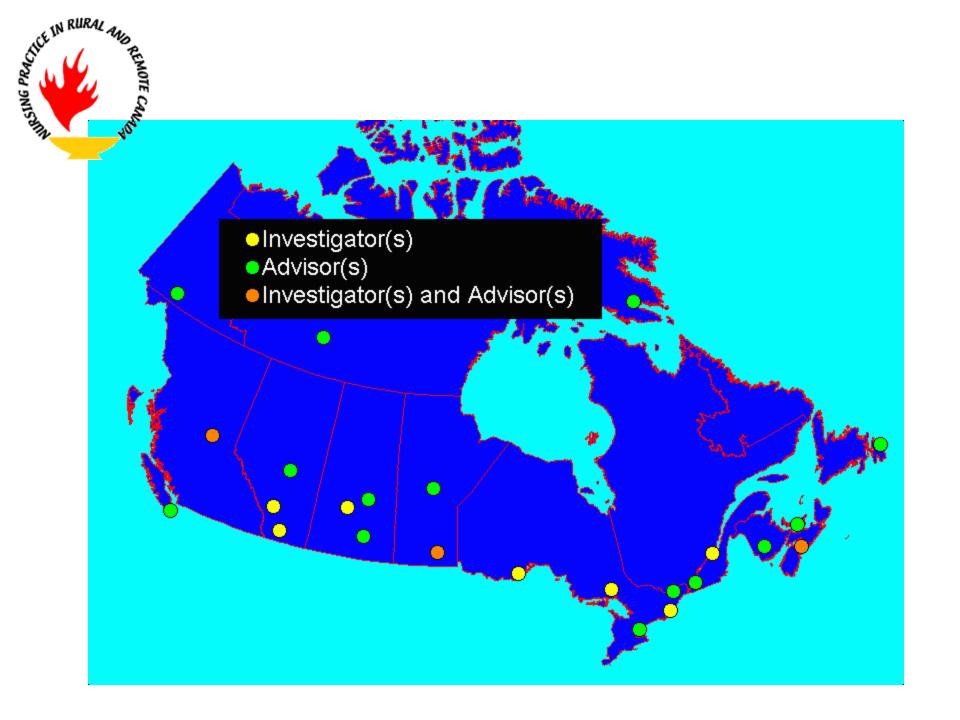


# The Nature of Nursing Practice in Rural and Remote Canada







## **Rural and Remote Nursing**

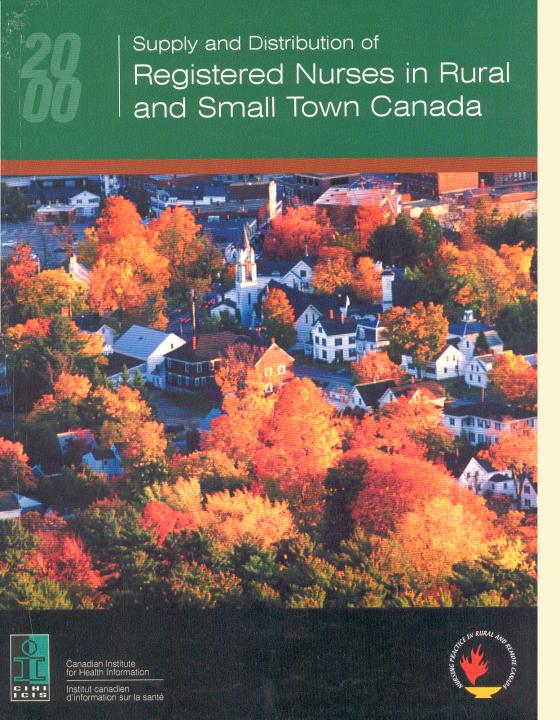
Access to Care
Quality of Care
Sustainability of Care



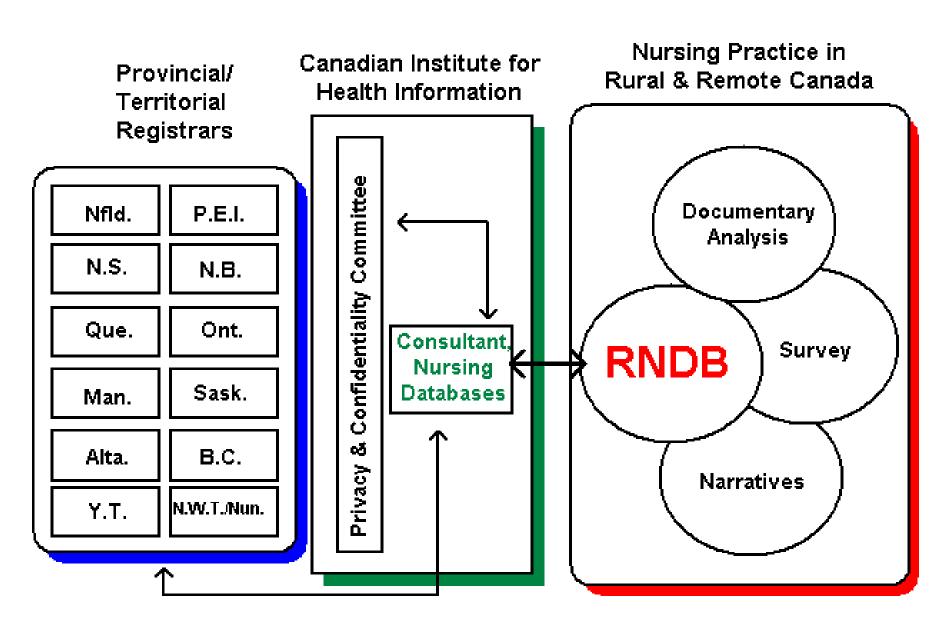
## **Access to Care**

 Supply and Distribution of Nurses

Education of Nurses



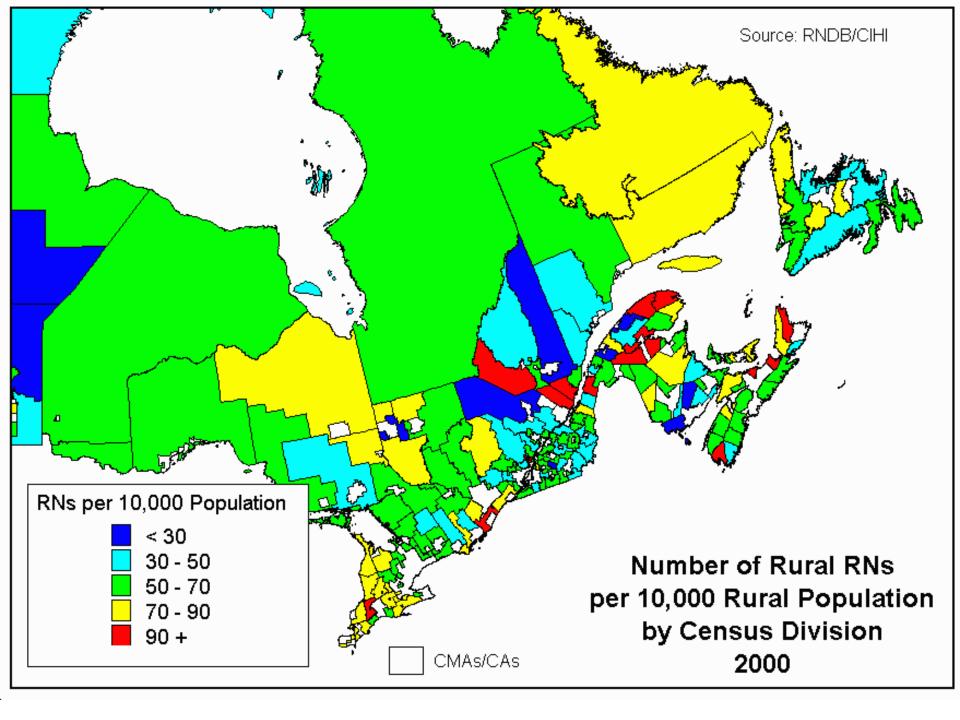
How many
Registered Nurses
are there in rural
and remote
Canada?

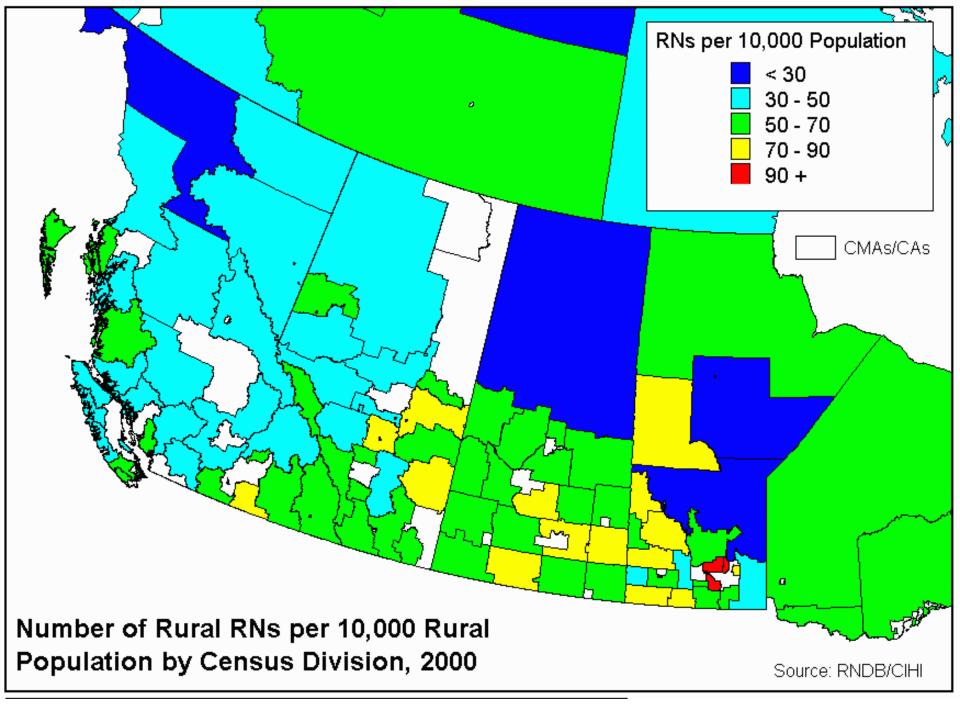


Registered Nurses Database

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

2002 – based on CIHI figure generated without Quebec data





## .. an aging workforce

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



# 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 Canada, 2000

(Source: RNDB)

l Urban
% 75.6%

Bachelor's 18% 22.8%

Master's/Doctorate 0.6% 1.7%



# **Educational Preparation of RNs** in Rural and Remote Areas

source: Doc. Analysis

- Little information in available reports
- No government documents –provision of educational opportunities in rural sites
- Rural equated with accessibility issues regarding education
- Entry-level competencies generic requirements
- Education for remote practice- advanced practice & First Nations health issues
- Education documents programs with rural focus: 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 computerliterate 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

#### Percent Distribution of Rural RNs: Composition of

#### **Province/Territory of Registration by Province Graduation**

				P	rovinc	e/Terr	itory o	f Regi	stratio	n		
		NL	PE	NS	NB	QC	ON	MB	SK	AB	ВС	TR
	NL	100.0	1.8	2.9	0.5	0.0	0.5	0.5	0.2	1.0	0.9	12.8
	PE		74.2	0.8	0.5		0.1	0.0	0.1	0.2	0.2	
па	NS		10.6	83.0	2.9	0.0	0.8	0.5	0.3	1.0	1.2	5.8
raduation	NB		7.2	4.7	90.1	0.7	0.5	0.4	0.1	0.3	0.9	3.3
<u>්</u> ර	QC		0.7	1.6	2.5	97.9	1.9	0.4	0.2	0.8	2.2	3.3
οĘ	ON		3.6	4.2	1.9	1.2	94.2	3.7	2.3	6.7	11.6	35.5
Se	МВ		0.7	0.8	0.2	0.0	0.9	88.4	5.2	3.2	4.1	7.9
\ i	SK		0.4	0.3	0.1	0.1	0.3	3.8	83.4	8.1	5.2	8.3
Province	AB		0.7	0.9	0.4		0.5	1.6	7.3	75.3	14.1	14.9
	ВС		0.2	0.6	1.0		0.4	0.7	1.0	3.6	59.7	8.3

# Percent Distribution of Rural RNs: Province of Graduation Distributed Across Province/Territory of Registration

				Р	rovinc	e/Terr	itory c	f Regi	stratio	n			
		NL	PE	NS	NB	QC	ON	MB	SK	AB	ВС	TR	
_	NL	86.8	0.4	3.8	0.5	0.1	2.8	0.6	0.2	1.9	1.3	1.6	
raduation	PE		85.9	5.5	2.3		2.3	0.3	0.5	1.8	1.3		
па	NS		2.0	87.2	2.3	0.1	3.9	0.5	0.3	1.7	1.4	0.6	
ad	NB		1.5	5.7	83.9	3.3	2.9	0.5	0.1	0.5	1.2	0.4	
G	QC		0.0	0.4	0.5	95.7	2.2	0.1	0.1	0.3	0.6	0.1	
of	ON		0.1	0.9	0.3	1.0	90.7	0.8	0.5	2.2	2.8	0.7	
Province	MB		0.1	0.8	0.1	0.1	4.0	80.1	5.0	4.7	4.4	0.7	
Vi.	SK		0.1	0.3	0.1	0.2	1.1	3.3	77.3	11.5	5.4	0.7	
ုင္	AB		0.1	0.6	0.2		1.6	1.0	5.0	79.6	10.9	1.0	
	ВС		0.0	0.8	1.0		2.1	0.8	1.3	7.0	86.0	1.0	



## **Quality of Care**

Community as Shaping Practice

Scope of Practice



# Quality of Care Community Shaping Practice

## Narrative Approach:

- 152 Nurses (11 Francophone)
- Areas of Practice: Acute, Long-term Care, Public Health, Home-care, Community, Primary Care
- Telephone Interviews
- Analysis: interpretative phenomenology & thematic analysis





## **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

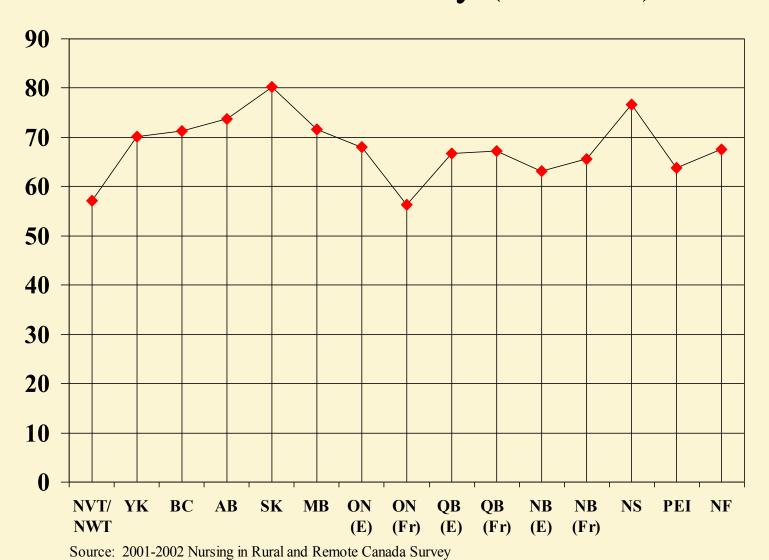


# **Quality of Care Scope of Practice**

#### **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

# Sample Response Rates by Province and Territory (N=3933)





## Main Area of Nursing Practice All of Canada (n = 3493\*)

Practice Area	All of Canada %	Range
Acute Care	44.4	33.3 (SK) - 53.8 (PE)
Long term Care	17.7	0  (NU) - 29.1  (SK)
Community Health	16.1	36.9  (NU) - 8.1  (PE)
Home Care	8.7	1.5 (NU) - 14.2 (NS)
Primary Care	8.3	0  (PE) - 20.0  (NU)
Other	4.8	1.5  (SK) - 9.4  (PE)
Total n	3493	

Survey question: "In which of the above practice areas do you spend most of your time?"

<sup>\*</sup>Excluded here – education, administration, research



## All of Canada (n = 3493)

Scope of Practice	All of Canada (%)
Advanced nursing practice and decision-making	39.9
Facilitation of community health promotion activities	47.8
Nothing in my day is routine	63.3
I am required to take on other roles depending on demand	58.2
I use protocols specific to ANP	36.9
Total n	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



## Sustainability of Care

Predictors of Intent To Leave

Migration of Nurses



## **Predictors of Intent To Leave**

(Source: Survey)

- Individual
  - Sociodemographic & professional
  - Satisfaction with work & community

Worklife

Community



## 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



## **Predictors of Intent To Leave**

(Source: Survey)

Registered Nurses were more likely to intend to leave their present nursing position within the next 12 months if they:

- Were male
- Reported higher perceived stress
- Did not have dependent children or relatives
- Had higher education
- Were employed by their primary agency for a shorter time
- Had lower community satisfaction
- Had greater dissatisfaction with job scheduling
- Had lower job satisfaction re: autonomy
- Were required to be on call
- Performed advanced decisions or practice
- Worked in a remote setting



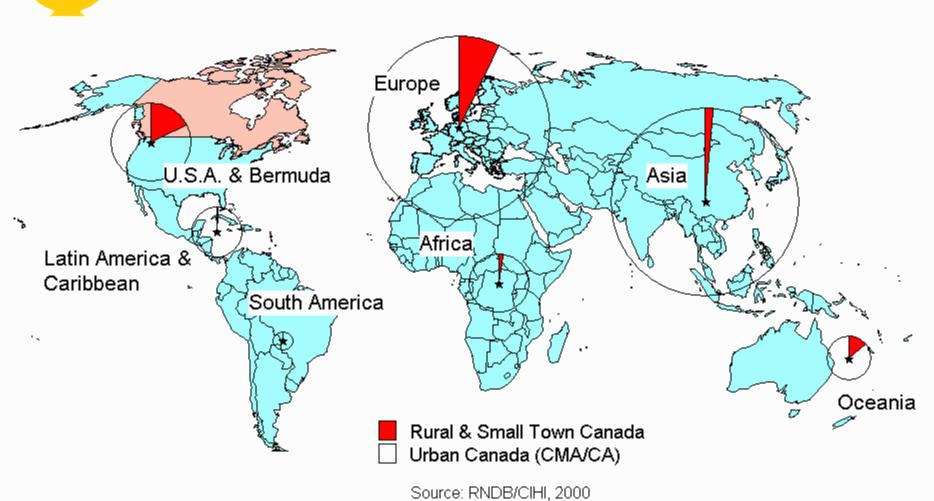
## Sustainability of Care

Migration of Nurses

Source: RNDB



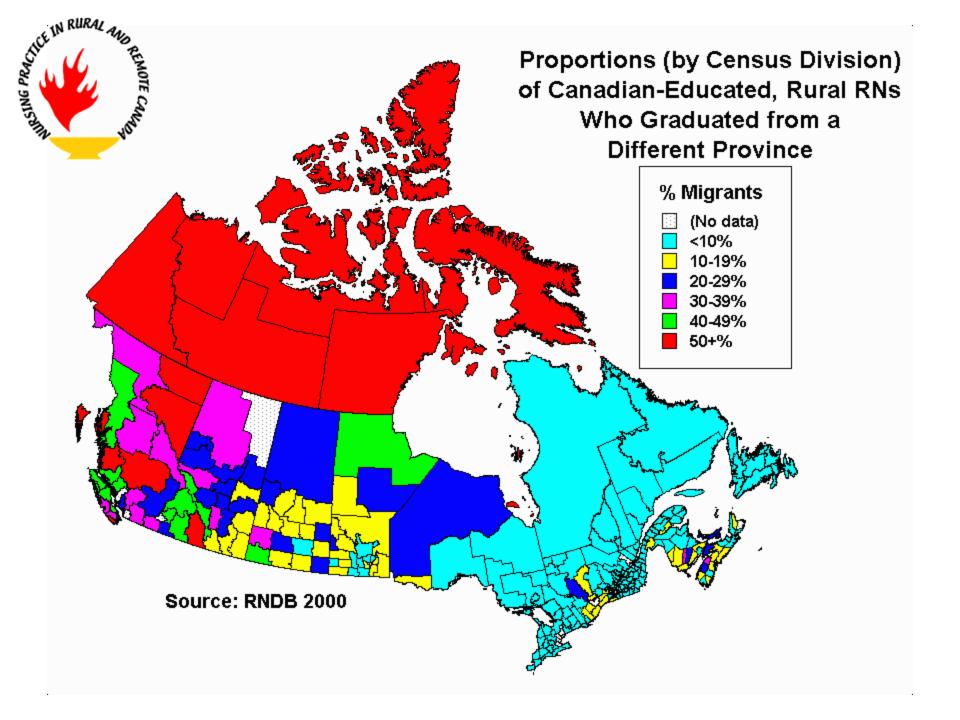
#### Major World Region Origins of the International Nursing Graduate RNs of Canada





## **International Nursing Graduates**

- 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



## **Correlates of Migration**

Correlates	% Migrants	Odds Ratio
Gender		
Male	7.2	1.00
Female	12.0	1.31*
<b>Highest Nursing Education</b>		
Diploma	11.0	1.00
Baccalaureate	14.9	0.90
Graduate Degree (MA/PhD)	24.0	1.55*
Full-Time/Part-Time Employment		
Part-Time	10.8	1.00
Full-Time	12.7	1.07*

### **Correlates of Migration (Continued)**

Correlates	% Migrants	Odds Ratio
Place of Work		
Hospital	10.6	1.00
Nursing Station	34.4	2.40*
Nursing Home/Long-Term Care	10.4	0.69*
Home Care/Community Health Centre	14.1	0.86*
Education/Association/Government	17.8	1.10
Other	12.8	0.96
Primary Responsibility		
Direct Care	11.9	1.00
Administration	10.8	0.68*
Teaching/Education	18.2	1.41*
Research	11.1	1.18

### **Correlates of Migration (Continued)**

Correlates	% Migrants	Odds Ratio
Position		
Manager	14.5	1.00
Staff/Community Nurse	11.7	1.07*
Other	10.1	0.72*
Metropolitan Influenced Zone		
Strong MIZ	8.4	1.00
Moderate MIZ	10.1	0.84*
Weak MIZ	15.4	1.31*
No MIZ	16.5	1.32*



## **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
- AND 20% of rural nurses plan to retire by 2007



# Internal Migration: Items to Consider

- RNDB "internal migration" = 11.8%
- Survey "internal migration" = 26.7%

- 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)
- For many rural communities, MIGRATION of RNs may be equally or more significant!



## **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 lens"
- 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 are required for nursing education programs that prepare rural nurses



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