



Nursing Practice In Rural and Remote Newfoundland and Labrador: An Analysis of CIHI's Nursing Database

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Highlights

- In the period between 2003 and 2010, the regulated nursing workforce in Newfoundland and Labrador grew by 4.9%, reaching a total of 8,604 regulated nurses. The greatest increase in the regulated nursing workforce during this time was in NPs (up 74.5%).
- In 2010, 35.4% of the regulated nursing workforce in Newfoundland and Labrador was located in rural areas of the province where 51.6% of the population lived.
- Between 2003 and 2010, the nurse-to-population ratios for urban and rural RNs increased and the nurse-to-population ratios for urban and rural LPNs decreased.
- Fewer urban than rural RNs worked full-time. In 2010, urban LPNs had the highest proportion holding casual positions.
- The number of RNs in rural Newfoundland and Labrador achieving baccalaureate degrees has increased from 2003 to 2010. The number of rural RNs achieving Master's degrees has also increased during this time, however this proportion remains higher in urban than in rural Newfoundland and Labrador.
- Between 2003 and 2010, the number of rural nurses working in primary healthcare settings increased from 13.8% to 16.7%. The greatest increase was in rural NPs (from 24.2% to 41.7%).
- Although over 70% of nurses educated in Newfoundland and Labrador stay in Newfoundland and Labrador, in 2010, 3.0% of RNs, 8.3% of LPNs and 8.3% of NPs received their initial education elsewhere.

Introduction

People who live in rural and remote parts of Canada (including the North) tend to have more health challenges than people living in urban areas. Rural and remote communities also experience limited numbers and chronic shortages of health care workers, including nurses.

In order to keep improving health services and support nurses in rural and remote communities, planners and policy makers need up-to-date information. *Nursing Practice in Rural and Remote Canada II* provides some of that information.

Nursing Practice in Rural and Remote Canada II is a study conducted in partnership with planners and policy makers who will make sure that the findings can be used to improve nursing services and access to care in rural and remote Canada.

A key activity of the *Nursing Practice in Rural and Remote Canada II* study was the analysis of the Canadian Institute for Health Information's (CIHI) Nursing Database (NDB). This analysis was undertaken in order to identify key characteristics of the regulated nursing workforce in rural

and remote Canada, as well as changes in the workforce over the last decade.

- Data for the years 2003 and 2010 were analyzed.
- Data for registered nurses (RNs), nurse practitioners (NPs), and licensed practical nurses (LPNs) were included.

This document reports key findings from the NDB analysis for Newfoundland and Labrador (NL). It provides an overview of the regulated nursing workforce in Newfoundland and Labrador, with a special focus on rural and remote locations.

Definition of Rural

We use the Statistics Canada definition of Rural and Small Town Canada (du Plessis et al., 2001, p. 6). Rural refers to communities with a core population of less than 10,000 people, where less than 50% of the population commutes to larger urban centres for work. This Statistics Canada definition of rural includes northern communities, as well as remote areas with little or no metropolitan influence as measured, in a labour market context, by the size of commuting flows to any larger urban centre.

According to the 2011 Census, Newfoundland and Labrador had a population of 514,536 (Statistics Canada, 2012). In 2010, 51.7% of Newfoundland and Labrador's population lived in rural areas (Statistics Canada, 2012).

As of 2011, 79.4% of Newfoundland and Labrador's urban population, a total of 197,524 people, was concentrated in the province's lone Census Metropolitan Area (CMA), the St. John's CMA (Newfoundland & Labrador Statistics Agency, 2013). Table 1 lists population by its four regional health authorities.

Table 1. Population by regional health authority, 2011, NL

Health Authority	Population	% of NL Population
Eastern Regional Health Authority	305,381	59.8
Central Regional Health Authority	92,154	18.0
Western Regional Health Authority	76,967	15.0
Labrador / Grenfell Regional Health Authority	36,076	7.1

Source: CIHI. (2013). *Regulated Nurses: Canadian Trends, 2007 to 2011*. Ottawa, ON: CIHI.

Nursing Database Analysis: Findings

1. Nursing Workforce Numbers in Newfoundland and Labrador

In the period between 2003 and 2010, Newfoundland and Labrador's overall regulated nursing workforce grew from 8,204 to 8,604, which represents a 4.9% increase. When this increase is examined in terms of nurse type, we found that the total number of RNs increased from 5,430 to 6,013 (up 10.7%), and the total number of NPs increased from 55 to 96 (up 74.5%). However, the total number of LPNs decreased from 2,719 to 2,495 (down 8.2%).

The changes in the regulated nursing workforce were also examined in terms of urban and rural comparisons. The numbers of urban RNs and NPs increased between 2003 and 2010 while the number of urban LPNs decreased. In rural locations, only the number of NPs increased (up

45.5%), and the numbers of rural RNs and LPNs both decreased. These changes in Newfoundland and Labrador did not generally reflect the wider trends found at the national scale, where increases in urban and rural RNs, NPs, and LPNs were observed between 2003 and 2010.

Of the total regulated nursing workforce in Newfoundland and Labrador in 2010, 31.0% of RNs, 45.3% of LPNs, and 50.0% of NPs worked in rural communities. When we considered the rural regulated nursing workforce with respect to the rural population, we found that 35.4% of Newfoundland and Labrador nurses served 51.6% of Newfoundland and Labrador residents. The situation in urban locations was reversed; here we found that 64.6% of the regulated nursing workforce served 48.3% of the population (Statistics Canada, 2012).

2. Nurse-to-Population Ratios

Nurse-to-population ratios represent the number of nurses per 100,000 population. In rural Newfoundland and Labrador, the nurse-to-population ratios for RNs and LPNs were lower than in urban locations for both data years (2003 and 2010), and were very close for NPs in urban and rural locations. Table 2 illustrates the increase in nurse-to-population ratios for rural and urban RNs and NPs, as well as the decrease in the nurse-to-population ratios for LPNs. The changes in urban nurse-to-population ratios (an increase for RNs and a decrease for LPNs) were larger than the changes in rural locations.

Table 2. Percentage (%) changes in 2003-2010 nurse-to-population ratios, NL and Canada

Jurisdiction	RNs		LPNs	
	Urban	Rural	Urban	Rural
NL	12.0	1.0	-13.6	-4.6
Canada	††	††	20.7	6.8

Note: †† - no urban/rural allocations of RNs were available for RNs in Quebec in 2003. Data were suppressed for the territories due to small cell sizes.

3. Demographics

Age:

Generally speaking, rural RNs in Newfoundland and Labrador were younger than their urban counterparts, while rural LPNs were older than their urban counterparts. Table 3 provides information about the average ages of RNs and LPNs in urban and rural locations for 2003 and 2010. The average ages of RNs and LPNs working in both urban and rural locations continues to increase.

Table 3. Average age (in years) of the regulated nursing workforce, 2003-2010, NL and Canada

Jurisdiction	RNs				LPNs			
	Urban		Rural		Urban		Rural	
	2003	2010	2003	2010	2003	2010	2003	2010
NL	41.5	43.1	40.3	42.7	43.4	44.2	44.3	46.0
Canada	††	†††	††	†††	44.4	42.8	44.6	44.8

Note: †† no urban/rural allocation was made of 2003 Quebec NDB records for RNs. ††† data to compute average ages were not submitted by Manitoba for the 2010 NDB data year.

Gender:

The proportions of males in the regulated nursing workforce remained low for all nurse types in both rural and urban locations. However, in general, the proportion of male regulated nurses working in rural Newfoundland and Labrador was lower than in urban Newfoundland and Labrador. The proportion of male RNs and NPs increased in urban areas of Newfoundland and Labrador between 2003 and 2010. In rural areas, the proportion of male RNs increased slightly, while the proportion of male NPs remained the same during this time period. In both urban and rural settings, the proportion of male LPNs decreased between 2003 and 2010. Male RNs have the lowest representation of all regulated nurse types in urban and rural areas of Newfoundland and Labrador.

In rural Newfoundland and Labrador, LPNs were the nurse type with the largest proportion of males. In 2010, 8.3% of LPNs in rural Newfoundland and Labrador were male compared to 4.4% of RNs and 6.3% of NPs (see Figure 1). By contrast, in urban Newfoundland and Labrador, NPs and LPNs were the nurse types with the largest proportions of males. In 2010, 14.6% of NPs and 14.4% of LPNs in urban Newfoundland and Labrador were male compared to 5.6% of RNs (see Figure 2).

Figure 1. Proportion male nurses, rural NL

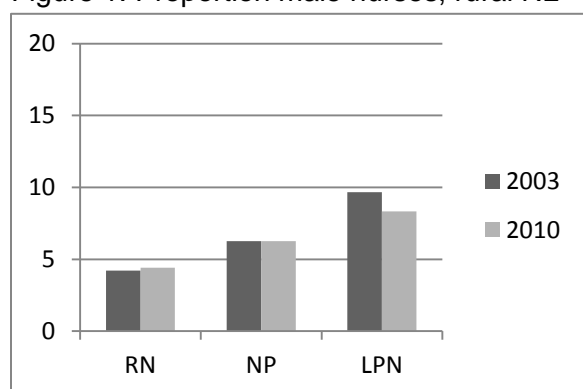
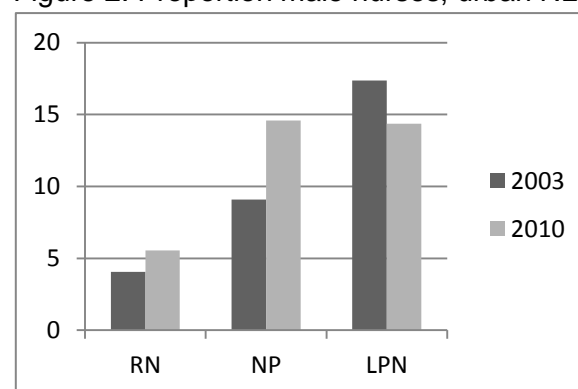


Figure 2. Proportion male nurses, urban NL

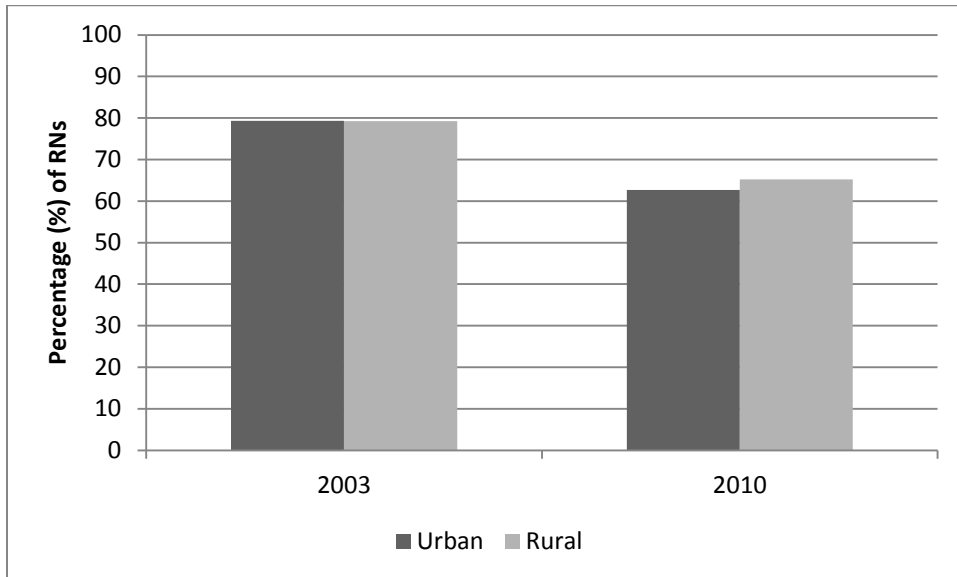


4. Education

In 2003 and 2010, more rural RNs (79.3% and 65.3%, respectively) than urban RNs (79.3% and 62.7%, respectively) in Newfoundland and Labrador had a diploma as their initial nursing education. As Figure 3 indicates, these proportions are decreasing, a trend that has been

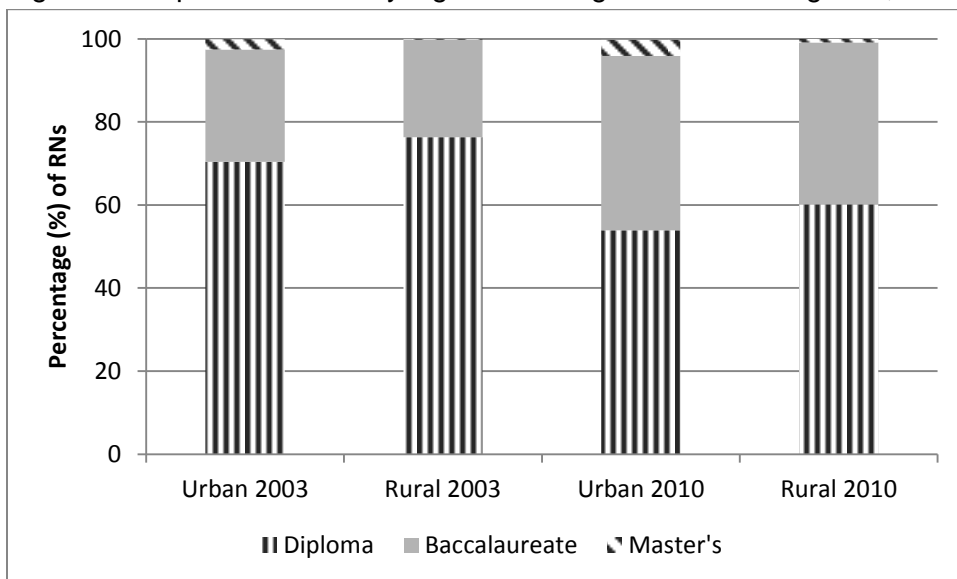
observed for rural and urban RNs across Canada (exception: no information for Quebec).

Figure 3. Proportion of RNs with diploma as initial nursing education, rural-urban, 2003-2010, NL



Typically, RNs working in urban areas had higher levels of education than their rural counterparts. For example, in 2003, 27.1% of urban Newfoundland and Labrador RNs had baccalaureate degrees, compared to 23.5% of their rural counterparts. In the same year, 2.5% of urban RNs had obtained a Master's degree while only 0.2% of rural RNs had done so. In 2010, proportions of rural nurses with education beyond a diploma had increased. In this year, 38.9% of rural RNs had a baccalaureate degree and 0.9% had a Master's degree. Figure 4 compares highest nursing education categories for rural and urban RNs in Newfoundland and Labrador for 2003 and 2010.

Figure 4. Proportion of RNs by highest nursing education categories, rural-urban, 2003-2010, NL



5. Employment

Employment Status:

The NDB ‘employment status’ categories are: full-time, part-time, casual and not stated. The nursing colleges and CIHI define regular nursing employment as guaranteeing “a fixed number of hours of work per pay period. May be defined by the employer as full-time or part-time, but reflects permanent employment even though it may be time limited” (CIHI 2012, p. 8). Casual nursing employment “does not guarantee a fixed number of hours of work per pay period” (CIHI 2012, p. 8). Table 4 provides employment status proportions by nurse type, rural/urban, and year.

Table 4. Employment status proportions by nurse type, rural and urban, 2003 and 2010, NL

	Urban			Rural		
	%FT	%PT	%Casual	%FT	%PT	%Casual
2003						
RNs	71.6	19.4	9.0	75.8	12.5	11.8
NPs	83.4	9.1	4.6	93.9	0.0	6.1
LPNs	62.9	4.5	32.6	54.2	6.6	39.2
2010						
RNs	72.9	16.1	11.0	78.8	9.3	11.9
NPs	89.6	6.3	4.2	95.8	2.1	2.1
LPNs	70.7	4.7	24.6	75.9	3.8	20.3

In 2003, more rural RNs were in full-time positions than their urban counterparts (75.8% compared to 71.6%). In the same year, the proportion of urban RNs in part-time positions was higher than for rural RNs (19.4% compared to 12.5%), and the proportion of RNs in casual positions was higher in rural areas than in urban (11.8% compared to 9.0%).

The proportion of RNs working full-time increased between 2003 and 2010 in both urban and rural locations, and this proportion remained lower for urban than for rural RNs. For both urban and rural RNs, the proportion in part-time positions decreased between 2003 and 2010 and the proportion of rural casual RN positions increased during this time. In 2010, the proportions of rural RNs in full-time and casual positions were higher than for their urban counterparts, while the proportion of RNs in part-time positions was lower in rural than urban areas.

In 2003 and 2010, more rural NPs were in full-time positions than their urban counterparts (93.9% compared to 86.4% in 2003, and 95.8% compared to 89.6% in 2010). Between 2003 and 2010, the proportions of NPs in full-time positions increased for both urban and rural locations. Over the same time period, the proportion of casual NP employment decreased in both urban and rural locations, while part-time work decreased in urban locations and increased in rural locations.

More LPNs reported full-time employment than part-time or casual status in both 2003 and 2010, in rural and urban areas. The proportion of LPNs in full-time positions in 2003 was 54.2% for rural locations and 62.9% in urban locations. Between 2003 and 2010, the proportion of urban

and rural LPNs in full-time positions increased. Part-time employment increased slightly for urban LPNs between 2003 and 2010 and decreased for rural LPNs. The proportions of rural and urban LPNs in casual positions decreased during this time period.

Multiple Employers:

'Multiple employers' refers only to whether nurses have one or more employers. The actual number of employers was not available for this study.

Between 2003 and 2010, the proportion of rural RNs in Newfoundland and Labrador who worked for more than one employer increased from 10.5% to 15.1%. During the same time period, this proportion increased for urban RNs from 6.8% in 2003 to 11.1% in 2010. More rural than urban RNs reported multiple employers in 2010.

The proportion of rural LPNs working for more than one employer increased between 2003 and 2010 from 11.2% to 16.6%, respectively. Over the same time period, the proportion of urban LPNs working for multiple employers increased from 6.6% to 11.9%. In 2010, more rural than urban LPNs had more than one employer.

Multiple employment status data for NPs in Newfoundland and Labrador were not available.

Place of Work:

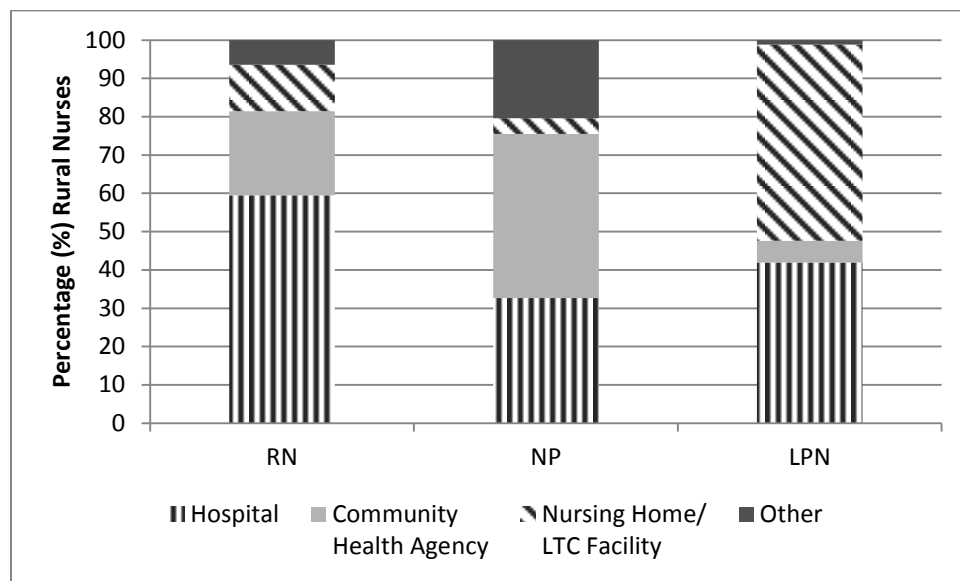
The 'place of work' NDB data element consists of approximately fifteen sub-elements. Enumeration of these sub-elements by urban-rural nurses and jurisdiction produces a large number of small cell sizes. As the numbers in these small cell sizes were suppressed, it was necessary to employ the CIHI grouping as indicated below:

- ***Hospital:*** Hospital, Mental Health Centre, Rehabilitation/Convalescent Centre
- ***Community Health Agency:*** Nursing Station (outpost or clinic), Home Care Agency, Community Health Centre, Public Health Department/Unit
- ***Nursing Home/Long Term Care Facility***
- ***Other Place of Work:*** Business/Industry/Occupational Health Office, Private Nursing Agency/Private Duty, Self-Employed, Physician's Office/Family Practice Unit, Educational Institution, Nursing Association/Government, Other
- ***Not Stated***

Figure 5 shows who worked in rural Newfoundland and Labrador hospitals, community agencies, nursing homes/LTC facilities and other settings in 2010. Between 2003 and 2010, in both rural and urban areas of the province, proportions of RNs working in hospitals and nursing homes/LTC facilities decreased while the proportions of urban and rural RNs working in community health agencies and other settings increased. In rural settings, the proportion of RNs working in hospital settings decreased slightly from 62.9% in 2003 to 59.5% in 2010, and the proportion of rural RNs working in nursing homes/LTC facilities decreased from 13.7% to 12.1%. Over the same time period the proportion of rural RNs working in community health agencies increased from 19.4% to 21.9%, and the proportions of rural RNs in other settings increased from 4.1% to 6.5%. These rural trends were mirrored in urban parts of the province, however in

2010, 71.6% of urban RNs worked in hospital settings compared to 59.5% of their rural counterparts.

Figure 5. Primary place of work, rural nurses, 2010, NL



Note: Percentages computed excluding 'not stated' category.

In both 2003 and 2010, a large proportion of rural NPs worked in community health agencies, increasing from 32.4% in 2003 to 42.9% in 2010. The proportion of rural NPs working in hospitals decreased from 37.8% to 32.7% over this time period, as did proportion of rural NPs working in nursing homes/LTC facilities (16.2% to 4.1%). In urban settings, the proportion of NPs working in hospitals increased from 22.8% to 43.8% between 2003 and 2010. The proportions of urban NPs working in community health agencies, and nursing homes/LTC facilities each decreased between 2003 and 2010 while the proportion working in other settings increased slightly (40.9% to 41.7%).

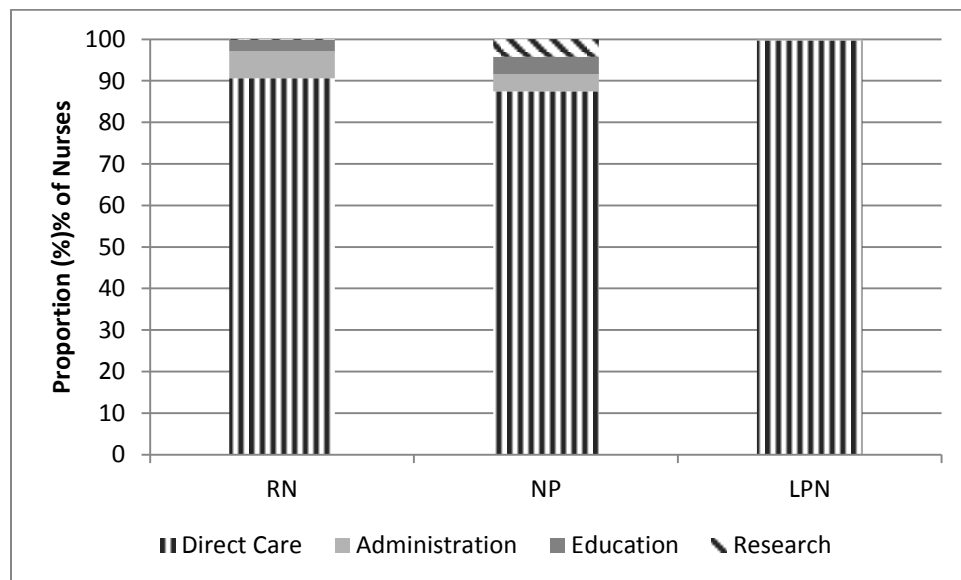
The proportion of rural LPNs working in hospitals increased between 2003 and 2010, from 40.3% to 42.0%, as did the proportion of rural LPNs working in community health agencies, from 2.9% to 5.7%. Meanwhile, the proportion working in nursing homes/LTC facilities decreased from 55.4% to 51.2%. In urban areas, the proportion of LPNs working in community health agencies, nursing homes/LTC facilities, and other settings increased, while the proportion working in hospitals decreased between 2003 and 2010.

Primary Area of Responsibility:

Figure 6 illustrates nurses' primary areas of responsibility in rural Newfoundland and Labrador in 2010. The proportion of rural RNs in direct care decreased between 2003 and 2010 from 91.8% to 90.7%. Urban RNs in direct care also decreased from 87.5% to 87.0%. In 2003 and 2010, there were greater proportions of rural than urban RNs in direct care. The proportions of RNs in administration increased slightly in urban areas (6.0% to 6.1%) and remained the same in rural areas (6.6%) between 2003 and 2010. Proportions of RNs in education increased between 2003

and 2010 for both urban and rural RNs (5.1% to 5.6% and 1.5% to 2.7%, respectively). In 2003 and 2010, there were larger proportions of rural RNs than urban RNs in administration, and there were larger proportions of urban RNs than rural RNs in education and research.

Figure 6. Primary area of responsibility, rural nurses, 2010, NL



Note: Percentages computed excluding 'not stated' category.

Between 2003 and 2010, the proportion of rural NPs working in direct care decreased from 93.9% to 87.5%. Conversely, the proportion of urban NPs working in direct care increased from 59.1% to 75.0%. In urban settings, the proportion of NPs working in administrative roles decreased during this time. The proportion of NPs reporting education as a primary responsibility decreased for urban NPs and increased slightly for rural NPs between 2003 and 2010. In 2010, rural NPs were the first group to report research as a primary responsibility (4.2%).

The proportion of LPNs in direct care decreased slightly between 2003 and 2010 from 99.7% to 99.5% in urban locations and from 100.0% to 99.7% in rural areas. Very few rural and urban LPNs reported working in administration, education, and research roles (<0.4%).

6. Work in Primary Healthcare Settings

Primary healthcare (PHC) settings include the following places of work: nursing station/outpost/nurse clinic; private nursing agency/private duty; business/industry/occupational health; self-employed/private practice; mental health centre; physician's office; home care agency; and, public health agency/community health centre (Wong et al., 2009).

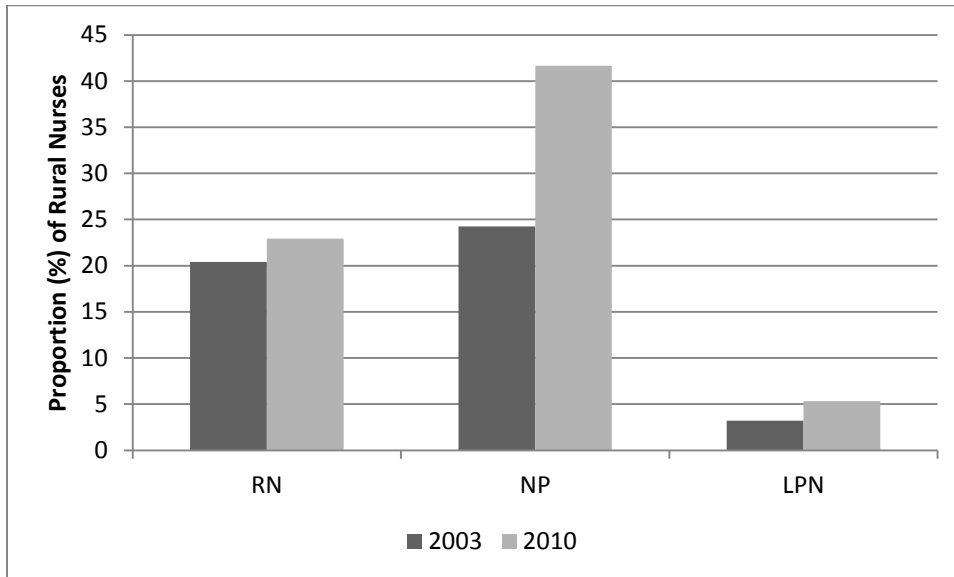
The proportions of regulated nurses working in rural PHC settings in Newfoundland and Labrador increased from 13.8% in 2003 to 16.7% in 2010. Between 2003 and 2010, the proportions of rural nurses practicing in PHC settings increased for each type of nurse (see Figure 7). The proportion of rural RNs in PHC settings increased from 20.4% to 22.9%, the proportion of rural NPs increased from 24.2% to 41.7%, and the proportion of rural LPNs

increased from 3.2% to 5.3%.

Similarly, between 2003 and 2010, the proportion of regulated nurses working in urban PHC settings increased among RNs (10.6% to 11.9%) and LPNs (0.3% to 2.2%).

Data for Newfoundland and Labrador NPs in PHC settings was not available.

Figure 7. Rural nurses working in PHC settings by nurse type and year, NL



Note: Percentages are estimates due to suppressed cells in some categories.

7. Migration

International:

Nurses who obtained their entry-to-practice education in a country other than Canada are considered to be 'international nursing graduates' (INGs).¹ In general, larger proportions of urban than rural nurses were ING; however, in Newfoundland and Labrador, the opposite was true.

In Newfoundland and Labrador, between 2003 and 2010, the proportion of urban RNs who were ING remained the same (1.1%), and the proportion of rural RNs who were ING decreased slightly from 2.8% to 2.6%.

Interprovincial:

In 2003 and 2010, the top interprovincial migration destination for all Newfoundland and Labrador-educated regulated nurses was Ontario. The second most popular destination for RNs in 2003 and NPs in 2010 was Nova Scotia. For RNs in 2010 and LPNs in 2003 and 2010, the second most popular destination province was Alberta. Table 5 provides details of interprovincial migration for RNs, LPNs and NPs in 2003 and 2010.

¹ Also known as 'internationally educated nurses' (IENs).

Table 5. Interprovincial migration for RNs, LPNs and RPNs, 2003- 2010, NL

	RNs		LPNs		NPs	
	2003	2010	2003	2010	2003	2010
Total number of nurses in NL	5,430	6,013	2,719	2,495	55	96
Received initial nursing education in NL	7,028	7,532	3,010	2,737	55	117
Proportion retained ²	72% (n=5,049)	73% (n=5,511)	88% (n=2,659)	87% (n=2,393)	87% (n=48)	75% (n=88)
Number not retained ³	1,979	2,021	351	344	7	29
Proportion working in urban areas of other jurisdictions ⁴	86%	87%	90%	86%	71%	76%
Proportion working in rural areas of other jurisdictions ⁵	13%	12%	10%	14%	29%	24%
Top two destinations	ON (31%) NS (24%)	ON (31%) AB (28%)	ON (46%) AB (20%)	ON (38%) AB (26%)	-	ON (48%) NS (28%)
Proportion registered in NL who received initial nursing education elsewhere	7% (n=355)	8% (n=498)	2% (n=49)	3% (n=74)	11% (n=6)	8% (n=8)
Top three jurisdictions other than NL where initial nursing education was received	ON (27%) ING (26%) NS (21%)	ON (31%) NS (22%) ING (19%)	NS (49%) ON (33%)	ON (28%) AB (28%) NS (24%)	-	-

Note: The numbers and proportions reported in this table should be considered estimates due to suppression of small cells.

² This is the proportion of those nurses who received their initial education in Newfoundland & Labrador who are also registered in Newfoundland & Labrador.

³ This is the proportion of those nurses who received their initial education in Newfoundland & Labrador who are registered in jurisdictions other than Newfoundland & Labrador.

⁴ This refers to a percentage of those nurses who were not retained (i.e., received initial education in Newfoundland & Labrador but are registered in jurisdictions other than Newfoundland & Labrador).

⁵ Percentages for urban and rural may not add up to 100 due to some suppressed cells.

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Further information about the full study is available from:

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APPENDIX 1 Newfoundland and Labrador Synopsis

	Year 2010		RNs		NPs		LPNs	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Number of nurses employed in nursing	4,141	1,862	48	48	1,365	1,130		
Number of nurses per 100,000 population	1,665	701	19	18	549	425		
Average age (years)	43	43	-	-	44	46		
Gender (%)								
	Male	4	15	6	14	8		
	Female	94	85	94	86	92		
Place of work (%)								
	Hospital	72	44	3	47	42		
	Community Health Agency	8	8	62	2	6		
	Nursing Home/LTC Facility	7	6	0	50	51		
Primary area of responsibility (%)								
	Direct Care	87	75	88	99	100		
	Administration	6	7	4	0	0		
	Education	6	3	15	0	0		
	Research	1	0	4	0	0		
Full-time/part-time status (%)								
	Full-Time	73	90	96	71	76		
	Part-Time	16	6	2	5	4		
Position (%)								
	Staff	76	0	4	95	96		
	Managerial	11	12	4	0	0		
	Other	13	10	92	5	4		
Highest education in nursing (%)								
	Diploma	54	40	63	n/a	n/a		
	Bachelor's	42	42	35				
	Master's	4	19	2				
Place of graduation (%)								
	Canada	99	100	100	100	100		
	Foreign	1	0	0	0	0		

APPENDIX 2

The Regulated Nursing Workforce Employed in Direct Care, By Health Region, 2011

Health Region Name	RNs		LPNs		All Reg Nurses		
	Pop Estimates	Direct Care Counts	Per 100,000 Population	Direct Care Counts	Per 100,000 Population	Direct Care Counts	Per 100,000 Population
Eastern Regional Integrated Health Authority	305,381	3,469	1,136	1,318	432	4,787	1,568
Central Regional Integrated Health Authority	92,154	718	779	518	562	1,236	1,341
Western Regional Integrated Health Authority	76,967	768	998	467	607	1,235	1,605
Labrador-Grenfell Regional Integrated Health Authority	36,076	35†	99†	15†	42†	511	1,416
Newfoundland & Labrador (Direct Care Total)	510,578	5,31†	1,04†	2,45†	48†	7,769	1,522
Canada (Direct Care Total)	34,482,779	231,234	671	81,646	237	317,464	921

Source: CIHI. (n.d.). Regulated Nurses: Canadian Trends, 2007-2011. Ottawa, ON: CIHI.

Note: The urban-rural breakdown of these data and comparable 2010 data are not available. Data were suppressed in accordance with CIHI's privacy policy; small cell size.