

# The Nature of Nursing Practice in Rural and Remote Canada

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Rural and Remote Recruitment and Retention Steering Team February 18, 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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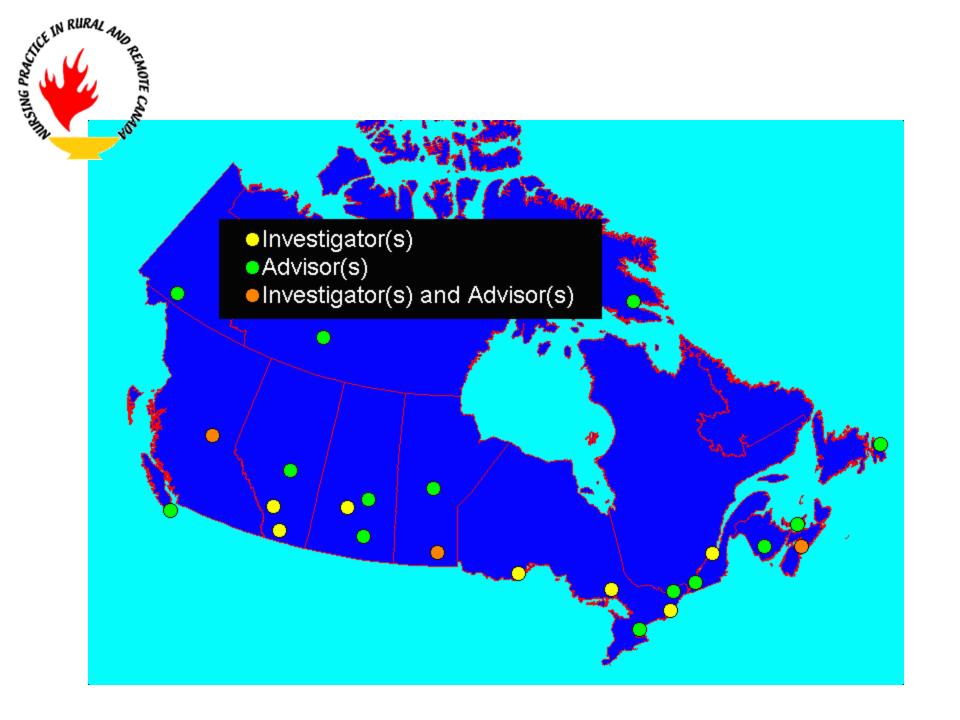
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- British Columbia Rural and Remote Health Research Institute
- Saskatchewan Industries and Resources
- Provincial and Territorial Nurses Associations
- Government of Nunavut
- Canadian Institute for Health Information



### Rural and Remote Nursing

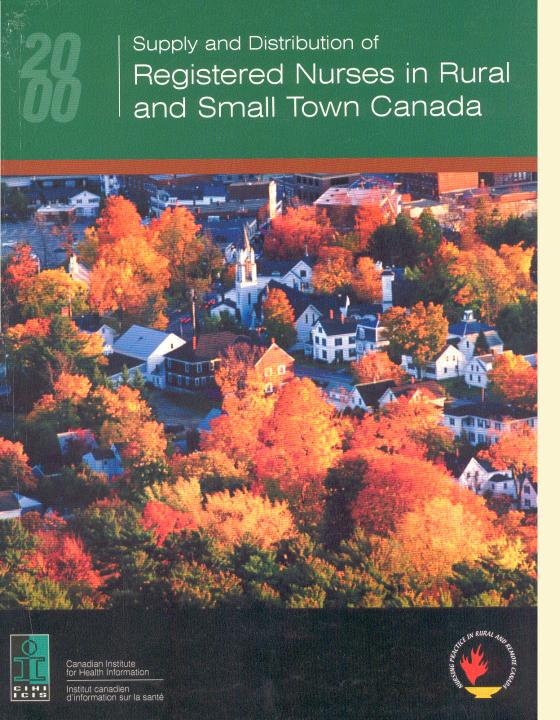
Access to Care
Quality of Care
Sustainability of Care



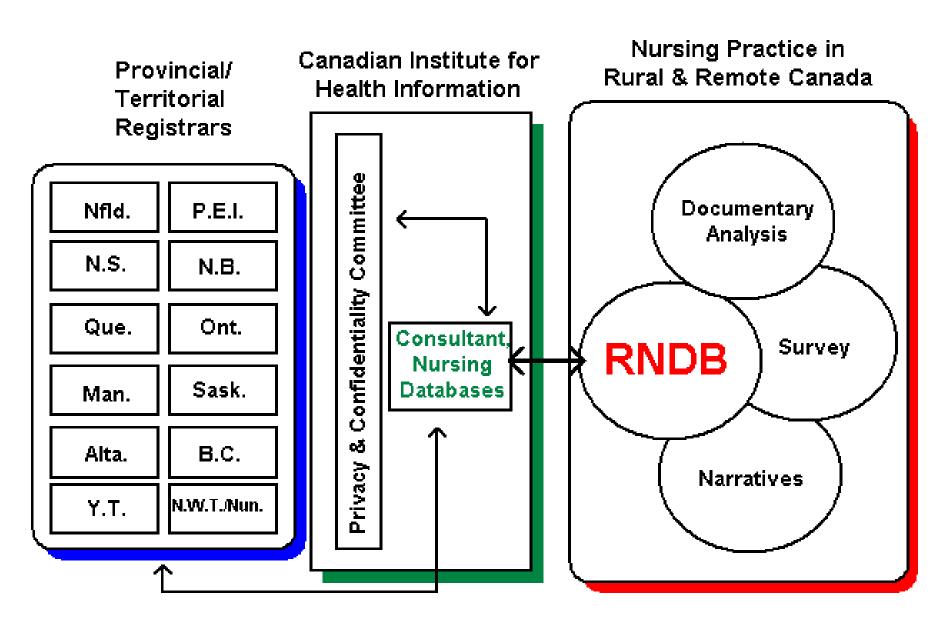
#### **Access to Care**

 Supply and Distribution of Nurses

Education of Nurses



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

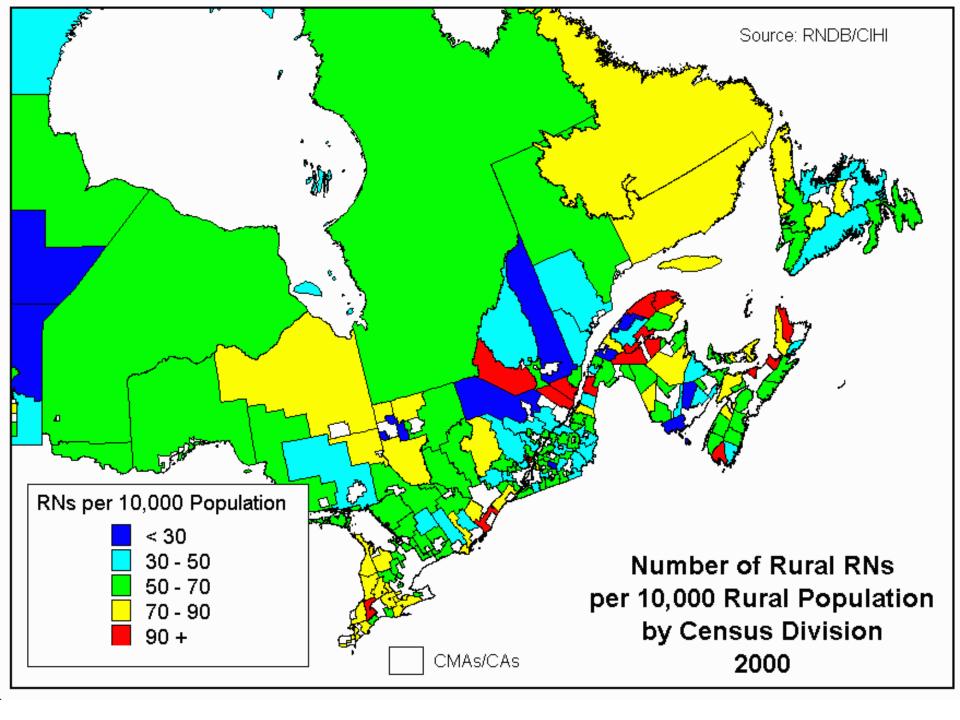


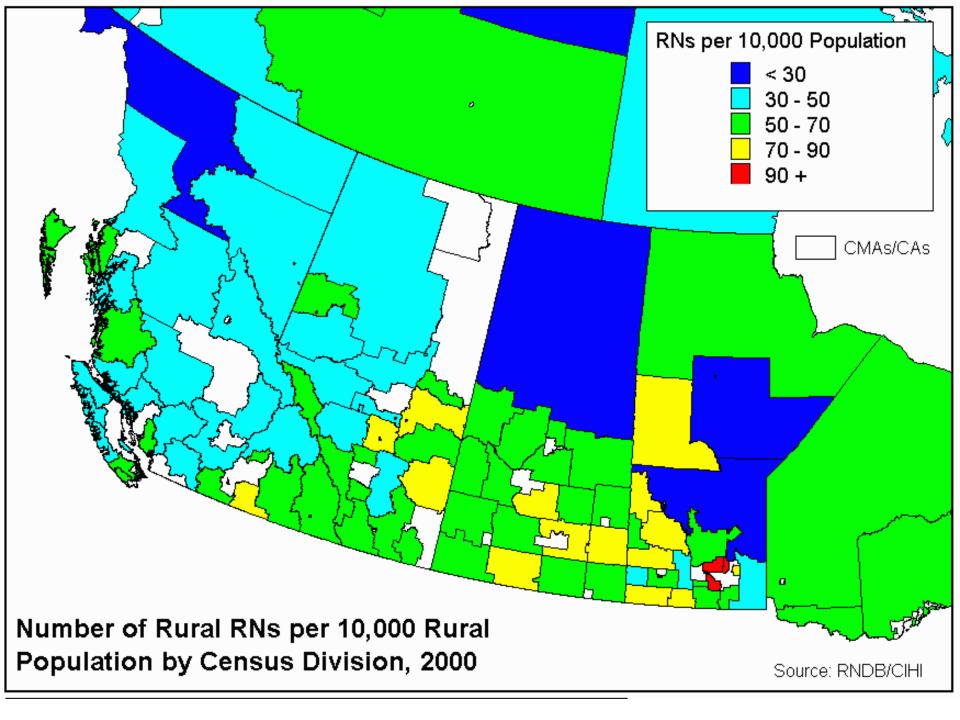
Registered Nurses Database

Year	Number of rural (RST) RNs	% of all RNs	Rural (RST) % of total Canadian/ NS population
1994	42,303	18.0	22.3
	2577	28.1	38.9
2000	41,502	17.9	21.7
	2584	29.7	38.1
2002	40,648	17.6	20.6

2002 – based on CIHI figure generated without Quebec data

Source: RNDB





### .. an aging workforce

- Rural RNs -Canada/NS
  - 1994 average age: 40.6 years/41.0
  - 2000 average age: 42.9 years/43.4
- Urban RNs
  - 1994 average age: 41.6 years/40.0
  - 2000 average age: 43.5 years/42.7
- All RNs
  - 1994 average age: 41.5 years/40.2
  - 1998 average age: 42.6 years
  - 2000 average age: 43.4 years/42.9
  - 2002 average age: 44.2 years
  - source: RNDB



# Access to Care Education of Nurses

#### **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



# Highest Education Level of RNs in Rural Canada/NS, 2000

(Source: RNDB)

Diploma

81.4% 79.6%

Bachelor's

18% 19%

Master's/Doctorate 0.6%

.6% 1.4%



# **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: Naratives)**

- 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)
- NS-9; Atlantic-36
- Areas of Practice: Acute, Long-term Care, Public Health, Home-care, Community, Primary Care
- Telephone Interviews
- Analysis: interpretative phenomenology & thematic analysis



## **Community Shaping Practice**

source: Narratives

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

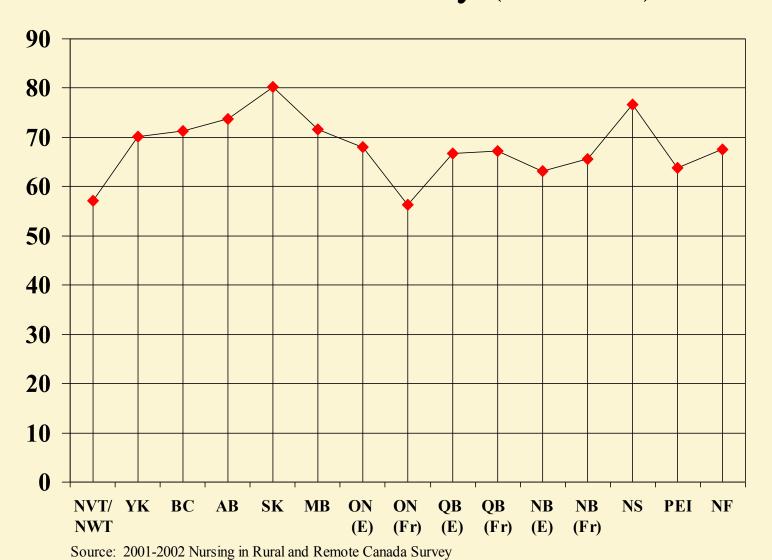


# Quality of Care Scope of Practice

#### **Survey Method**

- Mailed questionnaire with persistent follow-up (Dillman's Tailored Design Method)
- Sample (N=3933)(NS=353; Atlantic= 1120)
  - 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)





### 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



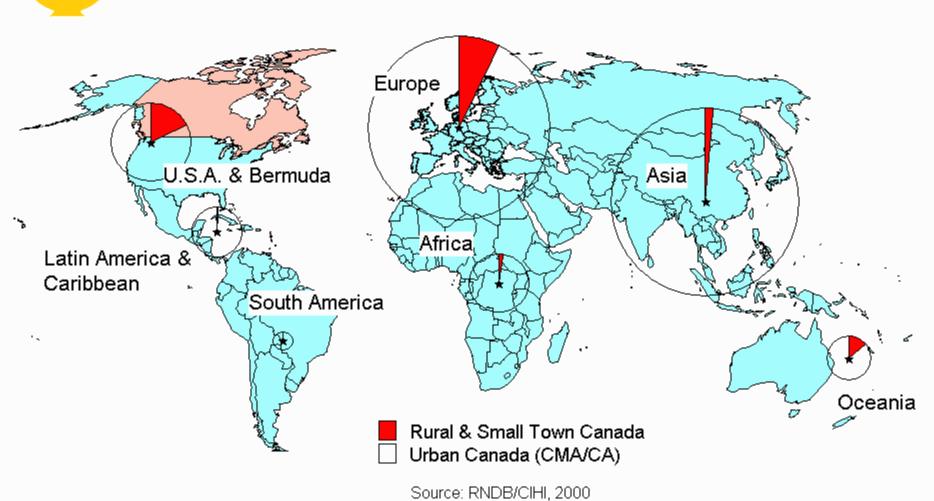
### Sustainability of Care

Migration of Nurses

• source: RNDB



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

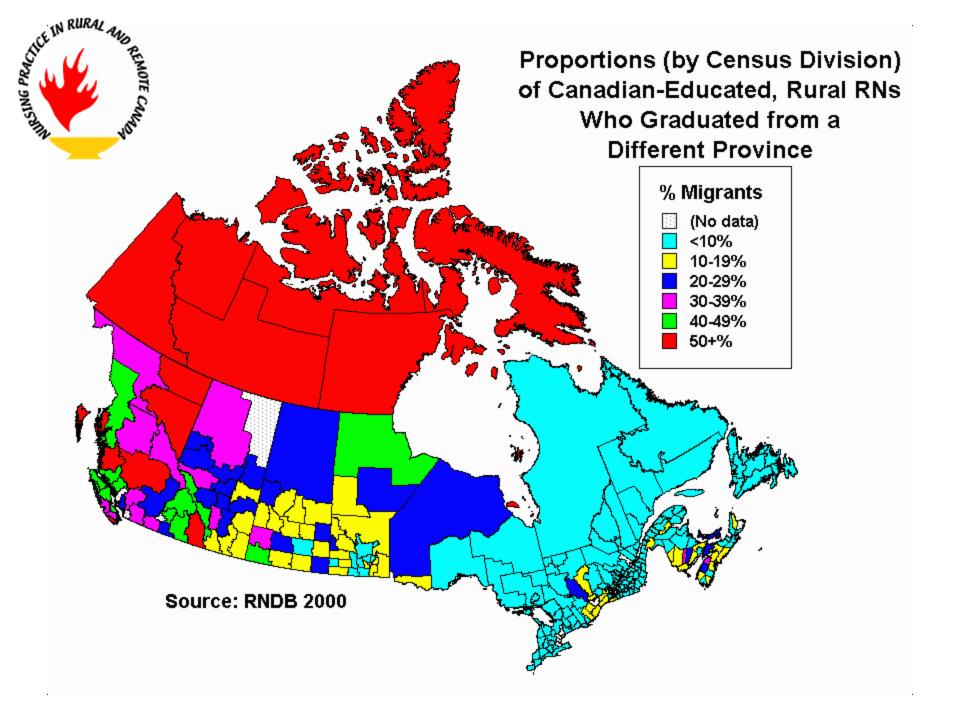




## **International Nursing Graduates**

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





### **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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