

# Nursing Practice In Rural and Remote Canada II

## Fact Sheet: Nursing Employment in the Northwest Territories and Nunavut

Jessica Place, Martha MacLeod, Pertice Moffitt & Roger Pitblado

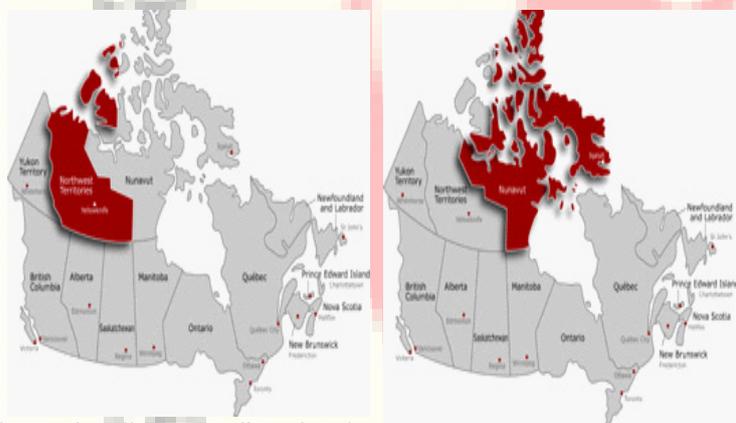
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### Background

People who live in rural and remote parts of Canada (including the North) tend to have more health challenges than people living in urban areas. Rural and remote communities also experience limited numbers and chronic shortages of health care workers, including nurses. In order to keep improving health services and to support nurses in rural and remote communities, planners and policy makers need up-to-date information. Nursing Practice in Rural and Remote Canada II is a study that provides that information.

This fact sheet reports key findings related to nursing employment for the Northwest Territories and Nunavut located in northern Canada (see Figures 1 and 2).

Figure 1. Northwest Territories Figure 2. Nunavut



Source: <http://www.canadianonly.ca/>

### Defining Rural + Remote

We use the Statistics Canada definition of Rural and Small Town Canada (du Plessis et al., 2001). Rural refers to communities with a core population of less than 10,000 people, where less than 50% of the population commutes to larger urban centres for work. This Statistics Canada definition of rural includes northern communities, as well as remote areas with little or no metropolitan influence as measured, in a labour market context, by the size of commuting flows to any larger urban centre.

The Northwest Territories and Nunavut are both sparsely populated territories. The Northwest

Territories has one urban centre: Yellowknife. As of 2011, Northwest Territories' population was 41,467, with 22,223 (53.6%) categorized as rural. Nunavut has a small, remote centre called Iqaluit. Nunavut's 2011 population was 31,909, 100% of which was categorized as rural. However, both territories are more accurately characterized as "remote" since their larger centres are relatively small and a significant distance from any other centres. They also have limited services compared to urban centres further south.

### Methods

An analysis of the Canadian Institute for Health Information's (CIHI) Nursing Database (NDB) was undertaken to identify key characteristics of the regulated nursing workforce in rural and remote Canada, as well as changes in the workforce over the last decade.

Nursing employment data for the Northwest Territories and Nunavut were examined for 2003 and 2010, and for registered nurses (RNs) and licensed practical nurses (LPNs). Due to the small number of nurses working in these territories, much of the data were suppressed in accordance with CIHI's privacy policies. As a result, data for these two territories had to be combined. Proportions should be viewed with caution as they often refer to small numbers and may cause small changes to appear significant. Other limitations include not being able to identify the number of nurses who work in the Northwest Territories and Nunavut but live elsewhere, or the total number of nursing positions.

### Employment Status

The 'employment status' categories are: full-time, part-time, casual and not stated. The nursing colleges and CIHI define regular nursing employment as guaranteeing "a fixed number of hours of work per pay period. May be defined by the employer as full-time or part-time, but reflects permanent employment even though it may be time limited" (CIHI, 2012, p. 8). Casual nursing employment "does not guarantee a fixed number of hours of work per pay period" (CIHI, 2012, p. 8).

Figures 3 and 4 show the employment status of RNs in rural and urban areas in 2003 and 2010. In 2003, more rural RNs were in full-time positions than their urban counterparts (69.0% compared to 65.0%). In the same year, the proportion of urban RNs in part-time positions was higher than for rural RNs (15.5% compared to 8.0%), and the proportion of rural RNs in casual positions was higher than for urban RNs (23.0% compared to 19.5%).

Between 2003 and 2010, the proportion of nurses working full-time decreased for both rural and urban RNs. For both urban and rural RNs, the proportion in part-time positions dropped to 0%, while the proportion in casual positions increased substantially. In 2010, the proportion of urban RNs in casual positions was higher than it was for their rural counterparts.

Figure 3. Employment status, rural RNs, 2003/2010, NT/NU

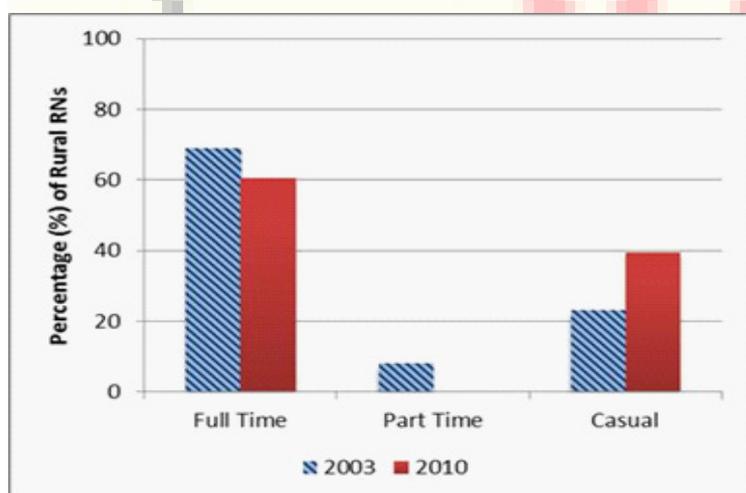
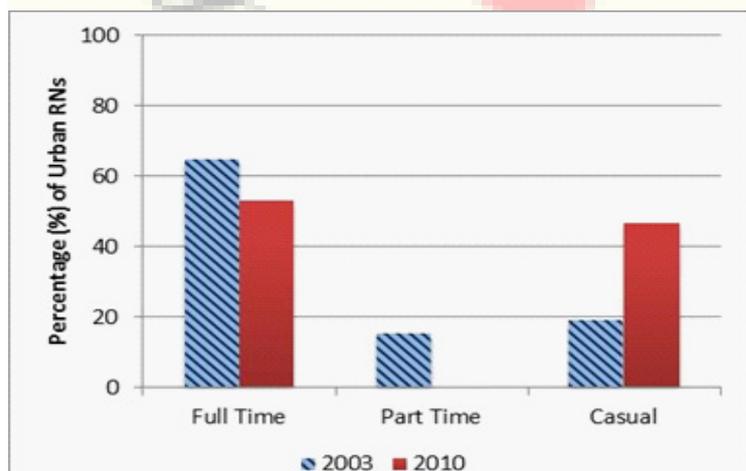


Figure 4. Employment status, urban RNs, 2003/2010, NT/NU



Figures 5 and 6 show that the majority of rural and urban LPNs reported full-time employment in both 2003 and 2010. In rural areas, full-time employment increased, while part-time and casual employment decreased. Similar trends were found in urban areas. In 2010, more rural than urban LPNs had full-time positions.

Figure 5. Employment status, rural LPNs, 2003/2010, NT/NU

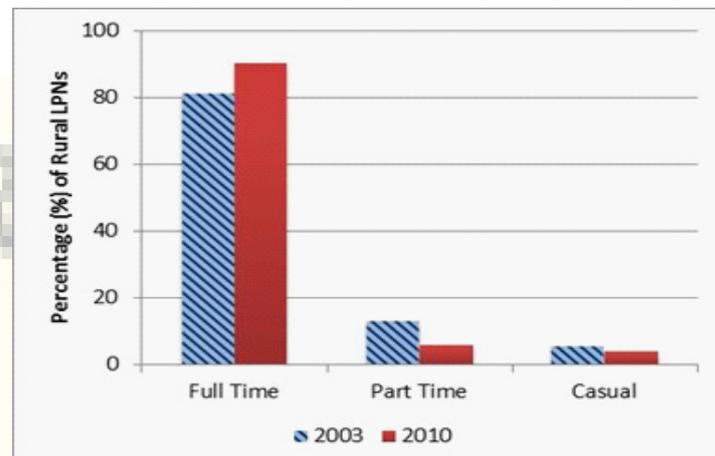
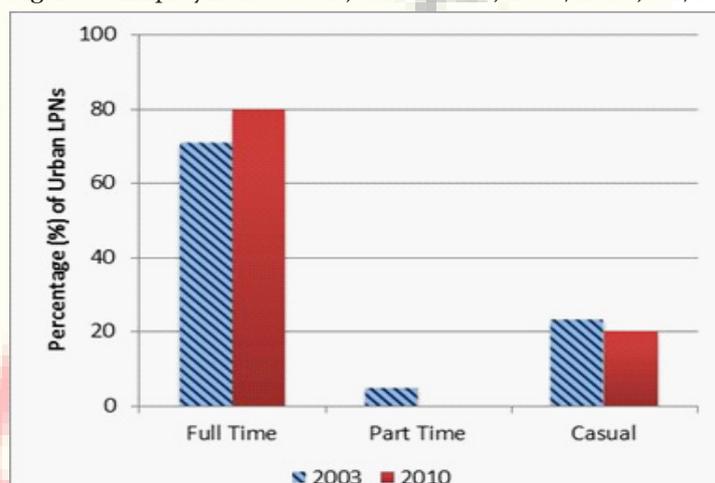


Figure 6. Employment status, urban LPNs, 2003/2010, NT/NU



## Multiple Employers

'Multiple employers' refers only to whether nurses have one or more employers. The actual number of employers was not available for this study.

Most data for multiple employer status were suppressed due to small cell sizes. In 2010, 54.6% of rural RNs and 71.6% of urban RNs reported having multiple employers.

## References

- CIHI. (2012). Registered Nurses Data Dictionary and Processing Manual, Version 12.0. Ottawa, ON: Canadian Institute for Health Information.
- du Plessis, V., Beshiri, R., Bollman, R.D. and Clemenson, H. (2001). Definitions of rural. Rural and Small Town Canada Analysis, Bulletin 3:1-16.

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