Nursing Practice in Rural and Remote Canada II

Prince Edward Island 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 Prince Edward Island (hereafter rural PEI), 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.

Prince Edward Island

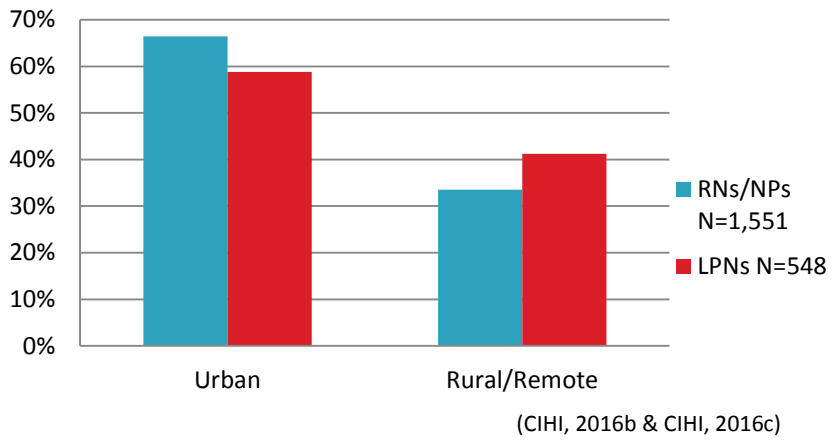
Figure 1.

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 Prince Edward Island, a total of 82 nurses responded: 37 RNs and 41 LPNs[1].** Surveys for PEI RNs and NPs were mailed directly by the study research office to rural workplaces (excluding Summerside). Surveys for LPNs were sent through the PEI LPN Registration Board directly to LPNs in communities with rural postal codes (including Summerside). The eligible sample for PEI was 305 nurses and the response rate was 27% (n=82). We can say with less than 85% confidence that the separate samples of RNs and LPNs are representative of rural PEI RNs and LPNs. As so few NPs responded, we are unable to provide separate results for NPs. In this fact sheet, we compare three sets of data: rural PEI nurse data from the *RRNII* survey, rural Canada nurse data from the *RRNII* survey, and data for all PEI 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 PEI nursing workforce.

Who are the rural nurses in Prince Edward Island?

In 2015, the rural population of PEI accounted for 41% of the total population, and 36% of the province's 2,085 regulated nurses (RNs, LPNs, and NPs) worked in rural settings (CIHI, 2016a). The geographic distribution of nurses in PEI is illustrated in **Figure 2**.

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



(CIHI, 2016b & CIHI, 2016c)

The large majority of rural PEI nurse respondents (85%) 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, 49% reported living in their primary work community. Rural PEI nurses living outside of their primary work community commonly traveled to work on a daily (73%) or weekly (22%) basis with travel time typically equal to, or under, seven hours per week (90%). The majority of rural PEI nurses were married or living with a partner (72%); the minority with dependent children (43%).

Age and Gender

In the *RRNII* survey results, the majority of rural PEI nurses were between 45-64 years of age (69%), compared to 57% of rural nurses in Canada overall. It is concerning that only 11% of rural PEI nurses were between 35 and 44 years of age as compared to 20% of rural nurses in Canada overall.

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

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

		<25 %	25-34 %	35-44 %	45-54 %	55-64 %	≥65 %
Rural PEI RNs	(n=37)	0.0	24.3	13.5	29.7	27.0	5.4
Rural Canada RNs	(n=2,082)	1.1	17.8	19.1	27.2	29.6	5.3
Rural PEI LPNs	(n=41)	0.0	7.7	5.1	48.7	38.5	0.0
Rural Canada LPNs	(n=1,370)	3.7	17.8	20.4	30.3	25.4	2.4

Only 13% of rural PEI LPNs were under 44 years of age, whereas the proportion of rural LPNs under 44 years of age in Canada overall was 42% (See **Table 1** for an age distribution of rural RNs and LPNs in PEI and Canada).

In the *RRNII* survey, the proportion of all male nurses (RNs, NPs, and LPNs combined) working in rural PEI was considerably lower (2.5%) than the proportion of rural male nurses in Canada overall (6.4%).

Education

In the *RRNII* survey, the level of nursing education among rural PEI nurses was similar to the education level of rural nurses in Canada overall. The highest obtained nursing education credential of rural PEI nurses was a master´s degree, while the most commonly obtained highest nursing education credential was a diploma in nursing (66%), followed by a bachelor's degree in nursing (29%). For rural nurses in Canada overall, a diploma in nursing (68%) was the most commonly earned highest nursing credential, followed by a bachelor's degree in nursing (28%).

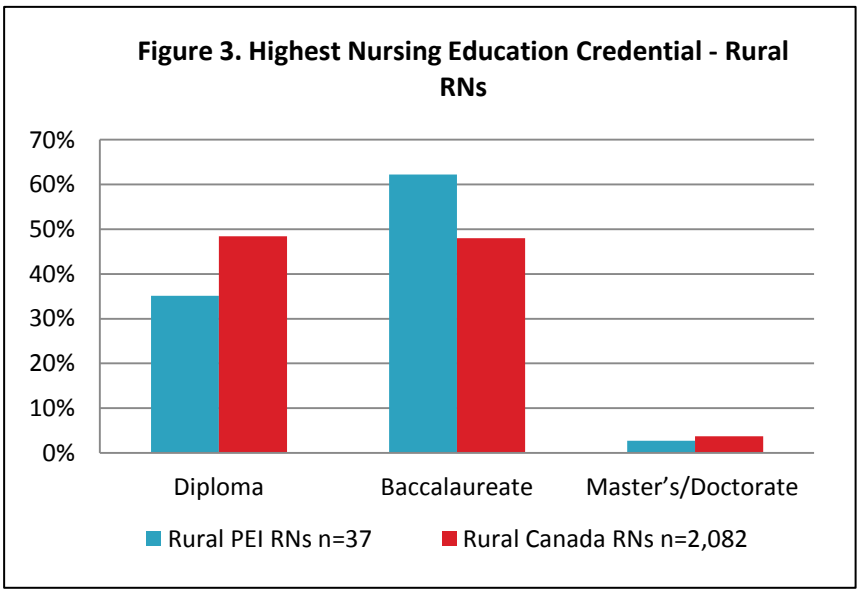
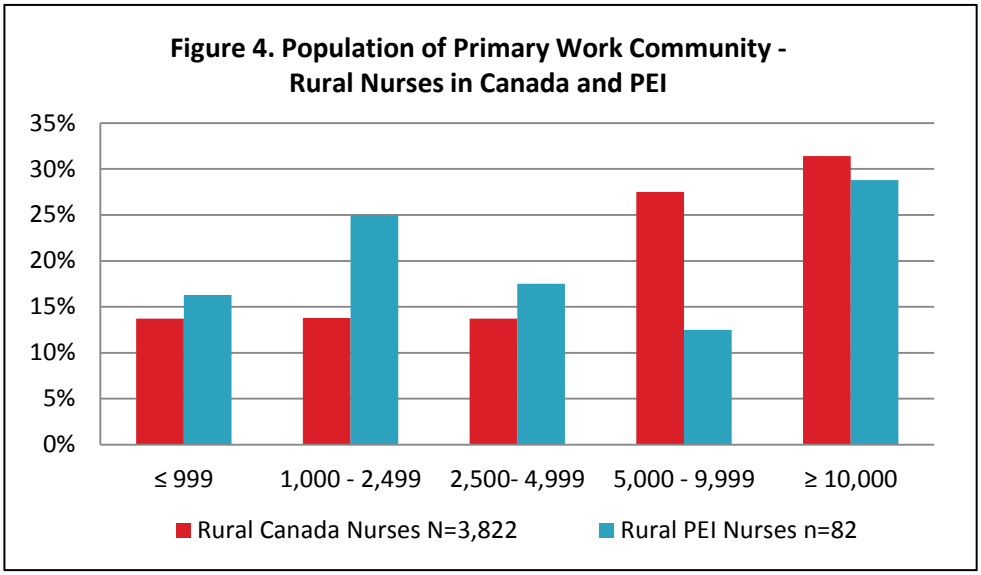


Figure 3 shows the highest level of nursing education of rural PEI RNs and rural RNs in Canada overall. Interestingly, the proportion of rural PEI RNs holding a bachelor´s degree was higher (62%) than for rural RNs across Canada (48%). Although some rural PEI LPNs held a bachelor´s degree (4.9%) within other disciplines, all rural PEI LPNs reported a diploma as their highest nursing credential. In Canada overall, rural LPNs generally held diplomas (99.6%) as their highest nursing credential, with few rural LPNs reporting a bachelor's degree (1.8%) in another discipline.

Where do rural nurses in Prince Edward Island work?

The large majority of rural PEI nurses who responded to the survey were employed in nursing (96%), while the remaining 3.6% were either on leave or were retired and occasionally working in nursing on either a casual or short-term contract basis. **Figure 4** displays the population of primary work community of rural nurses in Canada and PEI. Rural PEI nurses seemed to work in smaller communities than their rural Canada counterparts.

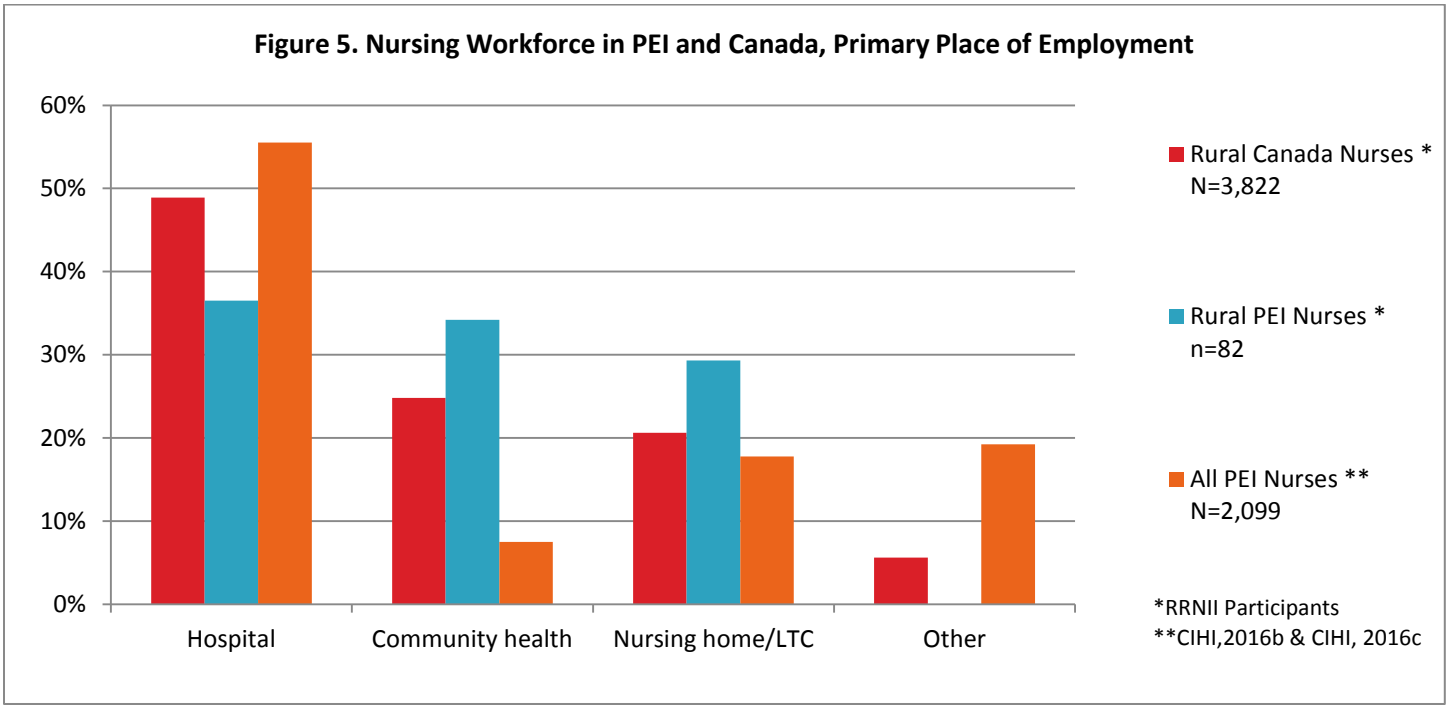


The large majority of rural PEI RNs worked in a community with a population under 5,000 (76%), which is a considerably higher proportion than rural RNs in Canada overall (42%). Considering each group of PEI nurses, 16% of RNs and 15% of LPNs worked in a community with a population fewer than 1,000, which is consistent with the proportion of rural RNs and LPNs in Canada overall (RNs 15% and LPNs 12%).

Nursing Employment Status

Rural PEI nurses were more likely to be employed in a permanent full-time position (63%) 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. A lower proportion of rural PEI nurses reported holding a casual position (7.3%) than rural Canada nurses overall (16%). The large majority of rural PEI nurses worked as staff nurses (84%) with a small minority working as managers, nurse practitioners, clinical nurse specialists, and educators (16%).

Figure 5 shows the primary place of employment for rural PEI nurses compared to all nurses in PEI and to rural nurses in Canada overall. As Figure 5 shows, the minority of rural PEI nurses worked in a hospital setting (37%); this proportion was smaller compared to rural nurses in Canada overall (49%). A larger proportion of rural PEI nurses worked in a community health setting (34%) and in a nursing home (29%) than their counterparts in rural Canada (25% and 21%).



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.*

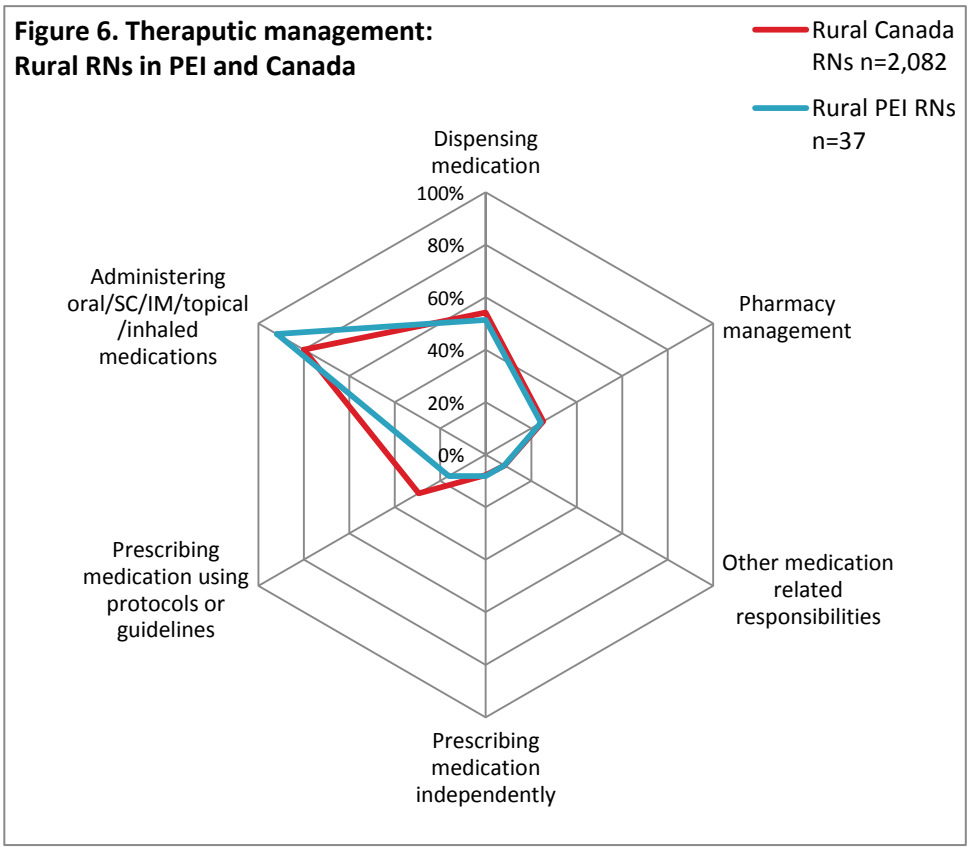
Other *place of work includes professional association/government, occupational health, private nursing agency/self-employed, educational institution and other place of work.*

What is the scope of practice of rural RNs and LPNs in Prince Edward Island?

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**. As the number of NP respondents in PEI was very low, we are reporting only on the scope of practice of rural RNs and LPNs (n=78).

The large majority of rural PEI RNs (87%) and LPNs (81%) reported working within their licenced scope of practice, compared to 84% of rural RNs and 77% of rural LPNs in Canada overall. A lower proportion of rural PEI nurses (RNs and LPNs) considered themselves as working beyond their licensed scope of practice (1.3%) compared to rural nurses (RNs and LPNs) in Canada overall (7.9%).

Figure 6. Theraputic management: Rural RNs in PEI and Canada



In terms of *Promotion, Prevention and Population Health,* rural PEI RNs and LPNs reported being responsible for chronic disease management (78%; 81%) and life-style modification programs (68%; 63%). Illness/injury prevention was a lesser part of their perceived nursing responsibility (51%; 44%).

Regarding *Assessment,* rural PEI RNs and LPNs reported providing health and wellness assessments such as focused history and physical assessment (78%; 93%) and older adult health assessment (70%; 83%). The majority of these nurses also reported providing complete history and physical assessment (65%; 73%).

Figure 7. Diagnosis and Referral: Rural RNs and LPNs in PEI

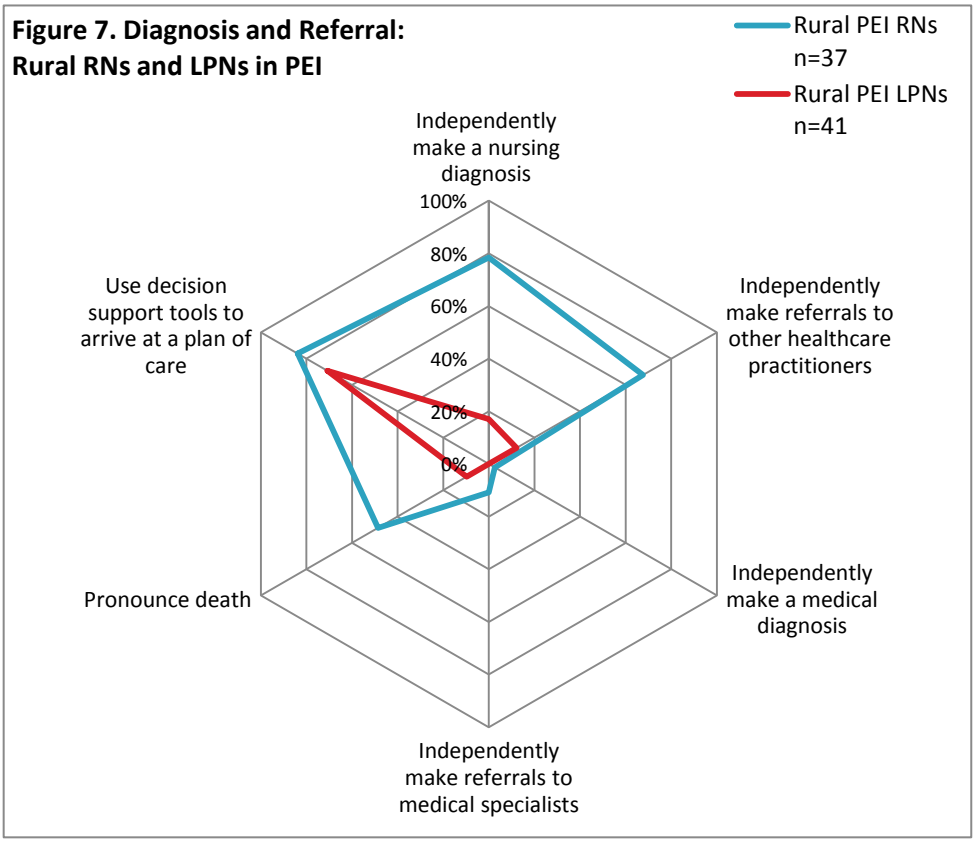
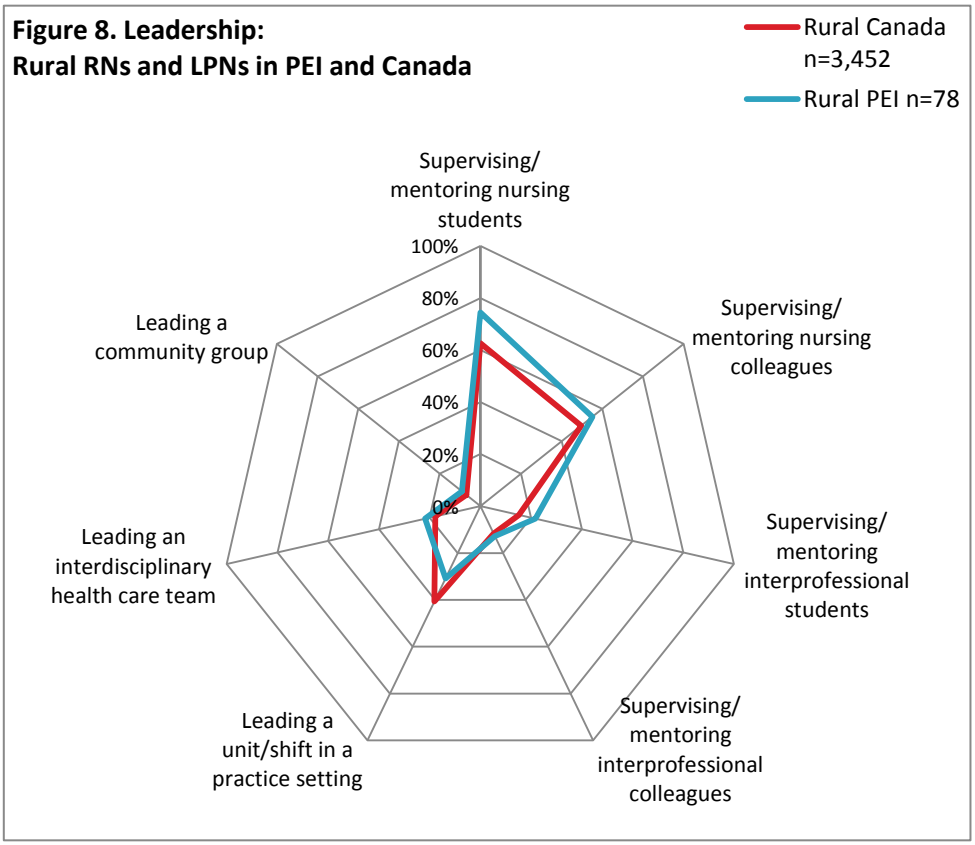


Figure 8. Leadership: Rural RNs and LPNs in PEI and Canada



In the category of *Diagnostics,* which included *Laboratory Tests, Diagnostic Tests,* and *Diagnostic Imaging,* rural PEI RNs and LPNs reported taking and processing orders for laboratory tests (65%; 68%) and obtaining samples for laboratory tests (73%; 73%). A larger proportion of rural PEI RNs and LPNs reported performing and analysing on-site laboratory tests (38%; 34%) compared to rural RNs and LPNs in Canada overall (30%; 20%).

Figure 6 shows the category *Therapeutic Management* for rural RNs. Aside from prescribing medication using protocols or guidelines and administering medication, rural PEI RNs had a similar responsibility to rural RNs in Canada overall. Rural PEI LPNs reported similar engagement in therapeutic management activities compared to rural LPNs in Canada overall.

In terms of *Diagnosis and Referral,* the large majority of rural PEI RNs (83%) and the majority of LPNs (71%) reported following protocols or using decision support tools in their nursing practice. See **Figure 7** for a comparison of rural PEI RNs and LPNs in terms of diagnosis and referral responsibilities.

Regarding *Emergency Care and Transportation,* the minority of rural PEI RNs and LPNs (28%) indicated that they were responsible for organizing urgent or emergent medical transportation, while in rural Canada as a whole, 45% of RNs

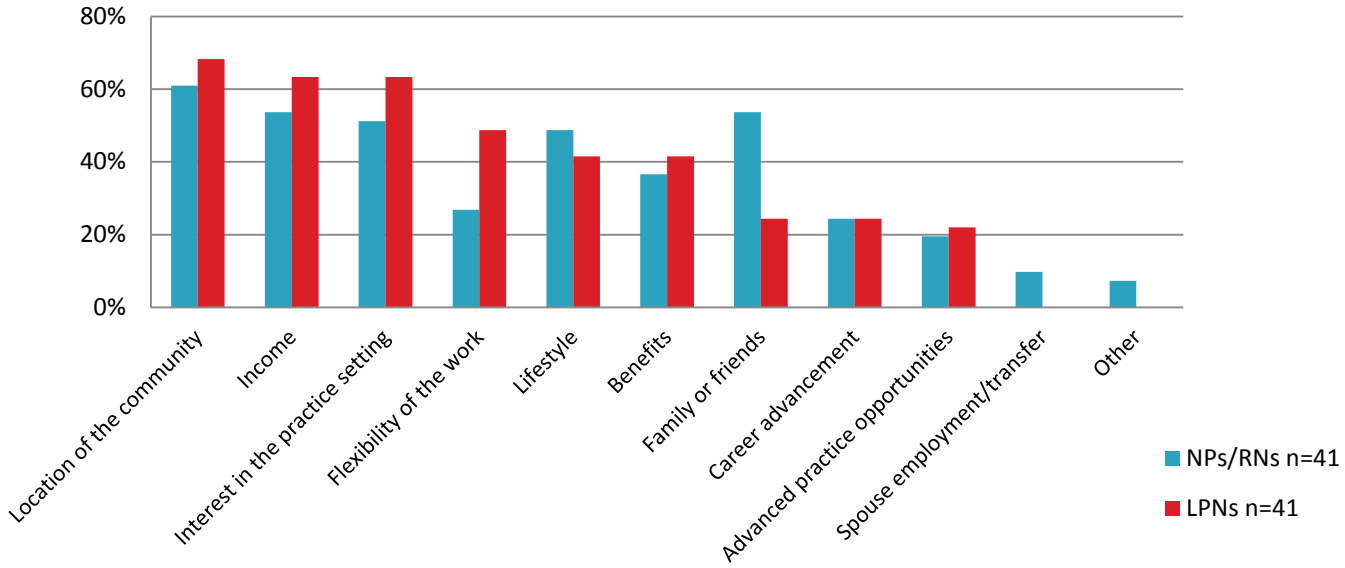
and LPNs considered it part of their responsibility. The small minority of rural PEI RNs and LPNs reported that they respond to or lead emergency calls as first responders (9.0%), which is a lower proportion compared to rural RNs and LPNs in Canada overall (15%).

Concerning *Leadership*, rural PEI RNs and LPNs were slightly more engaged in leadership activities than rural RNs and LPNs across Canada. Although a greater proportion of rural PEI RNs and LPNs reported supervising or mentoring nursing students (74%), compared to rural RNs and LPNs in Canada overall (63%), fewer rural PEI RNs and LPNs reported leading a unit or shift in a practice setting (31%) compared to rural Canada RNs and LPNs (41%) (**Figure 8**).

What are the career plans of rural nurses in Prince Edward Island?

Recruiting and retaining nurses in rural nursing positions is an ongoing challenge (Kulig, Kilpatrick, Moffitt, & Zimmer, 2015). For all rural PEI nurses, the most influential reasons they came to work in their primary work community were location of the community (65%), income (59%), and interest in the practice setting (58%), with variation by type of nurse (see **Figure 9**).

Figure 9. Reasons why Rural PEI Nurses Came to Work in their Community

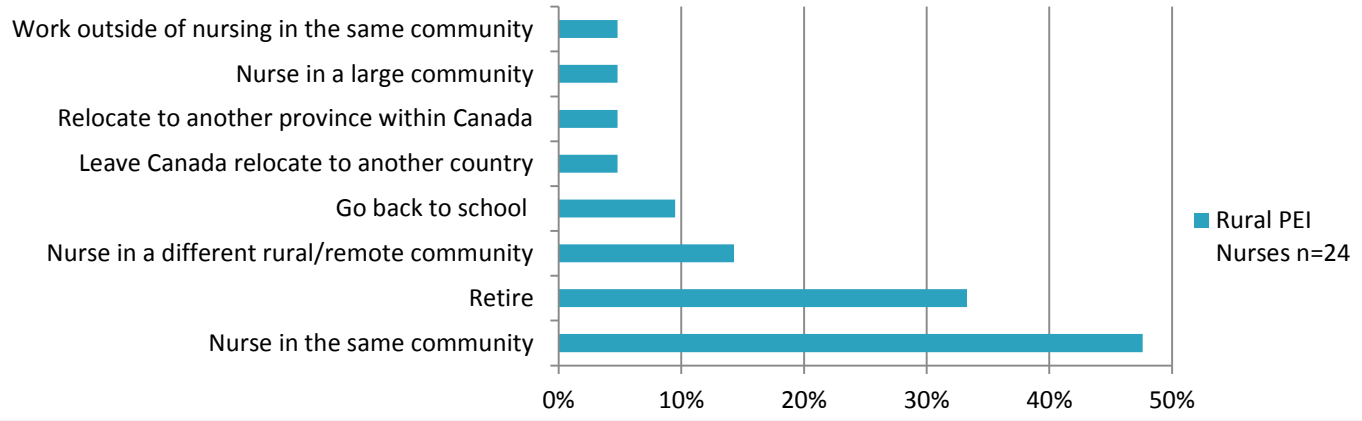


Rural PEI nurses were asked the reasons why they continue working in their primary work community. The most commonly identified retention factors were location of the community (71%) and income (63%). Family and friends influenced the majority of RNs (65%) and the minority of LPNs (44%), while interest in the practice setting was a factor for RNs (49%) and LPNs (68%). Lifestyle (46%), flexibility of work (44%), and benefits (44%) were also retention factors for rural PEI nurses. Rural PEI nurses were slightly more satisfied with their primary work community than rural nurses in Canada overall (87% vs 84%) and fewer rural PEI nurses were dissatisfied (1.2% vs 4.9%). The remaining percentages represent nurses who were neutral.

In the *RRNII* survey results, 30% of rural PEI nurses indicated that they were planning to leave their present position within the next 12 months, which is a greater proportion than what was found for rural nurses in Canada overall (26%). This included 35% of RNs and 28% of LPNs. Rural PEI nurses who intended to leave (n=24) reported a variety of career

plans, which are illustrated in **Figure 10**. Most often, they intended to nurse in the same community (48%) or retire (33%).

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

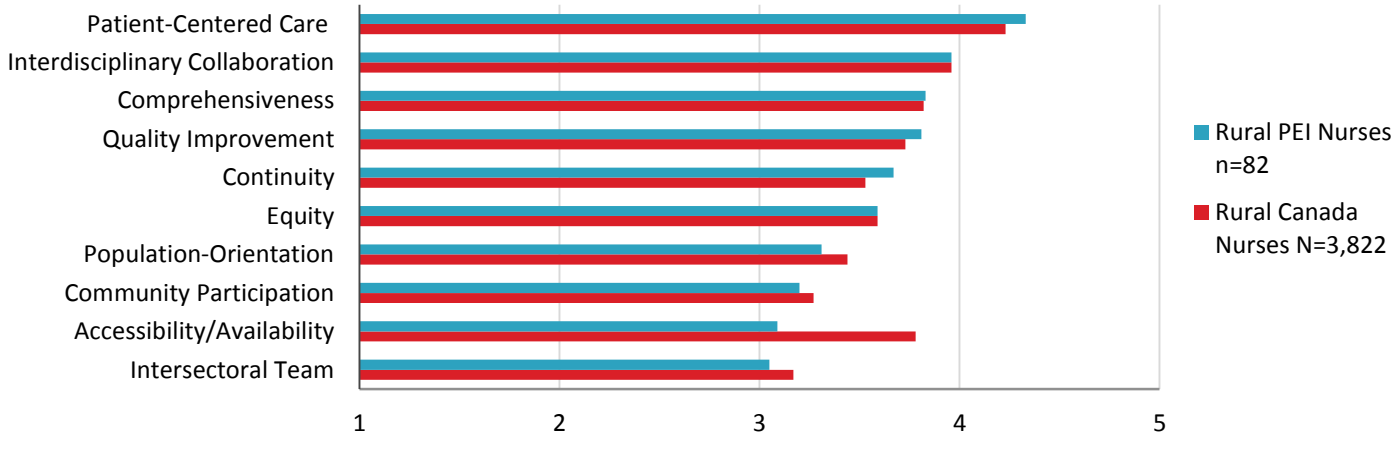


Of the rural PEI nurses who stated they intended to leave, a number said they would consider continuing to work in a rural/remote community if certain conditions were met, such as if they were to receive an annual cash incentive (50%), work short-term contracts (46%), have increased flexibility in scheduling (42%), have opportunities to update and use more of their skills and knowledge (33%), and work more collaboratively (29%).

What do rural Prince Edward Island 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 PEI nurses were engaged in primary health care, and an interesting pattern of results is seen compared to rural nurses in Canada overall, especially concerning *Accessibility/Availability.*

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

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

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

Quality Improvement was rated positively by rural PEI nurses. Included are nurses' perspectives that their workplace uses patient health indicators to measure quality improvement, that quality is regularly measured, and that patient charts are kept current. Rural PEI nurses were strongly positive that there is a process within their workplace for responding to critical incidents.

Similarly, *Continuity of Care* received positive ratings, although an interesting pattern of results must be noted. Rural PEI nurses rated strongly positively that they have a good understanding of their patients' health history and that they have easy access to information about their patients' past care provided by healthcare providers in their workplace. Rural PEI nurses responded positively about having easy access to information about patients' past health care provided by other healthcare providers outside of their workplace. However, coordinating care for patients that takes place outside of their workplace was rated as neutral by rural PEI nurses.

Equity of health care was perceived positively by rural PEI nurses, who reported that healthcare providers understand the social determinants of health, that patients can access healthcare services regardless of individual or social characteristics, and that their workplace is organized to address the needs of vulnerable or special needs populations. Important to note is that rural PEI nurses felt strongly positively that regardless of geographic location, all patients have access to the same healthcare services. However, rural PEI nurses indicated that some patients in their workplace do not receive the health care they need (such as filling prescriptions or dental work) because they cannot afford it. This dimension was perceived negatively.

Rural PEI nurses reported positively that their workplace is *Population-oriented,* indicating they were positive about the fit between services in their workplace and the community's health care needs, that their workplace has taken part in a needs assessment of the community, and that their workplace keeps current registries of patients who have chronic conditions.

A similar pattern of results is seen for *Community Participation*, with rural PEI nurses reporting positively that community members are treated as partners when making decisions about healthcare service delivery changes and that their workplace seeks input from the community about the healthcare services it needs. Rural PEI nurses were also positive that their workplace supports providers in thinking of the community as a partner and that their workplace has implemented changes that emerged from community consultations.

Regarding *Accessibility* to healthcare services, rural PEI nurses responded positively that patients needing urgent care can see a healthcare provider the same day when their workplace is open and that services are organized to be as

accessible as possible. However, rural PEI nurses reported that when their workplace is closed, patients are often unable to see a healthcare provider in person or get medical advice by phone (if they need urgent care). These two dimensions were perceived negatively, indicating a concern regarding accessibility.

Finally, rural PEI nurses reported positively on *Intersectoral Teams*. Rural PEI nurses responded positively that there have been improvements in the way community services (e.g., health, social, education, etc.) are delivered based on community agencies working together and that their workplace works closely with community agencies. However, these nurses indicated that they do not work closely with community agencies and that community agencies do not meet regularly to discuss common health issues that affect health. These dimensions were rated negatively.

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

Limitations

We anticipate that the altered survey mail out method employed for PEI may have influenced the low response rate (27%). As a result, the sample of rural RNs, NPs, and LPNs in PEI may not be representative of PEI rural nurses as a whole. We can say with less than 85% confidence that the samples of RNs and LPNs are representative of rural PEI RNs and LPNs. 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 underrepresented NPs and overrepresented nurses aged 55-64 (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, 36% of the regulated nursing workforce in Prince Edward Island was located in rural areas where 41% of the population lived (CIHI, 2016a). This is an increase from 2010, when 30% of the nurses in PEI cared for 39% of the population (Place, MacLeod, & Pitblado, 2014).

Prince Edward Island rural nurses, especially rural RNs, are older than rural nurses in Canada overall. The potential of a large number of rural PEI nurses retiring in the near future is high. Added to this, the generation of rural nurses age 35-45 in PEI is smaller than what is reported nationally, thus increasing the risk of a nursing shortage in PEI in the next decade.

PEI has a highly educated rural RN workforce. A larger proportion of rural PEI RNs hold a bachelor's degree as their highest attained nursing credential than do rural RNs in other provinces across Canada.

Generally, fewer rural PEI nurses work in hospitals than their counterparts across Canada. As well, there is a different geographic distribution of rural nurses in PEI compared to the other provinces. The proportion of rural PEI RNs working in smaller communities (under 5,000) is larger than the proportion of rural RNs across Canada working in smaller communities.

Rural PEI nurses noted factors that may contribute to their continuing to work in a rural community include cash incentives, increased flexibility in scheduling, and the ability to work in short term contracts.

The large majority of rural RNs and LPNs in PEI indicated that they work within their scope of practice.

Rural PEI nurses expressed positive views about primary health care in their workplaces and their contributions to it. They were concerned however, about accessibility and patients' abilities to afford necessary health care, as well as the extent to which their rural workplaces assess and respond to the needs of their communities.

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Further information about the full study is available from:

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

	Rural RNs		Rural LPNs	
Promotion, Prevention, and Population Health	**PEI % (n=37)**	**Canada % (n=2,082)**	**PEI % (n=41)**	**Canada% (n=1,370)**
Chronic disease management	78.4	62.7	80.5	74.9
Maternal/child/family health programs	21.6	35.2	14.6	18.0
Lifestyle modification programs	67.6	50.7	63.4	50.1
Public and population health programs	35.1	43.4	17.1	32.3
Mental health programs	24.3	30.4	39.0	32.4
Community development and individual health capacity building programs	18.9	17.7	14.6	12.6
Illness/injury prevention	51.4	38.4	43.9	47.4
None of the above	8.1	21.8	7.3	17.3

Assessment	**PEI %**	**Canada %**	**PEI %**	**Canada%**
Complete history and physical assessment	64.9	59.6	73.2	68.5
Focused history and physical assessment	78.4	70.3	92.7	61.4
Infant and child health assessment	18.9	32.3	14.6	12.5
Older adult health assessment	70.3	61.2	82.9	79.7
Family assessment	16.2	25.0	19.5	16.9
Community assessment	5.4	16.2	7.3	10.6
Mental health assessment	35.1	40.7	51.2	34.3
Sexual assault assessment/exam	2.7	19.4	7.3	5.0
Third party assessment	5.4	18.7	22.0	8.6
Other assessment	0.0	2.5	0.0	0.9
None of the above	2.7	10.7	0.0	10.8

Therapeutic Management	**PEI %**	**Canada %**	**PEI %**	**Canada%**
Administering oral/SC/IM/topical/inhaled medications	91.9	80.0	87.8	89.5
Dispensing medication	51.4	54.2	56.1	63.8
Pharmacy management	24.3	25.3	19.5	15.8
Prescribing medication independently	8.1	7.8	0.0	3.3
Prescribing medication using protocols or guidelines	16.2	29.5	12.2	11.5
Other medication related responsibilities	8.1	8.3	7.3	5.8
None of the above	5.4	14.8	7.3	8.6

Laboratory Tests	**PEI %**	**Canada %**	**PEI %**	**Canada%**
Taking and processing orders for laboratory tests	64.9	64.5	68.3	61.2
Ordering laboratory tests	45.9	37.4	19.5	28.5
Obtaining samples for laboratory tests	73.0	57.3	73.2	57.0
Performing and analyzing on-site laboratory tests	37.8	29.8	34.1	19.7
Interpreting laboratory and diagnostic tests	40.5	46.2	26.8	24.5
None of the above	8.1	19.6	7.3	18.4

Diagnostic Tests	Rural RNs		Rural LPNs	
	PEI % (n=37)	Canada % (n=2,082)	PEI % (n=41)	Canada% (n=1,370)
Taking and processing orders for advanced diagnostic tests	32.4	46.4	24.4	41.1
Ordering advanced diagnostic tests	5.4	8.1	7.3	7.6
Performing advanced diagnostic tests	0.0	1.6	0.0	1.3
Interpreting and following up advanced diagnostic tests	8.1	13.3	7.3	6.1
None of the above	64.9	49.2	73.2	55.8

Diagnostic Imaging	PEI %	Canada %	PEI %	Canada%
Taking and processing orders for diagnostic imaging	48.6	53.7	34.1	48.3
Ordering routine diagnostic imaging	16.2	25.7	12.2	16.9
Ordering advanced diagnostic imaging	2.7	5.9	4.9	7.4
Performing diagnostic imaging	0.0	8.8	0.0	0.9
Interpreting and following up diagnostic imaging	5.4	14.3	4.9	3.3
None of the above	43.2	39.0	58.5	46.4

Diagnosis and Referral	PEI %	Canada %	PEI %	Canada%
Follow protocols or use decision support tools to arrive at a plan of care	83.8	76.3	70.7	74.3
Independently make a nursing diagnosis based on assessment data	78.4	65.9	17.1	36.4
Independently make a medical diagnosis based on assessment data	2.7	11.0	0.0	2.8
Independently make referrals to other healthcare practitioners	67.6	47.7	12.2	28.5
Independently make referrals to medical specialists	10.8	11.0	0.0	4.7
Certify mental health patients for committal	2.7	6.8	0.0	0.9
Pronounce death	48.6	42.7	9.8	22.9
None of the above	5.4	12.6	29.3	20.2

Emergency Care and Transportation	PEI %	Canada %	PEI %	Canada%
Organize urgent or emergent medical transport	43.2	52.0	14.6	35.5
Provide care during urgent/emergent medical transportation	21.6	35.4	12.2	19.6
Respond/lead emergency calls as a first responder	13.5	17.8	4.9	10.9
Respond/lead emergency search and rescue calls in rural, remote or wilderness settings	0.0	5.4	2.4	1.8
None of the above	45.9	41.3	75.6	52.8

Leadership	PEI %	Canada %	PEI %	Canada%
Supervising/mentoring nursing students	86.5	66.6	63.4	56.6
Supervising/mentoring nursing colleagues	70.3	61.2	41.5	31.9
Supervising/mentoring interprofessional students	29.7	19.6	14.6	8.5
Supervising/mentoring interprofessional colleagues	21.6	15.2	4.9	6.3
Leading a unit/shift in a practice setting	48.6	47.2	14.6	30.7
Leading an interdisciplinary health care team	40.5	21.8	4.9	11.6
Leading a community group	16.2	10.1	2.4	2.0
None of the above	0.0	12.7	26.8	27.4