



Nursing Practice in Rural and Remote Canada

***Aboriginal Registered Nurses in
Rural & Remote Canada:
Results from a National Survey***

***A Research Project Supported by the
Canadian Health Services Research Foundation***

Aboriginal Registered Nurses in Rural & Remote Canada:

Results from a National Survey

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Norma J. Stewart, PhD, RN
College of Nursing, University of Saskatchewan
107 Wiggins Road, Saskatoon SK S7N 5E5
Tel: (306) 966-6254 Fax: (306) 966-6703
E-mail: norma.stewart@usask.ca

**Norma J. Stewart, PhD, RN
Professor & Associate Dean
College of Nursing
University of Saskatchewan**

**Judith C. Kulig, DNSc, RN
Professor, School of Health Sciences
University of Lethbridge**

**Kelly Penz, PhD Student, MN, RN
College of Nursing
University of Saskatchewan**

**Mary Ellen Andrews, PhD(C), RN
College of Nursing
University of Saskatchewan**

**Shauna Houshmand, MN Student, RN
College of Nursing
University of Saskatchewan**

**Debra G. Morgan, PhD, RN
Associate Professor & Chair, Rural Health Delivery
Institute of Agricultural, Rural & Environmental Health
University of Saskatchewan**

**Martha L. P. MacLeod, PhD, RN
Associate Professor, Nursing Program
University of Northern British Columbia**

**J. Roger Pitblado, PhD
Professor, Department of Geography
Laurentian University**

**Carl D'Arcy, PhD
Professor & Director, Applied Research
Department of Psychiatry, College of Medicine
University of Saskatchewan**

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EXECUTIVE SUMMARY

This report is the result of a cross-sectional survey of rural and remote registered nurses (RNs) in Canada. The aim of this report is to examine the nature of practice for RNs of Aboriginal (i.e., First Nations, Inuit, or Métis) status who work in rural and remote settings in Canada. Of the 3933 original survey respondents, 210 RNs identified themselves as having Aboriginal or Métis ancestry. Descriptive and bivariate statistical comparisons are included in order to arrive at a more comprehensive understanding of the similarities and differences between Aboriginal and non-Aboriginal nurses. Analyses of Aboriginal nurses' written responses to open-ended survey questions are also included in order to provide a more in-depth understanding of the work and community life of Aboriginal RNs in rural and remote practice settings.

DEMOGRAPHIC CHARACTERISTICS

- The highest proportion of Aboriginal nurses resided in Manitoba and Saskatchewan and the lowest proportion lived in British Columbia and Alberta
- The majority of Aboriginal and non-Aboriginal nurses were female, married or living common-law and had dependent children or relatives
- The majority of both groups held a diploma in nursing as their highest education
- Most Aboriginal nurses were raised in communities with a population of 5,000 or less

Demographic Differences Between Aboriginal and Non-Aboriginal Nurses

- Aboriginal nurses were significantly younger and were licensed for fewer years
- Aboriginal nurses reported higher personal income and a higher proportion reported receiving isolation allowance

WORK SETTINGS

- More than half of the Aboriginal nurses reported working full-time
- The highest proportion of Aboriginal nurses worked in nursing station/outpost settings
- Telehealth was available to approximately one-third of Aboriginal nurses

Work Setting Differences Between Aboriginal and Non-Aboriginal Nurses

- Higher proportion of Aboriginal nurses reported working in remote settings, settings that were only accessible by plane, and communities without a physician available
- Aboriginal nurses reported living significantly further away from a major centre
- Higher proportion of Aboriginal nurses did not agree that workplace equipment was available, up-to-date, and ready to use

- Higher proportion did not agree that personnel were trained to use equipment and that supplies were available when needed
- Higher proportion were required to be on-call
- A greater proportion reported having internet access in the workplace
- Were more likely to experience emotional abuse, with a higher proportion reporting a member of the community as the perpetrator of aggression
- Higher proportion of Aboriginal nurses reported being the first health care contact within their community

NURSING PRACTICE

- Aboriginal nurses work in a diversity of roles with a broad scope of practice
- The majority of Aboriginal nurses felt that their knowledge was current and that they had access to current information
- Most Aboriginal nurses use other nursing colleagues as a source of new information
- The majority perceived barriers to their participation in continuing education
- Many indicated the need for increased support in their role and a need for more education

Nursing Practice Differences Between Aboriginal and Non-Aboriginal Nurses

- Higher proportion of Aboriginal nurses thought of their role as advanced practice
- Lower proportion agreed that there was adequate orientation for nurses changing practice areas, that their employer encourages staff to attend continuing education, and that they know how to operate special equipment where they work
- Lower proportion used the library, newsletter, or in-service at work as a source of new information

SATISFACTION

- Work satisfaction scores were similar for both Aboriginal and non-Aboriginal nurses
- Approximately half of the Aboriginal nurses indicated that there was inadequate RN staffing and inadequate support staff within their workplace
- The majority were satisfied with their work scheduling
- Aboriginal nurses living in the Yukon, Northwest Territories, and Nunavut ranked the highest in terms of community satisfaction
- Most Aboriginal and non-Aboriginal nurses were satisfied with their health

Satisfaction Differences Between Aboriginal and Non-Aboriginal Nurses

- Aboriginal nurses were significantly less satisfied with their home community
- Were less satisfied with their interactions with other nursing colleagues
- Greater proportion disagreed that the staff mix was appropriate in their work setting

RECRUITMENT AND RETENTION

- Only half of the Aboriginal nurses expected to remain in their present position for the next 5 years
- Factors that enhanced the recruitment of Aboriginal nurses into their present position emphasized community factors (i.e., close to own community) followed by practice considerations (i.e., salary/benefits/job security)

Recruitment/ Retention Differences Between Aboriginal and Non-Aboriginal Nurses

- A greater proportion of Aboriginal nurses indicated that it would be easy to find another nursing job and that they had attractive employment opportunities in nursing in their own community
- More had also sought other employment in the last year
- Fewer Aboriginal nurses planned to continue nursing in the same location
- A higher proportion were planning to take further nursing education, relocate in general, or move from an isolated community to a larger one

POLICY IMPLICATIONS

- Review of nursing curriculum content and delivery to enhance knowledge and skills needed to function effectively in rural and remote workplaces
- Develop employment mentoring programs for Aboriginal RNs to help ensure their success in their workplaces
- Develop linkages between Aboriginal nurses who work in isolation and other health professionals to provide mentoring, support and assistance
- Develop accessible and affordable continuing education to help ensure Aboriginal nurses who work in rural and remote settings have the appropriate clinical skills
- Develop community-specific and organization-specific activities to address concerns such as emotional abuse in the workplace
- Review current recruitment and retention efforts to enhance the success of hiring and retaining Aboriginal RNs in rural and remote communities

ABORIGINAL REGISTERED NURSES IN RURAL AND REMOTE CANADA: RESULTS FROM A NATIONAL SURVEY

The data examined in this report are from a cross-sectional survey of rural and remote Registered Nurses (RNs) in Canada (Stewart et al., 2005a). This national survey was part of a multi-method study that focused on the nature of nursing practice in the rural and remote areas of Canada (MacLeod et al., 2004). Other reports from the study are listed at the end of this document and are available at <http://ruralnursing.unbc.ca/>

This report has added to the limited knowledge on the Aboriginal nurses who choose to practice in rural and remote settings in Canada. The aim of this report was to examine the nature of practice for RNs who have Aboriginal (i.e., First Nations, Inuit, or Métis) ancestry and who work in rural and remote settings in Canada. This report provides mainly descriptive statistical information on the Aboriginal rural and remote RNs who responded to the national survey in late 2001 and 2002. Of the 3933 original survey respondents, a total of 210 (5.3%) RNs identified themselves as having Aboriginal or Métis ancestry. This report also includes bivariate statistical comparisons that were conducted in order to develop a more comprehensive understanding of the possible similarities and differences in the nature of practice between Aboriginal and non-Aboriginal nurses. The layout of this report is similar to the report of the survey (Stewart et al., 2005b, R05-2005), which included the full 3933 survey participants (both Aboriginal and non-Aboriginal).

DEMOGRAPHIC CHARACTERISTICS

Region of Residence

Figure 1 shows the proportion of Aboriginal respondents that resided in each of the five regions of Canada. A higher proportion of Aboriginal RNs resided in Manitoba and Saskatchewan (33.5%) than non-Aboriginal RNs from the same region (20.6%). The lowest proportion of Aboriginal RNs were living in British Columbia and Alberta (11.9%) with a larger proportion of non-Aboriginal RNs living in the same region of western provinces (20.3%). A more detailed breakdown of individual province of residence for the Aboriginal RNs can be viewed in Kulig et al., 2006.



Figure 1 Aboriginal RNs According to Region of Residence (n=209)

Age and Gender

Although the majority of Aboriginal (93%)¹ and non-Aboriginal nurses (95%) were female, a slightly higher proportion of Aboriginal nurses were male (7%) compared with non-Aboriginal male nurses (5%). Aboriginal nurses also represented an aging population with an average age of 41.5 years; however, they were significantly² younger than their non-Aboriginal counterparts whose average age was 44.6.

Figure 2 indicates that 64% of Aboriginal nurses were younger than 45 years old, with only 47% of the non-Aboriginal nurses being younger than 45. A greater proportion of Aboriginal nurses were between 35-44 years old (37%), with a higher number of non-Aboriginal nurses (37%) falling into the 45-54 year age group.

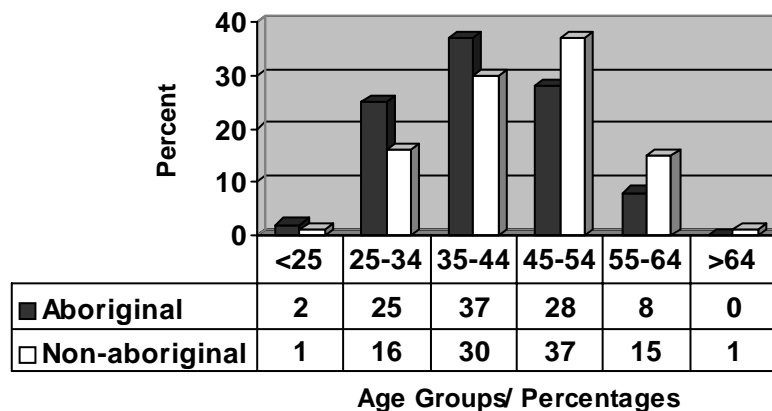


Figure 2 Age of Aboriginal (n=207) and Non-Aboriginal (n=3609) RNs

Marital Status and Dependent Children or Relatives

Aboriginal nurses were slightly less likely to be married or common law (77%) when compared to the non-Aboriginal nurses (81%). The remaining Aboriginal nurses had either never been married (12%), were divorced (10%) or were widowed (1%). Well over half of the Aboriginal nurses reported at least one dependent child or relative (63%) which was slightly higher than the non-Aboriginal nurses who reported dependents (57%). Of those Aboriginal nurses who had dependent children or relatives, 76% had between one and two dependent children or relatives with only 24% having three or more dependents.

Size of Childhood and Work Community

¹ Percentages are rounded to the nearest percent in the remainder of the report.

² Wherever the term “significantly” appears in this report, the difference has been substantiated with a statistical analysis (chi-square for categorical data and t test for continuous data; $p < 0.05$).

The majority of Aboriginal nurses (70%) were raised in communities with a population of 5,000 or less, with fewer non-Aboriginal nurses (59%) raised in smaller rural communities (Figure 3). As shown in figure 4, almost seven in ten Aboriginal nurses worked in smaller communities with a population of 5,000 or less, when compared to just over half of the non-Aboriginal nurses. The populations of both the childhood community and work community were smaller for Aboriginal and non-Aboriginal nurses.

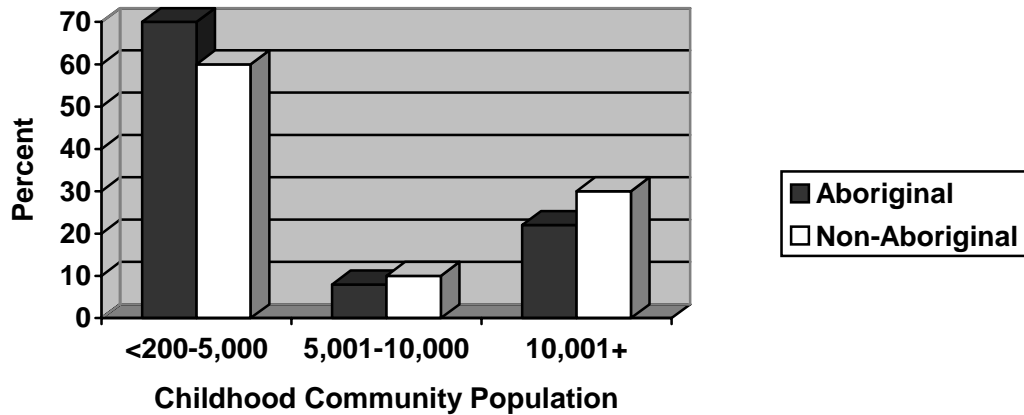


Figure 3 Population of Childhood Community for Aboriginal (n=207) and Non-Aboriginal (n=3611) RNs

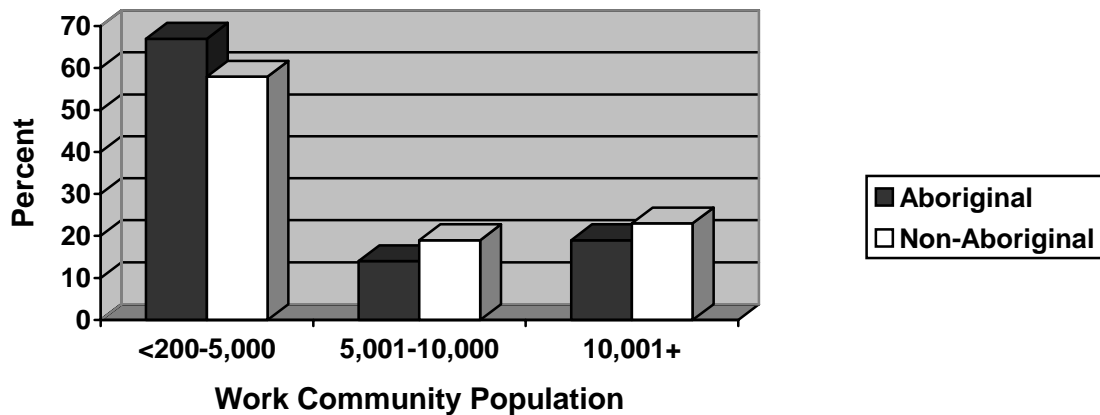


Figure 4 Population of Work Community for Aboriginal (n=204) and Non-Aboriginal (n=3558) RNs

Education

The highest attained *nursing education* was similar for both the Aboriginal and non-Aboriginal nurses. A diploma in nursing was held by the majority of RNs both Aboriginal (66%) and non-Aboriginal (69%). Close to one-third of Aboriginal nurses had attained a baccalaureate or graduate degree in nursing, with 25% of non-Aboriginal nurses attaining the same level of nursing education. A slightly higher proportion of Aboriginal nurses (7%) had obtained an advanced nurse specialist or nurse practitioner diploma as their highest attained nursing education when compared to non-Aboriginal nurses (6%).

With respect to *non-nursing education*, approximately 5% of Aboriginal nurses held a baccalaureate degree and 2% had obtained a master's degree in a field other than nursing. There were no Aboriginal nurses who had a doctoral degree in a field other than nursing.

Educational Preparedness

Nurses were asked to provide written responses to several open-ended survey questions. One series of questions related to educational preparedness and asked "How has your education prepared you for your job as a rural or remote nurse?... Did some elements of your training and education prepare you well?... Were other elements of your training and education not particularly useful?" A total of 182 Aboriginal nurses provided 234 responses to the educational preparedness question (some provided more than one response). Twenty-seven percent of the responses indicated that some Aboriginal nurses did not feel adequately prepared and that there were deficiencies in their training for rural/remote practice. Twenty-five percent of the responses indicated that many aspects of their education did adequately prepare them for work in rural and remote areas. Finally, 48% of the responses indicated the importance of having additional training. Some responses made reference to specific courses and types of educational experiences that were necessary for nursing in rural and remote practice settings. As well, 24% of responses indicated the importance of learning on the job and gaining experience through practice in a rural/remote setting. Table 1 outlines the main thematic categories for the educational preparedness question as well as examples of responses that were recorded by the Aboriginal nurses.

Table 1 Educational Preparedness of Aboriginal Nurses

Main Thematic Categories	Responses f	(%)	Educational Preparedness Responses
Inadequate/Somewhat Adequate Training	64	(27)	“Not at all prepared”, “Can’t do this job out of nursing school”, “In training I did not perceive what it meant to be a nurse in a remote region”
Basic Training Adequate	60	(25)	Courses provided knowledge as basis for experience”, “Degree more practical”
Additional Training Necessary On-the job experience	56	(24)	“Learn as I go”, “Trained in the North”, “Preceptorship”, “Practicum”, “I learned on the job”
Continuing education	39	(17)	“Advanced pediatric training”, “Courses in community development/ Aboriginal governments/ cross cultural issues”
Community health education	9	(4)	“Community health was useful”
Research/writing/other Education	6	(3)	“Research/writing very beneficial in degree program”, “Training taught me to do constant research”
Total Responses	234	(100)	

Number of Years Licensed to Practice and Number of Years Employed

The range in years licensed to practice ranged from one to 40 years for Aboriginal nurses and one to 50 for non-Aboriginal nurses respectively. Aboriginal RNs had been licensed for significantly fewer years on average (13.6 years) than their non-Aboriginal counterparts with an average of 20.4 years. The highest proportion of Aboriginal nurses had been licensed for two to five years (28%) with a greater proportion of non-Aboriginal nurses falling into a 20 years or more category (22%). Remaining categories of years licensed to practice for Aboriginal nurses were: less than 2 years (20%), 6 to 9 years (18%), 10-14 years (18%), 15-19 years (8%), and 20 years plus (8%).

Aboriginal nurses were employed fewer years by their primary agency (48% for 0-5 yrs) than non-Aboriginals (36% for 0-5 yrs). As well, Aboriginal nurses were in their primary position for a shorter period of time (66% for 0-5 years) when compared to the non-Aboriginal nurses (55% for 0-5 years).

Income

Only one in eleven Aboriginal nurses (9%) reported having a gross *personal income* of less than \$40,000, with twice as many non-Aboriginal nurses (18%) reporting the same amount of personal income annually. Overall, Aboriginal nurses had a significantly higher gross personal income (including overtime) than non-Aboriginal nurses, with 35% reporting a personal income of \$60,000 or greater per year and only 21% of non-Aboriginal nurses making salaries in this high range. The remaining 56% of Aboriginal nurses earned personal incomes that fell between \$40,000 and \$59,999 annually, compared to 61% of non-Aboriginal nurses with this range of income.

The gross *household income* that was reported was similar for both the Aboriginal and non-Aboriginal nurses. The majority of nurse survey respondents reported a gross household income of \$60,000+; Aboriginal nurses (71%), non-Aboriginal nurses (69%). A very small percentage (4%) of both Aboriginal nurses and non-Aboriginal nurses reported a total household income of less than \$40,000 annually.

Overtime and Isolation Pay

A higher proportion of Aboriginal nurses (65%) reported that *overtime pay* contributed to their nursing income compared to the non-Aboriginal nurses (57%). Of those that indicated earning additional income from overtime work, a greater proportion of Aboriginal nurses (49%) reported that overtime pay accounted for one to 10 percent of their overall income when compared to the non-Aboriginal nurses (35%). Just over half of the overtime earning Aboriginal nurses (51%) indicated that overtime pay accounted for greater than 10 percent of their income, with a higher percentage of non-Aboriginal nurses (65%) making greater than 10 percent from overtime.

A significantly higher proportion of Aboriginal nurses (42%) reported that *isolation pay* also contributed to their overall nursing income when compared with the non-Aboriginal nurses (21%). Of those who reported earning isolation allowances, the majority of both Aboriginal nurses (61%) and non-Aboriginal nurses (60%) indicated that isolation allowances accounted for greater than 10 percent of their overall nursing income. The remaining 39% of Aboriginal nurses and 40% of non-Aboriginal nurses who received isolation pay indicated that this accounted for between 1 to 10 percent of their overall income.

WORK SETTINGS

Nursing Employment Status

A higher majority of Aboriginal nurses (65%) reported working in full-time/permanent nursing positions, this compared to 50% of non-Aboriginal nurses. Twenty-three percent of the Aboriginal nurses also reported working more than full-time hours when compared to the non-Aboriginal nurses (14%). Sixteen percent of Aboriginal nurses worked in part-time positions, with 34% of non-Aboriginal nurses working part-time. The Aboriginal nurses also reported working a mixture of casual (21%), contract (11%) and/or job share (1%) positions.

Work Setting and Main Area of Nursing Practice

Table 2 indicates the proportions of Aboriginal and non-Aboriginal nurses who work in various *work settings*. As shown, a lower proportion of Aboriginal nurses (30%) were working in hospital/air ambulance/dialysis than non-Aboriginal nurses (40%). The highest proportion of Aboriginal nurses (31%) were working in nursing station/outpost settings when compared to only 13% of non-Aboriginal nurses working in nursing stations. The main *practice area* where Aboriginal nurses spent most of their time was acute care (32%), community health (25%), primary care (12%), long term care (10%) and home care (5%). An additional 16% of Aboriginal nurses reported working in administration/education/research or other as their primary practice area.

Table 2 Percentage of Aboriginal and Non-Aboriginal Nurses by Work Setting

Primary Work Setting	Aboriginal %	Non- Aboriginal %
Nursing Station/ Outpost/ Nurse Clinic	31	13
General Hospital/ Air Ambulance/ Dialysis	30	40
Community Health Agency/ Public Health	15	10
Nursing Home/ Long Term Care Facility	9	14
Home Care	4	7
Integrated Facility (Acute and Long Term Care)	4	5
Business/ Private Nursing/ Self-Employed	2	1
Educational Institution/ Association/ Government	1	2
Mental Health/ Corrections/ Addictions	1	2
Physician's Office/ Family Practice Unit	<1	2
Other	3	4
	(n=208)	(n=3627)

Rural vs. Remote Practice?

Not surprisingly, the majority of both Aboriginal (69%) and non-Aboriginal (79%) nurses reported that they considered their workplace to be rural. A significantly higher proportion of Aboriginal nurses (55%) also considered their workplace remote in comparison to the non-Aboriginal nurses (31%). In relation to being located in a remote area, a significantly higher percentage of Aboriginal nurses (21%) reported working in a community that was only accessible by plane when compared to the non-Aboriginal nurses (9%).

The majority of both Aboriginal nurses (77%) and non-Aboriginal nurses (67%) reported their work location was greater than 300 km from a major centre with a population of 50,000 or more. A slightly lower proportion of Aboriginal nurses (12%) were working in communities that were 100 km or less from a major centre compared to non-Aboriginal nurses (15%). In general, Aboriginal nurses reported living significantly further away, with an average of 646 km from a major centre compared to the average distance of 466 km reported by non-Aboriginal nurses.

Internet Access and Telehealth

A significantly greater proportion of the Aboriginal nurses (66%) reported having workplace access to the internet when compared to only 57% of the non-Aboriginal nurses. Nurses were also asked if they had telehealth available within the workplace. The same proportion of Aboriginal (28%) and non-Aboriginal (28%) nurses reported having telehealth access, with 24% of the Aboriginal nurses reporting participating in a telehealth conference in the 12 months prior to completing the national survey. Of those that reported telehealth access within the workplace, 78% of the Aboriginal and 76% of the non-Aboriginal nurses were satisfied with the availability and use of telehealth in their area.

Required to be On Call

The proportion of nurses who were required to be on-call for their work was significantly greater for Aboriginal nurses (53%) as compared to the non-Aboriginal nurses (40%).

Benefits Not Received

Nurses were asked which benefits they currently were receiving from their employer or contractor. Table 3 outlines the types of benefits that could be received and the percentage of Aboriginal and non-Aboriginal nurses who *did not* receive these benefits in ascending frequency. More than half of both groups of nurses *did not* receive continuing education travel/sustenance support and the bottom six benefits listed on the table.

In general, there was a significantly greater proportion of Aboriginal nurses who received isolation allowance (45%) and a work vehicle for work related travel (38%), than non-Aboriginal nurses; 21% and 26% respectively. There was also a significantly greater proportion of Aboriginal nurses (55%) that had their professional registration fee covered than non-Aboriginal nurses (37%).

Table 3 Aboriginal and Non-Aboriginal Nurses Not Receiving Benefits

Type of Benefit <u>Not</u> Received	Aboriginal Nurses	Non-Aboriginal Nurses
Vacation/ Holidays	11	10
Sick/ Maternity Leave	16	16
Pension	17	17
Extended health Insurance	24	26
Dental	24	28
Banked time	28	33
Continuing education support	42	42
Professional registration fee	45	63
Continuing education travel & sustenance support	52	58
Salary continuance plan for chronic illness	47	45
Provincial/ Territorial health care premium	49	44
Isolation allowance	55	79
Family day leave	59	53
Work vehicle for work related travel	62	74
Tuition reimbursement	68	74
Cell/ Mobile phone	78	81
Daycare for child/elder	98	99
	(n=205)*	(n=3613)*

* Some respondents did not provide a response for each individual type of benefit

Steadiness of Work and Job Security

Ninety-two percent of the Aboriginal nurses felt that their work was regular and steady which is similar to the 89% of non-Aboriginal nurses who reported having regular and steady work. The remaining 8% of the Aboriginal nurses indicated that their work was seasonal, that they had frequent layoffs, or they characterized their work steadiness in “other” terms. Examples of responses that were recorded in the “other” category included “regular contracts”, “I contract myself through agency (self-employed)” “work minimum hours” and “my choice”.

With respect to *job security*, the majority of both the Aboriginal nurses (82%) and the non-Aboriginal nurses (80%) agreed that their job security was good.

Work Environment

Registered nurses were asked to record their level of agreement with a series of statements regarding their work environment. Table 4 outlines the percentage of Aboriginal and non-Aboriginal nurses who agreed with the work environment statements. In general fewer Aboriginal nurses agreed with each individual work environment statement when compared to the non-Aboriginal nurses. A significantly greater proportion of Aboriginal nurses did not agree that workplace equipment was available (32%), up-to-date (39%), and maintained/ready to use (30%) when compared to the non-Aboriginal nurses. As well, a significantly higher proportion of Aboriginal nurses disagreed that personnel were trained to use equipment (21%) and that supplies were available when needed (30%). The majority of Aboriginal and non-Aboriginal nurses felt safe during the work day and while working during the evening and/or the night.

Table 4 Work Environment of Aboriginal and Non-Aboriginal Nurses

Work Environment Statements	Aboriginal %Agreed	Non- Aboriginal %Agreed
Feel physically safe during the work day	90	92
Personnel is trained to use available equipment	79	84
Feel physically safe during the work evening/night	74	75
Nursing care supplies are available when needed	70	83
The equipment is maintained and ready for use	70	80
The equipment needed for care is available	68	78
The equipment needed for care is up-to-date	61	72
	(n=206)*	(n=3566)*

* Some respondents did not provide a response for each work environment statement

Violence and Abuse in the Workplace

Nurses, who reported being of Aboriginal or Métis ancestry, were significantly more likely to have experienced emotional abuse (37%) when compared to their non-Aboriginal counterparts (30%). Within the one month period prior to completing the national survey, 21% of the Aboriginal nurses had experienced at least one threat of physical assault, 18% had experienced verbal or sexual harassment, 15% physical assault and 2% sexual assault while working. These proportions are similar to the percentage of non-Aboriginal nurses who had reported having an experience that involved the same types of abuse or assault.

Of all the RNs that experienced some type of aggression, a significantly lower proportion of Aboriginal nurses (68%) indicated that an aggressor was a patient/client when compared to the 78% of non-Aboriginal nurses who so indicated. Conversely, a significantly higher proportion of Aboriginal nurses (26%) noted that a member of their community was the perpetrator of aggression when compared to non-Aboriginal nurses (7%). The remaining types of aggressors were similar for both the Aboriginal and non-Aboriginal nurses, with 21% of Aboriginal nurses indicating a patient's family member or visitor; 20% a nursing co-worker; and 12% a physician, as the perpetrator of the abuse or assault.

Some open-ended comments that were recorded by the Aboriginal nurses that related to the threat or experience of aggression or assault included "Community members verbally abusive on the phone on more than one occasion", "Continually band members call nurse to say you're not doing your job", and "One of the hardest parts of working on a reserve is the constant emotional abuse from senior management, board of health, and non-nursing coworkers".

Interdisciplinary Support

Survey RNs were asked if they had family physicians residing in their work community. A significantly greater proportion of Aboriginal nurses (41%) did not have physicians residing within their work community when compared to only 18% of non-Aboriginal nurses. The majority of both Aboriginal nurses (67%) and non-Aboriginal nurses (71%) agreed that they had support from medicine. However, a significantly greater proportion of Aboriginal nurses (44%) felt that other health professionals were not represented in their support network when compared to only 30% of the non-Aboriginal nurses who noted the lack of support from other health professionals.

Nurses as First Contact for Healthcare Services and Sole RN in Workplace

There were a significantly higher percentage of Aboriginal nurses (64%) who reported that they were the first health care contact within their community when compared to the 47% of non-Aboriginal nurses who reported that they were the first contact. Eleven percent of the Aboriginal and non-Aboriginal nurses were the sole RN within their workplace. Figure 5 provides a detailed breakdown regarding the number workplace RNs for both the Aboriginal and non-Aboriginal nurse respondents.

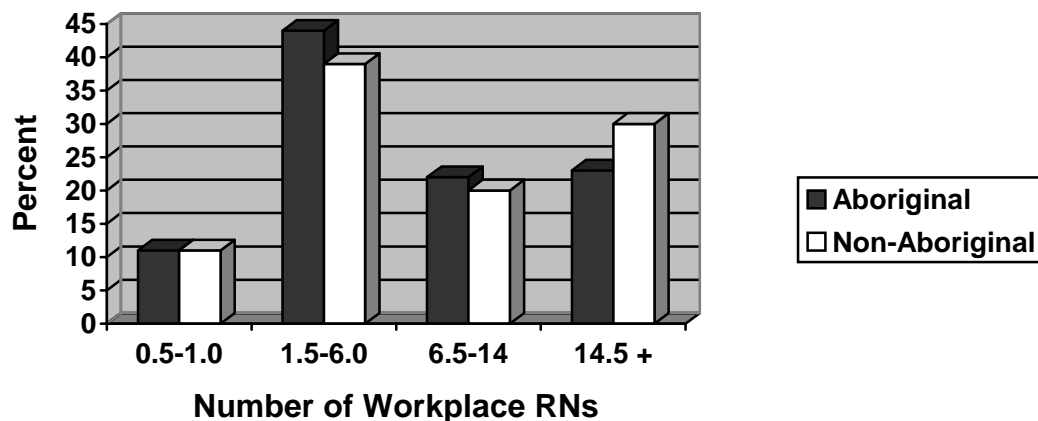


Figure 5 Number of Workplace RNs reported by Aboriginal (n=210) and Non-Aboriginal (n=3651) Respondents

NURSING PRACTICE

Advanced Nursing Practice

Almost half of the Aboriginal nurses (46%) responded that they thought of their role as advanced nursing practice, which was significantly greater than the 34% of non-Aboriginal nurses who felt they worked in an advanced role. A significantly greater proportion of Aboriginal nurses (45%) also indicated that they used protocols specific to advanced nursing practice, with only 35% of non-Aboriginal nurses who reported using advanced protocols. Although many nurses indicated that they worked in advanced nursing roles, the majority of both Aboriginal (63%) and non-Aboriginal nurses (60%) noted that they did not use decision-making skills that were performed at an advanced level. Sixty percent of Aboriginal nurses facilitated health promotion activities in their communities, which was significantly higher than the 49% of non-Aboriginal nurses who facilitated health promotion activities. The majority of the Aboriginal nurses reported they were required to work with many different kinds of patients (79%), noted that nothing in their day was routine (62%) and were required to take on other roles depending

on demand (58%), with almost the same proportion of non-Aboriginal nurses noting the same requirements.

Scope of Practice

Nurses were asked to note the types of nursing procedures and functions that they performed as part of their current nursing practice. Table 5 outlines these procedures for both the Aboriginal and non-Aboriginal nurses in order from highest to lowest frequency for the Aboriginal nurses. In general, approximately the same proportion of Aboriginal nurses and non-Aboriginal nurses noted that they provided direct referral to an allied health professional and pronounced death on a regular basis. For the remaining nursing procedures and functions that were listed, a greater proportion of Aboriginal nurses reported performing each individual procedure compared to the non-Aboriginal nurses.

Table 5 Aboriginal and Non-Aboriginal Nurses Regularly Performing Nursing Procedures or Functions as Part of Their Current Nursing Practice

Scope of Practice	Aboriginal %	Non-Aboriginal %
Immunizations	61	49
Dispensing (not administrating) medication	57	45
Post-natal care	57	38
Direct referral to an allied health professional	55	48
Pre-natal care	54	33
Evacuating patients	52	36
Pronouncing death	46	40
Interpreting diagnostic tests	46	34
Ordering diagnostic tests	41	27
Performing diagnostic tests	41	31
Suturing	37	19
Casting/ Splinting	37	24
Prescribing medication	35	17
Direct referral to a medical specialist	33	21
Performing pap smears	33	15
Managing labor	32	22
Managing delivery	29	20
Taking x-rays	16	8
	(n=210)	(n=3636)*

* Some Non-Aboriginal respondents did not provide a response on each individual item

Rural/Remote Nursing Role

Nurses were asked the open-ended question “In what way is your role as a rural/remote nurse different from other nursing roles you have had?” A total of 175 Aboriginal nurses provided 255 responses to the rural/remote nursing role question (some provided more than one response). In general, 46% of the responses indicated differences in their roles based upon their professional work life, 43% were related to work satisfaction and the remaining 11% were related to the community focus of their position. Table 6 summarizes the main thematic categories that emerged through the analysis of the Aboriginal nurses’ responses to the question about differences in their role as a rural/remote RN compared to other nursing roles.

Table 6 Rural/Remote Nursing Role for Aboriginal Nurses

Main Thematic Categories	Responses (f) (%)	Rural/Remote Nursing Role
1. Professional Work Life	49 (19)	Greater diversity with skills”,
Advanced/Scope of practice		“Transfer of skills”, “Primary health care”
Available resources	27 (11)	“Limited resources”, “Less staff”,
Only practice I know	23 (9)	“Fewer multidisciplinary colleagues”
New practice area	14 (6)	“Only practiced in rural area”, “Only practiced in northern community”
Size of institution/pace of work	4 (1)	“Labor and delivery”, “Elder care”
		“Pace of work slower”
2. Work Satisfaction	73 (28)	“Freedom in practice”,
Nursing Autonomy		“Independent practitioner”, “Rely on yourself...”
Challenge/Reward	16 (6)	“Very different from traditional nurse”
Client-focused/Holistic	12 (5)	“More time to know and care for clients”
Pay/Hours	10 (4)	“No shift work”, Great pay/benefits”
3. Community Focus		
Isolation	15 (6)	“Plane access only”, “25 miles to MD”
Community	12 (5)	“More trusted than white people in community”, “Everyone knows each other”
Total Responses	255 (100)	

Nursing Knowledge

Nurses were asked to indicate their level of agreement with statements related to their nursing knowledge and their organization's involvement in developing and encouraging their knowledge development. For those nurses who answered the nursing knowledge statements, the percentage of Aboriginal and non-Aboriginal nurses who agreed with the nursing knowledge statements are outlined in Table 6. The majority of both Aboriginal and non-Aboriginal nurses felt that their knowledge was current and that they had access to current information. In general there were a significantly lower proportion of Aboriginal nurses who agreed that there was adequate orientation for nurses changing practice areas (53%), that their employer encourages staff to attend continuing education (55%), and that they know how to operate any special equipment where they work (83%), when compared to the non-Aboriginal nurses.

Table 7 Nursing Knowledge of Aboriginal and Non-Aboriginal RNs

Nursing Knowledge Statements	Aboriginal % Agreed	Non-Aboriginal % Agreed
Personal nursing knowledge is current	87	90
Have access to current information that would help in my job	84	84
Know how to operate special equipment in the workplace	83	91
Always someone to help with equipment problems	76	76
Opportunities to share with other my knowledge from continuing education(CE)/ staff development events	61	67
Employer encourages staff to attend CE/ staff development events	55	63
Adequate orientation provided for nurses changing practice areas	53	65
Enough opportunities exist to attend CE/ staff development events	49	49
	(n=210)*	(n=3651)*

* Some respondents did not provide a response to every nursing knowledge statement

Nurses were asked what sources they used to obtain new information on nursing practice and how they acquire this information. Figure 6 outlines the comparison between Aboriginal and non-Aboriginal nurses regarding sources of new information. As shown, the majority of both the Aboriginal and non-Aboriginal nurses were more likely to obtain new information from their nursing colleagues than from any other source. There was a significantly lower proportion of Aboriginal nurses who used a library (35%), a newsletter (68%) or an in-service at work (75%) to obtain new information when compared to the non-Aboriginal nurses.

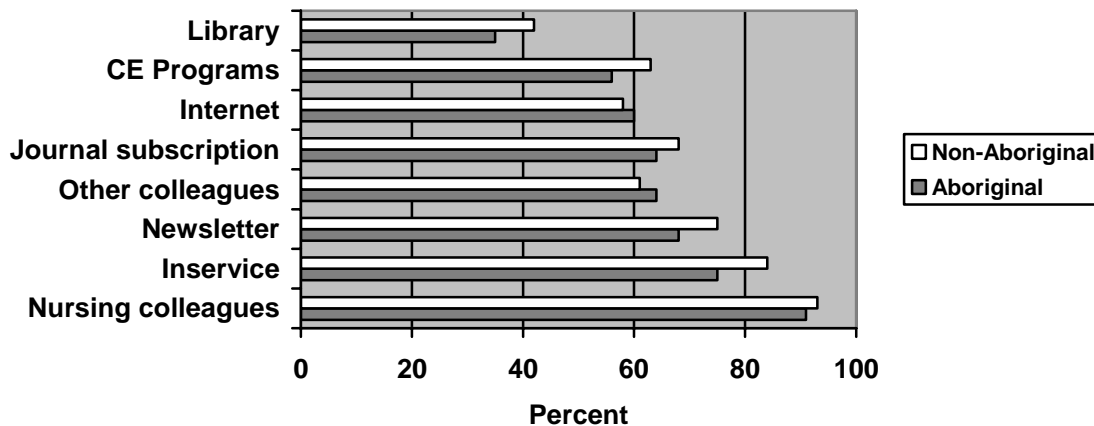


Figure 6 Aboriginal (n=206)* and Non-Aboriginal (n=3595)* Nurses Use of Sources of New Information on Nursing Practice

* Some respondents did not provide a response for each source of new information

Barriers to Continuing Education

Sixty-six percent of both the Aboriginal and non-Aboriginal nurses perceived barriers to their participation in continuing education.

SATISFACTION

Work Satisfaction

Work satisfaction was assessed using a standardized 30-item scale which was comprised of six 5-item subscales. These subscales included pay, autonomy, organizational policies, professional status, nurse-nurse interactions, and nurse-physician interactions. There was a possible range in scores from 5 to 35 for each of the six subscales. The mean score for overall job satisfaction was slightly lower for the Aboriginal nurses (140.4) when compared to the non-Aboriginal nurses' mean score of 141.6 on overall job satisfaction. Average scores for satisfaction with organizational policies and satisfaction with pay clustered at the low end for

both Aboriginal (16.8 and 18.9) and non-Aboriginal nurses (16.5 and 19.6). Conversely, scores for satisfaction with professional status clustered toward the high end for both the Aboriginal (30.2) and non-Aboriginal nurses (29.7). On average the Aboriginal nurses (25.2) were significantly less satisfied with their interactions with other nurses when compared to the average score of 26.4 for the non-Aboriginal nurses. The average scores for the remaining subscales were similar for both the Aboriginal and non-Aboriginal nurses.

Satisfaction with Staffing

Nurses were asked whether they felt that they had adequate RN staffing, adequate support staff, and an appropriate mix of staff within their workplace. Over half of the Aboriginal (58%) and non-Aboriginal (52%) nurses disagreed that they had adequate RN staffing in their workplace. Approximately the same proportion of Aboriginal (52%) and non-Aboriginal (46%) nurses also disagreed that they had adequate support staff within their place of work. With regard to the appropriateness of the staff mix within their workplace, there was a significantly greater proportion of Aboriginal nurses (44%) who disagreed that staff mix was appropriate when compared to only 36% of the non-Aboriginal nurses who disagreed.

Satisfaction with Scheduling and Overtime Required to Work

Scheduling satisfaction was assessed using a 7-item scale, which included questions on their satisfaction or dissatisfaction with the number of hours worked, flexibility of scheduling, shift work, amount of overtime worked, and their overall rotation. In general, the majority of Aboriginal and non-Aboriginal nurses were satisfied with their scheduling. The range of possible scores on the scale was from 7 to 28 and both groups of nurses had an average score of 23, indicating agreement with satisfaction items.

Of those nurses who were required to work overtime, approximately the same proportion of both groups had the same preferences. For the Aboriginal nurses who were required to work overtime, 51% preferred to work the same amount, 41% had a preference to work less overtime, and 9% preferred to work more overtime.

Community Satisfaction

Nurses were also asked to respond to an 11-item community satisfaction scale that measured satisfaction with their *home community*. Some aspects included in the scale were friendliness, trust, recreational opportunities, quality of schools, safety, size, and distance from a major centre. The scores for the Community Satisfaction Scale ranged from 13 to 55 for the Aboriginal nurses and 11 to 55 for the non-Aboriginal nurses, with higher scores indicating greater satisfaction with their community. Although mean differences were small, the Aboriginal nurses were significantly less satisfied with their home community with a mean score of 38.1 when compared to the non-Aboriginal nurses' mean score of 39.5 for community satisfaction.

On average, Aboriginal RNs living in the Yukon, NWT and Nunavut ranked the highest in terms of community satisfaction (39.8), while Aboriginal nurses living in the Atlantic Provinces ranked the lowest with an average score of 37.0. The opposite trend was noted for the non-Aboriginal nurses with the Atlantic Provinces ranking the highest on average at 40.0 for community satisfaction and the Yukon, NWT and Nunavut ranking the lowest with a score of 38.3 on average.

General Satisfaction

The majority of both Aboriginal (80%) and non-Aboriginal (84%) nurses noted that they were satisfied with their own health. RNs were also asked if they were satisfied with their life, with 93% of both Aboriginal and non-Aboriginal nurses indicating that they were somewhat satisfied to very satisfied with their life in general.

Aboriginal nurses were also asked an open-ended question which gave them an opportunity to provide any additional information about their practice, "Do you have any final comments- either complaints, problems or positive experiences about nursing in rural and remote Canada?" A total of 150 Aboriginal nurses provided 212 responses to the final comments question (some nurses provided more than one response). Forty-four percent of the final comment responses related to professional work life, 41% related to their personal satisfaction and an additional 15% of responses related to community issues for nurses who live and work in rural/remote practice settings. Table 7 outlines the main thematic categories, as well as examples of some of the verbatim responses that were recorded by the Aboriginal nurses in the final comments section.

Table 8 Complaints, Problems and Positive Experiences for Aboriginal Nurses

Main Thematic Categories	Responses f (%)	Final Comments from Aboriginals RNs
1. Professional Work Life		
Increased support necessary	44 (21)	“Treated as expendable”, “No incentives to keep nurses”, “Inadequate feedback...”
Knowledge/experience gained	23 (11)	“Great learning experiences”, “Best nursing experience you can have”
Need for more education	17 (8)	“Limited opportunities for advanced training”, “Easier transition to NP needed”
Scope of practice/ Autonomy	9 (4)	“Love expanded scope of practice”, “Great having ability to make own decisions”
2. Personal Satisfaction		
Overall satisfaction	33 (16)	“Would not change it”, “Rewarding”, “If starting over would do it again”
Quality of life issues	25 (12)	“Stressful”, “5 years without vacation”, “Burned out”, “Poor housing standards”
Recognition/respect	16 (7)	“Doctors respect my judgment”, “Often looked down upon by other professionals”
Financial compensation	13 (6)	“Education/travel allowance needed”, “Should increase wages”
3. Community Issues		
General references to community	14 (7)	“Safety in community an issue”, “Expected to play active role in community”
Isolation	7 (3)	“No other nurses to discuss daily”
System inefficiencies	4 (2)	“Health care declining- longer wait times”
Cultural sensitivity	7 (3)	“Cultural awareness is important”
Total Responses	212 (100)	

RECRUITMENT AND RETENTION

Recruitment

The majority of both Aboriginal (70%) and non-Aboriginal nurses (75%) indicated that they did not feel that they had attractive employment opportunities *outside* of nursing within or nearby their own community. Almost half of the Aboriginal nurses (48%) felt that they had attractive employment opportunities *in nursing* in their community which was a significantly higher proportion than the 38% of non-Aboriginal nurses who indicated that they had attractive opportunities available in nursing. RNs were also asked how easy it would be to find another satisfactory job in nursing if they were looking for another position. A significantly greater proportion of Aboriginal nurses (30%) indicated that it would be very easy to find another nursing job when compared to only 20% of the non-Aboriginal nurses who indicated that finding another job would be very easy.

Nurses were asked an open-ended survey question related to recruitment “What was your reason for accepting your present position?” A total of 195 Aboriginal nurses provided 280 responses to the recruitment questions (some nurses provided more than one response). Five main thematic categories emerged when the open-ended responses from the Aboriginal nurses were analyzed. The highest percentage of recruitment responses were related to community specific characteristics (40%), with practice specific responses (28%) and responses related to sources of occupational predictability (21%) also identified more often. Recruitment reasons related to having opportunity for career advancement (6%) and accepting a position based upon personal circumstances (5%) represented the lowest proportion. Table 8 outlines the main thematic categories and subcategories for the recruitment question as well as examples of responses related to recruitment.

Table 9 Recruitment Factors for Aboriginal Nurses

Main Thematic Categories	Responses f (%)	Recruitment Factor Responses
1. Community specific factors		
In or close to own community	49 (8)	“Born and raised here”, “Close proximity to where I live”
Close to family/spouse/friends	43 (15)	“To be close to my family”
Prefer lifestyle/people/community	19 (7)	“Like living in a smaller community”
2. Practice specific factors		
Challenge/adventure	20 (7)	“Challenging job”, “Exciting opportunity”
Cultural experience	17 (6)	“Enjoy working with Native people”
Drawn to practice area or setting	14 (5)	“Opportunity to teach Aboriginal students”
Autonomy in practice	8 (3)	“Independent nature of position”
Broad scope of practice	7 (3)	“The allure of the scope of practice”
Collegial support	6 (2)	“Excellent team”
Work satisfaction	6 (2)	“I love my work”
3. Sources of occupational predictability		
Salary/benefits/job security	25 (9)	“Better pay, no income tax deducted”
Work scheduling	24 (8)	“No rotating shifts”, “Weekends off”
Job offered/job available	10 (4)	“I had a full time position offered”
4. Career advancement		
Gain experience/expand knowledge	11 (4)	“Increase experience... courses available through work”
Advanced nursing practice	5 (2)	“Extended nursing practice role”
Further career/promotion	2 (<1)	“Advancement”
5. Personal circumstances		
Desired a change	10 (4)	“Ready for change from hospital nursing”
Only job available	3 (1)	“It was the only position available”
Health status/stress/burnout	2 (<1)	“I had a surgery that prevented me from going back to full time”
Total Responses	280 (100)	

Retention

Approximately half of the Aboriginal (47%) and non-Aboriginal (51%) nurses indicated that they expected to remain in their present nursing position for the next five years or longer. Almost one in four Aboriginal nurses indicated that they would remain for 2 to 4 years, with the remaining 30% planning to remain for only 2 years or less in their present nursing position. A total of 41% of the Aboriginal nurses noted that they had sought other employment in the last year, which was a significantly higher proportion than the 34% of non-Aboriginal nurses who had sought other employment. When asked the context of other employment sought, 71% of both Aboriginal and non-Aboriginal nurses indicated that they had looked for other employment opportunities in nursing.

Plans in the Next 5 Years

Figure 7 outlines the plans for the next five years for both the Aboriginal and non-Aboriginal nurses who responded to the national survey. More than one response was allowed. In general, a significantly lower proportion of Aboriginal nurses planned to continue nursing in the same location and/or to retire within the next five years when compared to the non-Aboriginal nurses. Conversely, a significantly higher proportion of Aboriginal nurses were planning to take further nursing education/training, relocate within their current province, nurse in another province, move from a rural/isolated community to a larger community and/or take further non-nursing education/training within the next five years when compared to the proportion of non-Aboriginal nurses who indicated the same future plans.

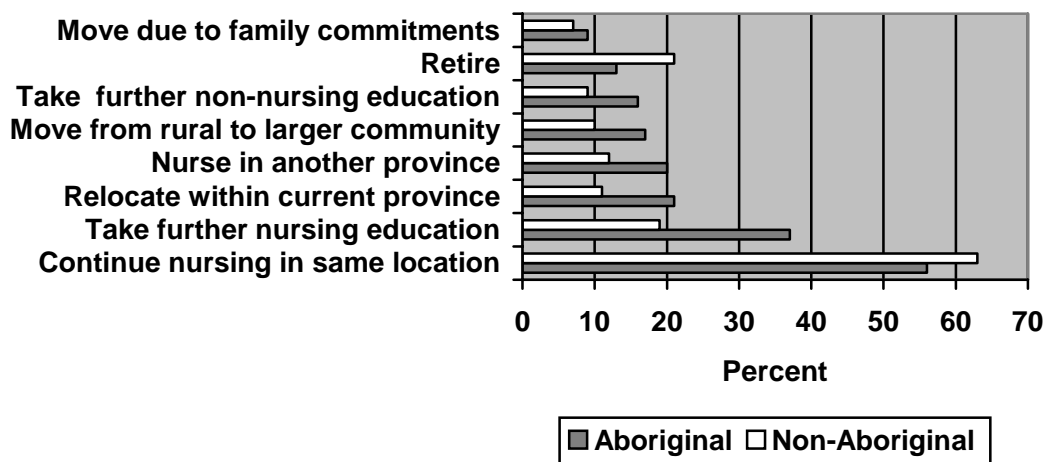


Figure 7 Aboriginal (n=210) and Non-Aboriginal (n=3631) nurses' plans within the next 5 years

WHAT WE HAVE LEARNED ABOUT RURAL/REMOTE ABORIGINAL RNs

Aboriginal nurses were significantly younger on average than non-Aboriginal nurses, who represent an aging population. The research suggests that the Aboriginal nurses who were raised in smaller communities, prefer to practice within smaller communities. This theme was present in the analysis of the open-ended question, with many Aboriginal nurses accepting their present nursing position because they wanted to return to their home community and they preferred the lifestyle that living in a smaller community offered. Although almost one in three Aboriginal nurses had attained either a degree in nursing or an advanced nurse or nurse practitioner designation, many felt that they were not adequately prepared for their practice in rural and remote areas, and that additional training was necessary for a generalist-nursing role.

The highest proportion of Aboriginal nurses reported working in nursing stations or outpost settings, with many in very remote areas that had limited access to physician support and were only accessible by plane. The higher personal income of Aboriginal nurses, in comparison to non-Aboriginal nurses, may be due to a higher proportion of Aboriginal nurses working overtime, receiving isolation allowances and being on-call. Aboriginal nurses reported more expectation to be on-call and work overtime in rural and remote areas that have fewer workplace nurses, and have less availability of nurses to cover when shortages are present. Approximately half of the Aboriginal nurses planned to stay in their present nursing position for the next five years.

There are concerns that a greater proportion of Aboriginal nurses were experiencing emotional abuse, with the perpetrator of abuse more often being a community member instead of a patient/client or family member of a patient. Many Aboriginal nurses indicated that they worked in an advanced role, which was evident in their broad scope of practice and autonomous nursing roles. When asked to comment on their role in rural/remote practice, many of the Aboriginal nurses indicated that they had more autonomy and freedom within their practice and that they had greater diversity in their overall role. Although the majority of Aboriginal nurses felt that their knowledge was current, most perceived that there were barriers to their participation in continuing education, with the majority using nursing colleagues as a source of new information on nursing practice.

Overall, Aboriginal nurses had slightly lower work satisfaction, were less satisfied with the appropriateness of staff mix within their workplace, and less satisfied with their home community than non-Aboriginal nurses. The final comments from many Aboriginal nurses indicated that increased support was necessary, that there was a need for more educational opportunities,

and they had concerns with the quality of their life in rural and remote practice areas. In contrast, many positive themes also emerged such as the rewarding nature of their work; the freedom, autonomy and diversity in their roles; and the love of rural/remote nursing, in particular in their home communities where they could contribute to enhancing Aboriginal health status.

POLICY IMPLICATIONS

The following policy suggestions are offered based upon the findings presented in this report. Specific organizations need to be included in implementing these policies including The Aboriginal Nurses of Canada, Canadian Association of Schools of Nursing, Canadian Nurses Association, First Nations and Inuit Health Branch, Native Aboriginal Health Organization, and the nursing provincial and territorial colleges and associations.

1. Review nursing curriculum content and delivery to enhance knowledge and skills needed to function effectively in rural and remote workplaces.
2. Develop employment mentoring programs for Aboriginal RNs to help ensure their success in their workplaces.
3. Develop linkages between Aboriginal nurses who work in isolation and other health professionals to provide mentoring, support and assistance.
4. Develop accessible and affordable continuing education to help ensure Aboriginal nurses who work in rural and remote settings have the appropriate clinical skills.
5. Develop community-specific and organization-specific activities to address concerns such as emotional abuse in the workplace.
6. Review current recruitment and retention efforts in an attempt to enhance the success of hiring and retaining Aboriginal nurses in rural and remote communities.

FURTHER READING

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