Nursing Practice in Rural and Remote Canada II

Yukon Survey Fact Sheet

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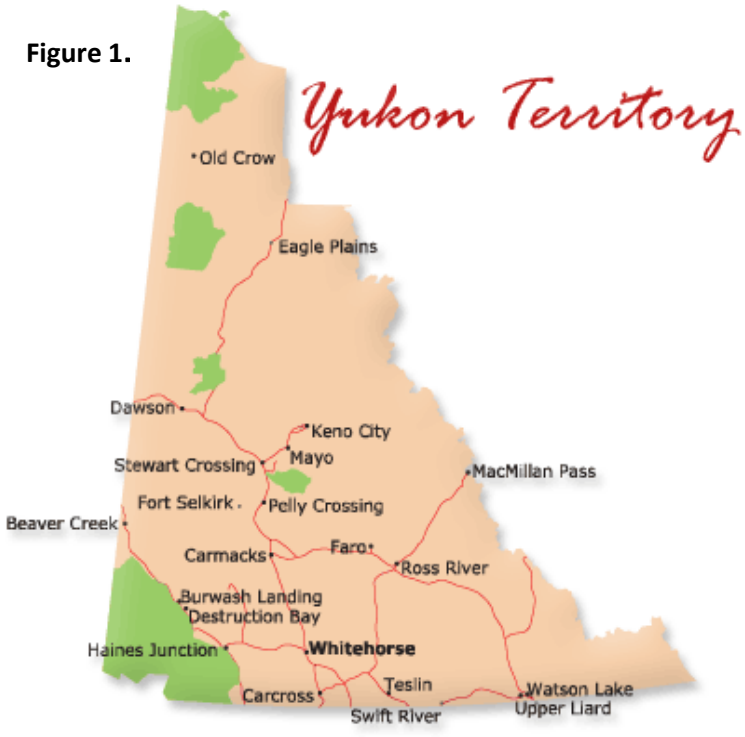
The multi-method study, *Nursing Practice in Rural and Remote Canada II* (*RRNII*), aims to provide insights into the work lives and practice experiences of registered nurses (RNs), nurse practitioners (NPs), licensed/registered practical nurses (LPNs), and registered psychiatric nurses (RPNs) in rural 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 territorial fact sheet presents initial results from the national survey about the nature of nursing practice in the Yukon (hereafter YK), 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 Yukon, a total of 219 nurses responded: 169 RNs and 44**

Figure 1.

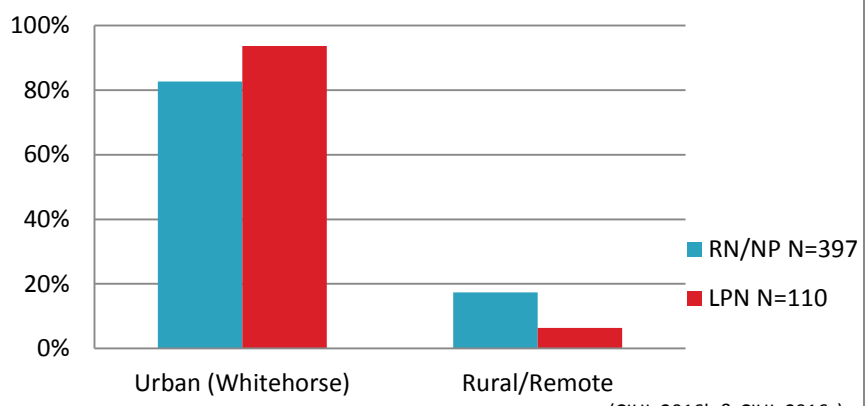


LPNs[1]. The response rate for Yukon nurses in the *RRNII* survey was 44%. The full population size of the YK nursing workforce was not known prior to the study, and therefore it was difficult to determine the YK margin of error and the representativeness of findings for all YK nurse groups combined. We can say the following: with 90% confidence, the survey sample of YK RNs is representative of YK RNs as a whole; and say with less than 85% confidence, the survey sample of YK LPNs are representative. As so few NPs and RPNs responded, we are unable to provide separate results for these two nurse types. In this fact sheet, we compare three sets of data: YK nurse data from the *RRNII* survey, rural Canada nurse data from the *RRNII* survey, and data for all YK 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 YK nursing workforce.

Who are the nurses in Yukon?

In 2015, the regulated nursing workforce (RNs, NPs, and LPNs) in YK consisted of 507 nurses in total, with 15% of the nurses working outside of Whitehorse. In comparison, 23% of the YK population was living outside of Whitehorse (CIHI, 2016a). The geographic distribution of nurses in YK is illustrated in **Figure 2.**

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



(CIHI. 2016b & CIHI. 2016c)

The minority of YK nurse respondents (32%) in the *RRNII* survey reported growing up in a community with a population of less than 10,000. The large majority of surveyed YK nurses reported living in their primary work community (84%). Nurses who lived outside of their primary work community traveled to work on a daily (38%) basis, or between one and six times per week (38%), with travel time typically equal to, or under, 11 hours per week (78%). The large majority of YK nurses were married or living with a partner (78%); 43% with dependent children.

Age and Gender

In the *RRNII* survey results, 29% of YK nurses were 55 years of age or older, compared to 32% of rural nurses in Canada overall; whereas 20% were under 35 years of age, compared to 19% of rural nurses in Canada overall. The surveyed YK RNs were slightly younger than rural RNs in Canada overall. See **Table 1** for an age distribution of RNs and LPNs in YK and rural Canada.

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

		<25 %	25-34 %	35-44 %	45-54 %	55-64 %	≥65 %
Study YK RNs	(n=169)	0.0	20.6	24.4	24.4	25.0	5.6
Rural Canada RNs	(n=2,082)	1.1	17.8	19.1	27.2	29.6	5.3
Study YK LPNs	(n=44)	2.4	16.7	21.4	35.7	21.4	2.4
Rural Canada LPNs	(n=1,370)	3.7	17.8	20.4	30.3	25.4	2.4

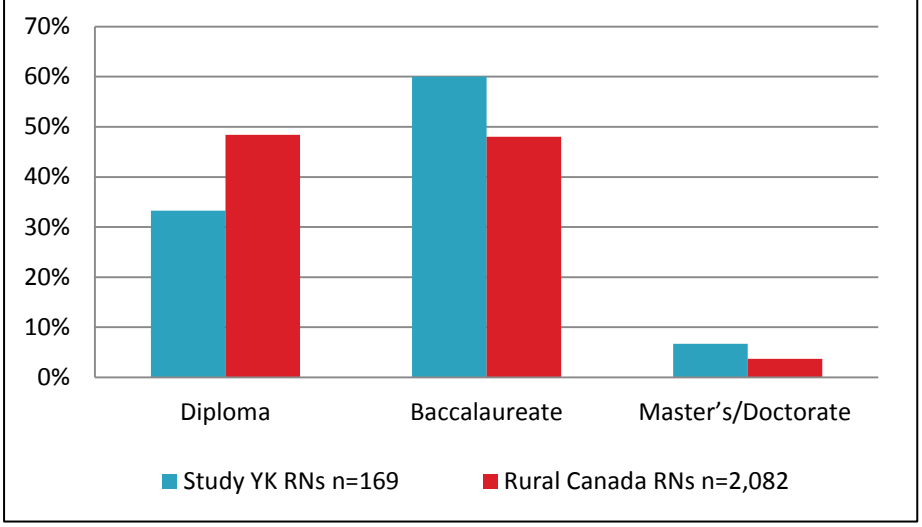
[1] Due to small sample sizes, NP and RPN respondent data are suppressed.

In the *RRNII* survey, the proportion of all male nurses (RNs, NPs, LPNs, and RPNs combined) working in YK (8.0%) was higher than the proportion of rural male nurses in Canada overall (6.4%). Furthermore, 12% of LPNs in YK were male, compared to 5.6% of rural LPNs in Canada overall.

Education

In the *RRNII* survey, the level of nursing education among YK nurses was higher than the education level of rural nurses in Canada overall. The highest obtained nursing education credential of YK nurses was a master's/doctorate degree (7.0%), while a diploma in nursing (47%) and a bachelor's degree (46%) were the most commonly earned highest nursing education credentials. 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 YK LPNs held a diploma in nursing, while YK RNs were likely to either hold a bachelor's in nursing (60%) or a diploma (33%) 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%). Interestingly, YK RNs more frequently held a rural and remote certificate (11%) than their rural Canadian counterparts (3.0%). **Figure 3** shows the highest nursing education credential of YK RNs and rural RNs in Canada overall in the *RRNII* survey.

Figure 3. Highest Nursing Education Credential - RNs



Where do nurses in Yukon work?

The large majority of YK nurses who responded to the survey were employed in nursing (94%), while the other 6.1% were either on leave (3.3%) or were retired and occasionally working in nursing on either a casual or short-term contract basis (2.8%). **Table 2** shows the population of primary work community of YK nurses. The majority of YK nurses worked in a community with a population over 10,000 (77%). Considering each group of nurse, 19% of YK RNs and 2.3% of YK LPNs worked in a community with a population fewer than 1,000, which is different compared to rural nurses in Canada overall (RNs 15% and LPNs 12%).

Table 2. Population of Primary Work Community, Nurses in YK

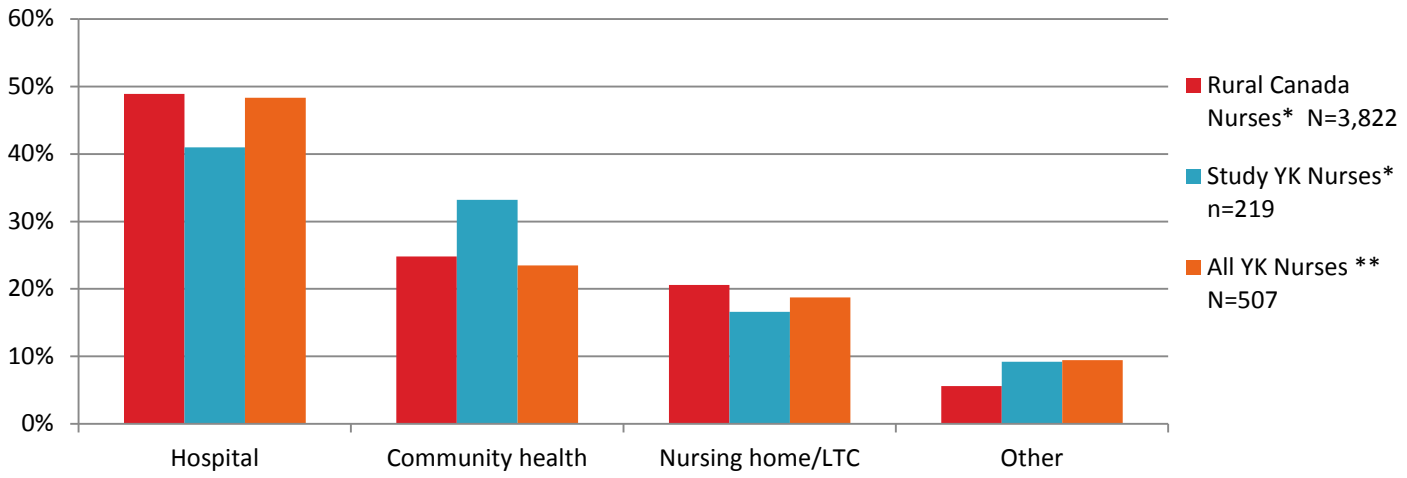
Community Population	% (n=219)
≤ 999	15.4
1,000 - 2,499	7.0
2,500 - 4,999	0.5
5,000 - 9,999	0.5
10,000 - 29,999	62.6
≥ 30,000	14.0

Nursing Employment Status

In the *RRNII* survey, YK nurses were more likely to be employed in a permanent full-time position (51%) than in a permanent part-time position (28%). In comparison, 54% of rural nurses in Canada overall were employed in a permanent full-time position. A larger proportion of surveyed YK nurses reported holding either a casual or short-term contract position (27%) than rural nurses in Canada overall (20%). The large majority of YK nurses worked as staff nurses (79%) and the small minority worked as managers (12%), educators (3.7%), and clinical nurse specialists (3.3%). A slightly greater proportion of YK RNs (15%) worked as managers compared to rural RNs in Canada overall (12%).

Figure 4 shows the primary place of employment for YK nurses in the *RRNII* survey compared to all nurses in YK and to rural nurses in Canada overall. As Figure 4 shows, a smaller proportion of surveyed YK nurses reported working in a hospital setting (41%) and in a nursing home/long-term care facility (17%) compared to rural nurses in Canada overall (49% and 21%). Conversely, a larger proportion of surveyed YK nurses were working in a community health setting (33%) compared to their counterparts in rural Canada (25%).

Figure 4. Nursing Workforce in YK 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 RNs and LPNs in Yukon?

A distinctive characteristic of northern nursing is its broad scope of practice, which is closely related to the remote/northern 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 and RPN respondents in YK was low, we are reporting only on the scope of practice of YK and rural Canada RNs and LPNs.

In the *RRNII* study, the large majority of YK RNs (86%) and the majority of LPNs (68%) reported working within their licensed scope of practice, compared to 84% of rural RNs and 77% of rural LPNs in Canada overall. A greater proportion of YK LPNs (27%) considered themselves as working below their licensed scope of practice compared to rural LPNs in Canada overall (18%).

Figure 5. Assessment: RNs and LPNs in YK and Rural Canada

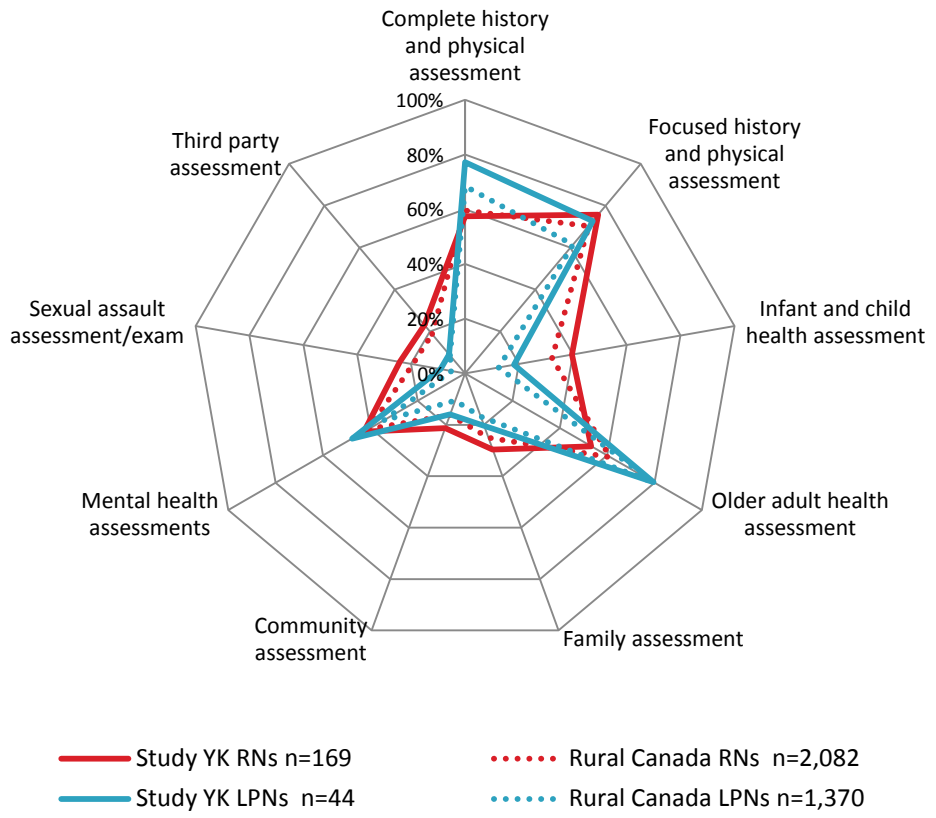
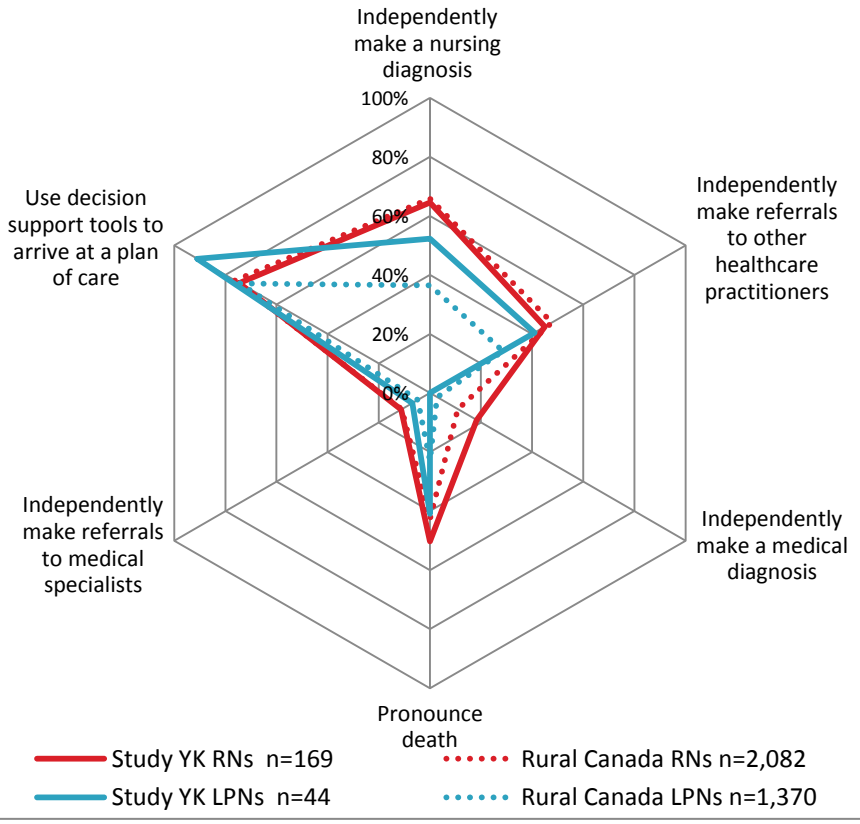


Figure 6 . Diagnosis and Referral: RNs and LPNs in YK and Rural Canada



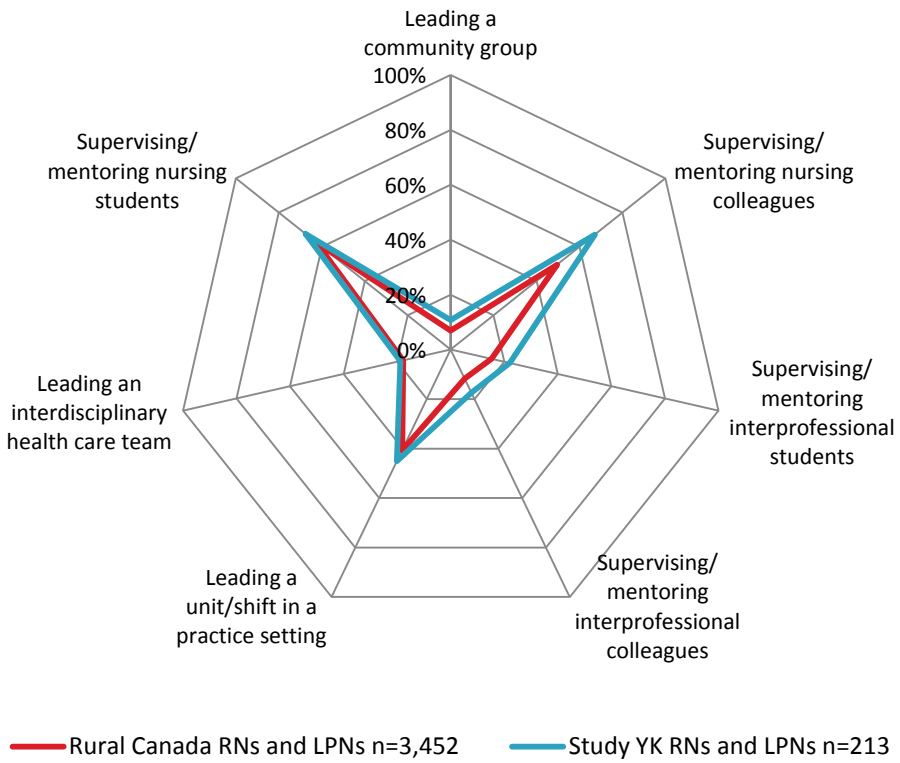
In terms of *Promotion, Prevention and Population Health,* the majority of *RRNII* YK RNs (61%) and the large majority of LPNs (75%) reported being responsible for chronic disease management and approximately half reported life-style modification programs as being part of their nursing responsibility (49% RNs and 50% LPNs).

Regarding *Assessment,* the large majority of YK RNs (76%) and the majority of LPNs (73%) reported providing focused history and physical assessment. **Figure 5** demonstrates the perceived health and wellness assessment responsibilities of YK RN and LPN respondents compared to rural RNs and LPNs in Canada overall.

In the category of *Diagnostics,* which included *Laboratory Tests, Diagnostic Tests,* and *Diagnostic Imaging,* surveyed YK RNs and LPNs reported taking and processing orders for laboratory tests (68%; 80%) and obtaining samples (68; 64%). An unexpectedly high percentage of YK LPNs (18%) indicated they were responsible for ordering laboratory tests (e.g., serology, hematology, C&S, venipuncture), and identified they were responsible for interpreting laboratory and diagnostic tests (32%). The reasons for this are unclear but may relate to the LPNs' interpretation of the question to include measuring blood glucose through devices such as glucose monitors. As well, a larger proportion of YK LPNs reported performing and analysing on-site laboratory tests (36%) compared to

rural LPNs in Canada overall (20%). Furthermore, YK nurses (RNs and LPNs) reported greater engagement in diagnostic imaging tasks as compared to rural nurses in Canada overall (see Appendix A).

Figure 7. Leadership: RNs and LPNs in YK and Rural Canada



Within the category of *Therapeutic Management,* surveyed YK nurses (RNs and LPNs) reported a similar responsibility to rural RNs and LPNs in Canada overall. Interestingly, YK RNs and LPNs indicated they were slightly more engaged in dispensing medication (60%; 68%), and having a pharmacy management role (31%; 18%) than their Canadian counterparts (see Appendix A).

In terms of *Diagnosis and Referral,* the large majority of YK RNs (75%) and LPNs (91%) reported following protocols or using decision support tools in their nursing practice. **Figure 6** demonstrates YK RN and LPN diagnosis and referral responsibilities compared to in rural Canada.

Regarding *Emergency Care and Transportation,* the minority of YK RN (46%) and LPN (30%) survey respondents indicated responsibility for organizing urgent or emergent medical transportation, whereas a larger proportion of rural Canada RNs (52%) and LPNs (36%) considered it part of their nursing responsibility. A greater proportion of YK RNs (26%) and LPNs (21%) reported that they respond to or lead emergency calls as first responders than rural RNs (18%) and LPNs (11%) in Canada overall.

Concerning *Leadership*, YK RNs and LPNs were slightly more engaged in leadership activities than rural RNs and LPNs across Canada overall (**Figure 7**).

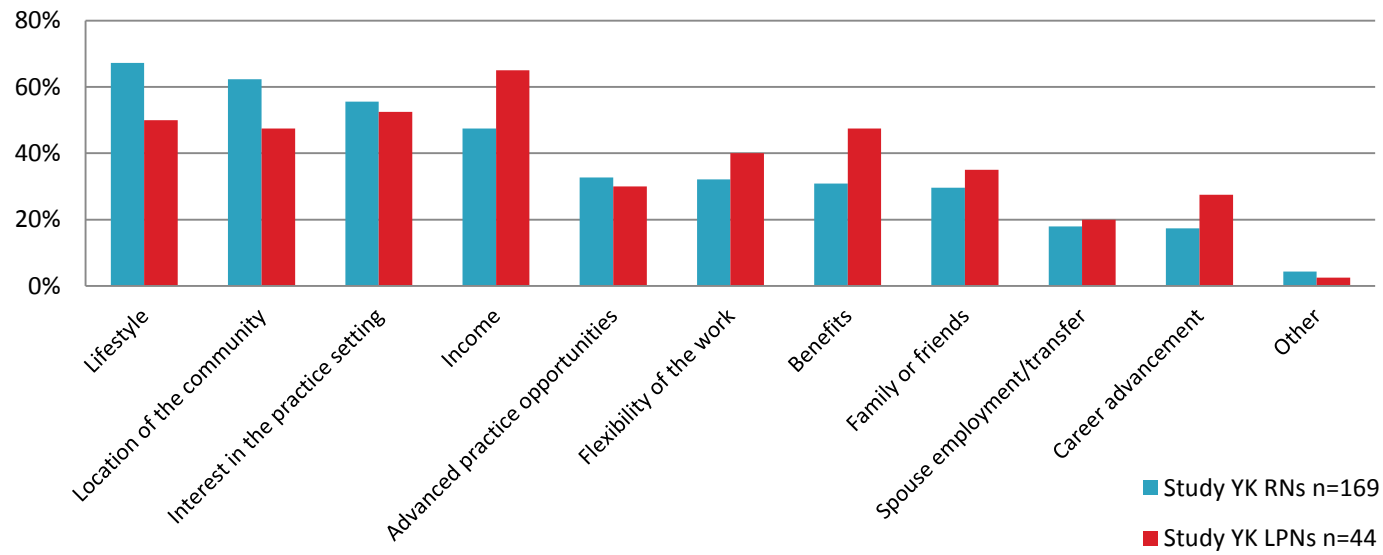
What are the career plans of nurses in Yukon?

Recruiting and retaining nurses in rural nursing positions is an ongoing challenge (Kulig, Kilpatrick, Moffitt, & Zimmer, 2015). For all *RRNII* YK nurse respondents, the most influential reasons they came to work in their primary community were lifestyle (64%), location of the community (59%), interest in the practice setting (56%), and income (51%). See **Figure 8** for a breakdown of recruitment factors by type of nurse.

Surveyed YK nurses were asked the reasons why they continue working in their primary work community. For all YK nurse respondents, income (73%), lifestyle (68%), interest in practice setting (62%), and location (57%) were the greatest retention factors. However, the strongest retention factors for RNs were lifestyle (71%), income (70%), and interest in

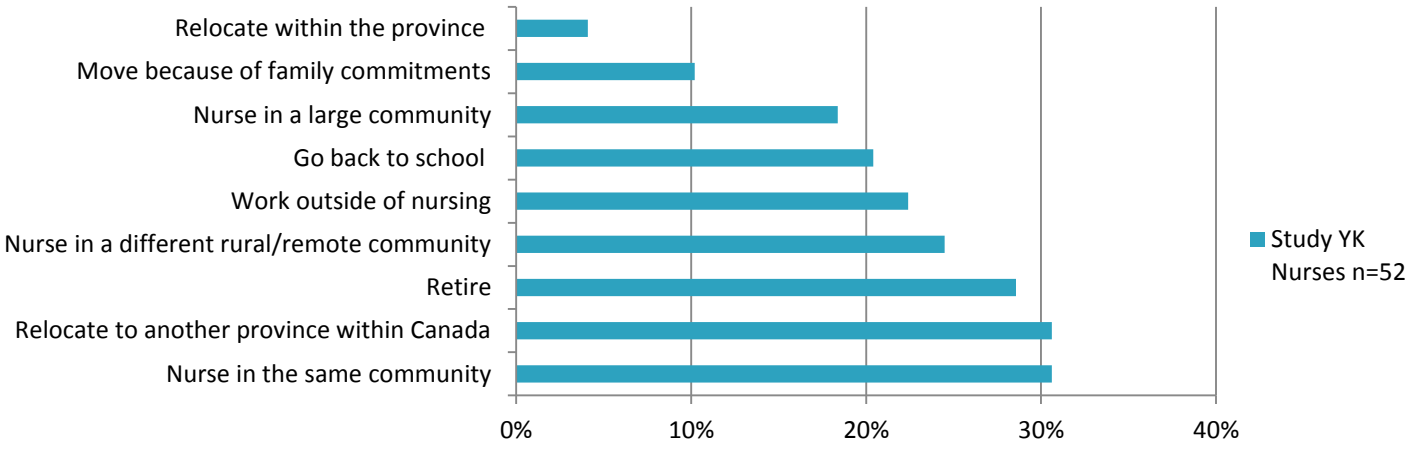
the practice setting (63%); whereas for LPNs the strongest retention factors were income (83%), benefits (63%), and lifestyle (58%). The large majority of YK nurses agreed that they were satisfied with their primary work community (87%); the remaining 13% were either neutral or were dissatisfied.

Figure 8. Reasons Why YK Nurses Came to Work in their Community



In the *RRNII* survey results, 25% of YK nurses indicated that they were planning to leave their present position within the next 12 months, which is a similar proportion compared to that found for rural nurses in Canada overall (26%). This included 25% of RNs and 28% of LPNs. YK nurses who intended to leave (n=52) reported a variety of career plans, which are illustrated in **Figure 9**. Most often, they planned to nurse in the same community (31%), relocate within Canada (31%), or retire (29%).

Figure 9. Future Plans of YK Nurses who Intended to Leave Within Next 12 Months

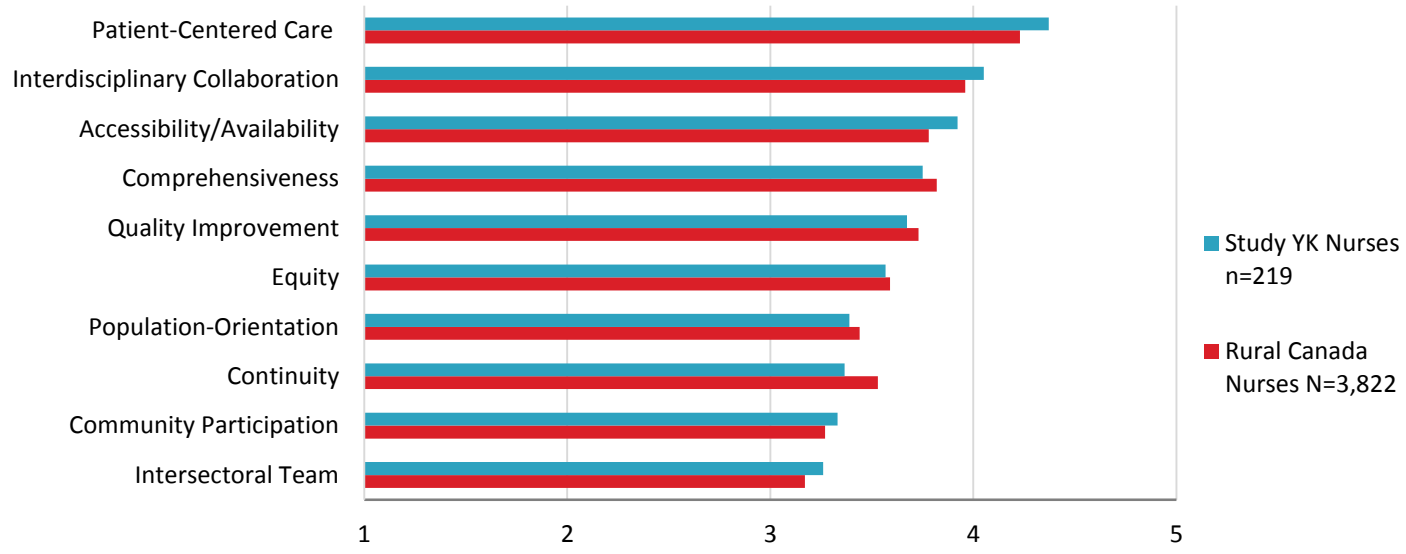


Some of the YK nurses who stated they intended to leave said they would consider continuing to work in a northern/remote community if certain conditions were met, such as if they were to have increased flexibility in scheduling (56%), receive an annual cash incentive (44%), work short-term contracts (44%), have opportunities to update their skills and knowledge (40%) (RNs 33%; LPNs 73%), have opportunities to teach (31%), utilize more of their skills (27%) (RNs 23%; LPNs 36%), and work more autonomously (27%).

What do Yukon 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 10**.

Figure 10. Nurses´ Perspectives on Primary Health Care in their Workplace



It is evident that surveyed YK nurses were engaged in primary health care, showing slightly higher means in five categories compared to rural nurses in Canada overall.

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

YK nurses also rated *Interdisciplinary Collaboration* strongly positive. Included are nurses' perceptions that a collaborative atmosphere exists between healthcare providers from different disciplines within their workplace and that they are consulted regarding patient care. YK nurses indicated to a lesser extent, but still positively, that it is understood who should take the lead with a patient when there is overlap in responsibilities.

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

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

YK 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 patient charts are kept current. Importantly, YK nurses were strongly positive that there is a process in their workplace for responding to critical incidents.

YK nurses rated *Equity* positively, although an interesting pattern of results is seen. These nurses were strongly positive that healthcare providers understand the impact of social determinants of health, that their workplace is organized to address the needs of vulnerable or special needs populations, and that their workplace provides access to the same healthcare services regardless of geographic location. YK nurses reported to a lesser extent, but still positively, that patients are able to access healthcare services regardless of individual or social characteristics and that patients in their workplace can afford to receive the health care they need.

YK nurses felt positive 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.

Similarly, *Continuity of Care* was viewed positively by YK nurses. These nurses were strongly positive that they have easy access to information about their patients' past care provided by healthcare providers in their workplace and were positive that they have a good understanding of their patients' health history. However, coordination of care across settings is a different matter. Care coordination for patients outside of their workplace and accessing information about patients' past health care provided by other healthcare providers outside of their workplace were perceived negatively.

Community Participation was rated positively by YK nurses. These nurses felt 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*, wherein YK nurses reported that their workplace works closely with community agencies and that there have been improvements in the way community services are delivered based on community agencies working together, among other dimensions.

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

Limitations

The number of YK nurses was sufficient for statistical reporting, but lower than the number expected. In addition, the population size of YK nurses was not known before the study was conducted and therefore it was difficult to determine margin of error for YK and the representativeness of findings. We can say the following: with 90% confidence, the sample of YK RNs is representative of YK RNs as a whole; and say with less than 85% confidence, the sample of YK LPNs are representative. For this reason, the findings reported here may not be representative of Yukon RNs and LPNs and should be interpreted with caution. It must be noted that YK NPs and RPNs were under-represented in this survey and as a result, we were unable to report on them separately. We compared the age and gender characteristics of the study's respondents with all nurses in the territory to see how similar or different they were, and found that the respondents were in fact, comparable to all nurses in the territory (CIHI, 2017). Please note, in this fact sheet, not all statistical measures are reported.

Summary

In 2015, 15% of the regulated nursing workforce in Yukon worked outside of Whitehorse; in comparison, 23% of Yukon's population was living outside of Whitehorse (CIHI, 2016b). This is a decrease from 2010, when 26% of the nurses in YK worked in rural settings (Pitblado, Koren, MacLeod, Place, Kulig, & Stewart, 2013). This change, wherein the rural nursing workforce is decreasing, follows a pattern that has been evident over the last decade and a half, particularly for rural RNs (CIHI, 2002).

Compared to rural RNs in Canada generally, YK RNs are slightly younger and a larger proportion of YK RNs hold a bachelor´s degree as their highest nursing credential. Furthermore, YK RNs more frequently hold a rural and remote certificate than rural RNs in Canada overall. Virtually all YK LPNs hold a nursing diploma, similar to rural LPNs across Canada.

The majority of YK nurses worked in a community with a population over 10,000, which is a considerably higher proportion than rural nurses in Canada overall. All nurses in YK were included in this survey, which might largely explain this difference as the majority of YK respondents could have been working in Whitehorse, which has a population above 20,000.

A larger proportion of YK nurses reported holding either a casual or short-term contract position than rural Canada nurses in general. Compared to rural nurses in Canada overall, YK nurses less frequently worked in a hospital setting and more frequently worked in a community health setting.

A quarter of YK nurses indicated that they were planning to leave their present position within the next 12 months. The three highest ranked recruitment factors were lifestyle, location of the community, and interest in the practice setting. For YK RNs, lifestyle, income, and interest in the practice setting were the highest ranked retention factors, whereas for LPNs the strongest retention factors where income, benefits, and lifestyle. YK nurses noted factors that may contribute to their continuing to work in their community, which included increased flexibility in scheduling, cash incentives, the ability to take on short term contracts, and opportunities to update skills and knowledge. The majority of LPNs mentioned opportunities to update their skills and knowledge.

The large majority of YK RNs and the majority of LPNs reported working within their licensed scope of practice, but a larger proportion of YK LPNs considered themselves as working below their licensed scope of practice compared to rural LPNs in Canada overall.

YK nurses expressed positive views about primary health care, their contributions to it, and the accessibility it provides for patients. They were concerned, however, about care coordination outside of their workplace. They also expressed that their workplaces did not engage to a great extent in intersectoral teamwork.

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To cite this fact sheet:

Olynick, J., Moffitt, P., Kosteniuk, J., Jonatansdottir, S., Mix, N., Garraway, L., & MacLeod, M. (May, 2017). *Yukon Survey Fact Sheet: Nursing Practice in Rural and Remote Canada.* Prince George, BC: Nursing Practice in Rural and Remote Canada II. RRN2-04-12

Further information about the full study is available from:

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

	Study RNs		Study LPNs	
Promotion, Prevention, and Population Health	**YK % (n=169)**	**Rural Canada % (n=2,082)**	**YK % (n=44)**	**Rural Canada % (n=1,370)**
Chronic disease management	60.9	62.7	75.0	74.9
Maternal/child/family health programs	34.9	35.2	13.6	18.0
Lifestyle modification programs	49.1	50.7	50.0	50.1
Public and population health programs	44.4	43.4	27.3	32.3
Mental health programs	27.8	30.4	34.1	32.4
Community development/individual health capacity building programs	21.9	17.7	9.1	12.6
Illness/injury prevention	33.7	38.4	36.4	47.4
None of the above	22.5	21.8	18.2	17.3

Assessment	**YK %**	**Canada %**	**YK %**	**Canada%**
Complete history and physical assessment	57.4	59.6	77.3	68.5
Focused history and physical assessment	75.7	70.3	72.7	61.4
Infant and child health assessment	39.6	32.3	18.2	12.5
Older adult health assessment	53.3	61.2	79.5	79.7
Family assessment	29.6	25.0	20.5	16.9
Community assessment	21.3	16.2	15.9	10.6
Mental health assessment	42.6	40.7	47.7	34.3
Sexual assault assessment/exam	24.3	19.4	9.1	5.0
Third party assessment	23.1	18.7	9.1	8.6
Other assessment	3.0	2.5	0.0	0.9
None of the above	13.6	10.7	13.6	10.8

Therapeutic Management	**YK %**	**Canada %**	**YK %**	**Canada%**
Administering oral/SC/IM/topical/inhaled medications	79.9	80.0	84.1	89.5
Dispensing medication	59.8	54.2	68.2	63.8
Pharmacy management	31.4	25.3	18.2	15.8
Prescribing medication independently	9.5	7.8	9.1	3.3
Prescribing medication using protocols or guidelines	29.6	29.5	9.1	11.5
Other medication related responsibilities	7.1	8.3	11.4	5.8
None of the above	17.8	14.8	11.4	8.6

Laboratory Tests	**YK %**	**Canada %**	**YK %**	**Canada%**
Taking and processing orders for laboratory tests	68.0	64.5	79.5	61.2
Ordering laboratory tests	50.3	37.4	18.2	28.5
Obtaining samples for laboratory tests	68.0	57.3	63.6	57.0
Performing and analyzing on-site laboratory tests	31.4	29.8	36.4	19.7
Interpreting laboratory and diagnostic tests	52.1	46.2	31.8	24.5
None of the above	17.2	19.6	15.9	18.4

	Study RNs		Study LPNs	
Diagnostic Tests	**YK % (n=169)**	**Rural Canada % (n=2,082)**	**YK % (n=44)**	**Rural Canada% (n=1,370)**
Taking and processing orders for advanced diagnostic tests	46.7	46.4	56.8	41.1
Ordering advanced diagnostic tests	7.7	8.1	6.8	7.6
Performing advanced diagnostic tests	1.2	1.6	0.0	1.3
Interpreting and following up advanced diagnostic tests	10.7	13.3	2.3	6.1
None of the above	52.1	49.2	43.2	55.8

Diagnostic Imaging	**YK %**	**Canada %**	**YK %**	**Canada%**
Taking and processing orders for diagnostic imaging	60.4	53.7	68.2	48.3
Ordering routine diagnostic imaging	36.1	25.7	13.6	16.9
Ordering advanced diagnostic imaging	5.9	5.9	4.5	7.4
Performing diagnostic imaging	20.7	8.8	6.8	0.9
Interpreting and following up diagnostic imaging	23.1	14.3	4.5	3.3
None of the above	27.2	39.0	29.5	46.4

Diagnosis and Referral	**YK %**	**Canada %**	**YK %**	**Canada%**
Follow protocols/use decision support tools to arrive at a plan of care	74.6	76.3	90.9	74.3
Independently make a nursing diagnosis based on assessment data	64.5	65.9	52.3	36.4
Independently make a medical diagnosis based on assessment data	18.3	11.0	0.0	2.8
Independently make referrals to other healthcare practitioners	45.0	47.7	40.9	28.5
Independently make referrals to medical specialists	11.2	11.0	6.8	4.7
Certify mental health patients for committal	14.8	6.8	0.0	0.9
Pronounce death	50.3	42.7	40.9	22.9
None of the above	13.6	12.6	6.8	20.2

Emergency Care and Transportation	**YK %**	**Canada %**	**YK %**	**Canada%**
Organize urgent or emergent medical transport	45.6	52.0	29.5	35.5
Provide care during urgent/emergent medical transportation	26.0	35.4	11.4	19.6
Respond/lead emergency calls as a first responder	26.0	17.8	20.5	10.9
Respond/lead emergency search and rescue calls in rural, remote or wilderness settings	4.1	5.4	2.3	1.8
None of the above	49.1	41.3	61.4	52.8

Leadership	**YK %**	**Canada %**	**YK %**	**Canada%**
Supervising/mentoring nursing students	68.0	66.6	65.9	56.6
Supervising/mentoring nursing colleagues	72.8	61.2	45.5	31.9
Supervising/mentoring interprofessional students	22.5	19.6	20.5	8.5
Supervising/mentoring interprofessional colleagues	19.5	15.2	9.1	6.3
Leading a unit/shift in a practice setting	44.4	47.2	47.7	30.7
Leading an interdisciplinary health care team	17.2	21.8	25.0	11.6
Leading a community group	13.0	10.1	2.3	2.0
None of the above	13.6	12.7	25.0	27.4