

Nursing Health Services Research Unit

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the University of Toronto
Faculty of Nursing and
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School of Nursing

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This research, has been generously funded,
by a grant from the Government of
Ontario. The views expressed do not
necessarily reflect those of the
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RURAL NURSING WORKFORCE: Backgrounder Fact Sheet 1 of 2

Data on the rural nursing workforce are hard to find, definitions of rural are diverse, and both the context and the worker in rural areas are changing. This backgrounder is the first of two fact sheets on ***The New Healthcare Worker: Implications of Changing Employment Patterns in Rural and Community Hospitals***, a study commissioned by the Ontario Ministry of Health and Long-term Care (MOHLTC). The study focuses on issues essential to understanding rural nursing presenting a snapshot of rural hospitals in Local Health Integrated Network (LHIN) 2. The full report is available on the Nursing Health Services Research Unit web site www.nhsru.com.

Government policy influences on rural hospitals

Rural hospitals in Ontario are organized as amalgamations, alliances and independent hospitals. Government policies that led to today's health service delivery system include:

- The Health Services Restructuring Commission established in 1996 to improve services while eliminating duplication (Health Services Restructuring Commission, 2000).
- Reforms instituted by The Rural and Northern Health Care Framework which led to the formation of rural/northern networks (MOHLTC, 1997).
- The reorganization of health services into 14 Local Health Integrated Networks (LHINs) in 2004 with the goal of engaging communities, making local level changes and responding to the needs of unique patient populations (MOHLTC, 2004).

Definitions and data repositories

There is no standard definition of rural. Definitions are based on geographical and/or social indicators of rurality.

- Statistics Canada defines Rural and Small Town as the population living outside the commuting zones of larger urban centres, especially outside Census Metropolitan Areas (with populations of 100 000 or more) and Census Agglomerations Areas (with populations of 10 000-99 999) (Pong & Pitblado, 2001; Pitblado, 2005).
- The Organization of Economic Co-operation and Development defines rural as communities with less than 150 persons per square kilometer (du Plessis, Beshirir, Bollman, & Clemenson, 2001).
- The Advisory Panel on the Provision of Medical Services in Underserved Regions of the Canadian Medical Association defines rural communities as those with a population of 10,000 or less (Pitblado & Pong, 1999).
- The Rural and Northern Health Framework identified 4 categories of rural hospitals (A,B,C and D) and Ministry of Health and the Long-term Care Public Hospital Act (1990) defines general hospitals with less than 100 beds (category C) as small (MOHLTC, 1990).
- Detailed demographic data on rural nursing is limited to one report (Canadian Institute for Health Information, 2002). This report covers 1994-2000 and is now out-of-date.

Rural communities:

- The economies of many rural communities are based on resources such as farming, mining, and fishing.
- Canadians living in rural and remote communities have access to a limited range of health services (Romanow Report, 2002).
- Health status is poorer in rural areas than in urban areas (CIHI, 2006).

Rural nursing workforce demographic trends:

- In 2004, 11% of the RN workforce in Ontario lived in rural areas but only 3.3% of these nurses worked there (CIHI, 2005).
- In Canada rural nurses were more likely than urban nurses to be employed part-time and have multiple employers (CIHI, 2002).
- In Ontario fewer rural nurses (47%) than urban nurses (54.8%) were employed full-time (CIHI, 2002).
- Compared to their urban counterparts, rural nurses are more likely to have a diploma than a degree as their highest level of preparation (CIHI, 2002).
- In rural and urban Canada, younger nurses were more likely to be employed part-time and have more than one employer (CIHI, 2002).
- In Ontario, between 1994 and 2000 the number of RNs decreased in rural areas (2.32%) and increased in urban areas (0.22%) and the rural nurse to population ratio declined from 73 to 70 nurses per 10,000 population (CIHI, 2002).

Why nurses go into rural nursing:

- Previous exposure to rural lifestyle.
- Proximity to family and friends.
- Job availability.
- Enjoy level of autonomy.
- Opportunity to give holistic care (Hegney, McCarthy, Rogers-Clark, & Gorman, 2002).

The nature of rural nursing practice:

Nurses working in rural settings can be described as *generalists* because they:

- Care for a wide variety of people with diverse health problems.
- Assume multiple roles within the health care organization at any given time (e.g. triage nurse, receptionist, and housekeeping) (Andrews et al., 2005).

Unique rural nursing characteristics

- High level of competency to meet demands of diverse population (MacLeod, Kulig, Stewart, & Pitbado, 2004; Andrews et al., 2005);
- Scarce resources: a lack of both medical and financial resources in time of crises (Andrews et al., 2005);
- Responsibility and accountability: nurses refer to themselves as being "it" because there are few resources on site (MacLeod, M., 1999);
- Isolation: geographical (carrying the burden of responsibility) and professional (maintaining high practice standards) (MacLeod, Browne, & Leipert, 1998);
- Threats to anonymity and confidentiality: Rural nurses are more likely to know their clients on a personal level (e.g. neighbour, friend, and relative) than are urban nurses (Bushy, 2004);
- There is an important relationship between being a health care professional and member of the community (MacLeod et al., 1998).

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November, 2006.

References available upon request