Nursing Practice in Rural and Remote Canada II

Ontario Survey Fact Sheet

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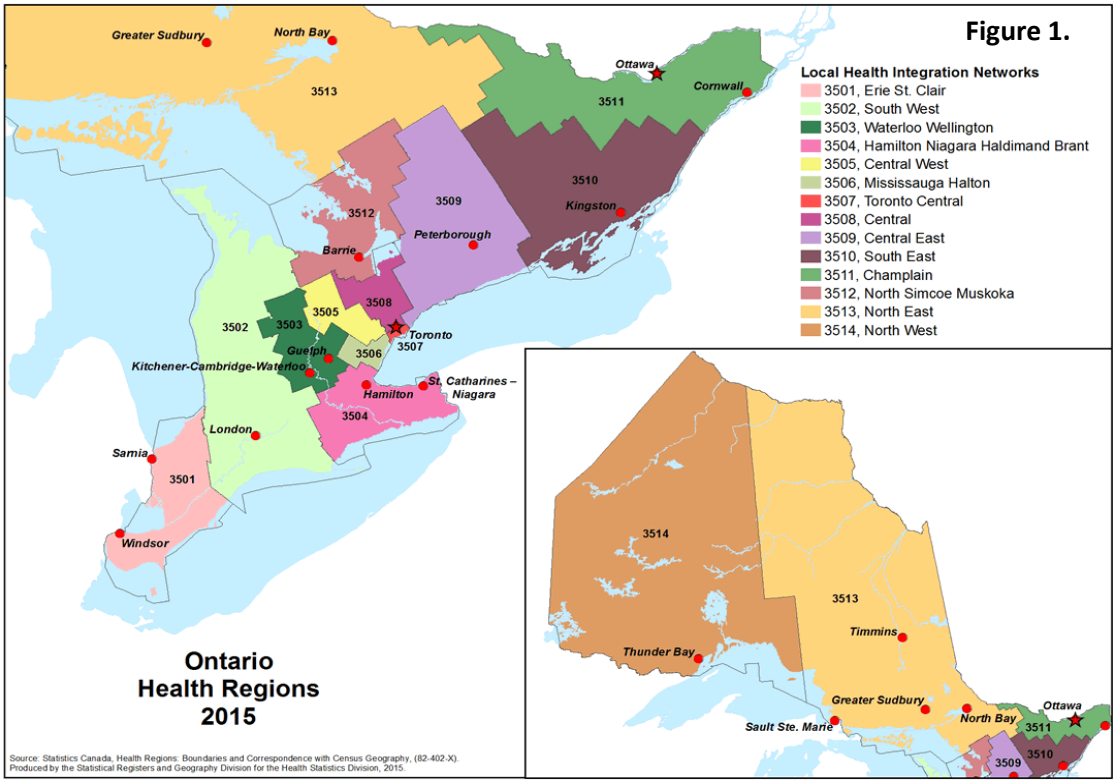
The multi-method study, *Nursing Practice in Rural and Remote Canada II* (*RRNII*), aims to provide insights into the work lives and practice experiences of registered nurses (RNs), nurse practitioners (NPs), licensed/registered practical nurses (LPNs), and registered psychiatric nurses (RPNs) in rural 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 Ontario (hereafter rural ON), 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.



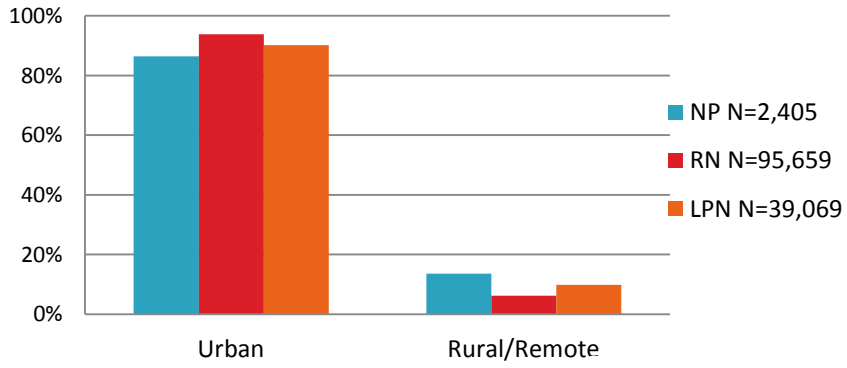
The questionnaire was sent to a target sample of nurses who resided in the rural areas (less than 10,000 core population) of each Canadian province and to all nurses who worked in Nunavut, Northwest Territories, and the Yukon.

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 Ontario, a total of 422 nurses responded: 205 RNs, 31 NPs, and 186 LPNs**. The eligible sample for ON was 914 individuals and the response rate was 46% (n=422, margin of error 4.6%). We can say the following: with 95% confidence, the sample of rural RNs, NPs, and LPNs in ON is representative of rural ON nurses as a whole; say with 85% confidence, the sample of ON RNs is representative of ON RNs overall; and say with less than 85% confidence, the separate samples of LPNs and NPs are representative. In this fact sheet, we compare three sets of data: rural ON nurse data from the *RRNII* survey, rural Canada nurse data from the *RRNII* survey, and data for all ON 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 ON nursing workforce.

Who are the rural nurses in Ontario?

In 2015, the rural population of ON accounted for 11% of the total provincial population, and 7.3% of the province's 137,133 regulated nurses (RNs, NPs, and LPNs) worked in rural settings (CIHI, 2016a). The geographic distribution of nurses in ON is illustrated in **Figure 2.**

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



(CIHI, 2016b & CIHI, 2016c)

The majority of rural ON nurse respondents (67%) 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, 58% reported living in their primary work community. Rural ON nurses who lived outside of their primary work community traveled to work on a daily (65%) or weekly to biweekly (23%) basis with travel time typically equal to, or under, 7 hours per week (78%). The large majority of rural ON nurses were married or living with a partner (81%); nearly half with dependent children (49%).

Age and Gender

In the *RRNII* survey results, 37% of rural ON nurses were 55 years of age or older, compared to 32% of rural nurses in Canada overall; whereas only 13% were under 35 years of age, compared to 19% of rural nurses in Canada overall. This difference is particularly striking for rural ON RNs, 42% of whom were 55 years of age or older, compared to 35% of rural RNs in Canada overall. See **Table 1** for an age distribution of rural NPs, RNs, and LPNs in ON and Canada.

In the *RRNII* survey, the proportion of all male nurses (RNs, NPs, and LPNs combined) working in rural ON (2.5%) was lower than the proportion of rural male nurses in Canada overall (6.4%). Furthermore, 2.0% of rural RNs and 2.8% of rural LPNs in ON were male, compared to 6.2% of rural RNs and 5.6% of rural LPNs in Canada overall.

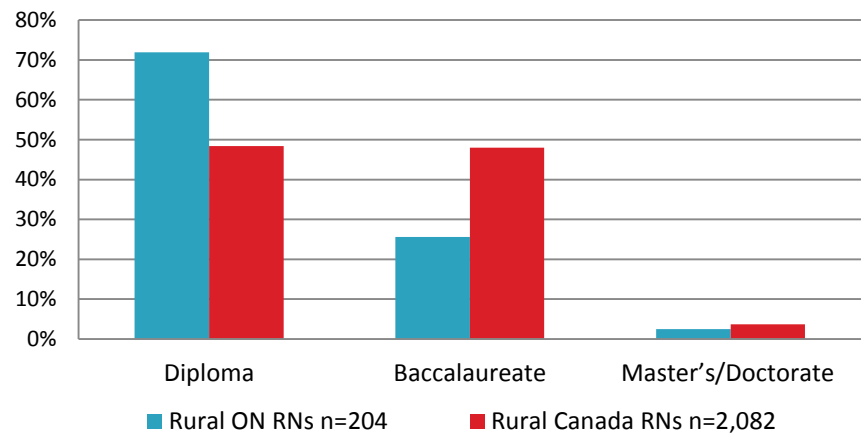
Table 1. Age Distribution of Rural RNs, NPs, and LPNs in ON and Canada

		<25 %	25-34 %	35-44 %	45-54 %	55-64 %	≥65 %
Rural ON NPs	(n=31)	0.0	13.8	13.8	41.4	31.0	0.0
Rural Canada NPs	(n=163)	1.3	11.5	25.6	36.5	23.1	1.9
Rural ON RNs	(n=205)	0.5	11.3	15.9	30.3	37.9	4.1
Rural Canada RNs	(n=2,082)	1.1	17.8	19.1	27.2	29.6	5.3
Rural ON LPNs	(n=186)	1.2	12.3	22.8	31.6	28.7	3.5
Rural Canada LPNs	(n=1,370)	3.7	17.8	20.4	30.3	25.4	2.4

Education

In the *RRNII* survey, the level of nursing education among nurses in rural ON was below the education level of rural nurses in Canada overall. The highest obtained nursing education credential of rural ON nurses was a master's degree (4.3%), while the most commonly obtained highest nursing education credential was a diploma in nursing (79%), followed by a bachelor's degree in nursing (16%). 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%). Similar to rural LPNs in Canada (99.6%), all rural ON LPNs held a diploma in nursing as their highest nursing credential. Rural ON RNs predominantly held a diploma in nursing as their highest nursing credential (72%), while 26% held a bachelor's degree in nursing. Across Canada, rural RNs were likely to hold a diploma (48%) or a bachelor's degree in nursing (48%) as their highest nursing credential. Rural ON NPs were likely to hold a bachelor's (52%) or master's (42%) degree in nursing as their highest credential, compared to 58% of rural NPs in Canada overall who held a master's degree in nursing. **Figure 3** shows the highest nursing education credential of rural ON RNs and rural RNs in Canada overall in the *RRNII* survey.

Figure 3. Highest Nursing Education Credential - Rural RNs



Where do rural nurses in Ontario work?

The large majority of rural ON nurses who responded to the survey were employed in nursing (93%), while the other 7.4% were either on leave (4.3%) or were retired and occasionally working in nursing on either a casual or short-term contract basis (3.1%). **Table 2** shows the population of the primary work community of rural ON nurses. A smaller proportion of rural ON nurses worked in a primary work community with a population of less than 5,000 (17%) compared to 41% of rural nurses in Canada overall. Considering each group of nurse, 23% of NPs, 18% of RNs, and 15% of LPNs worked in a community with a population under 5,000. These are striking differences compared to rural nurses in Canada

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

Community Population	% (n=422)
≤ 999	4.5
1,000 - 2,499	5.0
2,500 - 4,999	7.4
5,000 - 9,999	54.0
10,000 - 29,999	24.8
≥ 30,000	4.5

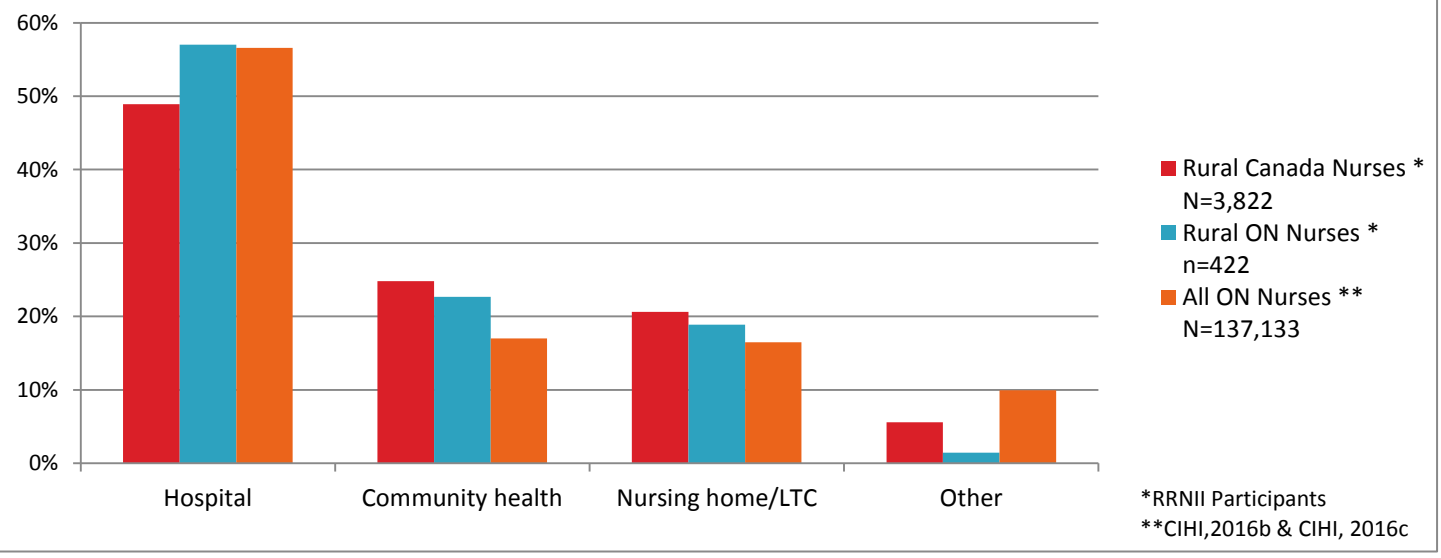
overall, wherein 54% of NPs, 42% of RNs, and 29% of LPNs worked in a community of this size.

Nursing Employment Status

Rural ON nurses were more likely to be employed in a permanent full time position (62%) than in a permanent part time position (31%). In comparison, 54% of rural nurses in Canada overall were employed in a permanent full time position. Moreover, 10% of rural ON nurses were working in a casual position compared to 16% of rural nurses in Canada overall. The large majority of rural ON nurses worked as staff nurses (81%) and a small minority as managers (8.1%). A larger proportion of rural ON RNs worked as staff nurses (83%) compared to rural RNs in Canada overall (76%).

Figure 4 shows the primary place of employment for rural ON nurses compared to all nurses in ON and to rural nurses in Canada overall. As Figure 4 shows, most rural ON nurses worked in a hospital setting (57%) in comparison to 49% of rural nurses in Canada overall. This difference is largest for RNs, wherein 67% of rural ON RNs worked in a hospital setting, compared to 48% of rural RNs in Canada overall.

Figure 4. Nursing Workforce in ON 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 Ontario?

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 ON and Canada

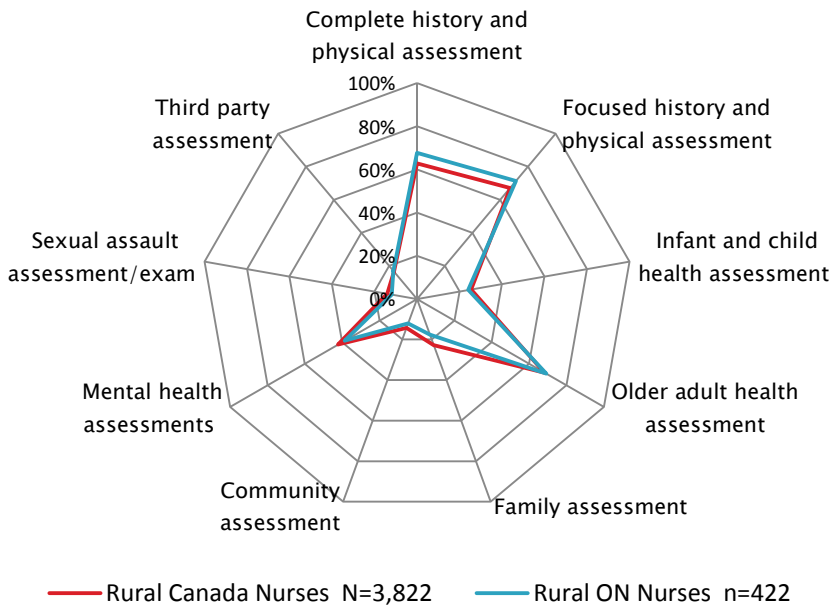
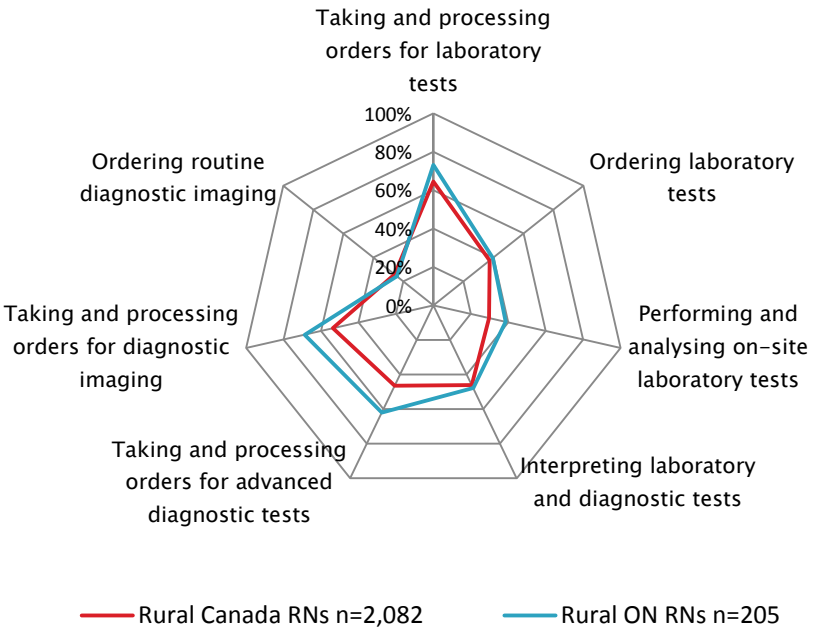


Figure 6. Diagnostics: Rural RNs in ON and Canada



The large majority of rural ON RNs (93%), NPs (74%), and LPNs (79%) reported working within their licensed scope of practice. These numbers compare to 84% of rural RNs, 83% of rural NPs, and 77% of rural LPNs in Canada overall. Interestingly, 19% of rural ON NPs reported working beyond their licenced scope of practice.

In terms of *Promotion, Prevention and Population Health*, rural ON nurses reported being responsible for chronic disease management (79%), lifestyle modification programs (61%), and illness/injury prevention (46%). A greater proportion of rural ON nurses reported providing these activities than did rural nurses in Canada overall (68%; 52%; 42%).

Regarding *Assessment*, rural ON nurses reported providing health and wellness assessments such as older adult health assessment (69%), complete history and physical assessment (68%), focused history and physical assessment (71%), and mental health assessment (39%). These proportions are similar to those found for rural nurses in Canada overall (**Figure 5**).

In the category of *Diagnostics*, which included *Laboratory Tests*, *Diagnostic Tests*, and *Diagnostic Imaging*, ON nurses reported a slightly greater responsibility on most aspects measured than their counterparts in rural Canada overall. The majority of rural ON nurses were responsible for taking and processing orders for laboratory tests (63%) and obtaining samples for laboratory tests (58%). Interestingly, 41% of all rural ON nurses reported that they were not responsible for any aspect of advanced diagnostic tests, although 51% did report taking and processing orders for advanced diagnostic tests. Finally, the majority (57%) of rural ON nurses indicated that they were responsible for taking and processing orders for diagnostic imaging. **Figure 6** demonstrates some of the diagnostic responsibilities of rural RNs in ON and Canada.

Figure 7. Theraputic management: Rural NPs, RNs and LPNs in ON

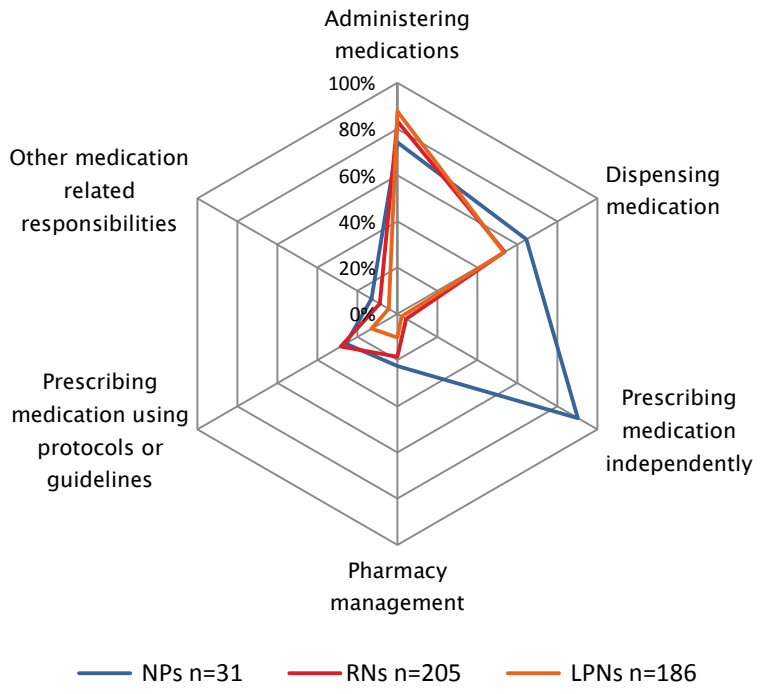
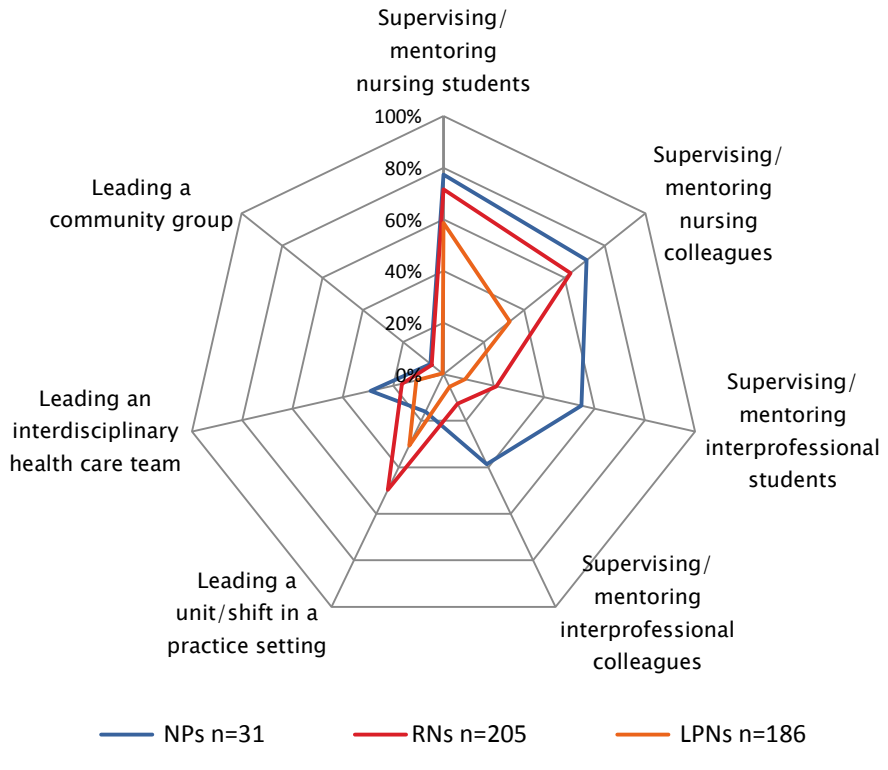


Figure 8. Leadership: Rural NPs, RNs and LPNs in ON



Within the category of *Therapeutic Management*, the large majority of rural ON nurses indicated that they were responsible for administering oral/SCI/IM/topical/inhaled medication (85%), and the majority reported responsibility for dispensing medication (54%). **Figure 7** demonstrates the reported therapeutic management responsibilities of rural ON NPs, RNs, and LPNs.

In the category of *Diagnosis and Referral*, rural ON nurses identified that they follow protocols or use decision support tools to arrive at a plan of care (78%) and independently make a nursing diagnosis based on assessment data (53%), which is similar to rural nurses in Canada overall (74% and 56%).

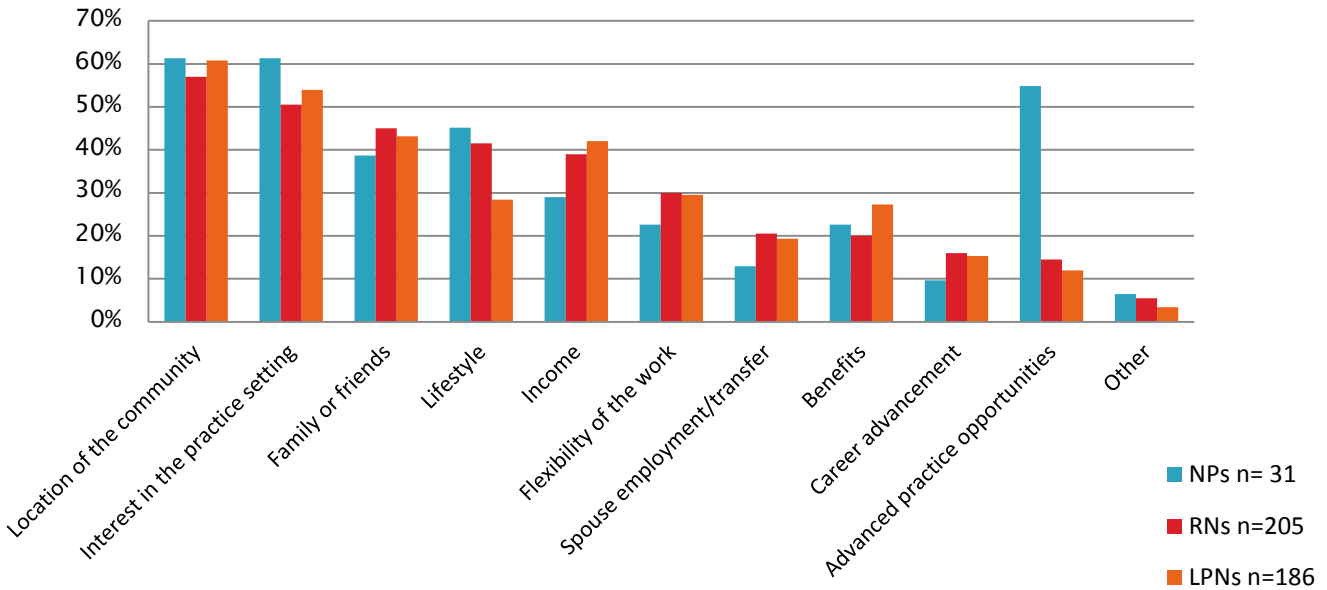
In the category of *Emergency Care and Transportation*, 47% of rural ON nurses reported organizing urgent or emergent medical transport. A greater proportion of rural ON RNs considered this a part of their responsibility (59%) than did rural RNs in Canada overall (52%). Furthermore, a greater proportion of rural ON RNs (49%) indicated they provide care during transport than their counterparts in Canada (35%).

When it comes to *Leadership*, the majority of rural ON nurses reported supervising or mentoring nursing students (66%), half of them reported supervising or mentoring nursing colleagues (50%), and a large minority reported leading a unit/shift in a practice setting (39%) (**Figure 8**).

What are the career plans of rural nurses in Ontario?

Recruiting and retaining nurses in rural nursing positions is an ongoing challenge (Kulig, Kilpatrick, Moffitt, & Zimmer, 2015). For all rural ON nurses, the most influential reasons they came to work in their primary work community were location of the community (59%), interest in the practice setting (53%), and family or friends (44%). See **Figure 9** for a breakdown of recruitment factors by type of nurse. Interestingly, advanced practice opportunities were the third largest recruitment factor for rural ON NPs.

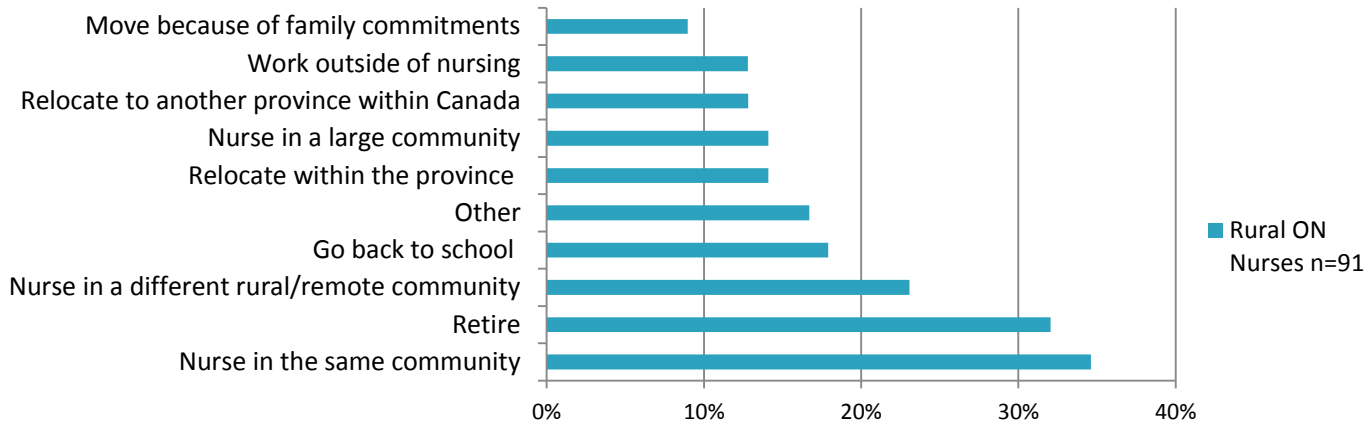
Figure 9. Reasons Why Rural ON Nurses Came to Work in their Community



Rural ON nurses were asked the reasons why they continue working in their primary work community. The strongest retention factors were location of the community (55%), family or friends (53%), interest in the practice setting (53%), income (50%), and lifestyle (41%). Again, advanced practice opportunities were rated as a more important retention factor amongst NPs (48%) than other rural ON nurses (RNs 13% and LPNs 8.4%). The large majority of rural ON nurses agreed that they were satisfied with their primary work community (86%); the remaining 14% were either neutral or were dissatisfied.

In the *RRNII* survey results, 23% of rural ON nurses indicated that they were planning to leave their present position within the next 12 months, which is a lower proportion than that found for rural nurses in Canada overall (26%). This included 29% of NPs, 26% of RNs, and 18% of LPNs. Rural ON nurses who intended to leave (n=91) reported a variety of career plans, which are illustrated in **Figure 10**. Most often, they intended to nurse in the same community (35%), retire (32%), nurse in a different rural/remote community (23%), or go back to school (18%). The proportion of rural ON nurses who intended to retire in the next 12 months (35%) was higher than that found for rural nurses in Canada overall (30%). Moreover, the proportion of rural ON nurses who plan to retire in the next 5 years (34%) was greater than that of rural nurses in Canada overall (30%) and the second largest proportion among the provinces/territories.

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

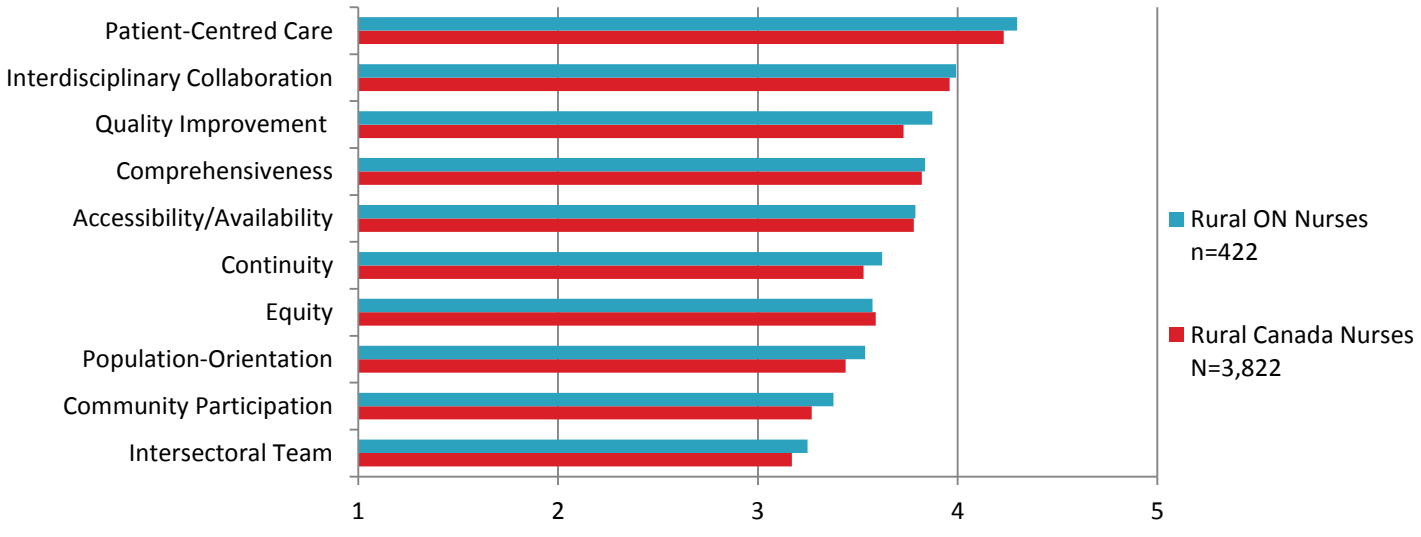


A minority of the rural ON nurses who stated they intended to leave said they would consider continuing to work in a rural/remote community if certain conditions were met, such as if they were to have increased flexibility in scheduling (46%), receive an annual cash incentive (39%), work short-term contracts (37%), and have opportunities to teach (33%).

What do rural Ontario 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 ON nurses were engaged in primary health care, often to a slightly greater extent than rural nurses in Canada overall, which is illustrated by noticeably higher means in six categories as compared to rural nurses in Canada overall.

In general, rural ON nurses rated *Patient-Centred Care* strongly positive. Rural ON nurses reported 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 ON nurses were strongly positive that providers are supported in thinking of patients as partners.

Regarding *Interdisciplinary Collaboration,* rural ON nurses were positive that it is understood who should take the lead with a patient when there is an overlap in responsibilities. These nurses were strongly positive that a collaborative atmosphere exists between healthcare providers from different disciplines within their workplace and that healthcare providers from other disciplines consult them regarding patient care.

Rural ON nurses also felt positively about *Quality Improvement*, having identified 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 ON nurses were strongly positive that there is a process in their workplace for responding to critical incidents.

In terms of *Comprehensiveness*, rural ON 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.

Overall, *Accessibility* to healthcare services was regarded positively by rural ON nurses. Included are nurses' perceptions 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. Important to note is that rural ON nurses were strongly positive that patients needing urgent care can see a healthcare provider the same day when their workplace is open.

Similarly, *Continuity of Care* was viewed positively by rural ON 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 was viewed less positively. Coordinating care for patients that takes place outside of their workplace and getting access to information about patients' past health care provided outside of their workplace were difficult for some rural ON nurses.

Rural ON nurses rated *Equity* positively, reporting 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. Rural ON nurses reported to a lesser extent, but still positively, that patients in their workplace can afford to receive the healthcare services they need.

Rural ON nurses felt positively that their workplace was *Population-oriented*, with a good fit between services and community health care needs and monitoring patient outcome indicators, among other dimensions.

A similar pattern of results is seen for *Community Participation*, which was rated positively by rural ON nurses. These nurses agreed that their workplace supports healthcare providers in thinking of the community as a partner and that their workplace seeks input from the community about which healthcare services are needed.

Finally, there were positive ratings of *Intersectoral Teams.* Rural ON nurses were positive that healthcare providers in their workplace work closely with community agencies and that there have been improvements in the way community services are delivered based on community agencies working together. These nurses reported to a lesser extent, but still

positively, that they personally work closely with community agencies and that community agencies meet regularly to discuss common issues that affect health.

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 ON nurses was sufficient for analysis at the provincial level, which is reflected in the substantial response rate for this province (46%). For this reason, we can say the following: with 95% confidence, the sample of rural RNs, NPs, and LPNs in ON is representative of rural ON nurses as a whole; say with 85% confidence, the sample of ON RNs is representative of ON RNs overall; and say with less than 85% confidence, the separate samples of LPNs and NPs are representative. We sampled only 30% (approximately) of the rural nurses in the province, with an oversampling of the less populated and northern areas of the province. Therefore, when 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, we found the two samples to be comparable only for female nurses and nurses aged 35-44 (CIHI, 2017). As such, findings should be interpreted with caution. As well, in this fact sheet, not all statistical measures are reported.

Summary

In 2015, 7.3% of the regulated nursing workforce in Ontario was located in rural areas where 11% of the population lived (CIHI, 2016a). This is similar to 2010, when 7.2% of the nurses in Ontario cared for 11% of the population (Pitblado, Koren, MacLeod, Place, Kulig, & Stewart, 2013).

Rural ON nurses, especially RNs, are older than rural nurses in Canada overall. There is a substantial proportion of ON RNs and NPs over 55 years of age and approaching retirement. An aging population is reflected in the proportion of rural ON nurses who intend to retire in the next 12 months and in the next 5 years. Both proportions are higher than that of rural nurses in Canada overall. The potential of a large number of rural ON nurses retiring in the near future is high. This may have implications, particularly for remote communities. The potential loss of many experienced nurses within a short period of time may pose challenges for those who remain.

The level of nursing education among rural ON nurses was slightly below the education level of rural nurses in Canada overall. The level of nursing education may have impact for the approach to continuing professional education.

A slightly greater proportion of rural ON nurses were employed in permanent full time positions compared to rural nurses in Canada overall. Compared to rural nurses in Canada generally, a greater proportion of rural ON nurses worked in hospital settings.

The large majority of rural ON nurses reported working within their licensed scope of practice, and a larger proportion of rural ON NPs reported working beyond their licenced scope of practise compared to rural NPs in Canada overall. Rural ON nurses were engaged in primary health care, often to a slightly greater extent than rural nurses in Canada overall. Rural nurses perceive their work as being patient centred and patient engaged and interprofessional. Creating mechanisms for continuing professional development may be a consideration.

The reasons rural ON nurses came to work in their primary community were similar to the reasons they continue to work in their primary work community, namely the location of the community, family or friends, and interest in the practice setting. Advanced practice opportunities were a strong recruitment and retention factor for rural ON NPs.

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Further information about the full study is available from:

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Appendix A. Scope of Practice: Rural ON and Canada NPs, RNs, and LPNs

	Rural NPs		Rural RNs		Rural LPNs	
Promotion, Prevention, and Population Health	**ON % (n=31)**	**Canada % (n=163)**	**ON % (n=205)**	**Canada % (n=2,082)**	**ON % (n=186)**	**Canada % (n=1,370)**
Chronic disease management	93.5	90.8	72.7	62.7	82.8	74.9
Maternal/child/family health programs	64.5	70.6	32.7	35.2	21.0	18.0
Lifestyle modification programs	87.1	83.4	56.1	50.7	61.3	50.1
Public and population health programs	64.5	68.7	36.1	43.4	39.8	32.3
Mental health programs	51.6	44.2	28.8	30.4	40.3	32.4
Community development/individual health capacity building programs	12.9	31.9	12.7	17.7	12.4	12.6
Illness/injury prevention	41.9	45.4	43.4	38.4	48.4	47.4
None of the above	0.0	2.5	14.6	21.8	10.8	17.3

Assessment	**ON %**	**Canada %**	**ON %**	**Canada %**	**ON %**	**Canada%**
Complete history and physical assessment	90.3	87.1	57.1	59.6	75.8	68.5
Focused history and physical assessment	96.8	92.6	73.7	70.3	64.5	61.4
Infant and child health assessment	71.0	77.3	29.8	32.3	10.2	12.5
Older adult health assessment	80.6	83.4	62.0	61.2	75.3	79.7
Family assessment	35.5	44.2	18.0	25.0	14.0	16.9
Community assessment	3.2	17.8	11.2	16.2	14.5	10.6
Mental health assessment	80.6	76.7	38.5	40.7	31.7	34.3
Sexual assault assessment/exam	19.4	31.3	17.1	19.4	4.8	5.0
Third party assessment	74.2	69.3	16.6	18.7	8.1	8.6
Other assessment	3.2	3.1	1.0	2.5	1.1	0.9
None of the above	0.0	2.5	8.3	10.7	9.7	10.8

Therapeutic Management	**ON %**	**Canada %**	**ON %**	**Canada %**	**ON %**	**Canada%**
Administering oral/SC/IM/topical/inhaled medications	74.2	74.8	83.4	80.0	87.6	89.5
Dispensing medication	64.5	47.9	53.7	54.2	53.2	63.8
Pharmacy management	22.6	25.8	18.5	25.3	10.2	15.8
Prescribing medication independently	90.3	81.0	4.4	7.8	2.2	3.3
Prescribing medication using protocols or guidelines	25.8	37.4	28.3	29.5	12.9	11.5
Other medication related responsibilities	12.9	9.2	8.8	8.3	4.3	5.8
None of the above	0.0	3.1	10.2	14.8	10.2	8.6

Laboratory Tests	**ON %**	**Canada %**	**ON %**	**Canada %**	**ON %**	**Canada%**
Taking and processing orders for laboratory tests	29.0	27.0	73.2	64.5	56.5	61.2
Ordering laboratory tests	96.8	89.6	39.5	37.4	23.1	28.5
Obtaining samples for laboratory tests	48.4	55.2	63.4	57.3	53.8	57.0
Performing and analyzing on-site laboratory tests	45.2	40.5	38.5	29.8	19.4	19.7
Interpreting laboratory and diagnostic tests	93.5	90.2	47.8	46.2	25.8	24.5
None of the above	3.2	3.1	13.2	19.6	22.0	18.4

Diagnostic Tests	Rural NPs		Rural RNs		Rural LPNs	
	ON % (n=31)	Canada % (n=163)	ON % (n=205)	Canada % (n=2,082)	ON % (n=186)	Canada % (n=1,370)
Taking and processing orders for advanced diagnostic tests	25.8	19.0	62.0	46.4	44.1	41.1
Ordering advanced diagnostic tests	64.5	60.7	6.3	8.1	5.4	7.6
Performing advanced diagnostic tests	35.5	40.5	2.0	1.6	1.1	1.3
Interpreting and following up advanced diagnostic tests	74.2	73.0	11.2	13.3	5.4	6.1
None of the above	12.9	18.4	34.1	49.2	53.8	55.8

Diagnostic Imaging	ON %	Canada %	ON %	Canada %	ON %	Canada%
Taking and processing orders for diagnostic imaging	22.6	20.2	68.8	53.7	50.0	48.3
Ordering routine diagnostic imaging	93.5	84.7	24.4	25.7	10.2	16.9
Ordering advanced diagnostic imaging	35.5	48.5	5.9	5.9	5.9	7.4
Performing diagnostic imaging	3.2	10.4	2.4	8.8	0.5	0.9
Interpreting and following up diagnostic imaging	71.0	71.8	10.2	14.3	2.7	3.3
None of the above	6.5	11.7	27.3	39.0	48.4	46.4

Diagnosis and Referral	ON %	Canada %	ON %	Canada %	ON %	Canada%
Follow protocols / use decision support tools to arrive at a plan of care	58.1	49.1	81.0	76.3	78.5	74.3
Independently make a nursing diagnosis based on assessment data	77.4	71.2	62.0	65.9	38.2	36.4
Independently make a medical diagnosis based on assessment data	93.5	82.8	3.9	11.0	4.8	2.8
Independently make referrals to other healthcare practitioners	87.1	86.5	28.3	47.7	29.0	28.5
Independently make referrals to medical specialists	77.4	72.4	4.4	11.0	8.1	4.7
Certify mental health patients for committal	9.7	14.1	1.0	6.8	0.5	0.9
Pronounce death	38.7	35.0	48.8	42.7	22.6	22.9
None of the above	0.0	4.9	9.8	12.6	17.7	20.2

Emergency Care and Transportation	ON %	Canada %	ON %	Canada %	ON %	Canada%
Organize urgent or emergent medical transport	29.0	39.9	59.0	52.0	36.6	35.5
Provide care during urgent/emergent medical transportation	32.3	33.1	48.8	35.4	23.1	19.6
Respond/lead emergency calls as a first responder	12.9	19.6	13.7	17.8	14.5	10.9
Respond/lead emergency search and rescue calls in rural, remote or wilderness settings	3.2	6.7	1.0	5.4	1.6	1.8
None of the above	58.1	50.3	33.7	41.3	52.7	52.8

Leadership	ON %	Canada %	ON %	Canada %	ON %	Canada%
Supervising/mentoring nursing students	77.4	68.7	71.7	66.6	58.6	56.6
Supervising/mentoring nursing colleagues	71.0	55.2	62.9	61.2	32.8	31.9
Supervising/mentoring interprofessional students	54.8	35.6	21.0	19.6	8.6	8.5
Supervising/mentoring interprofessional colleagues	38.7	20.9	12.7	15.2	5.4	6.3
Leading a unit/shift in a practice setting	16.1	16.6	49.8	47.2	30.6	30.7
Leading an interdisciplinary health care team	29.0	24.5	16.6	21.8	10.8	11.6
Leading a community group	6.5	15.3	5.9	10.1	0.5	2.0
None of the above	6.5	14.7	12.7	12.7	24.2	27.4