



The Nature of Nursing Practice in Rural and Remote Canada

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Aim of the Study

To examine and articulate the nature of registered nursing practice within rural and remote Canada

Study Components:

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



Principal Investigators and Decision-maker

- **Martha MacLeod**
**University of Northern
British Columbia**
- **Judith Kulig**
University of Lethbridge
- **Norma Stewart**
**University of
Saskatchewan**
- **Roger Pitblado**
Laurentian University
- **Marian Knock**
**B.C. Ministry of Health
Planning (to 2003)**



Co-Investigators

- Ruth Martin-Misener
Dalhousie University
- Ginette Lazure
Université Laval
- Jenny Medves
Queen's University
- Michel Morton
Lakehead University
- Carolyn Vogt
U. Manitoba
- Gail Remus
U. Saskatchewan
- Debra Morgan
U. Saskatchewan
- Dorothy Forbes
U. Saskatchewan
- Barbara Smith
U. Saskatchewan
- Carl D'Arcy
U. Saskatchewan
- Kathy Banks
BC Women's Hospital
- Elizabeth Thomlinson (to
2004)
- Lela Zimmer
UNBC



Current Advisory Team Members

- Cathy Ulrich, BC
- Anne Ardiel, BC
- Debbie Phillipchuk, AB
- Cecile Hunt, SK
- Donna Brunskill, SK
- Marlene Smadu, SK
- Marta Crawford, MB
- Sue Matthews, ON
- Suzanne Michaud, QC
- Roxanne A. Tarjan, NB
- Adele Vukic, NS
- Barb Oke, NS
- Elizabeth Lundrigan, NF
- Joyce England, PEI
- Barbara Harvey, NU
- Madge Applin, NF
- Elizabeth Cook, NWT
- Fran Curran, YT
- Jan Horton, YT
- Francine Anne Roy, CIHI
- Maria MacNaughton, FNIHB -
Health Canada
- Lisa Dutcher, Aboriginal Nurses
Association
- Lisa Little, CNA



- Investigator(s)
- Advisor(s)
- Investigator(s) and Advisor(s)





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- 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?**



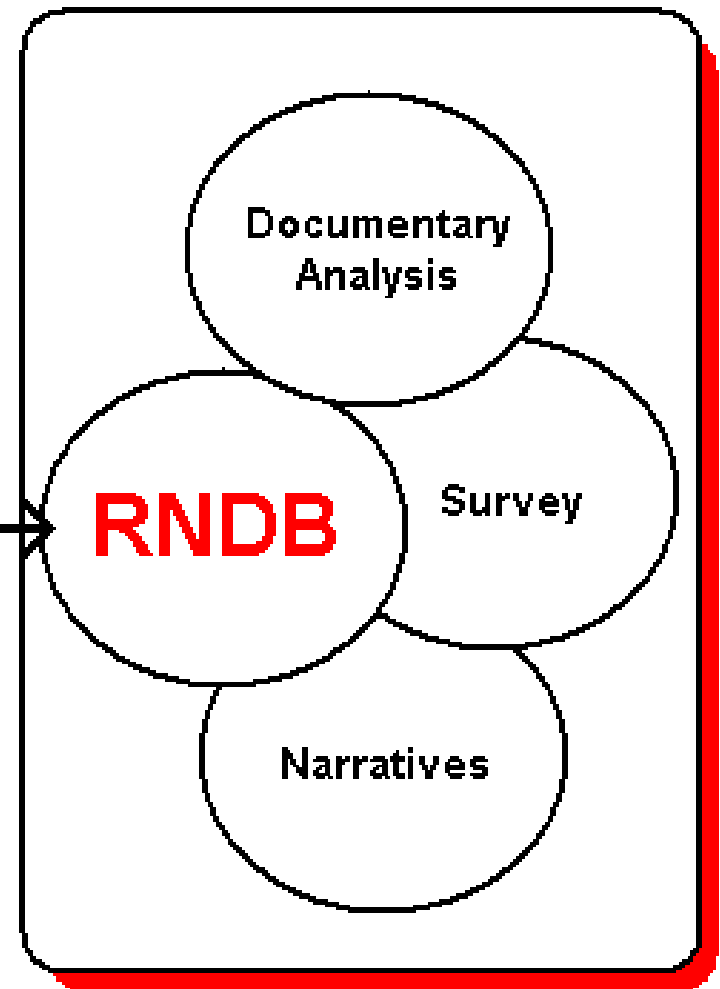
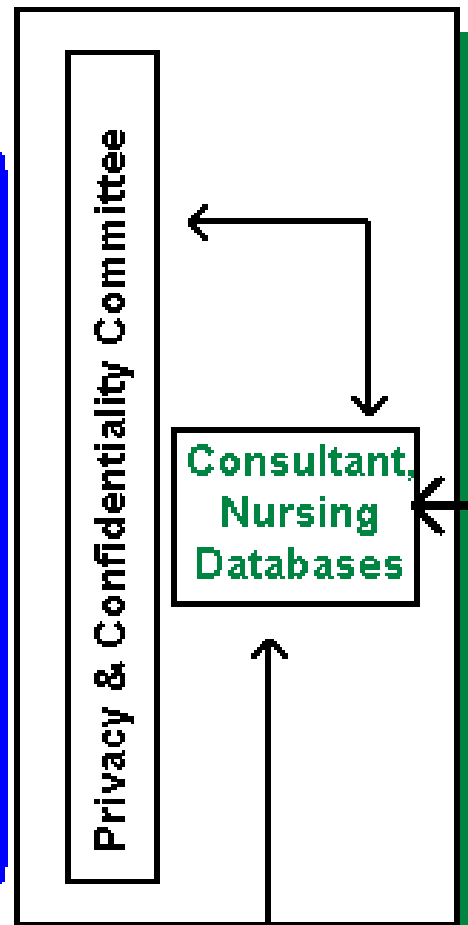
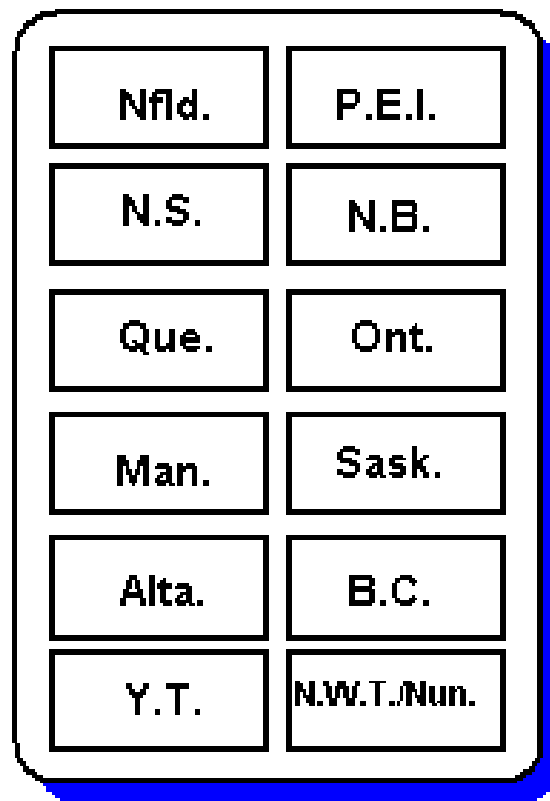
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Nursing Practice in
Rural & Remote Canada



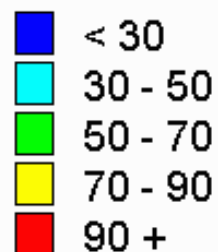
Registered Nurses Database

Year	Number of rural (RST) RNs	% of all RNs	Rural (RST) % of total Canadian/ BC population
1994	42,303 3,133	18.0 11.4	22.3 15.6
2000	41,502 3,165	17.9 11.4	21.7 15.1
2002	40,648	17.6	20.6

2002 – based on CIHI figure generated without Quebec data

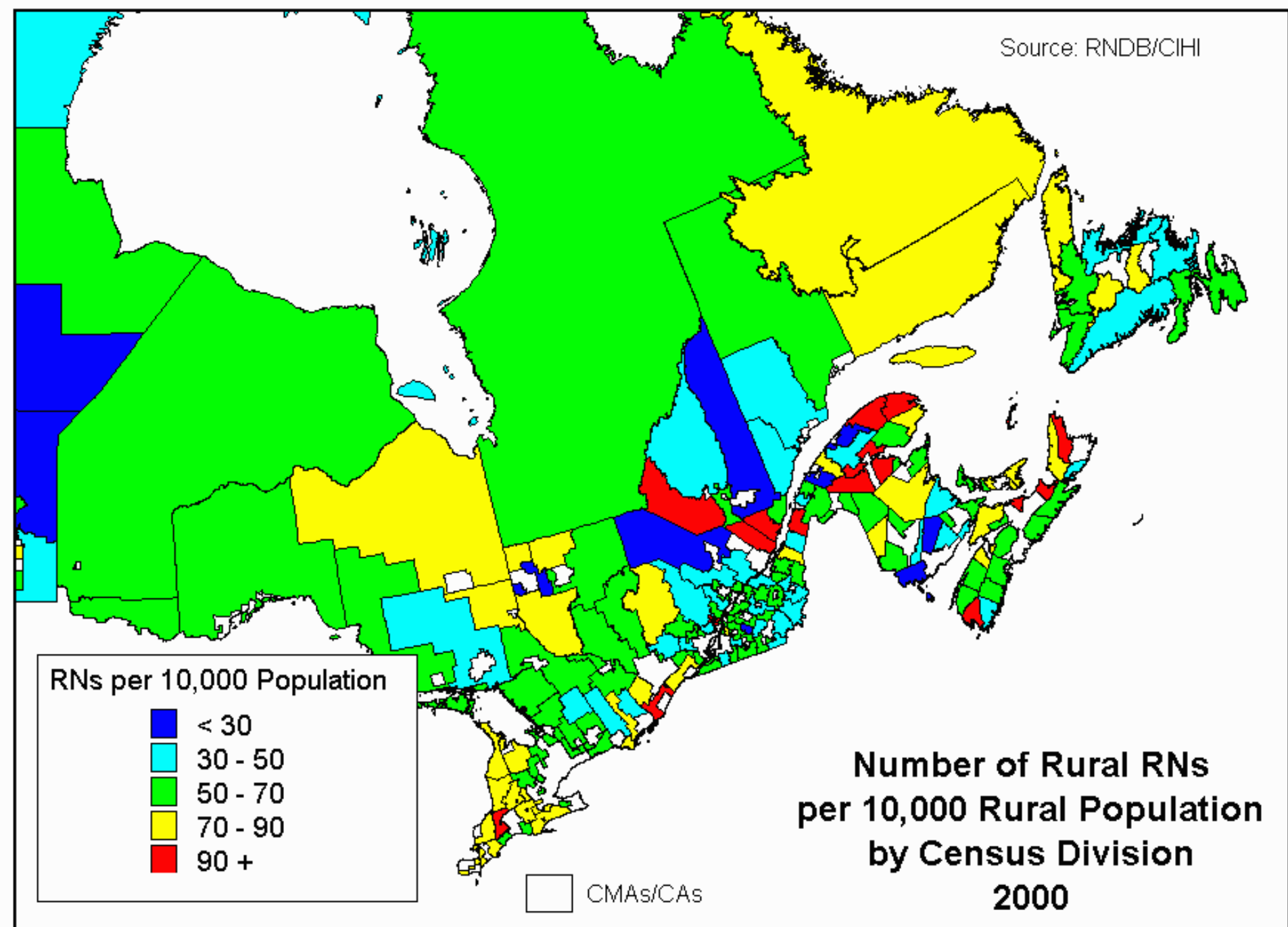
Source: RNDB/CIHI

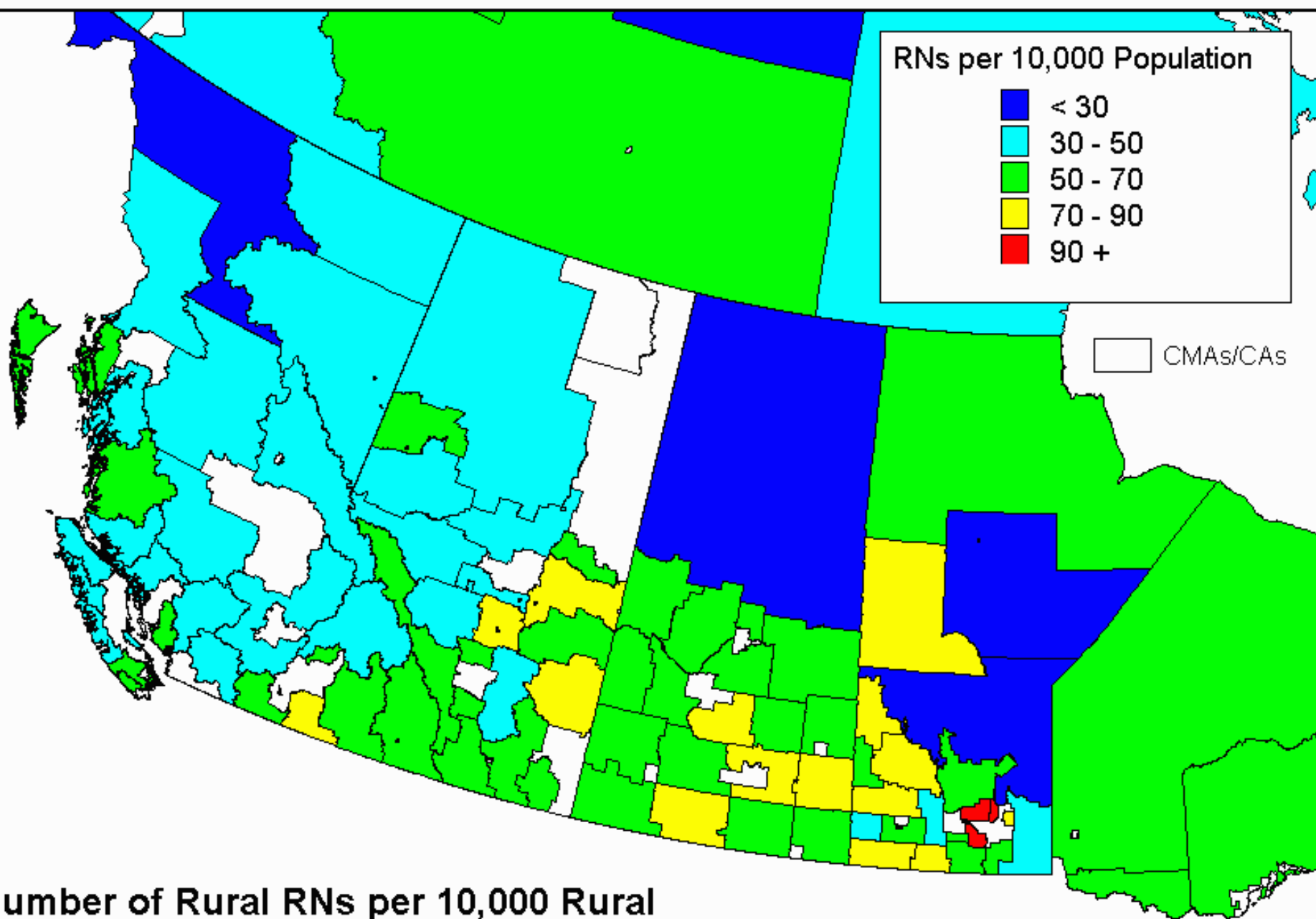
RNs per 10,000 Population



CMAAs/CAs

**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

.. an aging workforce

- **Rural RNs -Canada/BC**
 - 1994 average age: 40.6 years/**43.2**
 - 2000 average age: 42.9 years/**45.6**
- **Urban RNs**
 - 1994 average age: 41.6 years/**42.3**
 - 2000 average age: 43.5 years/**44.3**
- **All RNs**
 - 1994 average age: 41.5 years/**42.4**
 - 1998 average age: 42.6 years
 - 2000 average age: 43.4 years/**44.4**
 - 2002 average age: 44.2 years



Access to Care

- **Education of Nurses**





Highest Education Level of RNs in Rural Canada/BC, 2000

(Source: RNDB)

	Canada	Rural	Urban
Diploma	81.4%	78%	71.2%
Bachelor's	18%	21%	26.4%
Master's/PhD	0.6%	1%	2.5%



Documentary Analysis Methods

- to achieve a contextual understanding of the policy and practice environment
- systematic collection of 200+ documents and analysis of over 150
- developed a guide to examine the materials using the policy cycle: policy formulation, policy implementation and policy accountability (Rist, 1994)



Educational Preparation of RNs in Rural and Remote Areas

(Source: Doc Analysis)

- No assistance to prepare nurses for rural/remote practice
- Educational opportunities for students in rural sites



- rural equated with accessibility issues regarding education
- Entry level competencies - generic requirements



- Education for remote practice: First Nations health issues
- Nursing programs with rural focus: Aurora College, First Nations University of Canada, University of Saskatchewan, UNBC, U Lethbridge, U of Calgary, Laurentian.



- No indication of any telehealth education occurring within nursing programs
- Graduates 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



Quality of Care

(Source: Narratives)

- **Community as Shaping Practice**
- **Scope of Practice**
- **Working on the Edges of Practice**



Narrative Approach

- 152 Nurses (11 Francophone)
- BC-27; Western Canada-54 (BC,AB,SK,MB)
- 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 Shaping Practice

- Size, distance, demographics
- Expectations of communities
- Knowing the client in the context of community; the community in the context of the client





Size, Distance, Demographics

As I stepped off the ski plane I stepped into a foreign world. My role as a nurse was changed completely and my personal life soon became unfamiliar to me in my unfamiliar surroundings

We do get a lot of moms with children with various things, but mostly with kids, you know, it's the head colds, bad ear, sore throat, bit of abdo pain. [...] Our kids are basically a healthy population.

I remember being up in this same community and working 36 hours straight, no sleep, no break, nothing



Expectations of Communities

I always say it's a double edged sword because they hold you to high respect because you're their own.[...] . And because of that you can't be the normal person that you are. You have to always be this person that everybody looks up to. And the clinic is situated on the top of a hill, so that I can look down at all the [community] around me. And most times I feel that way, that people think it's like that. That I'm the person on the hill looking down on everybody else. And there's a lot of pressure to be the perfect person when you're the nurse.



Knowing the Client: Knowing the Community

We are very responsive in our community because we see those people in our churches and in our grocery stores. And so you know we try and be all things to all people, maybe that is kind of bad. But in the end we are the one who see these people outside of our work life too.



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**

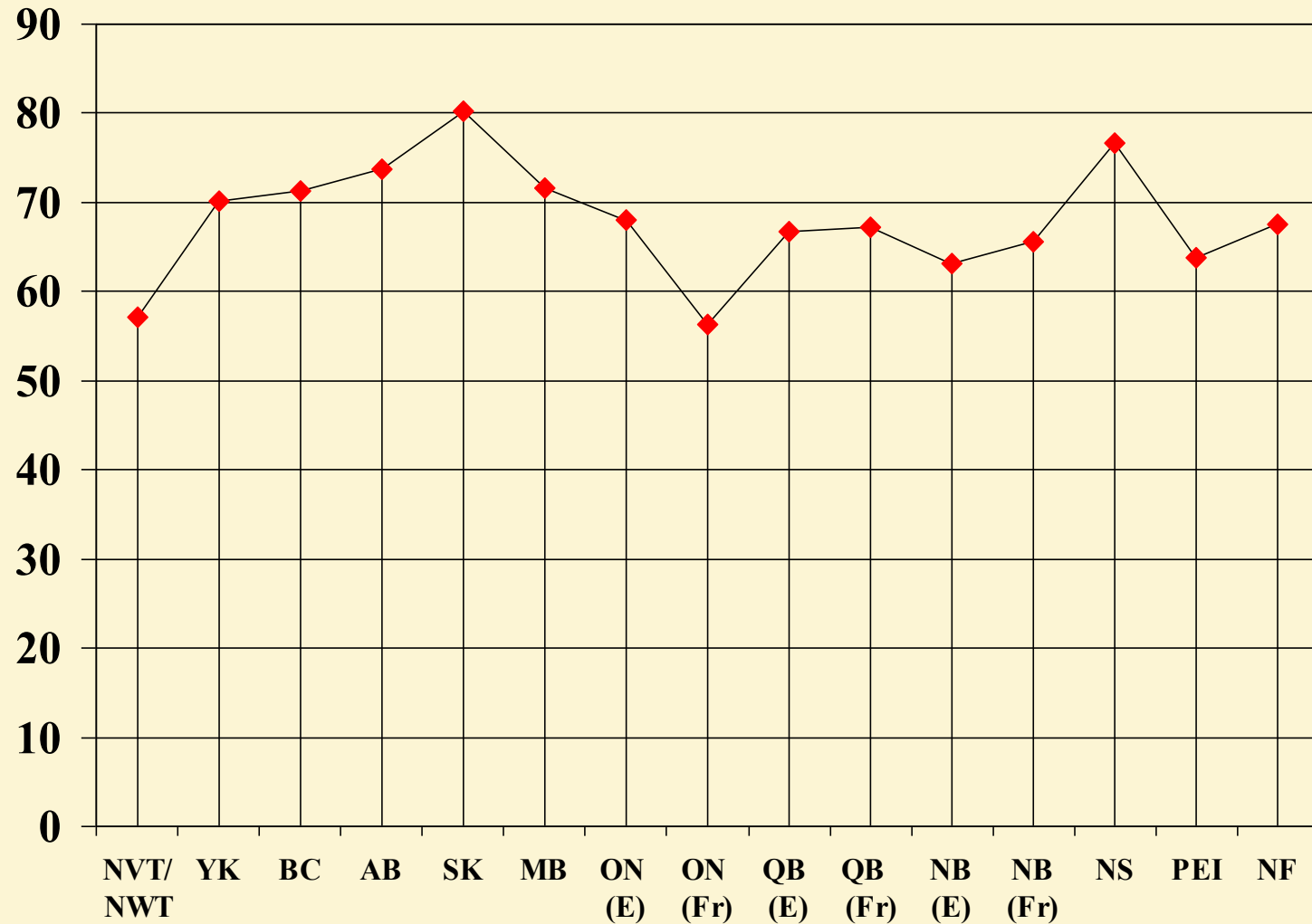




Survey Method

- Mailed questionnaire with persistent follow-up
(Dillman's Tailored Design Method)
- Sample (N=3933)(BC=363; Western=1610)
 - 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

(Source: Survey)

Practice Area	BC (%)	AB (%)	All of Canada (%)
Acute Care	44.5	39.5	44.4
Long term Care	15.5	16.4	17.7
Community Health	18.2	19.5	16.1
Home Care	7.3	13.8	8.7
Primary Care	10.0	5.7	8.3
Other	4.5	5.2	4.8
Total n	330	385	3493

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



Primary Care as Main Practice

- **National – 8.3%**

- **Territories**

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

- **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%



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%**



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%**



Character of Practice

(Source: Survey)

Scope of Practice	BC (%)	AB (%)	All of Canada (%)
Advanced nursing practice and decision-making	49.1	38.2	39.9
Facilitation of community health promotion activities	52.6	51.5	47.8
Nothing in my day is routine	69.1	67.1	63.3
I am required to take on other roles depending on demand	63.0	57.5	58.2
I use protocols specific to ANP	47.0	34.2	36.9
Total n	330	385	3493



Advanced Nursing Practice

(source: Survey)

- 8% work in Primary Care
(i.e., advanced practice/nurse practitioner)
- BUT 39% make advanced decisions on a daily basis
- AND less than 10% have advanced education



Maternity Care

(Source: Survey)

Components of Practice	BC (%)	AB (%)	All of Canada (%)
Pre-natal Care	37.9	41.3	35.1
Management of labor	32.1	34.0	22.8
Management of delivery	28.5	31.9	20.8
Post-natal care	49.1	55.6	40.5
Total n	330	385	3493



General Diagnostic Tests

(Source: Survey)

Components of Practice	BC (%)	AB (%)	All of Canada (%)
Ordering diagnostic tests	34.2	26.2	28.5
Performing diagnostic tests	40.3	27.3	32.5
Interpreting diagnostic tests	40.6	31.9	35.0
Total n	330	385	3493



Medication and Referrals

(Source: Survey)

Scope of Practice	BC (%)	AB (%)	All of Canada (%)
Prescribing medication	20.0	11.7	17.8
Dispensing (not administrating) medication	60.9	48.3	46.7
Direct referral to an <i>allied health professional</i>	54.5	48.8	49.3
Direct referral to a <i>medical specialist</i>	22.4	14.8	21.9
Total n	330	385	3493



Emergency/Acute Care

(Source: Survey)

Scope of Practice	BC (%)	AB (%)	All of Canada (%)
Suturing	19.1	14.5	20.2
Taking X-rays	6.4	6.0	8.2
Casting/Splinting	26.7	24.4	25.4
Evacuating patients	42.4	33.8	37.0
Pronouncing death	46.4	32.5	41.8
Total n	330	385	3493



Specific Diagnostic Tests

(Source: Survey)

Scope of Practice	BC (%)	AB (%)	All of Canada (%)
Performing pap smears	15.2	10.9	15.9
Audiometry	14.5	9.9	12.6
Refraction	3.9	2.3	3.8
Pulmonary function testing	9.7	7.5	12.4
Total n	330	385	3493



Quality of Care

- **Working on the edges of your practice**





“Something just didn’t feel right. I called the doctor but I couldn’t articulate my concerns and she was kind of cranky on the phone, she said, call me when you know what you’re talking aboutwhen you know. And this was one of the nights that I was on for 17 hours straight with hardly a break. And we’d had a really, really busy time... we were all extremely exhausted I don’t remember ever being so exhausted. And I asked one of the nurses who was still up, I sort of ran it over with her, and she said,oh, I can’t, I’m too tired, I can’t really talk to you about this ... And I was exhausted so I just kind of thought okay, maybe he’ll be okay. He’ll make it to the morning, the nurse will see him then and if he needs to go out he can go out.”



The hardest thing I find is deciding not to do anything with a patient. Deciding that everything is okay. Like if somebody is acutely ill, you can start IVs and give them antibiotics and do chest x-rays. That's easy. But it is having the confidence to say no I don't think this is something really serious, and they can go home and come back and see us again in the morning.



Sustainability of Care

- **Predictors of Intent To Leave**
- **Mobility of Nurses**



Sustainability of Care

Predictors of Intent To Leave

(Source: Survey)

- **Individual Factors Under Nurses Control**
 - Sociodemographic & professional
 - Health (perceived stress)
 - Satisfaction with workplace & community
- **Workplace Factors Under Employer's Control**
 - On Call
 - Advanced decision making
- **Community Characteristics**
 - Remote setting



Retaining Rural Nurses

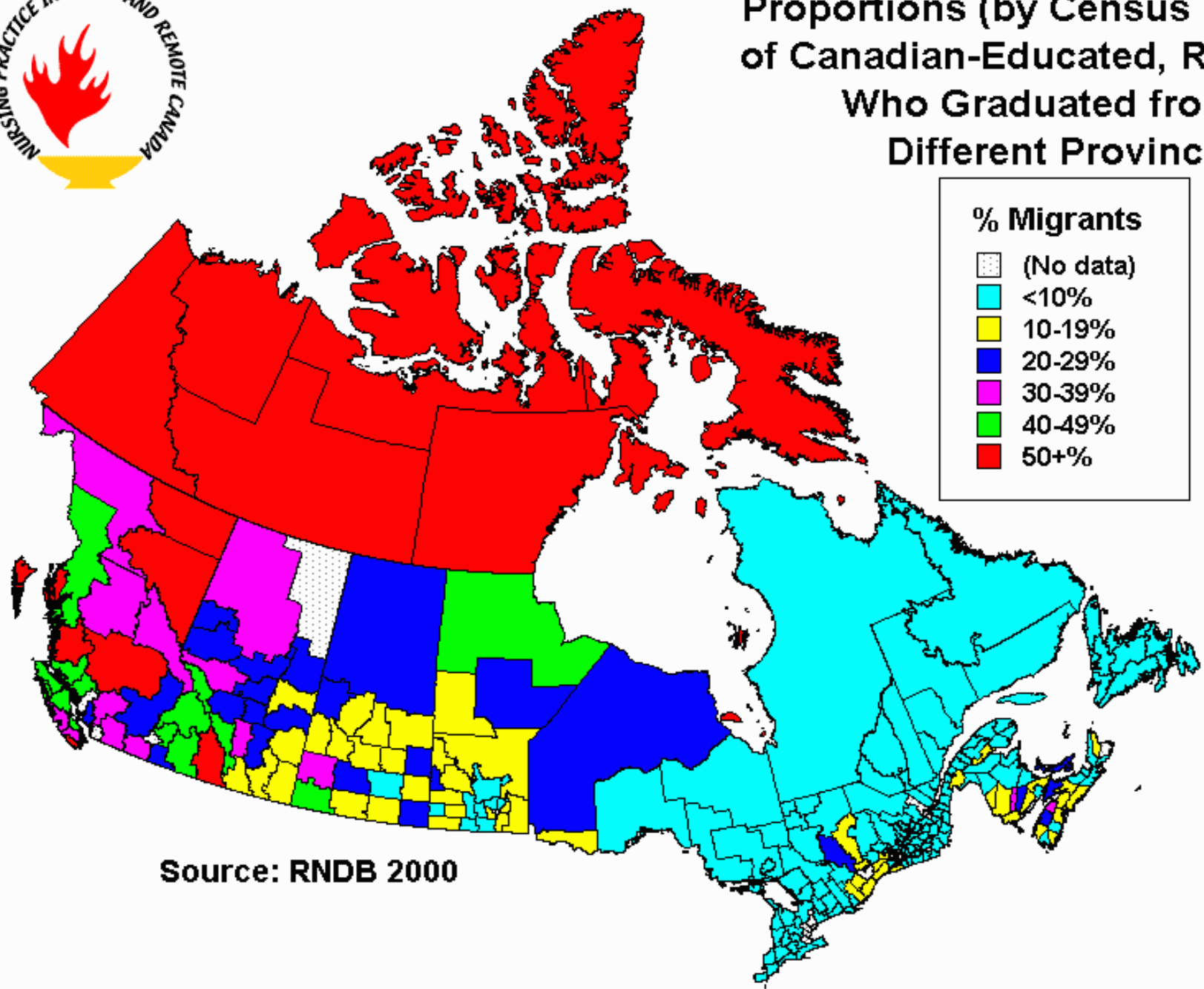
(source: Survey)

RNs who plan to leave their jobs were:

- Unsatisfied with job scheduling, level of autonomy & on call requirements
- More likely to be making advanced decisions & working in remote settings
- Less satisfied with the community where they work



Proportions (by Census Division) of Canadian-Educated, Rural RNs Who Graduated from a Different Province



Source: RNDB 2000



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)



Nature of Nursing Practice

Recognizing nurses and the complexity of rural and remote practice

- Access to Care
- Quality of Care
- Sustainability of Care



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



Contact Information

Project/Narratives:

Martha MacLeod

1-866-960-6409

e-mail: macleod@unbc.ca

<http://ruralnursing.unbc.ca>

Project Coordinator:

Donna Bentham, BSN, RN

e-mail: rrn@unbc.ca

Documentary Analysis:

Judith Kulig

(403) 382-7119

e-mail: kulig@uleth.ca

Survey: Norma Stewart

(306) 966-6260

e-mail: stewart@sask.usask.ca

RNDB: Roger Pitblado

(705) 675-1151 ext: 3355

e-mail: rpitblado@laurentian.ca





Rural Practice Lens

- A tool to help train the attention and perception of those who develop policies, programs and services
- Spotlights the needs and realities of rural nursing and rural practice
- Helps to ensure that policies, programs and service changes will be sensitive to rural realities and implemented appropriately



Discussion Questions

- What one thing would enhance excellence in your everyday rural practice?



Discussion Questions Cont'd

- What structures and processes will make this happen?



Discussion Questions Cont'd

- How can “thinking rural” be incorporated into the decision-making and actions of those who do not live the day-to-day reality of rural practice?