Nursing Practice in Rural and Remote Canada II

Newfoundland and Labrador Survey Fact Sheet

Principal Investigators
Martha MacLeod
University of Northern British Columbia
Norma Stewart
U. Saskatchewan
Judith Kulig
U. Lethbridge

Co-Investigators
Ruth Martin-Misener
Dalhousie University, NS
Kelley Kilpatrick
Université de Montréal, QC
Irene Koren
Laurentian University, ON
Mary Ellen Andrews
U. Saskatchewan, SK
Chandima Karunanayake
U. Saskatchewan, SK
Julie Kosteniuk
U. Saskatchewan, SK
Kelly Penz
U. Saskatchewan, SK
Pertice Moffitt
Aurora College, NWT
Davina Banner
UNBC, BC
Neil Hanlon
UNBC, BC
Linda Van Pelt
UNBC, BC
Erin Wilson,
UNBC, BC
Lela Zimmer
UNBC, BC

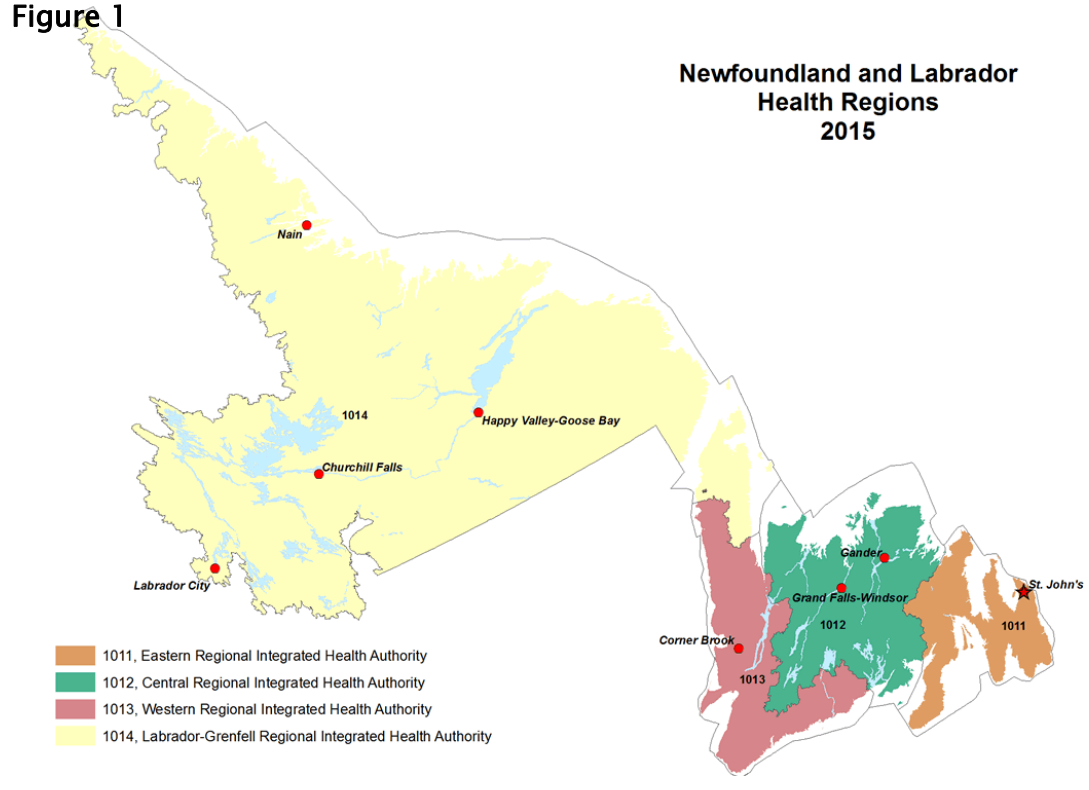
Principal Knowledge User
Penny Anguish,
Northern Health (BC)

The multi-method study, *Nursing Practice in Rural and Remote Canada II* (*RRNII*), aims to provide insights into the work lives and practice experiences of registered nurses (RNs), nurse practitioners (NPs), licensed/registered practical nurses (LPNs), and registered psychiatric nurses (RPNs) in rural and remote communities in all Canadian provinces and territories. The study is intended to inform policy and practice decisions regarding nursing service capacity (nursing personnel and activities) and access to care in rural and remote Canada (http://www.unbc.ca/rural-nursing).

This survey partially replicates and considerably extends a national, cross-sectional survey of rural/remote RNs and NPs undertaken in 2001-2004, The *Nature of Nursing Practice in Rural and Remote Canada (RRNI)* (MacLeod, Kulig, Stewart, Pitblado, & Knock, 2004). The present *RRNII* survey places greater emphasis on primary health care (PHC) and includes all regulated nurses – NPs, RNs, and LPNs – who practice in all provinces and territories, and RPNs, who practice in the four western provinces as well as the territories. This provincial fact sheet presents initial results from the national survey about the nature of nursing practice in rural/remote Newfoundland and Labrador (hereafter rural NL), including how nurses experience accessibility and quality of PHC in their workplace.

A mail survey was distributed primarily through the nursing associations/regulatory bodies in each province and territory between April 2014 and September 2015. The questionnaire was sent to a target sample of nurses who resided in the rural areas (less than 10,000 core

Figure 1



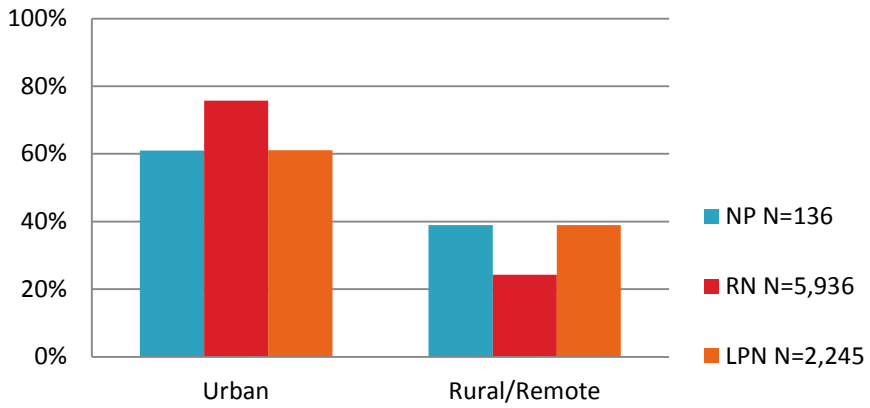
population) of each Canadian province and to all nurses who worked in Nunavut, Northwest Territories, and the Yukon.

We received a total of 3,822 completed questionnaires by mail or on-line (2,082 RNs, 163 NPs, 1,370 LPNs, and 207 RPNs) from across Canada. The national response rate was 40% (margin of error 1.5%). **From Newfoundland and Labrador, a total of 241 nurses responded: 113 RNs and 125 LPNs**[1]. The eligible sample for NL was 627 individuals and the response rate was 38% (n=241, margin of error 5.9%). We can say the following: with 90% confidence, the sample of rural RNs, NPs, and LPNs in NL is representative of rural NL nurses as a whole; and say with less than 85% confidence, the separate samples of rural RNs, NPs, and LPNs are representative. In this fact sheet, we compare three sets of data: rural NL nurse data from the *RRNII* survey, rural Canada nurse data from the *RRNII* survey, and data for all NL nurses from the Canadian Institute for Health Information analysis of the 2015 regulated nursing workforce database (CIHI, 2016a). The CIHI data helps to situate the *RRNII* study findings in the context of the overall NL nursing workforce.

Who are the rural nurses in Newfoundland and Labrador?

In 2015, the rural population of NL accounted for 50% of the total provincial population, and 28% of the province's 8,317 regulated nurses (RNs, NPs, and LPNs) worked in rural settings (CIHI, 2016a). The geographic distribution of nurses in NL is illustrated in **Figure 2.**

Figure 2. The Regulated Nursing Workforce in NL by Nurse Type and Geographic Distribution.



(CIHI, 2016b; CIHI &2016c)

The large majority of rural NL nurse respondents (89%) in the *RRNII* survey reported growing up in a community with a population of less than 10,000. Of those currently working in a rural community, 56% reported living in their primary work community. Nurses who lived outside of their primary work community traveled to work on a daily (72%) or weekly to biweekly (18%) basis with travel time typically equal to, or under, 11 hours per week (79%). The large majority of rural NL nurses were married or living with a partner (86%); half of them with dependent children (50%).

Age and Gender

In the *RRNII* survey, the majority of rural NL nurses were 35-54 years of age (64%), which is a larger proportion than that found in Canada overall (49%). While the proportion of nurses under 35 years of age is similar between rural NL nurses (17%) and rural nurses in Canada overall (19%); more substantial differences are seen between rural NL nurses over 55 years of age (18%) and rural Canada nurses in this age group (32%). See **Table 1** for the age distribution of rural RNs and LPNs in NL and Canada.

[1] Due to small sample size, NP data are suppressed.

Table 1. Age Distribution of Rural RNs and Rural LPNs in NL and Canada

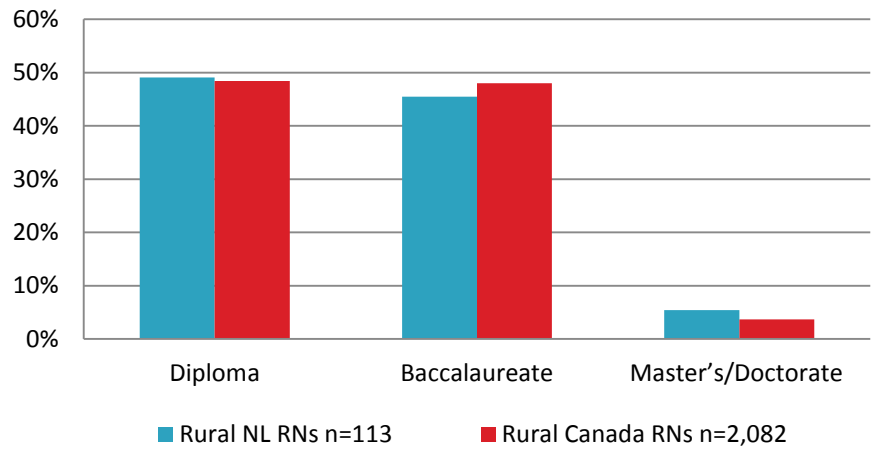
		<25 %	25-34 %	35-44 %	45-54 %	55-64 %	≥65 %
Rural NL RNs	(n=103)	1.9	16.5	28.2	35.9	14.6	2.9
Rural Canada RNs	(n=2,082)	1.1	17.8	19.1	27.2	29.6	5.3
Rural NL LPNs	(n=118)	3.4	13.6	29.7	34.7	17.8	0.8
Rural Canada LPNs	(n=1,370)	3.7	17.8	20.4	30.3	25.4	2.4

In the *RRNII* survey, the proportion of all male nurses (RNs, NPs, and LPNs combined) working in rural NL (6.6%) was similar to the proportion of rural male nurses in rural Canada overall (6.4%).

Education

In the *RRNII* survey, the level of nursing education among nurses in rural NL was slightly below the education level of rural nurses in Canada overall. The highest obtained nursing education credential of rural NL nurses was a master's degree (2.5%), while the most commonly obtained highest nursing education credential was a diploma in nursing (75%), followed by a bachelor's degree in nursing (22%). For rural nurses in Canada overall, a diploma in nursing (68%) was the most commonly earned highest nursing education credential, followed by a bachelor's degree in nursing (28%). All rural NL LPNs held a diploma in nursing (100%), while rural NL RNs were likely to either hold a diploma (49%) or a bachelor's in nursing (46%) as their highest nursing credential. Across Canada, 99.6% of rural LPNs held a nursing diploma, with rural RNs likely to hold a diploma (48%) or a bachelor's degree in nursing (48%). **Figure 3** shows the highest nursing education credential of rural NL RNs and rural RNs in Canada overall in the *RRNII* survey.

Figure 3. Highest Nursing Education Credential - Rural RNs



Where do rural nurses in Newfoundland and Labrador work?

The large majority of rural NL nurses who responded to the survey were employed in nursing (93%), while the remaining 6.7% were either on leave (3.3%) or were retired and occasionally working in nursing on either a casual or short-term contract basis (3.4%). **Table 2** shows the population of the primary work community of rural NL nurses. A slightly greater proportion of rural NL nurses worked in a primary work community with a population of less than 5,000 (49%) compared to 41% of rural nurses in Canada overall. Considering each type of nurse, 46% of RNs and 50% of LPNs worked in a community with a population fewer than 5,000. These are slightly different findings compared to rural nurses in Canada overall, wherein, 42% of RNs and 40% of LPNs worked in a community of this size.

Table 2. Population of Primary Work Community, Rural Nurses in NL

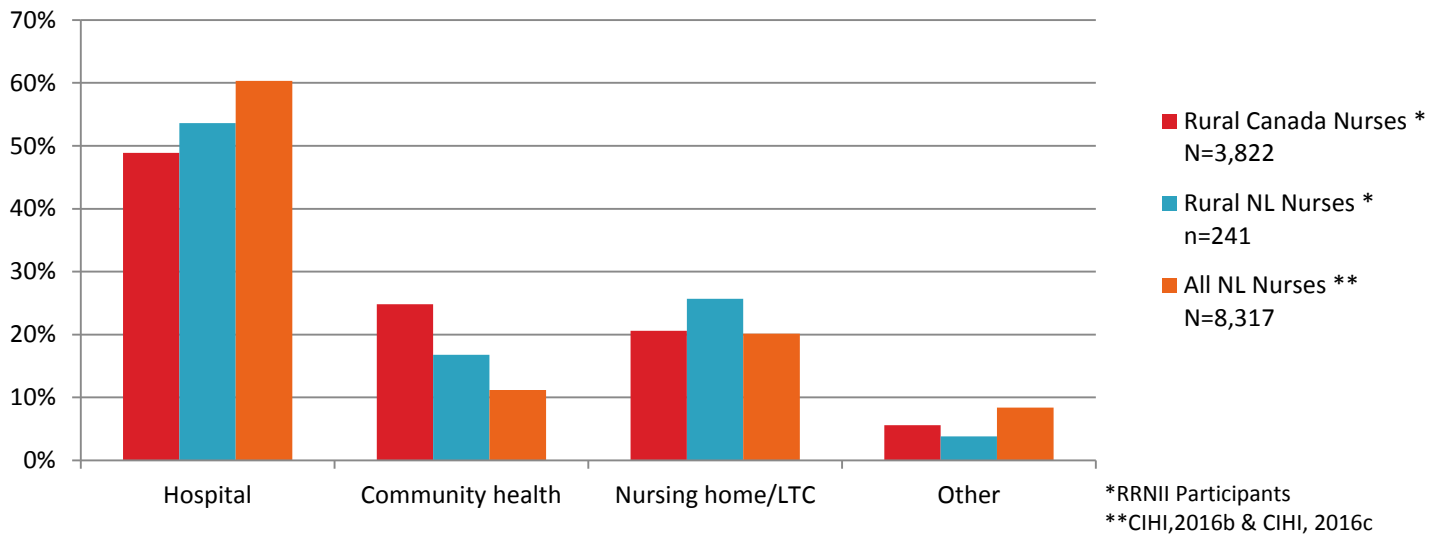
Community Population	% (n=241)
≤ 999	12.2
1,000 - 2,499	13.1
2,500 - 4,999	23.1
5,000 - 9,999	24.9
≥10,000	26.7

Nursing Employment Status

A greater proportion of rural NL nurses were employed in a permanent full-time position (75%) than rural nurses in Canada overall (54%). Only a small minority of rural NL nurses were employed in a permanent part-time position (8.4%) or in a casual position (16%). The large majority of rural NL nurses worked as staff nurses (86%) and the small minority as clinical nurse specialists (5.2%), educators (3.9%) or managers (2.6%). Similar to rural RNs in Canada overall (76%), the majority of rural NL RNs worked as a staff nurse (75%), however a larger proportion reported working as a clinical nurse specialist (10%) and a smaller proportion as a manager (5.5%) compared to rural RNs in Canada overall (5.1% and 12%).

Figure 4 shows the primary place of employment for rural NL nurses compared to all nurses in NL and to rural nurses in Canada overall. As Figure 4 shows, rural NL nurses most often worked in a hospital setting (54%). A greater proportion of rural NL LPNs worked in a nursing home/long-term care facility (43%) compared to rural NL RNs (7.2%).

Figure 4. Nursing Workforce in NL and Canada, Primary Place of Employment



Notes:

Hospital *includes hospital, mental health centres, rehabilitation/convalescent centres and integrated facilities.*

Community health *includes community health centres, home care agency, nursing station (outpost or clinic), NP led clinic, multidisciplinary primary healthcare clinic, public health department/unit and physician's office/family practice unit or team.*

Nursing home/LTC *includes nursing home/long-term care facility.*

Other *place of work includes professional association/government, occupational health, private nursing agency/self-employed, educational institution and other place of work.*

What is the scope of practice of rural nurses in Newfoundland and Labrador?

A distinctive characteristic of rural nursing is its broad scope of practice, which is closely related to the rural context of each community and limited access to healthcare resources. In an attempt to shed some light on this phenomenon and find commonalities, nine main categories of practice were presented to respondents, each consisting of several items. Survey respondents were asked to mark all items they were responsible for. Note that the responses relate to what nurses perceive as their responsibilities rather than what may or may not be within their legislated scopes of practice. Detailed tables are included in **Appendix A**.

Figure 5. Assessment: Rural Nurses in NL and Canada

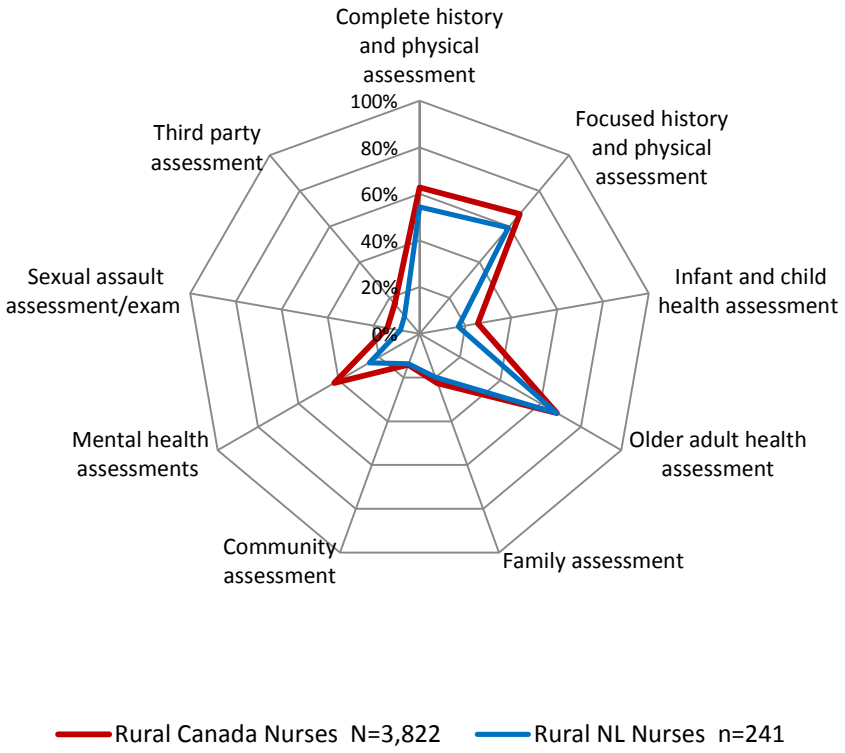
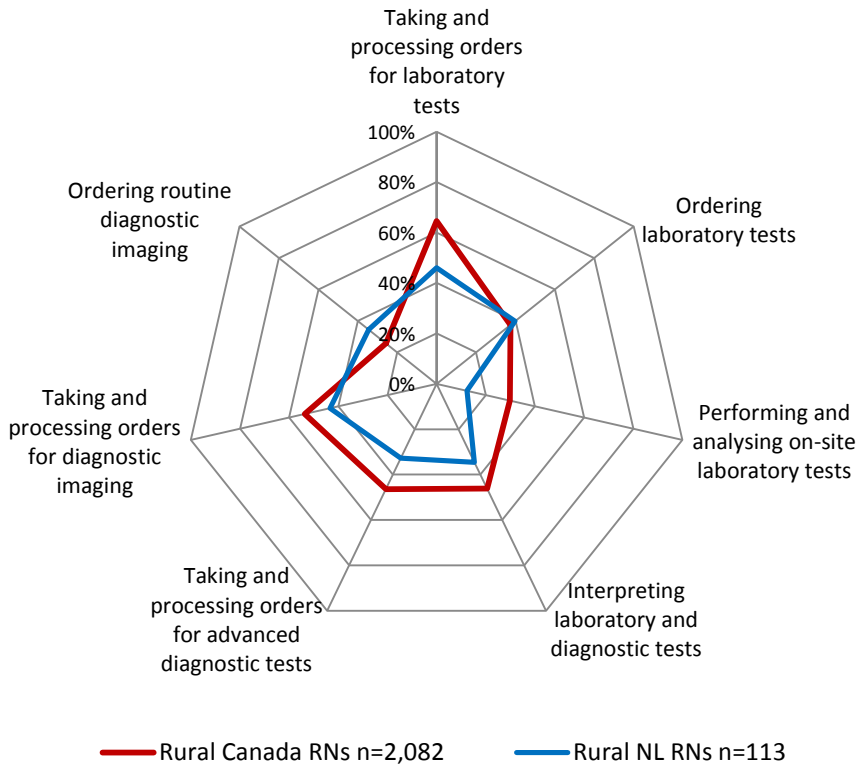


Figure 6. Diagnostics: Rural RNs in NL and Canada



As the number of NP respondents was low, we are only reporting on rural NL and rural Canada RNs and LPNs separately, and all nurse types combined.

The large majority of rural NL RNs (77%) and the majority of LPNs (68%) reported working within their licensed scope of practice. Furthermore, 16% of rural NL RNs reported working beyond their scope of practice, while 26% of rural NL LPNs reported working below their scope of practice. In comparison, 84% of rural RNs and 77% of rural LPNs in Canada overall reported working within their licensed scope of practice.

In terms of *Promotion, Prevention and Population Health*, rural NL nurses reported being responsible for chronic disease management (68%), lifestyle modification programs (53%) and illness/injury prevention (39%). Generally, rural NL nurses reported a similar responsibility to rural nurses in Canada overall (68%; 52%; 42%).

Regarding *Assessment*, rural NL nurses reported providing health and wellness assessments such as older adult health assessment (68%), focused history and physical assessment (59%), and complete history and physical assessment (54%). These proportions are slightly lower than those of rural nurses in Canada overall (**Figure 5**).

In the category of *Diagnostics*, which included *Laboratory Tests*, *Diagnostic Tests*, and *Diagnostic Imaging*, rural NL nurses reported lower activity on most dimensions than their counterparts in rural Canada overall. The minority of rural NL nurses were responsible for taking and processing orders for laboratory tests (45%) and obtaining samples for laboratory tests (48%). Both

proportions are below those seen for rural nurses in Canada overall (61% and 56%).

Figure 7. Theraputic management: Rural RNs and LPNs in NL

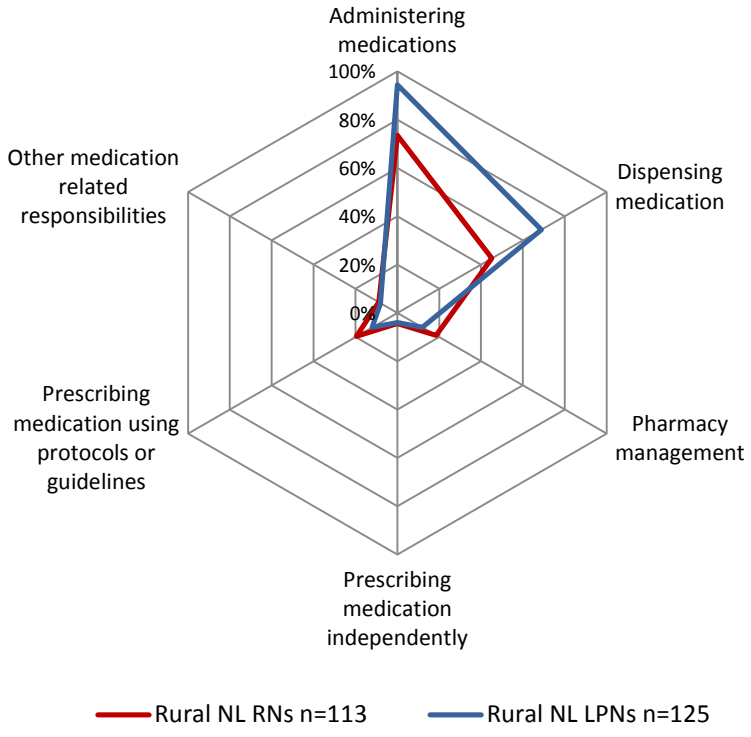
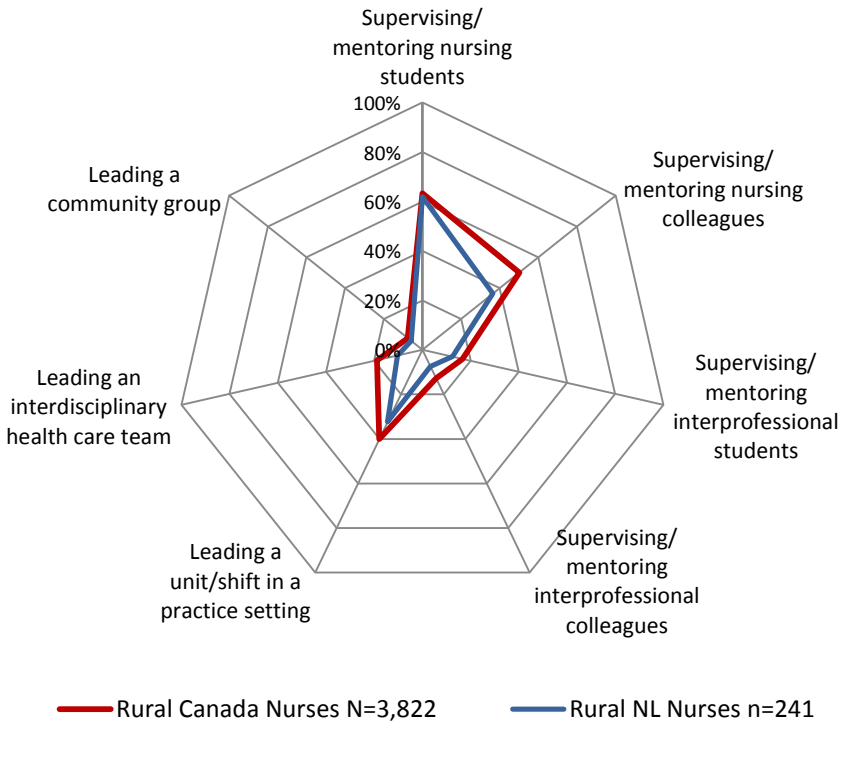


Figure 8. Leadership: Rural Nurses in NL and Canada



Interestingly, only 29% of all rural NL nurses reported taking and processing orders for advanced diagnostic tests, while 65% of these nurses reported not being responsible for any aspect of diagnostic tests. Finally, the minority (37%) of rural NL nurses said they were responsible for taking and processing orders for diagnostic imaging. A larger proportion of rural NL RNs reported being responsible for ordering routine diagnostic imaging (35%) than their counterparts in rural Canada overall (26%). **Figure 6** demonstrates certain responsibilities regarding diagnostics for RNs in NL and Canada.

Within the category of *Therapeutic Management*, the large majority of rural NL nurses indicated responsibility for administering oral/SCI/IM/topical/ inhaled medication (85%), and the majority reported responsibility for dispensing medication (58%). A smaller proportion of rural NL nurses reported being responsible for pharmacy management (15%) and prescribing medication using protocols or guidelines (16%) compared to rural nurses in Canada overall (21% and 22%). **Figure 7** shows the reported therapeutic management activities of rural NL RNs and LPNs.

In the category of *Diagnosis and Referral*, rural NL nurses identified that they follow protocols or use decision support tools to arrive at a plan of care (64%), independently make a nursing diagnosis based on assessment data (43%), and make referrals to other healthcare practitioners (42%). Interestingly, rural NL LPNs seldom reported that they pronounce death (0.8%), while 23% of rural LPNs in

Canada overall consider it part of their responsibility.

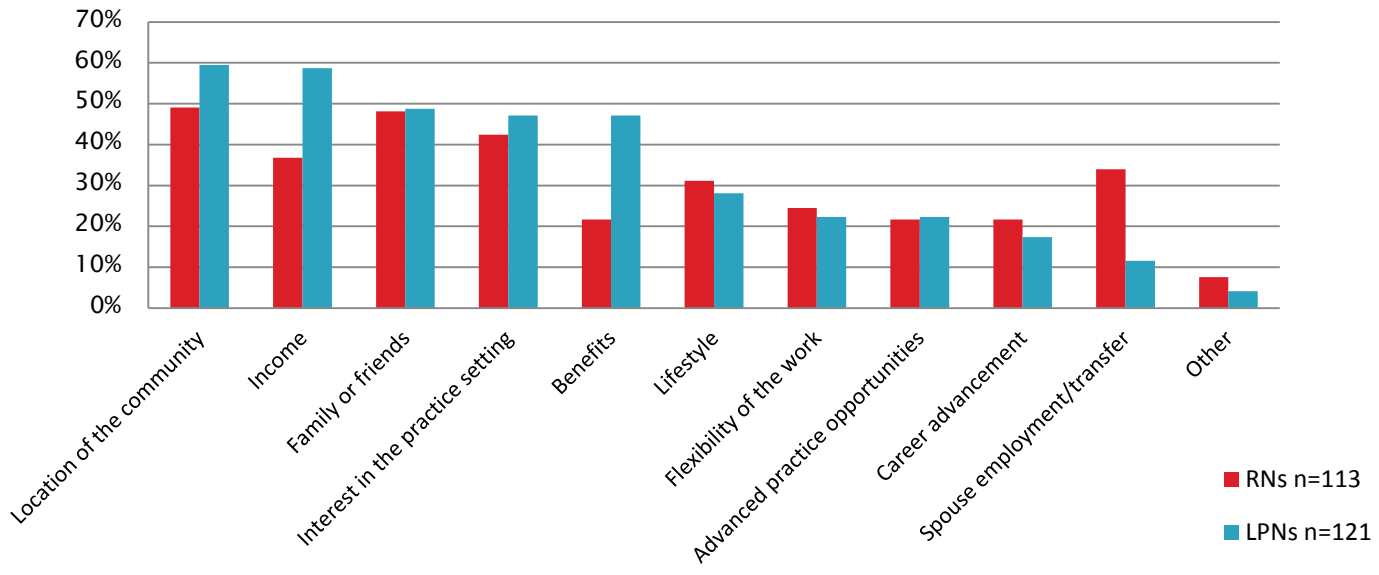
In the category of *Emergency Care and Transportation*, a smaller proportion of rural NL nurses reported organizing urgent or emergent medical transport (31%) than found for rural Canada nurses overall (45%). Conversely, a larger proportion of rural NL nurses reported providing care during urgent/emergent medical transportation (34%) than their counterparts (28%).

When it comes to *Leadership*, the majority of rural NL nurses reported supervising/mentoring nursing students (62%), and the large minority reported supervising/mentoring nursing colleagues (37%) and leading a unit/shift in a practice setting (32%) (**Figure 8**).

What are the career plans of rural nurses in Newfoundland and Labrador?

Recruiting and retaining nurses in rural nursing positions is an ongoing challenge (Kulig, Kilpatrick, Moffitt, & Zimmer, 2015). For all rural NL nurses, the most influential reasons they came to work in their primary work community were location of the community (55%), family or friends (48%), income (48%), and interest in the practice setting (46%). See **Figure 9** for a breakdown of recruitment factors by type of nurse.

Figure 9. Reasons Why Rural NL Nurses Came to Work in their Community

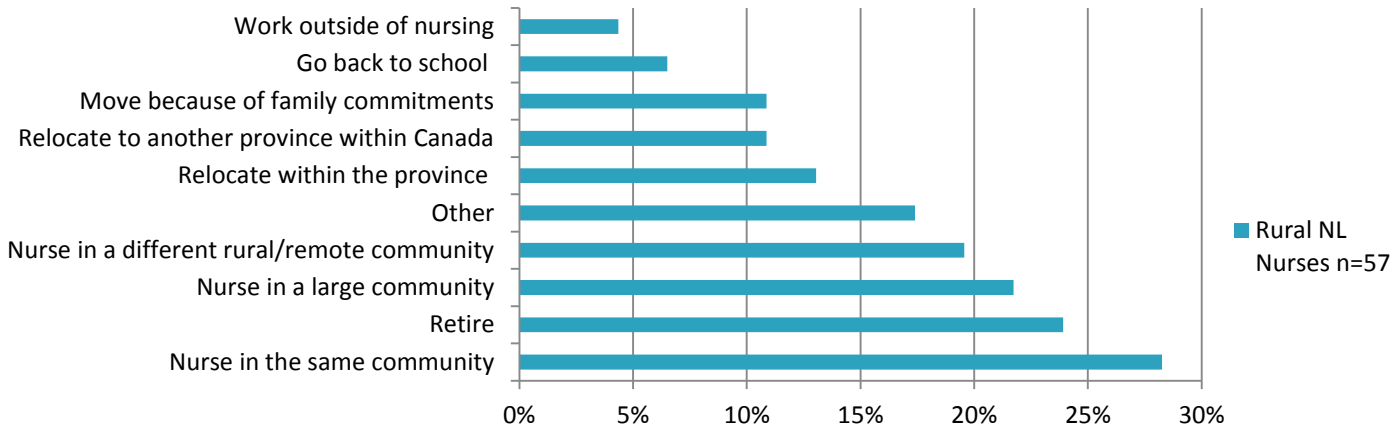


Rural NL nurses were asked the reasons why they continue working in their primary work community. The strongest retention factors were family or friends (58%), income (54%), location of the community (49%), and interest in the practice setting (45%). Interestingly, benefits and income were stronger retention factors for LPNs (50% and 64%) than for RNs (21% and 44%). The large majority of rural NL nurses agreed that they were satisfied with their primary work community (82%); the remaining 19% were either neutral or were dissatisfied.

In the *RRNII* survey results, 25% of rural NL nurses indicated that they were planning to leave their present position within the next 12 months, which is a similar proportion to that found for rural nurses in Canada overall (26%). Considering each nurse type, a larger proportion of rural NL RNs (35%) and smaller proportion of LPNs (17%) intended to leave than in Canada overall (25% and 24%). Rural NL nurses who intended to leave (n=57) reported a variety of career

plans, which are illustrated in **Figure 10**. Most often, they intended to nurse in the same community (28%), retire (24%), or nurse in a large community (22%).

Figure 10. Future Plans of Rural NL Nurses who Intended to Leave Within Next 12 Months

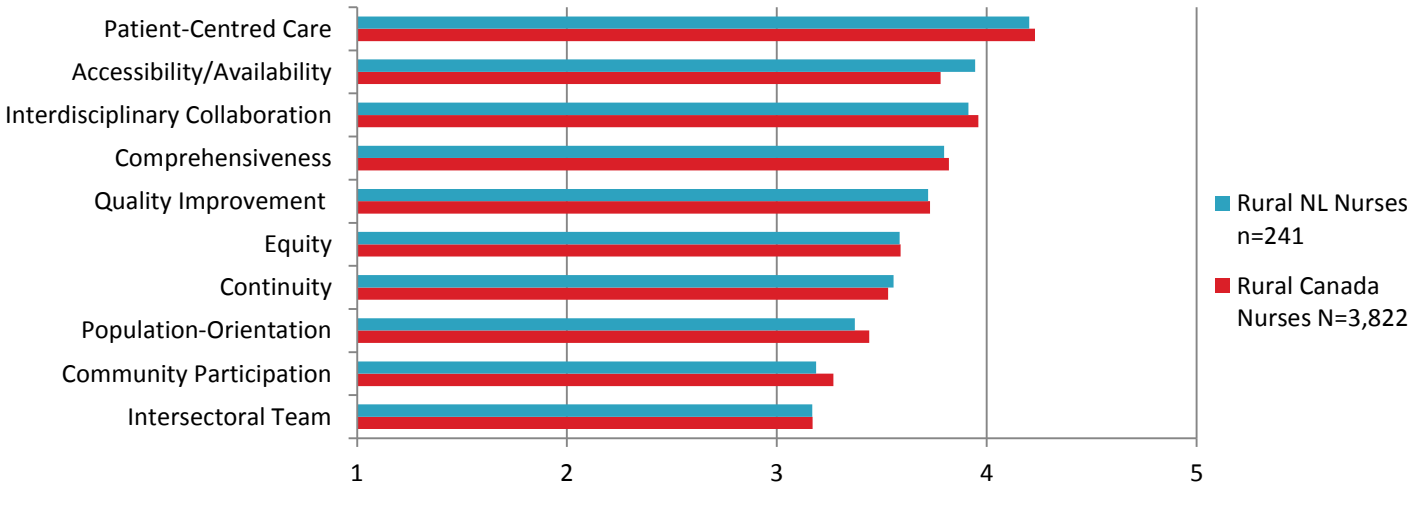


A minority of the rural NL nurses who stated they intended to leave said they would consider continuing to work in a rural/remote community if certain conditions were met, such as if they were to receive an annual cash incentive (47%), work short-term contracts (44%), have increased flexibility in scheduling (35%), utilize more of their skills (28%), have opportunities to update their skills and knowledge (26%), and have opportunities to teach (23%).

What do rural Newfoundland and Labrador nurses say about primary health care in their workplace?

In the *RRNI* survey findings, it was clear that rural nurses in all settings were engaged in primary health care. In the *RRNII* survey, nurses were asked about aspects of primary health care at their workplace through the Primary Health Care Engagement Scale (Kosteniuk et al, 2016). Items were grouped in 10 categories: patient-centred care, interdisciplinary collaboration, comprehensiveness of care, quality improvement, accessibility/availability, continuity of care, equity, population-orientation, community participation, and intersectoral team. Each item was rated on a 5 point Likert Scale (1= strongly disagree to 5= strongly agree). Mean scores are reported in **Figure 11**.

Figure 11. Rural Nurses' Perspectives on Primary Health Care in their Workplace



It is evident that rural NL nurses were engaged in primary health care, often to a similar extent to rural nurses in Canada overall.

In general, rural NL nurses rated *Patient-Centred Care* strongly positive. These nurses were strongly positive that their patients are treated with respect and dignity, that providers are concerned with maintaining patient confidentiality, and that their workplace is a safe place for patients to receive healthcare services. Moreover, rural NL nurses were positive that providers are supported in thinking of patients as partners.

Overall, *Accessibility* to healthcare services was regarded positively. Rural NL nurses felt strongly positive that patients needing urgent care can see a healthcare provider the same day when their workplace is open, and felt positively that services are organized to be as accessible as possible and that when their workplace is closed, patients can see a healthcare provider in person or can get medical advice by phone.

Rural NL nurses rated *Interdisciplinary Collaboration* positively. Included are nurses' perceptions that healthcare providers from other disciplines consult them regarding patient care and that it is understood who should take the lead with a patient when there is overlap in responsibilities. Rural NL nurses were strongly positive that a collaborative atmosphere exists between healthcare providers from different disciplines within their workplace.

In terms of *Comprehensiveness*, rural NL nurses were positive that their workplace offers harm reduction or illness prevention initiatives, that chronic conditions are addressed, and that patients are referred to necessary services when they require a service their workplace does not provide.

Rural NL nurses also felt positively about *Quality Improvement*, having identified that their workplace uses patient health indicators to measure quality improvement, that their workplace regularly measures quality, and that their workplace keeps patient charts current. Importantly, rural NL nurses were strongly positive that there is a process in their workplace for responding to critical incidents.

Rural NL nurses rated *Equity* positively, although some concerns were raised. Nurses felt positive that patients can access healthcare services regardless of individual or social characteristics and regardless of geographic location, that healthcare providers understand the impact of social determinants of health, and that their workplace is organized to address the health needs of vulnerable or special needs populations. However, rural NL nurses reported that not all patients in their workplace can afford to receive the health care they need. This dimension was perceived negatively.

Similarly, *Continuity of Care* was viewed positively by rural NL nurses, although an interesting pattern of results must be noted. These nurses were strongly positive that they have a good understanding of their patients' health history and that they have easy access to their patients' past care provided by healthcare providers in their workplace. However, coordination of care across settings is a different matter. Rural NL nurses reported positively that they have easy access to information about their patients' past health care provided outside of their workplace, but they reported that care coordination for patients outside of their workplace is difficult. This last dimension was perceived negatively.

Rural NL nurses felt positively that their workplace is *Population-oriented*, with a good fit between services and community health care needs and monitoring patient outcome indicators. These nurses also reported positively that their workplace has taken part in a needs assessment of the community, among other dimensions.

Despite receiving positive ratings overall, rural NL nurses raised some concerns about *Community Participation*. These nurses agreed that their workplace supports healthcare providers in thinking of the community as a partner, that their workplace has implemented changes that emerged from community consultations, and that their workplace seeks input from the community about which healthcare services are needed. Important to note is that rural NL nurses reported community members are not treated as partners when deciding about healthcare service delivery changes. This dimension received negative ratings.

Similarly, *Intersectoral Teams* received positive ratings overall, although an interesting pattern of results must be noted. Rural NL nurses were positive that their workplace works closely with community agencies, that they personally work

closely with community agencies, and that there have been improvements in the way community services are delivered based on community agencies working together. However, rural NL nurses reported that community agencies do not meet regularly to discuss common issues that affect health, as indicated by negative ratings.

Please note that the Primary Health Care Engagement Scale continues to be refined. Further details are available from the authors.

Limitations

The number of rural NL nurses was sufficient for statistical reporting at the provincial level, which is reflected in the response rate for this province (38%). For this reason, we can say the following: with 90% confidence, the sample of rural RNs, NPs, and LPNs in NL is representative of rural NL nurses as a whole; and say with less than 85% confidence that separate samples of rural NPs, RNs, and LPNs are representative. As we sampled only 30% (approximately) of the rural nurses in the province, we compared the age and gender characteristics of the study's sample with all rural nurses in the province to see how similar or different they were. The two samples were comparable, although our sample did underrepresent males and nurses aged 25-35 (CIHI, 2017). It must be noted that rural NL NPs were under-represented in this survey and as a result, we were unable to report on them separately. As such, findings should be interpreted with caution. As well, in this fact sheet, not all statistical measures are reported.

Summary

In 2015, 28% of the regulated nursing workforce in Newfoundland and Labrador was located in rural areas where 50% of the population lived (CIHI, 2016a). This is a decrease from 2010, when 35% of the nurses in Newfoundland and Labrador cared for 52% of the population (Pitblado, Koren, MacLeod, Place, Kulig, & Stewart, 2013).

The large majority of rural NL nurses reported growing up in a community with a population of less than 10,000. Just under half of the rural NL nurses reported their primary work community had a population of less than 5,000.

A greater proportion of rural NL nurses are middle-aged and a lower proportion are over 55 years of age, compared to rural nurses in Canada overall. This is reflected by the relatively low proportion of rural NL nurses who intend to retire in the next 12 months.

A greater proportion of rural NL nurses were employed in a permanent full-time position than is seen for rural nurses in Canada overall. Only a small minority of rural NL nurses were employed in a permanent part-time position or in casual position.

The reasons rural NL nurses came to work in their primary work community were similar to the reasons they continue to work in their primary work community, namely the location of the community, income, and family or friends. NL nurses listed factors that would contribute to them continuing to work in a rural community, such as if they were to receive an annual cash incentive, have the opportunity to work short-term contracts, and have increased flexibility in scheduling.

The proportion of rural male nurses in NL was similar to the proportion of rural male nurses in Canada overall. The level of nursing education among rural NL nurses was slightly below the education level of rural nurses in Canada overall.

The large majority of rural NL RNs and the majority of LPNs indicated that they work within their licensed scope of practice. They expressed positive views about primary health care, their contributions to it, and the accessibility it provides for patients. They were concerned, however, about patients' financial abilities to afford necessary health care, coordinating care, and getting access to information about patients' care that takes place outside of their workplace.

References

Canadian Institute for Health Information [CIHI]. (2002). *The Supply and Distribution of Registered Nurses in Rural and Small Town Canada, 2000.* http://www.unbc.ca/rural-nursing

Canadian Institute for Health Information [CIHI]. (2016a). *Regulated Nurses, 2015: Canada and Jurisdictional Highlights*. Ottawa, ON: CIHI; 2016.

Canadian Institute for Health Information [CIHI]. (2016b). *Regulated Nurses, 2015: LPN Data Tables*. Retrieved from: https://www.cihi.ca/sites/default/files/document/lpn_2015_data_tables_en.xlsx

Canadian Institute for Health Information [CIHI]. (2016c). *Regulated Nurses, 2015: RN/NP Data Tables*. Retrieved from: https://www.cihi.ca/sites/default/files/document/rn_np_2015_data_tables_en.xlsx

Canadian Institute for Health Information [CIHI]. (2017). *Health Workforce Database* [Custom Data Request].

Kosteniuk, J.G., Wilson, E.C., Penz, K.L., MacLeod, M.L.P., Stewart, N.J., Kulig, J.C., Karunanayake, C.P., & Kilpatrick, K. (2016). Development and psychometric evaluation of the Primary Health Care Engagement (PHCE) Scale: A pilot survey of rural and remote nurses. *Primary Health Care Research & Development*, 17, 72-86.

Kulig, J., Kilpatrick, K., Moffitt, P., & Zimmer, L. (2015). Recruitment and retention in rural nursing: It's still an issue! *Canadian Journal of Nursing Leadership*, 28(2), 40-50.

MacLeod, M.L.P., Kulig, J.C., Stewart, N.J., Pitblado, J.R., & Knock, M. (2004). The nature of nursing practice in rural and remote Canada. *Canadian Nurse, 100*(6), 27-31.

Pitblado, R., Koren, I., MacLeod, M., Place, J., Kulig, J., & Stewart, N. (2013). *Characteristics and Distribution of the Regulated Nursing Workforce in Rural and Small Town Canada, 2003 and 2010*. Prince George, BC: Nursing Practice in Rural and Remote Canada II. RRN2-01. http://www.unbc.ca/rural-nursing

Additional references:

Kulig, J., Kilpatrick, K., Moffitt, P., & Zimmer, L., (2013). *Rural and Remote Nursing Practice: An Updated Documentary Analysis*. Lethbridge: University of Lethbridge. RRN2-02. http://www.unbc.ca/rural-nursing

Paterson, J., Place, J., MacLeod, M. & Pitblado, R. (June, 2014). *Nursing Practice in Rural and Remote Newfoundland and Labrador: An Analysis of CIHI's Nursing Database*. Prince George, BC: Nursing Practice in Rural and Remote Canada II. RRN2-01-10. http://www.unbc.ca/rural-nursing

To cite this fact sheet:

Olynick, J., Martin-Misener, R., Jonatansdottir, S., Mix, N., Garraway, L., & MacLeod, M. (April, 2017). *Newfoundland and Labrador Survey Fact Sheet: Nursing Practice in Rural and Remote Canada*. Prince George, BC: Nursing Practice in Rural and Remote Canada II. RRN2-04-10

Further information about the full study is available from:

Nursing Practice in Rural and Remote Canada II
University of Northern British Columbia
3333 University Way
Prince George, BC V2N 4Z9
Tel: 1-250-960-6405
Email: rrn@unbc.ca
http://www.unbc.ca/rural-nursing

Appendix A: Scope of Practice: Rural NL and Canada RNs and LPNs

	Rural RNs		Rural LPNs	
Promotion. Prevention. and Population Health	**NL % (n=113)**	**Canada % (n=2,082)**	**NL % (n=125)**	**Canada % (n=1,370)**
Chronic disease management	58.4	62.7	75.2	74.9
Maternal/child/family health programs	34.5	35.2	22.4	18.0
Lifestyle modification programs	46.9	50.7	56.8	50.1
Public and population health programs	38.1	43.4	39.2	32.3
Mental health programs	31.0	30.4	32.0	32.4
Community development/individual health capacity building programs	17.7	17.7	12.8	12.6
Illness/injury prevention	30.1	38.4	48.0	47.4
None of the above	31.9	21.8	17.6	17.3

Assessment	**NL %**	**Canada %**	**NL %**	**Canada%**
Complete history and physical assessment	56.6	59.6	51.2	68.5
Focused history and physical assessment	69.0	70.3	49.6	61.4
Infant and child health assessment	26.5	32.3	7.2	12.5
Older adult health assessment	57.5	61.2	76.8	79.7
Family assessment	26.5	25.0	13.6	16.9
Community assessment	19.5	16.2	8.8	10.6
Mental health assessment	29.2	40.7	20.0	34.3
Sexual assault assessment/exam	14.2	19.4	2.4	5.0
Third party assessment	15.0	18.7	4.0	8.6
Other assessment	1.8	2.5	0.8	0.9
None of the above	16.8	10.7	13.6	10.8

Therapeutic Management	**NL %**	**Canada %**	**NL %**	**Canada%**
Administering oral/SC/IM/topical/inhaled medications	73.5	80.0	94.4	89.5
Dispensing medication	45.1	54.2	68.8	63.8
Pharmacy management	18.6	25.3	12.0	15.8
Prescribing medication independently	4.4	7.8	4.0	3.3
Prescribing medication using protocols or guidelines	19.5	29.5	12.0	11.5
Other medication related responsibilities	8.8	8.3	8.0	5.8
None of the above	24.8	14.8	5.6	8.6

Laboratory Tests	**NL %**	**Canada %**	**NL %**	**Canada%**
Taking and processing orders for laboratory tests	46.0	64.5	44.0	61.2
Ordering laboratory tests	39.8	37.4	36.0	28.5
Obtaining samples for laboratory tests	44.2	57.3	50.4	57.0
Performing and analyzing on-site laboratory tests	12.4	29.8	13.6	19.7
Interpreting laboratory and diagnostic tests	34.5	46.2	12.8	24.5
None of the above	31.0	19.6	25.6	18.4

Diagnostic Tests	Rural RNs		Rural LPNs	
	NL % (n=113)	Canada % (n=2,082)	NL % (n=125)	Canada % (n=1,370)
Taking and processing orders for advanced diagnostic tests	32.7	46.4	26.4	41.1
Ordering advanced diagnostic tests	9.7	8.1	9.6	7.6
Performing advanced diagnostic tests	0.0	1.6	0.8	1.3
Interpreting and following up advanced diagnostic tests	7.1	13.3	4.8	6.1
None of the above	59.3	49.2	69.6	55.8

Diagnostic Imaging	NL %	Canada %	NL %	Canada%
Taking and processing orders for diagnostic imaging	43.4	53.7	32.0	48.3
Ordering routine diagnostic imaging	34.5	25.7	27.2	16.9
Ordering advanced diagnostic imaging	10.6	5.9	12.0	7.4
Performing diagnostic imaging	0.0	8.8	2.4	0.9
Interpreting and following up diagnostic imaging	8.0	14.3	4.8	3.3
None of the above	41.6	39.0	53.6	46.4

Diagnosis and Referral	NL %	Canada %	NL %	Canada%
Follow protocols/use decision support tools to arrive at a plan of care	68.1	76.3	60.8	74.3
Independently make a nursing diagnosis based on assessment data	63.7	65.9	24.0	36.4
Independently make a medical diagnosis based on assessment data	9.7	11.0	2.4	2.8
Independently make referrals to other healthcare practitioners	53.1	47.7	30.4	28.5
Independently make referrals to medical specialists	14.2	11.0	5.6	4.7
Certify mental health patients for committal	5.3	6.8	0.8	0.9
Pronounce death	35.4	42.7	0.8	22.9
None of the above	21.2	12.6	32.8	20.2

Emergency Care and Transportation	NL %	Canada %	NL %	Canada%
Organize urgent or emergent medical transport	46.9	52.0	15.2	35.5
Provide care during urgent/emergent medical transportation	47.8	35.4	21.6	19.6
Respond/lead emergency calls as a first responder	24.8	17.8	8.8	10.9
Respond/lead emergency search and rescue calls in rural. remote or wilderness settings	5.3	5.4	0.8	1.8
None of the above	46.0	41.3	68.8	52.8

Leadership	NL %	Canada %	NL %	Canada%
Supervising/mentoring nursing students	66.4	66.6	57.6	56.6
Supervising/mentoring nursing colleagues	57.5	61.2	18.4	31.9
Supervising/mentoring interprofessional students	16.8	19.6	8.8	8.5
Supervising/mentoring interprofessional colleagues	11.5	15.2	4.0	6.3
Leading a unit/shift in a practice setting	47.8	47.2	19.2	30.7
Leading an interdisciplinary health care team	18.6	21.8	3.2	11.6
Leading a community group	10.6	10.1	0.8	2.0
None of the above	16.8	12.7	35.2	27.4