



# The Face of Rural Nursing in Canada: Alberta Highlights from The Nature of Nursing Practice in Rural & Remote Canada

**Rural Nursing Forum  
Calgary Health Region  
March 4, 2005**



## **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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- **British Columbia Rural and Remote Health Research Institute**
- **Saskatchewan Industry 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**

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



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



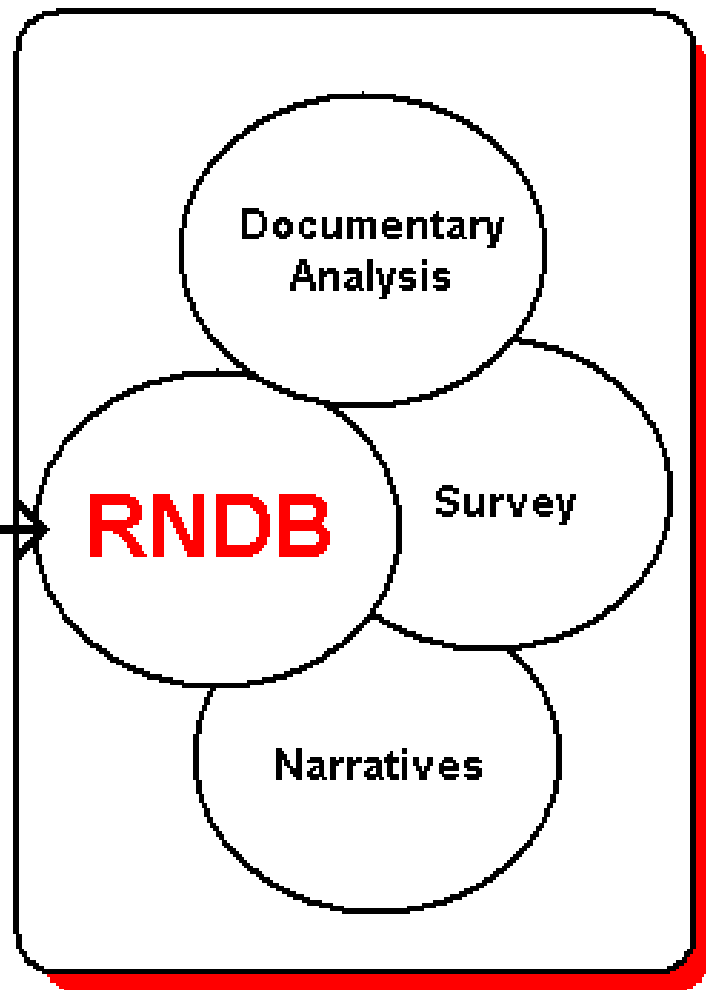
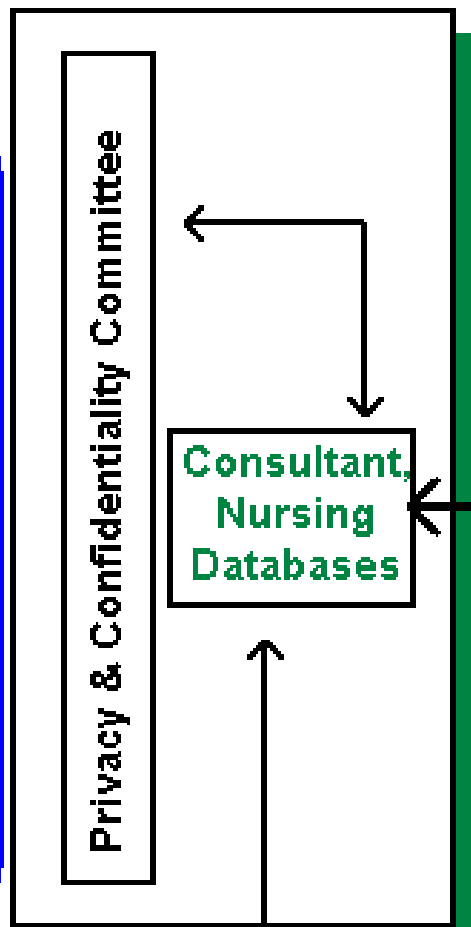
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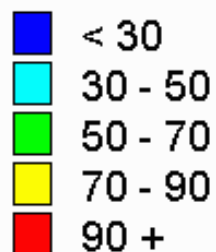
Nursing Practice in  
Rural & Remote Canada



**Registered Nurses Database**

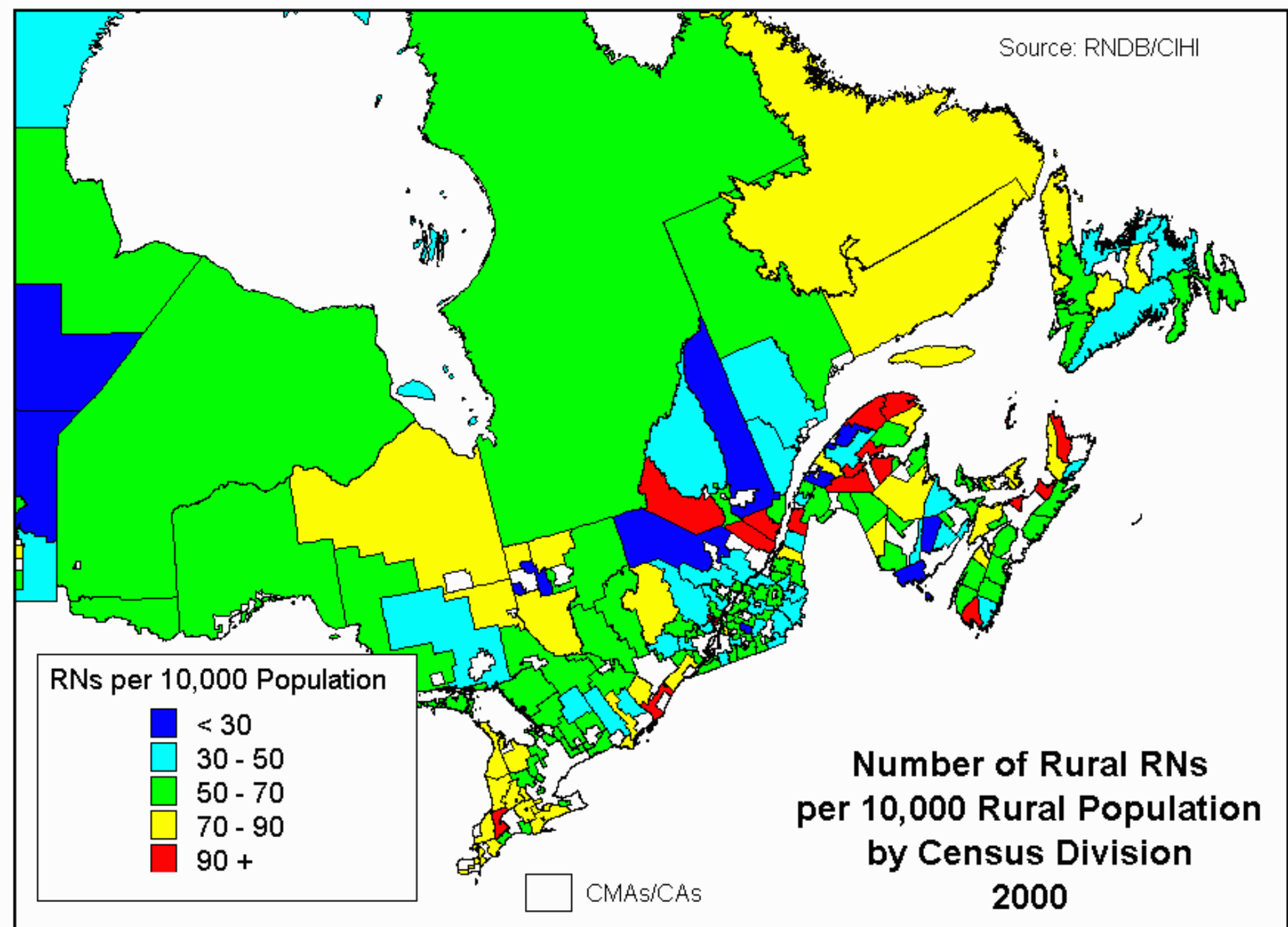
Source: RNDB/CIHI

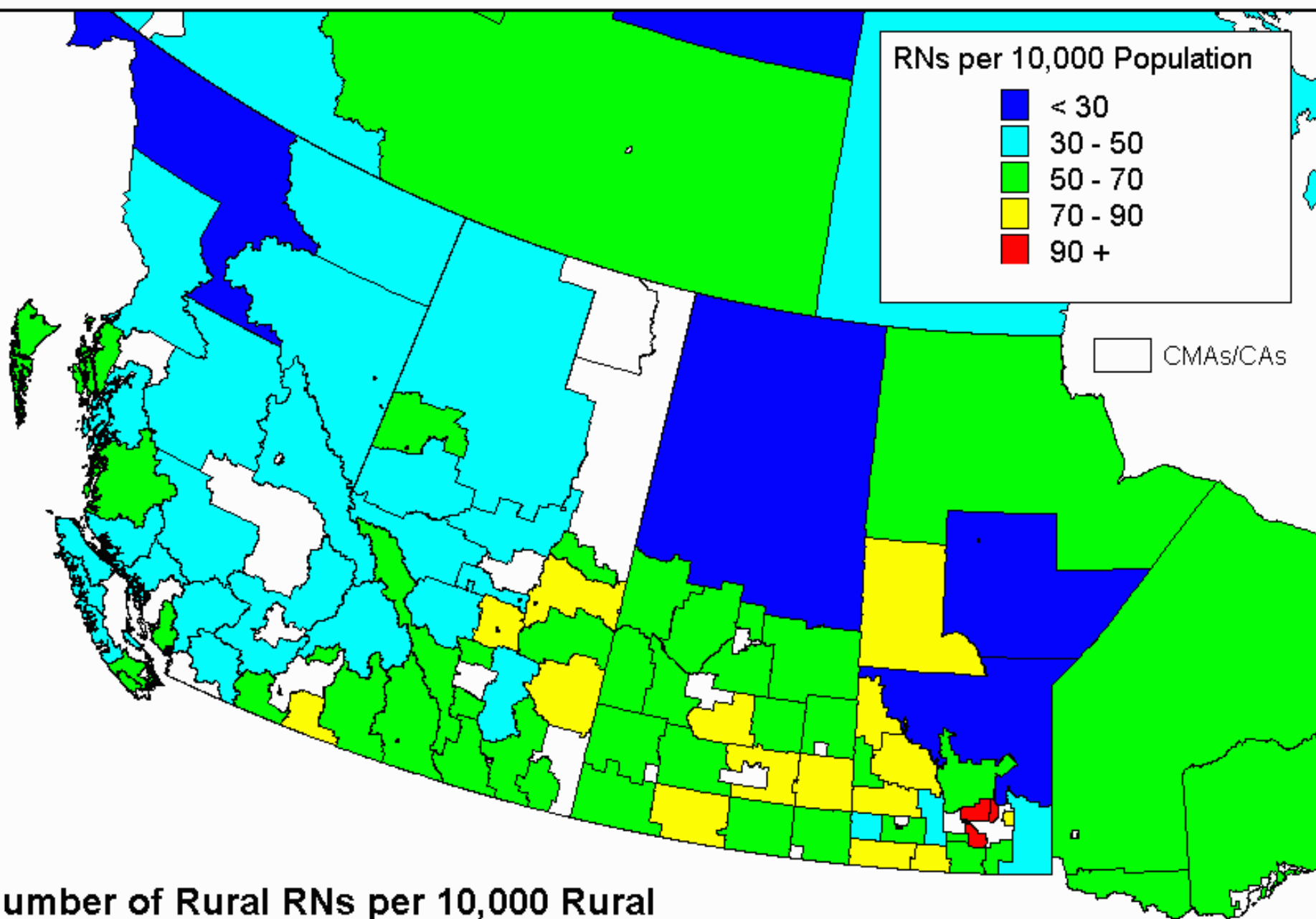
RNs per 10,000 Population



CMA/CA

**Number of Rural RNs  
per 10,000 Rural Population  
by Census Division  
2000**





**Number of Rural RNs per 10,000 Rural Population by Census Division, 2000**

Source: RNDB/CIHI



# RNDB Highlights: National

- 41,502 registered nurses were located in rural and small town Canada in 2000, a 2% decrease since 1994
- In 2000, 17.9% of the total RN workforce were in rural Canada which comprised 21.7% of the total population
- 62.3 RNs per capita in rural compared to 78.0 in urban Canada
- More rural (12.7%) than urban (7.8%) nurses work in community settings
- Rural nurses predominantly educated at the diploma level at their initial period of work (90.8%) and subsequently during their work life (81.4%)



# RNDB: Highlights AB

- In 2000, 22,020 nurses in Alberta with 4,301 in rural areas
- 79.6 RNs per 10,000 population in urban areas and 55.8 RNs per 10,000 population in rural areas
- Majority in rural areas are female (97.6%) working in hospital (58.4%) giving direct care (91.5%)
- Education level: 75.8% of rural nurses are diploma prepared

# **.. an aging workforce**

- **Rural RNs -Canada/AB**
  - 1994 average age: 40.6 years/41.5
  - 2000 average age: 42.9 years/43.9
- **Urban RNs**
  - 1994 average age: 41.6 years/41.5
  - 2000 average age: 43.5 years/43.3
- **All RNs**
  - 1994 average age: 41.5 years/41.5
  - 1998 average age: 42.6 years
  - 2000 average age: 43.4 years/43.4
  - 2002 average age: 44.2 years
  
  - source: RNDB





# Documentary Analysis

- Analyses of documents dating from 1983-2003 to determine the nature of the policy context within which rural and remote nurses practice
- Interim and final reports available from web page



# Five Policy Areas Emerged

(source: Doc. Analysis)

- Advanced practice—an overall move to support this initiative
- Nursing practice issues in Aboriginal Communities—support needed for aboriginal nurses and those who work in aboriginal communities
- Educational preparation—no additional infrastructure to support preparation of rural & remote nurses
- Physician supply—interprofessional context of practice has not been examined
- Health care delivery—support of telehealth but no funds or opportunity to use in educational institutions



# Education Level of RNs in Rural Canada/**AB**, 2000

(Source: RNDB)

Diploma	81.4%	<b>75.8%</b>
Bachelor's	18%	<b>23.5%</b>
Master's/Doctorate	0.6%	<b>0.7%</b>



# Educational Preparation of RNs in Rural and Remote Areas

source: Doc. Analysis

- 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)
- AB - 10
- Areas of Practice: Acute, Long-term Care, Public Health, Home-care, Community, Primary Care
- Telephone Interviews
- Analysis: interpretative phenomenology & thematic analysis





# They told us...

- Rural nursing is more complex than is given credit for
- Personal and professional roles are inseparable
- Communities shape the practice that nurses provide (demographics or their style)
- Need for extensive knowledge (i.e., nursing, community and other)



# Survey Method

- Mailed questionnaire with persistent follow-up  
(Dillman's Tailored Design Method)
- Sample (N=3933; AB: 419) Response Rate: 68%
  - 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 territories.



# 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



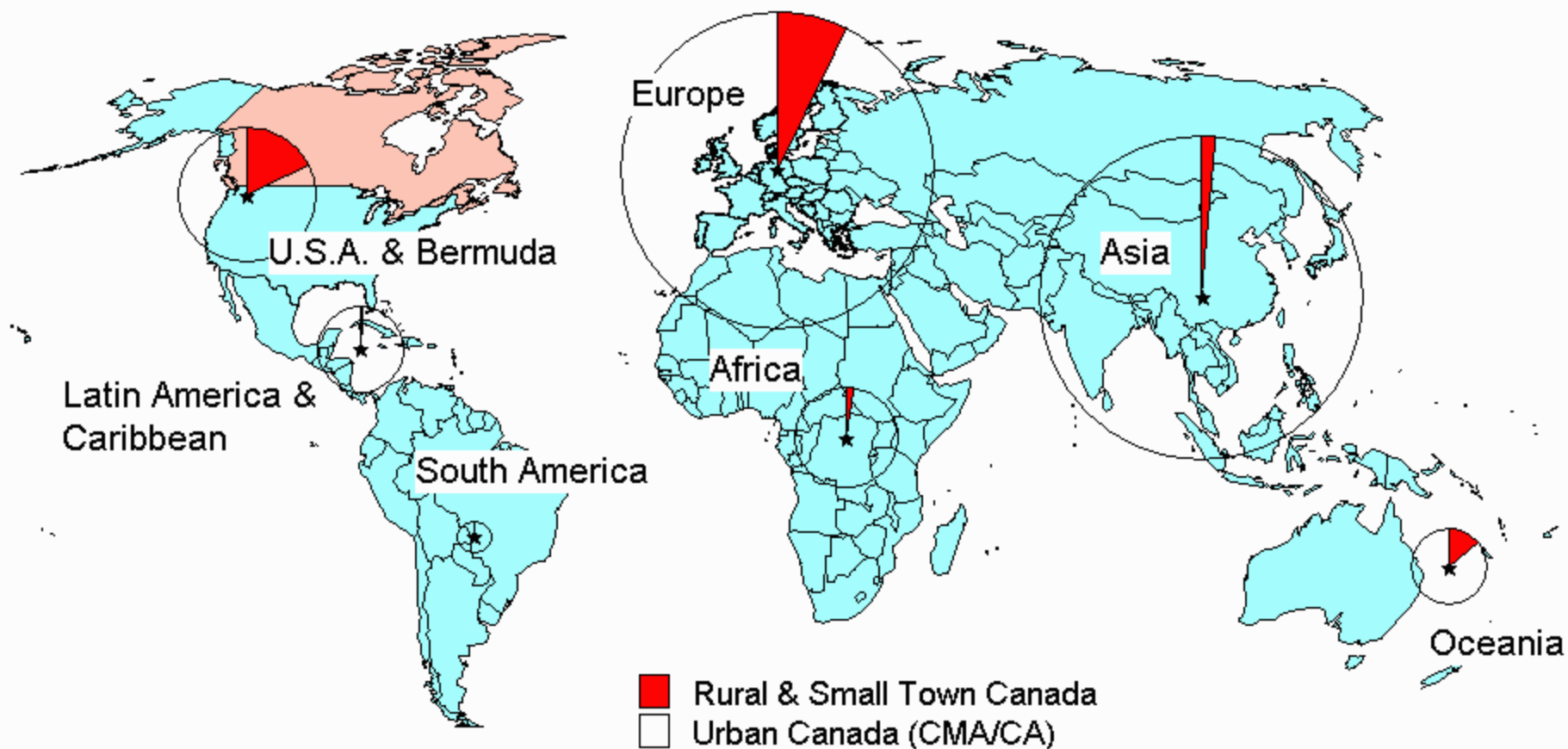
# Sustainability of Care

- **Migration of Nurses**

- source: RNDB



## Major World Region Origins of the International Nursing Graduate RNs of Canada



Source: RNDB/CIHI, 2000



# International Nursing Graduates








source: RNDB

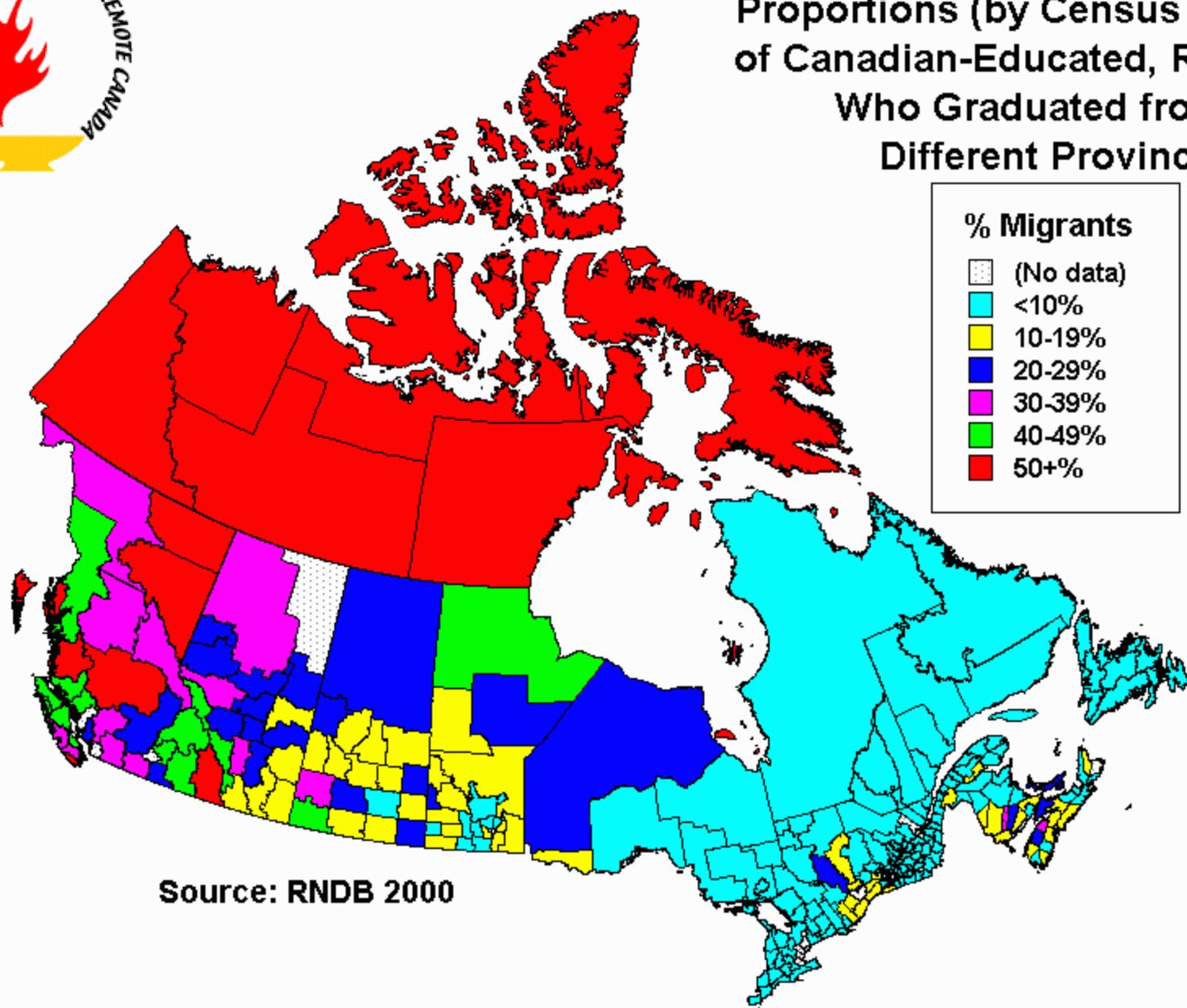
- In 2000 14,177 international nursing graduates were registered and employed in nursing in Canada
- 5.7% of international nursing graduates worked in rural Canada
- But this represented only 1.9% of rural RNs
- Therefore, our analyses focus on **INTERNAL MIGRATION** of Canadian-educated, rural RNs



## 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



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