from the *RRNII* survey, and data for all NB nurses from the Canadian Institute for Health Information analysis of the 2015 regulated nursing workforce database (CIHI, 2016a). The CIHI data helps to situate the *RRNII* study findings in the context of the overall NB nursing workforce.

Who are the rural nurses in New Brunswick?

New Brunswick has a population of over 756 thousand people (Statistics Canada, 2016), 38% of which live in rural and remote areas (CIHI, 2016a). In 2015, 28% of regulated NB nurses were employed in a rural setting (CIHI, 2016a). The geographic distribution of NB nurses is illustrated in **Figure 2**.

Figure 2. The Regulated Nursing Workforce in NB by Nurse Type and Geographic Distribution.



CIHI, 2016a & CIHI, 2016b

The large majority of rural NB nurse respondents (83%) in the *RRNII* survey reported growing up in a community with a population of less than 10,000. Of those currently working in a rural community, 50% reported living in their primary work community. Rural NB nurses living outside of their primary work community travelled to work on a daily (65%) or weekly (30%) basis with travel time typically between 1-6 hours per week (88%). The large majority of rural NB nurses were married or living with a partner (80%); 44% with dependent children.

Age and Gender

In the *RRNII* survey results, only 18% of rural NB nurses were under 35 years of age, whereas 30% of were over 55 years of age. These percentages are consistent with those seen for rural nurses in Canada overall (19% and 32%), but different than all nurses in NB overall (25% and 22%) (CIHI, 2016a). A difference in age distribution is evident across nurse types; for example there were no rural NB NPs under the age of 35, while 22% of rural NB LPNs were under the age of 35. See **Table 1** for an age distribution of rural RNs and LPNs in NB and Canada.

Table 1. Age Distribution of Rural RNs and Rural LPNs in NB and Canada

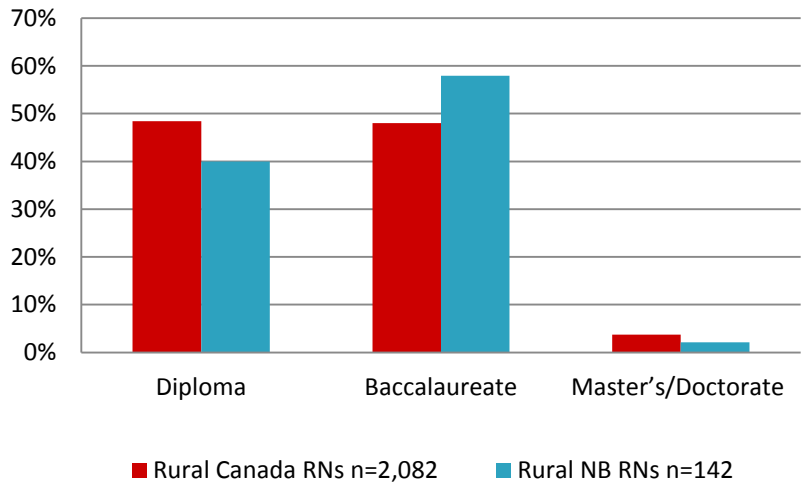
		<25 %	25-34 %	35-44 %	45-54 %	55-64 %	≥65 %
Rural NB RNs	(n=142)	0.7	16.4	17.9	34.3	25.0	5.7
Rural Canada RNs	(n=2,082)	1.1	17.8	19.1	27.2	29.6	5.3
Rural NB LPNs	(n=109)	4.9	16.7	22.5	27.5	27.5	1.0
Rural Canada LPNs	(n=1,370)	3.7	17.8	20.4	30.3	25.4	2.4

In the *RRNII* survey, the proportion of all male nurses (RNs, NPs, and LPNs combined) working in rural NB (8.4%) was above the proportion of rural male nurses in Canada overall (6.4%). Although there were no rural male NPs in NB, there was a relatively high proportion of rural male LPNs (11%).

Education

In the *RRNII* survey, the level of nursing education among rural NB nurses was similar to the education level of rural nurses in Canada overall. The most commonly obtained, highest nursing education credential of rural NB nurses was a diploma in nursing (64%), followed by a bachelor's degree in nursing (30%). For rural nurses in Canada overall, a diploma in nursing (68%) was the most commonly earned highest nursing education credential, followed by a bachelor's degree in nursing (28%). The large majority of rural NB NPs held a master's degree in nursing (88%), while 56% of RNs held a bachelor's in nursing, and 100% of LPNs held a diploma in nursing as their highest obtained nursing education credentials. **Figure 3** shows the highest nursing education credential of rural NB RNs and rural RNs in Canada overall.

Figure 3. Highest Nursing Education Credential - Rural RNs



Where do rural nurses in New Brunswick work?

The large majority of rural NB nurses in the *RRNII* survey were employed in nursing (93%), while the other 6.8% were either on leave (4.4%) or were retired and occasionally working in nursing on either a casual or short-term contract basis (2.6%). **Table 2** shows the population of the primary work community of rural NB nurses. The large majority of rural NB nurses reported working in a primary work community with a population of less than 10,000 (78%), compared to 69% of rural nurses in Canada overall. Considering each group of nurses, 12% of rural NB RNs, 12% of rural NB NPs, and 22% of rural NB LPNs worked in a community with a population fewer than 1,000, which compares to 15% of rural RNs, 17% of rural NPs, and 12% of rural LPNs in Canada overall.

Table 2. Population of Primary Work Community, Rural Nurses in NB

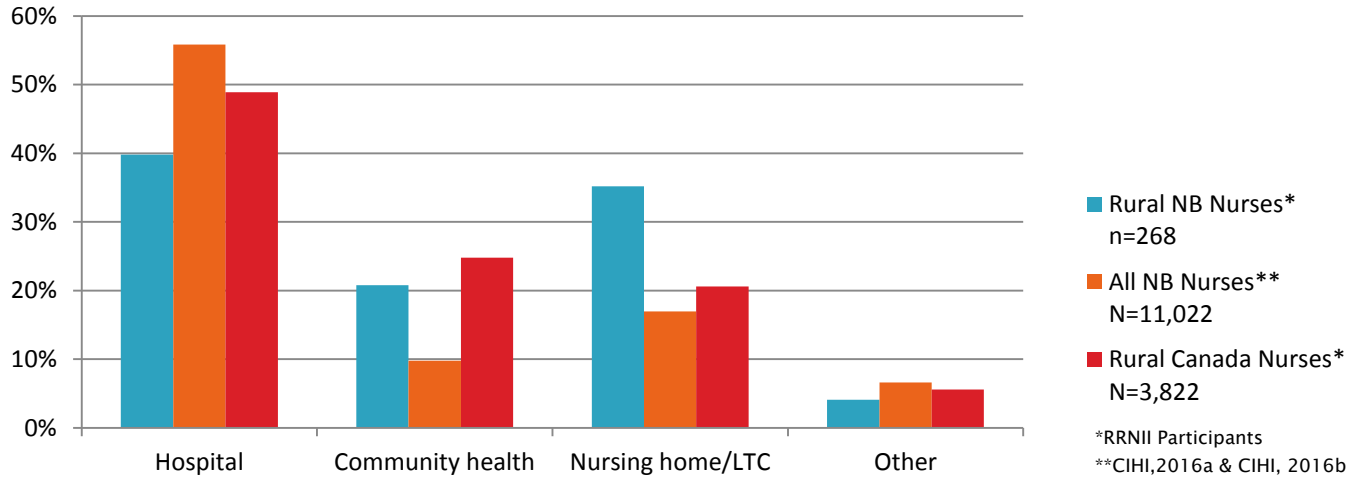
Community Population	% (n=268)
≤ 999	15.9
1,000 - 2,499	21.3
2,500 - 4,999	21.3
5,000 - 9,999	19.0
10,000 – 29,999	15.1
≥ 30,000	7.4

Nursing Employment Status

Rural NB nurses were more likely to be employed in a permanent full-time position (59%), than in a permanent part-time position (29%). In comparison, 54% of rural nurses in Canada overall were employed in a permanent full-time position. The small minority of rural NB nurses (11%) were employed in a casual position, which is a lower proportion than that of rural nurses in Canada overall (16%). The large majority of rural NB nurses were working as a staff nurse (81%), and 9.4% were working as a manager. A larger proportion of rural NB RNs worked as a manager (15%) compared to rural nurses in Canada overall (12%).

Figure 4 shows the primary place of employment for rural NB nurses compared to all nurses in NB and to rural nurses in Canada overall. As Figure 4 shows, fewer rural NB nurses worked in a hospital setting (40%), compared to rural nurses in Canada overall (49%). A greater proportion of rural NB RNs worked in a nursing home/long-term care facility (24%) compared to rural RNs in Canada overall (11%). A similar pattern of results is seen for rural NB LPNs (56%) compared to rural LPNs in Canada overall (37%). A lower proportion of rural NB LPNs worked in a hospital setting (35%) than did rural LPNs in Canada overall (50%).

Figure 4. Nursing Workforce in NB and Canada, Primary Place of Employment



Notes

Hospital *includes hospital, mental health centres, rehabilitation/convalescent centres and integrated facility.*

Community health *includes community health centres, home care agency, nursing station (outpost or clinic), NP led clinic, multidisciplinary primary healthcare clinic, public health department/unit and physician's office/family practice unit or team.*

Nursing home/LTC *includes nursing home/long-term care facility.*

Other *place of work includes professional association/government, occupational health, private nursing agency/self-employed, educational institution and other place of work.*

What is the scope of practice of rural nurses in New Brunswick?

A distinctive characteristic of rural nursing is its broad scope of practice, which is closely related to the rural context of each community and limited access to healthcare resources. In an attempt to shed some light on this phenomenon and find commonalities, nine main categories of practice were presented to respondents, each consisting of several items. Survey respondents were asked to mark all items they were responsible for. Note that the responses relate to what nurses perceive as their responsibilities rather than what may or may not be within their legislated scopes of practice. Detailed tables are included in **Appendix A.**

The large majority of rural NB NPs (94%) and RNs (82%), and the majority of LPNs (69%), reported working within their licensed scope of practice, compared to 83% of rural NPs, 84% of RNs, and 77% of LPNs in Canada overall. A greater proportion of rural NB LPNs reported working below their licensed scope of practice (27%) compared to rural LPNs in Canada overall (18%).

Figure 5. Diagnostics: Rural LPNs in NB and Canada

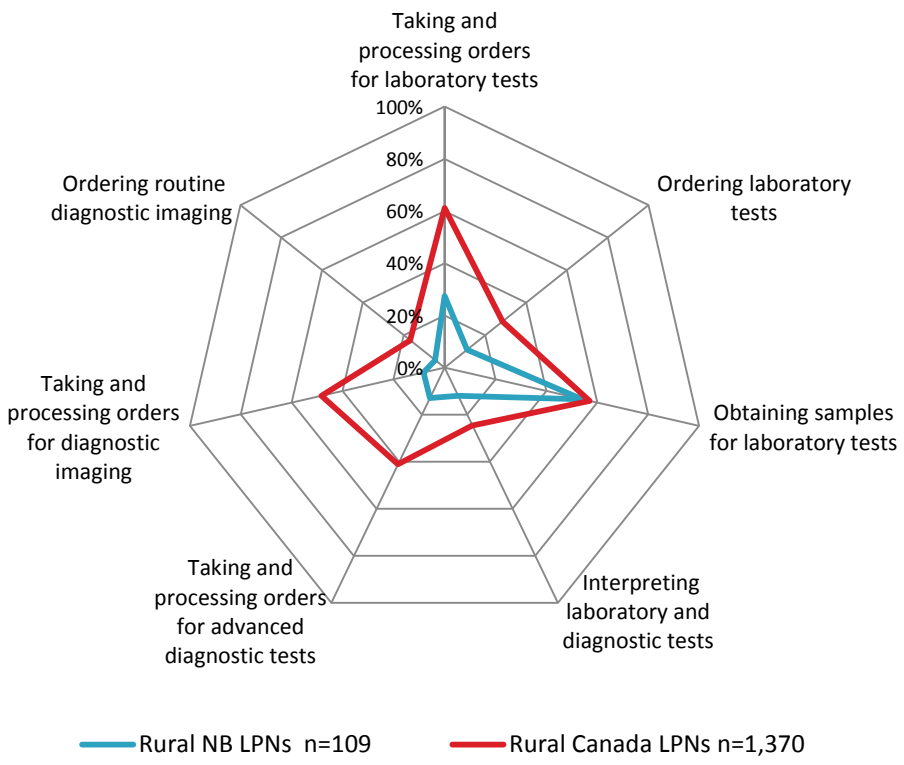
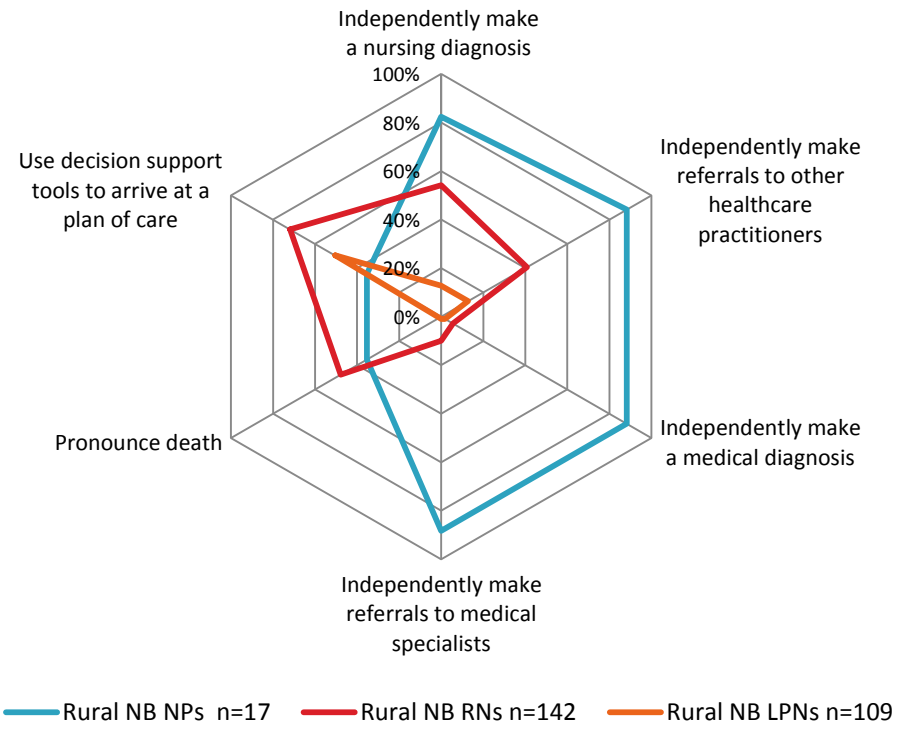


Figure 6. Diagnosis and Referral: Rural NPs, RNs, and LPNs in NB



In terms of *Promotion, Prevention and Population Health*, the large majority of rural NB NPs (88%), and the majority of RNs (66%) and LPNs (74%) reported responsibility for chronic disease management. Moreover, life-style modification programs were provided by rural NB NPs (77%), RNs (56%), and LPNs (48%). Finally, the majority of rural NB LPNs (58%) and the minority of rural NB NPs (29%) and RNs (47%) reported responsibility for illness/ injury prevention.

Regarding *Assessment*, rural NB nurses indicated they were responsible for various health and wellness assessments. For instance, the large majority of rural NB NPs (82%) and LPNs (80%) reported providing older adult health assessment, which 70% of RNs also provide. Complete history and physical assessment was reported by the large majority of rural NB NPs (88%), and the majority of RNs (60%) and LPNs (62%).

In the category of *Diagnostics*, which included *Laboratory Tests, Diagnostic Tests*, and *Diagnostic Imaging*, the majority of rural NB RNs (64%) and the minority of NPs (35%) stated they were responsible for taking and processing orders for laboratory tests. This is similar to what was found for rural RNs and NPs in Canada overall (65% and 27%). This similarity was not seen for rural LPNs working in NB, wherein the minority reported taking and processing orders for laboratory tests (28%), as compared to 61% of rural LPNs in Canada overall. The large majority of rural NB NPs (88%) reported they were responsible for ordering laboratory tests (e.g., hematology, serology, C&S, venipuncture); this proportion was similar to rural NPs in Canada overall (90%). The

Table 7. Theraputic management: Rural NPs, RNs, and LPNs in NB

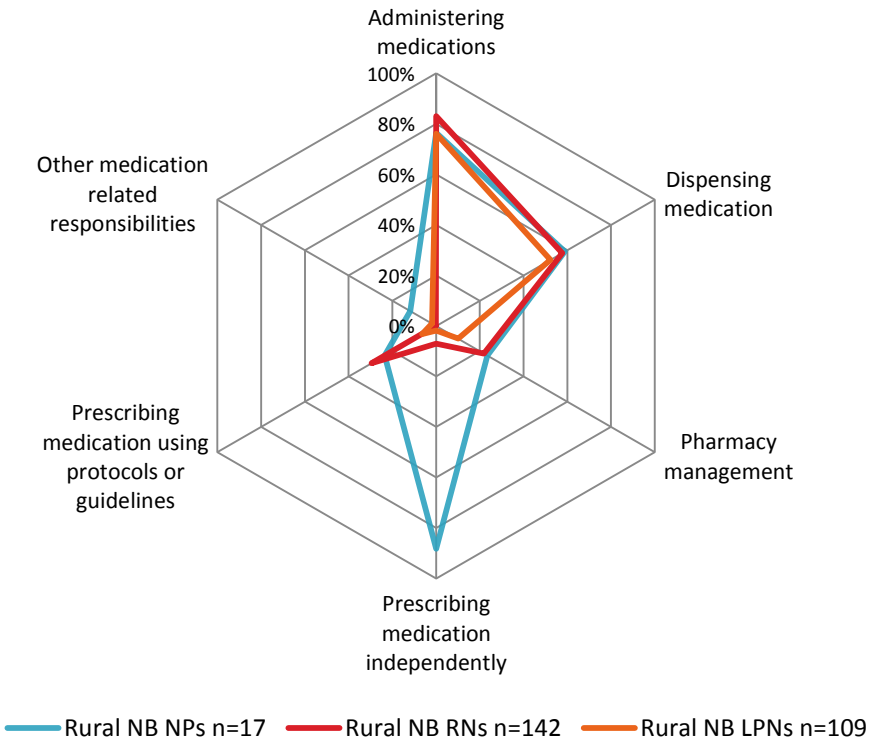
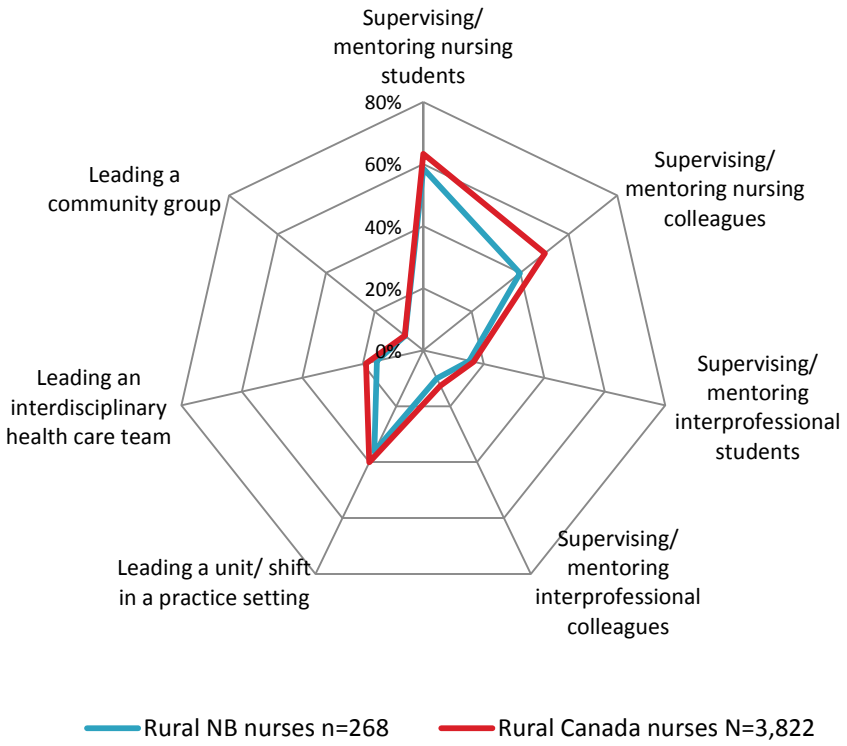


Figure 8. Leadership: Rural Nurses in NB and Canada



small minority of rural NB LPNs (11%) reported ordering laboratory tests; this proportion is smaller than that seen among rural Canada LPNs (29%). It is unclear whether resources in the practice setting or other factors may influence these responses. Responsibilities for interpreting laboratory and diagnostics tests were reported by the large majority of rural NB NPs (77%), by the minority of RNs (37%), and by the small minority of LPNs (12%). **Figure 5** shows aspects of diagnostics for rural NB LPNs as compared to rural LPNs in Canada overall.

In the category of *Diagnosis and Referral,* the minority of rural NB NPs (35%), and the majority of RNs and LPNs (72% and 51%) reported following protocols or using decision support tools in their nursing practice. Also, the large majority of rural NB NPs (82%) reported independently making a nursing diagnosis based on assessment data (**Figure 6**).

In terms of *Therapeutic Management,* the large majority of rural NB RNs (83%), NPs (77%), and LPNs (76%) reported responsibility for administering medication. Moreover, the majority of rural NB RNs (58%), NPs (59%), and LPNs (52%) indicated they were responsible for dispensing medication. The large majority of rural NB NPs (88%) reported independently prescribing medication (**Figure 7**).

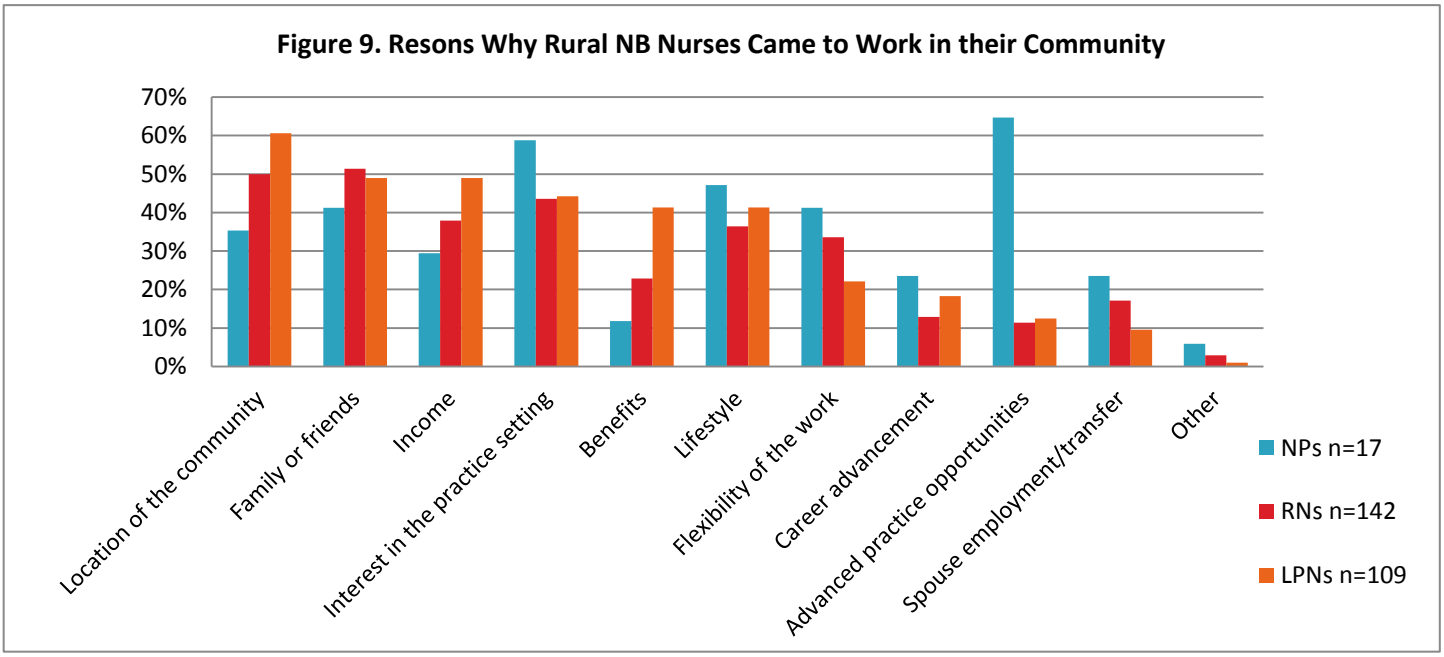
In the category of *Emergency Care and Transportation*, almost half of rural NB NPs and RNs reported responsibility for organizing urgent or emergent medical transportation (47% and 47%). The small minority of rural NB NPs (18%) reported that they provide care during urgent medical transportation compared to 33% of rural NPs in Canada overall.

When it comes to *Leadership*, the majority of rural NB nurses reported supervising and mentoring nursing students (59%), and the minority reported supervising and mentoring nursing colleagues (40%). Just over half (53%) of rural NB RNs reported leading a unit and/or shift in a practice group, which is above the national proportion for rural RNs (47%) (**Figure 8**).

What are the career plans of rural nurses in New Brunswick?

Recruiting and retaining nurses in rural nursing positions is an ongoing challenge (Kulig, Kilpatrick, Moffitt, & Zimmer, 2015). For all rural NB nurses, the most influential reasons they came to work in their primary work community were location of the community (53%), family or friends (50%), interest in the practice setting (45%), income (42%), and lifestyle (39%). See **Figure 9** for a detailed breakdown of recruitment factors by nurse type. Advanced practice opportunities (65%) and interest in practice setting (59%) were the most influential recruitment factor for rural NB NPs.

Figure 9. Resons Why Rural NB Nurses Came to Work in their Community

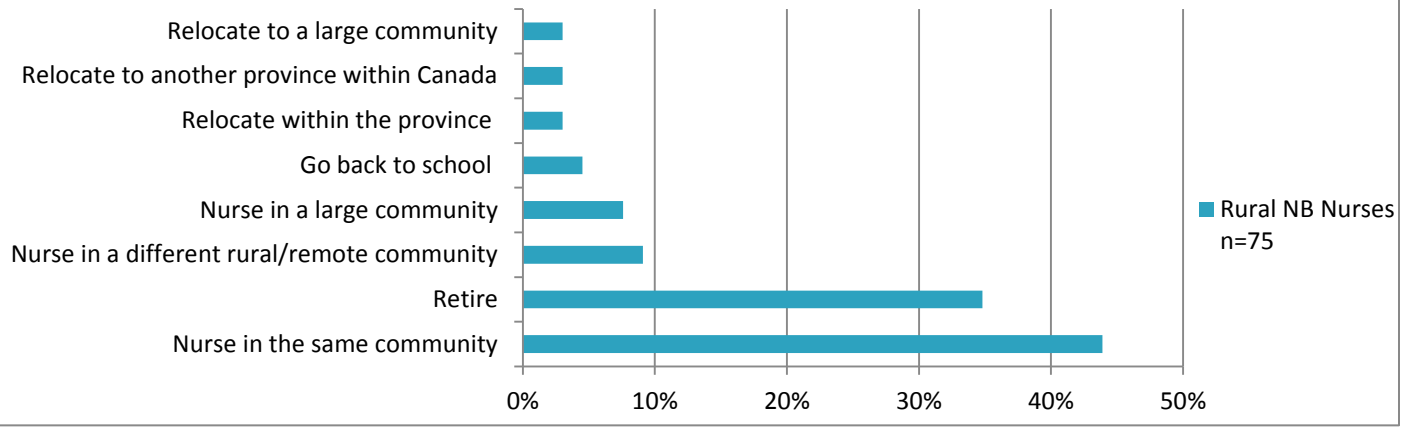


Rural NB nurses were asked the reasons why they continue working in their primary work community. The most commonly identified retention factors included location of the community (56%), family and friends (55%), income (50%), interest in the practice setting (45%), and lifestyle (41%). Flexibility of the work (34%) and benefits (33%) were also viewed as retention factors. The large majority of rural NB nurses agreed that they were satisfied with their primary work community (82%); the remaining 18% were either neutral or were dissatisfied.

In the *RRNII* survey results, 29% of rural NB nurses indicated that they were planning to leave their present position within the next 12 months, which is a slightly higher proportion than what was found for rural nurses in Canada overall (26%). This included 12% of rural NB NPs, 32% of RNs, and 27% of LPNs. Rural NB nurses who intended to leave (n=75) reported a variety of career plans, which are illustrated in **Figure 10**. Most often, they planned to nurse in the same community (44%) or retire (35%).

A minority of the rural NB nurses who stated they intended to leave said they would consider continue working in a rural/remote community if certain conditions were met, such as if they were to receive an annual cash incentive (41%), have increased flexibility in scheduling (35%), have opportunities to utilize more of their skills (28%) and update their skills and knowledge (27%), have opportunities to teach (21%), and have opportunities to work short term contracts (21%).

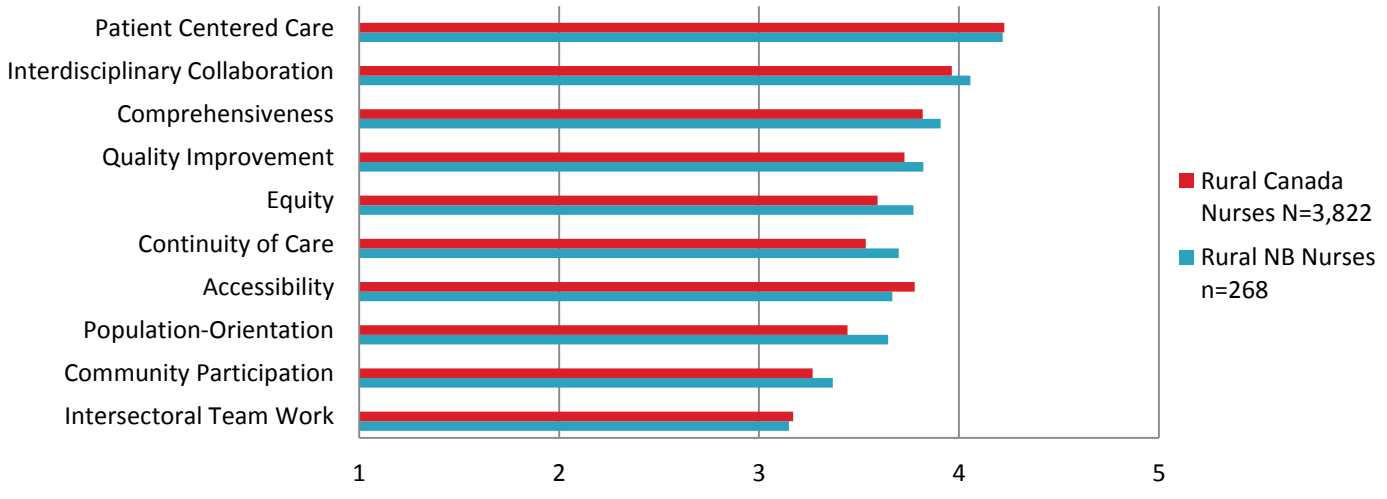
Figure 10. Future Plans of Rural NB Nurses who Intended to Leave Within the Next 12 Months



What do rural New Brunswick nurses say about primary health care in their workplace?

In the *RRNI* survey findings, it was clear that rural nurses in all settings were engaged in primary health care. In the *RRNII* survey, nurses were asked about aspects of primary health care at their workplace through the Primary Health Care Engagement Scale (Kosteniuk et al, 2016). Items were grouped in 10 categories: patient-centred care, interdisciplinary collaboration, comprehensiveness of care, quality improvement, accessibility/availability, continuity of care, equity, population-orientation, community participation, and intersectoral team. Each item was rated on a 5 point Likert Scale (1= strongly disagree to 5= strongly agree). Mean scores are reported in **Figure 11**.

Figure 11. Rural Nurses' Perspectives on Primary Health Care in their Workplace



It is evident that rural NB nurses were engaged in primary health care, often to a slightly greater extent than rural nurses in Canada overall; there are slightly higher means in seven categories as compared to rural nurses in Canada overall.

In general, rural NB nurses rated *Patient-Centred Care* strongly positive. Rural NB nurses reported that their patients are treated with respect and dignity, that providers are concerned with maintaining patient confidentiality, and that their workplace is a safe place for patients to receive healthcare services. Moreover, rural NB nurses were also strongly positive that providers are supported in thinking of patients as partners.

Rural NB nurses also rated *Interdisciplinary Collaboration* strongly positive. Included are nurses' perceptions that a collaborative atmosphere exists between healthcare providers from different disciplines within their workplace, that healthcare providers from other disciplines consult them regarding patient care, and that it is understood who should take the lead with a patient when there is overlap in responsibilities.

In terms of *Comprehensiveness*, rural NB nurses responded positively that patients are referred to necessary services when they require a service their workplace does not provide, that their workplace offers harm reduction or illness prevention initiatives, and that chronic conditions are addressed.

Rural NB nurses also felt positively about *Quality Improvement*, having identified their workplace uses patient health indicators to measure quality improvement, that quality is regularly measured, and that their workplace keeps patient charts current. Importantly, rural NB nurses were strongly positive that there is a process in their workplace for responding to critical incidents.

Nurses in rural NB viewed *Equity* positively, reporting that their workplace is organized to address the needs of vulnerable or special needs populations, that patients of diverse individual or social characteristics can access health care, and that patients can afford to receive the healthcare services they need. Importantly, rural NB nurses felt strongly positive that healthcare providers in their workplace understand the social determinants of health and that all patients have access to the same healthcare services regardless of geographic location.

Similarly, *Continuity of Care* was viewed positively by rural NB nurses. These nurses were strongly positive that they have a good understanding of their patients' health history and that they have easy access to information about their patients' past health care provided in their workplace. However, coordination of care across settings is a different matter. Care coordination for patients that takes place outside of their workplace and getting access to information about their patients' past health care provided outside of their workplace were perceived less positively.

Regarding *Accessibility/Availability* to healthcare services, rural NB nurses were positive that patients needing urgent care can see a healthcare provider the same day when their workplace is open, that services are organized to be as accessible as possible, and that when their workplace is closed, patients can see a healthcare provider in person or can get medical advice by phone.

Rural NB nurses felt positive that their workplace was *Population-oriented*, reporting a good fit between services in their workplace and the community's healthcare needs, and that their workplace monitors patient outcome indicators.

Community Participation was rated positively by rural NB nurses. These nurses felt positive that their workplace seeks input from the community about the healthcare services needed, that their workplace supports healthcare providers in thinking of the community as a partner, and that their workplace has implemented changes which emerged from community consultations.

Finally, there were positive ratings of *Intersectoral Teams*, although an interesting pattern of results must be noted. Rural NB nurses reported working closely with community agencies and reported that there have been improvements in the way community services are delivered based on community agencies working together. However, nurses reported that community agencies do not meet regularly to discuss common issues that affect health. This dimension was perceived negatively.

The Primary Health Care Engagement Scale continues to be refined. Further details are available from the authors.

Limitations

The number of rural NB nurses was sufficient for analysis at the provincial level, but lower than the number expected. For this reason, we can say the following: with 90% confidence, the sample of rural RNs, NPs, and LPNs in NB is representative of rural NB nurses as a whole; and say with below 85% confidence, the separate samples of rural RNs, NPs, and LPNs are representative. As we sampled only 30% (approximately) of the rural nurses in the province, we compared the age and gender characteristics of the study's sample with all rural nurses in the province to see how similar or different they were. The two samples were comparable, although our sample did underrepresent female nurses, and overrepresented male nurses (CIHI, 2017). As such, findings should be interpreted with caution. As well, in this fact sheet, not all statistical measures are reported.

Summary

In 2015, 28% of the regulated nursing workforce in New Brunswick was located in rural areas where 38% of the population lived (CIHI, 2016a). This is an increase from 2010, when 24% of the nurses in NB cared for 39% of the population (Pitblado, Koren, MacLeod, Place, Kulig, & Stewart, 2013).

Compared to rural nurses in Canada generally, a greater proportion of rural NB nurses worked in a nursing home/long-term care facility and a lower proportion worked in a hospital setting. A greater proportion of rural NB nurses held a permanent full-time position compared to rural nurses in Canada overall, and the large majority of all rural NB nurses worked as staff nurses. A greater proportion of rural NB RNs held a bachelor's degree in nursing as their highest nursing credential compared to rural RNs in Canada overall; and all rural NB LPNs held a diploma, which is similar to rural LPNs across Canada.

The age of rural NB nurses is higher than NB urban nurses, with a greater proportion of rural NB nurses over 55 years of age compared to all NB nurses. There was a greater proportion of male nurses working in rural NB compared to male nurses working in rural Canada overall.

The two highest ranked recruitment factors among rural NB nurses were also the highest ranked retention factors, namely location of the community and family or friends. The third and fourth ranking factors where interest in practice setting and income. A greater proportion of rural NB nurses indicated plans to leave their present nursing position within the next 12 months compared to rural nurses in Canada overall. Most often, these nurses intended to nurse in the same community or retire. Rural NB nurses who stated they intended to leave indicated they would consider continuing to work in a rural community if they were to receive an annual cash incentive and have increased flexibility in scheduling, among other factors.

The large majority of rural NB RNs and NPs, and the majority of LPNs, indicated that they work within their licensed scope of practice. Rural NB nurses expressed positive views about primary health care, their contributions to it and the accessibility it provides for patients. They were concerned, however, about community agencies not meeting regularly to discuss issues affecting health.

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Further information about the full study is available from:

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Appendix A: Scope of Practice: Rural NB and Canada NPs, RNs, and LPNs

Promotion, Prevention, and Population Health	Rural NPs		Rural RNs		Rural LPNs	
	NB % (n=17)	Canada % (n=163)	NB % (n=142)	Canada% (n=2,082)	NB % (n=109)	Canada% (n=1,370)
Chronic disease management	88.2	90.8	66.2	62.7	74.3	74.9
Maternal/child/family health programs	88.2	70.6	25.4	11.1	12.8	18.0
Lifestyle modification programs	76.5	83.4	56.3	21.1	52.3	50.1
Public and population health programs	64.7	68.7	40.1	17.9	24.8	32.3
Mental health programs	41.2	44.2	28.9	11.6	23.9	32.4
Community development and individual health capacity building programs	35.3	31.9	19.0	6.8	10.1	12.6
Illness/injury prevention	29.4	45.4	47.2	7.1	57.8	47.4
None of the above	5.9	2.5	20.4	12.3	16.5	17.3

Assessment	NB %	Canada %	NB %	Canada %	NB %	Canada%
Complete history and physical assessment	88.2	87.1	59.9	59.6	61.5	68.5
Focused history and physical assessment	100.0	92.6	66.9	70.3	50.5	61.4
Assessment Infant and child health assessment	88.2	77.3	21.8	32.3	7.3	12.5
Older adult health assessment	82.4	83.4	70.4	61.2	79.8	79.7
Family assessment	41.2	44.2	23.2	25.0	14.7	16.9
Community assessment	29.4	17.8	13.4	16.2	6.4	10.6
Mental health assessment	88.2	76.7	35.2	40.7	27.5	34.3
Sexual assault assessment/exam	35.3	31.3	12.7	19.4	3.7	5.0
Third party assessment	76.5	69.3	12.0	18.7	8.3	8.6
Other assessment	0.0	3.1	2.1	2.5	0.0	0.9
None of the above	0.0	2.5	7.7	10.7	12.8	10.8

Therapeutic Management	NB %	Canada %	NB %	Canada %	NB %	Canada%
Administering oral/SC/IM/topical/inhaled medications	76.5	74.8	83.1	80.0	76.1	89.5
Dispensing medication	58.8	47.9	57.7	54.2	52.3	63.8
Pharmacy management	23.5	25.8	21.8	25.3	10.1	15.8
Prescribing medication independently	88.2	81.0	7.0	7.8	1.8	3.3
Prescribing medication using protocols or guidelines	23.5	37.4	29.6	29.5	6.4	11.5
Other medication related responsibilities	11.8	9.2	9.2	8.3	1.8	5.8
None of the above	0.0	3.1	12.0	14.8	19.3	8.6

Laboratory Tests	NB %	Canada %	NB %	Canada %	NB %	Canada%
Taking and processing orders for laboratory tests	35.3	27.0	64.1	64.5	27.5	61.2
Ordering laboratory tests	88.2	89.6	24.6	37.4	11.0	28.5
Obtaining samples for laboratory tests	58.8	55.2	66.2	57.3	54.1	57.0
Performing and analyzing on-site laboratory tests	47.1	40.5	32.4	29.8	21.1	19.7
Interpreting laboratory and diagnostic tests	76.5	90.2	37.3	46.2	11.9	24.5
None of the above	0.0	3.1	20.4	19.6	37.6	18.4

	Rural NPs		Rural RNs		Rural LPNs	
Diagnostic Tests	**NB % (n=17)**	**Canada % (n=163)**	**NB % (n=142)**	**Canada% (n=2,082)**	**NB % (n=109)**	**Canada% (n=1,370)**
Taking and processing orders for advanced diagnostic tests	29.4	19.0	33.8	46.4	12.8	41.1
Ordering advanced diagnostic tests	76.5	60.7	9.2	8.1	3.7	7.6
Performing advanced diagnostic tests	29.4	40.5	2.8	1.6	0.9	1.3
Interpreting and following up advanced diagnostic tests	88.2	73.0	9.9	13.3	3.7	6.1
None of the above	5.9	18.4	61.3	49.2	84.4	55.8

Diagnostic Imaging	**NB %**	**Canada %**	**NB %**	**Canada %**	**NB %**	**Canada%**
Taking and processing orders for diagnostic imaging	29.4	20.2	34.5	53.7	8.3	48.3
Ordering routine diagnostic imaging	88.2	84.7	12.0	25.7	4.6	16.9
Ordering advanced diagnostic imaging	64.7	48.5	4.2	5.9	2.8	7.4
Performing diagnostic imaging	11.8	10.4	2.1	8.8	2.8	0.9
Interpreting and following up diagnostic imaging	64.7	71.8	7.0	14.3	2.8	3.3
None of the above	5.9	11.7	59.9	39.0	85.3	46.4

Diagnosis and Referral	**NB %**	**Canada %**	**NB %**	**Canada %**	**NB %**	**Canada%**
Follow protocols or use decision support tools to arrive at a plan of care	35.3	49.1	71.8	76.3	50.5	74.3
Independently make a nursing diagnosis based on assessment data	82.4	71.2	54.2	65.9	12.8	36.4
Independently make a medical diagnosis based on assessment data	88.2	82.8	5.6	11.0	1.8	2.8
Independently make referrals to other healthcare practitioners	88.2	86.5	40.8	47.7	12.8	28.5
Independently make referrals to medical specialists	88.2	72.4	9.9	11.0	0.9	4.7
Certify mental health patients for committal	35.3	14.1	6.3	6.8	0.0	0.9
Pronounce death	35.3	35.0	47.9	42.7	0.9	22.9
None of the above	0.0	4.9	14.1	12.6	45.9	20.2

Emergency Care and Transportation	**NB %**	**Canada %**	**NB %**	**Canada %**	**NB %**	**Canada%**
Organize urgent or emergent medical transport	47.1	39.9	47.2	52.0	17.4	35.5
Provide care during urgent/emergent medical transportation	17.6	33.1	34.5	35.4	26.6	19.6
Respond/lead emergency calls as a first responder	29.4	19.6	19.7	17.8	7.3	10.9
Respond/lead emergency search and rescue calls in rural, remote or wilderness settings	5.9	6.7	4.9	5.4	1.8	1.8
None of the above	41.2	50.3	42.3	41.3	66.1	52.8

Leadership	**NB %**	**Canada %**	**NB %**	**Canada %**	**NB %**	**Canada%**
Supervising/mentoring nursing students	64.7	68.7	69.0	66.6	44.0	56.6
Supervising/mentoring nursing colleagues	41.2	55.2	55.6	61.2	19.3	31.9
Supervising/mentoring interprofessional students	29.4	35.6	20.4	19.6	6.4	8.5
Supervising/mentoring interprofessional colleagues	17.6	20.9	13.4	15.2	4.6	6.3
Leading a unit/shift in a practice setting	5.9	16.6	52.8	47.2	19.3	30.7
Leading an interdisciplinary health care team	29.4	24.5	19.7	21.8	7.3	11.6
Leading a community group	23.5	15.3	11.3	10.1	0.0	2.0