Interdisciplinary Practice
North of Sixty: Issues for Research

Future of Rural Peoples: Pre-Conference
New Models, New Values
Saskatoon, SK
October 19, 2003
The Study: The Nature of Nursing Practice in Rural and Remote Canada

Aim:

- 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 (‘North of 60’ subset)
- Registered Nurses Data Base (RNDB)
- Narrative Study
- Documentary Analysis
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  (Lead PI & Narratives)

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  (Co-PI: Survey)

- Roger Pitblado  
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  (Co-PI: RNDB)

- Marian Knock  
  British Columbia Ministry of Health Planning  
  (Principal Decision-maker)
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  U. Manitoba
- Gail Remus
  U. Saskatchewan
- Debra Morgan
  U. Saskatchewan
- Dorothy Forbes
  U. Saskatchewan
- Barbara Smith
  U. Saskatchewan
- Carl D'Arcy
  U. Saskatchewan
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  U. Calgary
- Kathy Banks
  BC Women’s
- Lela Zimmer
  UNBC
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- Joyce England, PEI
- Rachel Munday, NU
- Madge Applin, NWT
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- Jan Horton, YT
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- Maria MacNaughton, FNIHB - Health Canada
- Fjola Hart Wasekeesikaw, Aboriginal Nurses Ass’n
- Lisa Little, CNA
Funding Partners

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- Nova Scotia Health Research Foundation
- British Columbia Rural and Remote Health Research Institute
- Saskatchewan Economic and Cooperative Development
- Provincial and Territorial Nurses Associations
- Government of Nunavut
- Canadian Institute for Health Information
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Laurentian University, Sudbury, ON
Roger Pitblado, PhD, Professor, Geography & Centre for Rural & Northern Health Research (CRaNHR)
Survey Method

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

• Sample (N = 3933)
  [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*

  * North of 60 subset (n = 526)
Response Rate for Survey = 68%

- 7065 - questionnaires mailed out
- 153  - explicit refusals
- 1114 - wrong address, duplicate registration, moved (no forwarding address), deceased
- 169  - completed but ineligible (lived rural but worked urban, retired, long-term disability)
- 1696 - ‘Not heard from’
- 5782 - eligible respondents \[7065-(1114+169)\]

CALCULATION: 3933/5782 = 68%
Province of Residence $N = 3933$
Province of Residence n = 526

- NFLD
- PEI
- NS
- NB
- MB
- ON
- SK
- AB
- BC
- YK
- NWT
- NVT
Age & Gender: Total Sample

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
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<tr>
<td>20-24</td>
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<table>
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<th>Gender</th>
<th>Frequency</th>
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<td>Female</td>
<td></td>
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The graph represents the distribution of age and gender in the total sample.
Age & Gender: North of 60

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<th>Frequency</th>
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<tr>
<td>70-74</td>
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</table>

Gender

- Male
- Female
- Missing
Highest Nursing Education

• North of 60
  – Diploma 57.2%
  – Degree 38.6
  – Master 3.4%
  – Doctorate 0.2%

• Total Sample
  – Diploma 71.8%
  – Degree 25.7%
  – Master 1.3%
  – Doctorate 0% (1 case)
Work Setting (N=3933)

- General Hospital
- Mental Health
- Nursing Station
- Rehab
- Nursing Home/LTC
- Home Care
- Community Health
- Occ. Health/Industry
- Private Agency
- Integrated Facility
- Self Employed
- Dr's Office
- Education
- Gov't/Assoc
- Other
Work Setting (n=526)

- General Hospital
- Mental health
- Nursing home/LTC
- Nursing station
- Other
- Gov't/Association
- Education
- Dr.'s office
- Self-employed
- Integrated facility
- Occ. Health/industr
- Community Health
- Home care
Facility Ownership: North of 60

 Territory/prov. government : 329 (64.3%)
 Local health board: 109 (21.3%)
 Private facility: 27 (5.3%)
 Tribal council/band: 12 (2.3%)
 Federal government: 9 (1.2%)
 Other: 26 (5.1%)
RNs in Workplace: North of 60*

Sole RN in workplace: 44 RNs (8.9%)
>1 and < 6 RNs: 234 RNs (47.2%)
6 to 12 RNs in workplace: 109 RNs (22%)
13 to 35 RNs: 53 RNs (10.7%)
40 to 150 RNs: 56 RNs (11.3%)

* 496 RNs responded to this question
Colleague Support

N = 3933   n = 526
Colleague Contact

N=3933   n = 526

Face-to-face  Telephone  Email

72.3  85  24.6  73.4  85.4  41.6
Advanced Nursing Practice

• 54.2% of RNs who work north of 60, think of their role as advanced nursing practice
• 62% regularly evacuate patients
• 29.6% regularly manage deliveries
• 45.3% prescribe medication
• 48-53% regularly order, undertake & interpret diagnostic tests
• 32.1% directly refer to a medical specialist
### Frequency of Interdisciplinary Contact (n=526)

<table>
<thead>
<tr>
<th>Profession</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Q2-6 months</th>
<th>Q7-12 months</th>
<th>Not available</th>
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<td>3</td>
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<td>10.3%</td>
<td>0.8%</td>
<td>0.4%</td>
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<td>16.1%</td>
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<td>60.3%</td>
<td>4.6%</td>
<td>19.2%</td>
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<tr>
<td>Dental</td>
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<td>113</td>
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<td>41</td>
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<td>57.6%</td>
<td>4.0%</td>
<td>3.2%</td>
<td>21.5%</td>
<td>3.4%</td>
<td>7.9%</td>
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<tr>
<td>Mental Health Services</td>
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<td>38</td>
<td>61</td>
<td>20</td>
<td>67</td>
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<td>57.4%</td>
<td>3.6%</td>
<td>7.2%</td>
<td>11.4%</td>
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<th>Q7-12 months</th>
<th>Not available</th>
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<td>10</td>
<td>55</td>
<td>46</td>
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<td>46.6%</td>
<td>3.4</td>
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<td>30.6</td>
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<tr>
<td>Medical Specialist</td>
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<td>60</td>
<td>136</td>
<td>30</td>
<td>128</td>
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<tr>
<td></td>
<td>23.2</td>
<td>1.9</td>
<td>11.4</td>
<td>25.9</td>
<td>5.7</td>
<td>26.3</td>
</tr>
</tbody>
</table>
How is nursing role different?

• Scope of practice
  – decision-making
  – critical thinking
  – expertise & knowledge recognized
  – teamwork essential

• Interdisciplinary
  - more support
  - collegial (GPs)
  - no specialists
  - few resources
  - perform roles of other professionals
“In a rural setting you have more autonomy. The working relationship with other professionals is more collaborative. You must know a bit about everything. You utilize a wide variety of technical and interpersonal skills. I can’t imagine working in the south again.” (RN from NWT)
“Very different. Population mostly aboriginal, different cultural concerns. Climate unforgiving. Long nights in winter. Greater camaraderie and support from each other. Greater collaboration between professionals and between health and community NGO agencies.” (RN from NWT)
Changes in “Remote”

“This is much less remote than working in isolated fly-in outpost nursing stations in the early 70’s, when radio communications were intermittent and usually [you were] the only nurse. Here we can phone/email experts in our field, there are other nurses around to discuss questions. We don’t have the ‘big city’ facilities, but we do have the personal touch.”  (RN from YT)
Cultural Interface

“As a remote practitioner, I’m required to make astute decisions regarding health and wellness of clients in collaboration with the doctors and other professionals. My work is hands-on, it interfaces with the aboriginal culture and, hopefully, encourages an increase in aboriginal practitioners.”

(RN from SK)
Respect

• “...easier to move forward because there is mutual respect [colleagues] and minimal levels of bureaucracy to overcome” (RN from Yukon Territory)

• “In rural nursing we are autonomous and respected by community and physicians” (RN from Newfoundland)
Final comment...North of 60

“I love nursing in Northern Canada. I think we deliver some of the best Health Care that Canadians can access. I feel good about what I do. I love my autonomy, my expertise, my ability to collaborate. I love working with varied cultures. I love the flexibility in work schedules. There are bad days, under staffing, poor management, poor support – but no more than elsewhere. (RN from Newfoundland/Labrador)
Research Issues – North of 60

• Outpost nurses – professional group with no urban equivalent; small numbers
• Isolation of outpost nurse – Distance from researcher (geography & experience)
• Proximity needed to develop rapport and refine research questions
• Research funding with large travel budgets
Evaluation Projects: North of 60

IDEAS:

• Interdisciplinary “rounds” using technology
• Network development for sole RNs
• Demonstration projects with creative education methods (informal, case-based)
• Examine effectiveness of: (1) infrastructure supports; & (2) interdisciplinary team development at a distance
• Cultural competence development
Definition of Rural and Remote

REMOTE: fly in, no doctor

RURAL: road access, no Starbucks

(RN from Quebec)