



# ***READY OR NOT:***

## ***A STUDY OF NURSES' PERCEPTIONS ABOUT NORTHERN PRACTICE***



Report Submitted To:  
*MEDICAL SERVICES BRANCH (ONTARIO)*  
*HEALTH CANADA*

*March, 2000*

*Research Team*  
*Margaret Boone, Bruce Minore, Mary Ellen Hill*  
*& Connie Hartviksen*  
*Centre for Rural and Northern Health Research*  
*Lakehead University*  
*Thunder Bay, Ontario, Canada*





© The Centre For Rural and Northern Health Research 2000





## **ACKNOWLEDGMENTS**

The authors would like to acknowledge and thank Ms. Louise Cholock, Regional Nurse Educator and Acting Regional Nursing Officer of Medical Services Branch (Ontario Region) for her advice and guidance in developing the instrument used in the survey. The College of Nurses of Ontario (CNO) assisted with the study by providing a randomized sample of Registered Nurses currently practising in Northwestern Ontario from the College's membership. Ms. Bea Soffers, Manager, Projects and System Development at the College, ensured that the required information was provided in a readily useable format.

The researchers also want to thank Professor A. Michel Morton, School of Nursing, Lakehead University, who identified and contacted nurses to pre-test the instrument. And, finally, they would like to express their appreciation to the ten individuals who participated in the pre-test.





## Table of Contents

Acknowledgments .....	ii
List of Figures .....	iv
Executive Summary .....	ix

### *Chapters:*

I. Research Requirements .....	1
II. The Recruitment Pool .....	8
III. Contract Expectations .....	31
IV. Working Conditions .....	40
V. Living Conditions .....	54
VI. Orientation .....	68
VII. Recruitment .....	77
VIII. Recommendations .....	96

Appendix A: Workplan .....	102
Appendix B: Covering Letter .....	104
Appendix C: Survey Instrument .....	106







## List of Figures

Figure 1	Survey Response Rates .....	6
Figure 2	Education (All Respondents) .....	10
Figure 3	Ages (All Respondents) .....	10
Figure 4	Employment Status (All Respondents) .....	11
Figure 5	Work Settings (All Respondents) .....	11
Figure 6	Primary Responsibilities (All Respondents) .....	12
Figure 7	Primary Area of practice (All Respondents) .....	13
Figure 8	Experience Working With Aboriginal Clients (All Respondents) .....	13
Figure 9	Factors That Might Attract Nurses (All Respondents) .....	14
Figure 10	Factors That Might Deter Nurses (All Respondents) .....	14
Figure 11	Educational Backgrounds (Would Consider Northern Nursing) .....	15
Figure 12	Their Ages (Would Consider Northern Nursing) .....	15
Figure 13	Current Employment Status (Would Consider Northern Nursing) .....	16
Figure 14	Work Settings (Would Consider Northern Nursing) .....	16
Figure 15	Primary Responsibilities (Would Consider Northern Nursing) .....	17
Figure 16	Primary Area of Practice (Would Consider Northern Nursing) .....	18
Figure 17	Experience Working With Aboriginal Clients (Would Consider Northern Nursing) .....	18
Figure 18	Acceptable Length of Contract (Would Consider Northern Nursing) .....	19





Figure 19	Acceptable Starting Salary (Would Consider Northern Nursing) . . . . .	19
Figure 20	Other Expected Benefits (Would Consider Northern Nursing) . . . . .	20
Figure 21	Factors That Might Attract Nurses (Would Consider Northern Nursing) . . . . .	21
Figure 22	Factors That Might Deter Nurses (Would Consider Northern Nursing) . . . . .	22
Figure 23	Educational Background (Would Not Consider Northern Nursing) . . . . .	23
Figure 24	Their Ages (Would Not Consider Northern Nursing) . . . . .	23
Figure 25	Current Employment Status (Would Not Consider Northern Nursing) . . . . .	24
Figure 26	Work Settings (Would Not Consider Northern Nursing) . . . . .	24
Figure 27	Primary Responsibilities (Would Not Consider Northern Nursing) . . . . .	25
Figure 28	Primary Area of Practice (Would Not Consider Northern Nursing) . . . . .	26
Figure 29	Experience Working With Aboriginal Clients (Would Not Consider Northern Nursing) . . . . .	26
Figure 30	Acceptable Length of Contract (Would Not Consider Northern Nursing) . . . . .	27
Figure 31	Acceptable Starting Salary (Would Not Consider Northern Nursing) . . . . .	27
Figure 32	Other Benefits Expected (Would Not Consider Northern Nursing) . . . . .	28
Figure 33	Factors That Might Attract Nurses (Would Not Consider Northern Nursing) . . . . .	29





Figure 34	Factors That Might Deter Nurses (Would Not Consider Northern Nursing) . . . . .	30
Figure 35	Expectations - Length of Contracts (All Respondents) . . . . .	32
Figure 36	Expectations - Starting Salaries (All Respondents) . . . . .	36
Figure 37	Expectations - Unionized/Non-union Position (All Respondents) . . . . .	36
Figure 38	Contract Expectations - Compensation for Overtime (All Respondents) . . . . .	37
Figure 39	Contract Expectations - Other Benefits (All Respondents) . . . . .	39
Figure 40	Working Conditions - Expected Workloads (All Respondents) . . . . .	41
Figure 41	Working Conditions - Inservice Education Expected (All Respondents) . . . . .	42
Figure 42	Working Conditions - Practice Setting Expected (All Respondents) . . . . .	43
Figure 43	Working Conditions - Equipment Expected (All Respondents) . . . . .	44
Figure 44	Working Conditions - Communications Resources Expected (All Respondents) . . . . .	45
Figure 45	Working Conditions - Staffing Resources Expected On-Site (All Respondents) . . . . .	46
Figure 46	Working Conditions - Staffing Resources Expected On-Call (All Respondents) . . . . .	47
Figure 47	Working Conditions - Health Issues Expected (All Respondents) . . . . .	49
Figure 48	Working Conditions - Other Health Issues (Open-Ended Question) (All Respondents) . . . . .	50





Figure 49	Working Conditions - Types of Clients Expected (All Respondents) . . . . .	51
Figure 50	Working Conditions - Expected Acuity (All Respondents) . . . . .	52
Figure 51	Working Conditions - Cross-Cultural Issues Expected (All Respondents) . . . . .	53
Figure 52	Living Conditions - Housing and Consumer Items Expected (All Respondents) . . . . .	55
Figure 53	Living Conditions - Costs of Housing and Other Consumer Items Compared to Costs of Similar Services in Their Home Communities (All Respondents) . . . . .	56
Figure 54	Living Conditions - Community Facilities Expected (All Respondents) . . . . .	58
Figure 55	Living Conditions - Community Facilities & Services - Costs Compared To Similar Services in Their Home Communities (All Respondents) . . . . .	60
Figure 56	Living Conditions - Availability of Daily Flights, Travel Subsidies and Time-Release for Travel (All Respondents) . . . . .	61
Figure 57	Living Conditions - Travel - Costs Compared To Similar Services In Their Home Communities (All Respondents) . . . . .	62
Figure 58	Essential Supports - Professional Supports (All Respondents) . . . . .	64
Figure 59	Essential Supports - Community Supports (All Respondents) . . . . .	65
Figure 60	Essential Personal Supports in the Community (All Respondents) . . . . .	66
Figure 61	Essential Supports - Personal Supports Outside the Community (All Respondents) . . . . .	67
Figure 62	Clinical Preparation Needed (All Respondents) . . . . .	69
Figure 63	Orientation Required - Transcultural Issues (All Respondents) . . . . .	72





Figure 64	Orientation Issues - Clinical Supports (All Respondents) . . . . .	74
Figure 65	Orientation Issues - Northern Health Care Supports (All Respondents) . . . . .	76
Figure 66	Factors Which Might Attract Nurses To Northern Nursing Positions (All Respondents) . . . . .	78
Figure 67	Factors Which Might Act As Barriers And Deter Nurses From Northern Nursing Positions (All Respondents) . . . . .	84
Figure 68	Recruitment - Effective Strategies (All Respondents) . . . . .	89





## ***EXECUTIVE SUMMARY***

For some time, Medical Services Branch (Ontario Region) has experienced difficulties attracting and retaining nurses to work in the communities of the Sioux Lookout Zone. One idea proposed to alleviate this problem was the routine rotation of nurses into zone communities to provide short-term relief. This plan would draw on experienced nurses from communities that are relatively close by. To explore the feasibility of this option and determine the level of awareness about nursing practice in northern First Nations, as well as the interest in and preparedness for such work, Health Canada commissioned the Centre for Rural and Northern Health Research (CRaNHR) to conduct a survey of Registered Nurses in Northwestern Ontario. This report summarizes the results of that survey.

### ***Methodology***

The survey instrument was developed by the researchers in consultation with the Regional Nurse Educator and Acting Regional Nursing Officer of MSB (Ontario Region). Among the issues explored were respondents' interest in Northern nursing employment; cross-cultural nursing experience, and experience living or working in a First Nation community. Many questions asked respondents to put themselves in the position of a nurse planning to go north, thereby capturing a sense of the contractual provisions that would be necessary to meet nurses' needs. The survey form also documented their expectations about working conditions, including workloads, client acuity, professional supports, inservice education and cross-cultural issues. To assist MSB in developing supportive policies to help communities recruit and retain nurses, respondents were invited to suggest strategies to which they believe their colleagues might be receptive.





The survey was administered to a sample drawn at random from the approximately 2500 Registered Nurses in Northwestern Ontario who were members of the College of Nurses of Ontario (CNO) in 1999. A total of 237 individuals participated in the study: 74 BScN and 163 Diploma RN's. Survey data were subjected to an initial quantitative and qualitative analysis using SurveyPro software. More complex quantitative survey responses were analysed using a SPSSx - 6.0 software package.

Although it is encouraging that 23.6% of those who answered said that they would consider a northern position, the study's primary objective was to paint a full picture of the nursing human resources available in the region and, hence, frame a recruitment strategy that might make a short-term relief plan workable.





## ***Recommendations***

The current shortage of nurses ready and willing to work in the North is likely to continue into the foreseeable future. Considering the availability of employment in other locations, it will take concerted efforts to attract experienced individuals to fill positions on isolated First Nations communities. As the present survey showed, nurses have specific expectations about the kinds of contracts and working conditions that would be acceptable to themselves or their colleagues.

Given the fact that most are currently employed, with family commitments, they believe that flexible contract conditions are essential. They also expect that nursing stations will be fully equipped and staffed, with appropriate back-ups on-site and on-call. They also expect that access to educational supports will be given. Realizing the service limitations and costs of living in isolated communities, they believe that affordable, safe and secure housing is a priority. Travel in and out of the communities is also an issue, as are provisions for purpose-specific leaves.

Respondents identified various factors that would influence recruitment to nursing positions in the north. The attractions ranged from salary advantages, through the experience of working in a different cultural setting, to the opportunity to engage in independent practice. The barriers included lack of supports, negative experiences and rumours. Each of these must be taken into account in developing a nursing recruitment strategy. What could be done: To enhance contract conditions? To address concerns about backup and educational resources? To improve access to housing, travel, leave and other benefits? To alleviate perceptions about lack of support, negative experiences and rumours? Answers to these and other questions may be found in the summaries of findings and recommendations presented on the following pages.





## Contracts

Results of this assessment indicate that nurses in Northwestern Ontario believe that contracts for Northern nurses must be extremely flexible. Reflecting their employment and family commitments, they believe that a range of contract options is needed, allowing for short-term, long-term, occasional and rotating appointments.

Because qualified nurses are generally already employed in acute care settings, partnership with hospitals and other regional employers might be appropriate. Although difficult to implement, “job shares” and specialized leave arrangements would give more nurses the option of accepting Northern positions.

While favouring higher rates of pay, most consider negotiable starting salaries acceptable, providing that education, knowledge and skill differentials are recognized. Most also felt that isolation pay was appropriate, as was a comprehensive range of benefits, including paid educational leave. Therefore, it is recommended that MSB, the communities and other organizations mandated with the planning and provision of First Nations nursing services at regional and local levels:

- ▶ 1.0 Recognize provision of flexible nursing contract conditions as an integral component of the regional First Nations health care system.
- ▶ 1.1 Consider developing a range of nursing contracts for First Nations communities, incorporating short-term, long-term, occasional and rotating positions.
- ▶ 1.2 Foster consultative partnerships with hospitals and other regional nursing employers, to explore the potential for innovative contractual arrangements.
- ▶ 1.3 Explore the potential for developing innovative job-sharing arrangements, whereby two or more nurses would share one Northern nursing position.
- ▶ 1.4 Examine specialized leave provisions, to assure that nurses with existing employment or family commitments have the opportunity to accept Northern nursing positions.
- ▶ 1.5 Examine current salary schedules, to identify the potential for accommodating negotiable starting salaries.
- ▶ 1.6 Examine current benefits schedules, to examine the potential for providing isolation pay, paid educational leave and other benefits.





## Working Conditions

The evaluation confirmed the fact that anticipated working conditions were a critical factor in nurses' location decisions. Given their expectation that heavy workloads and on-call demands would be the norm, nurses considering Northern employment wanted to know what limits would be placed on shift and overtime hours.

They had firm expectations about the resources that would be available in Northern nursing stations, in terms of, equipment and communications devices. As well, they envisioned a substantial network for professional supports. This included nursing colleagues, supervisors, physicians and other professionals. They also recognized how vital First Nations leaders, caregivers and community members would be to their practice.

Given the range of acuities and health issues expected, both BScN and Diploma-prepared nurses felt that Northern nurses should have access to continuing education and distance education opportunities, such as the Northern Clinical Practice and Nurse Practitioner programs. Therefore, it is recommended that MSB, the communities and other organizations mandated with the planning and provision of First Nations nursing services at regional and local levels:

- ▶ 2.0 Recognize that working conditions are an integral part of Northern nursing recruitment strategies.
- ▶ 2.1 Examine current Northern nursing workloads to explore provisions for limits on the length of shift and overtime hours during normal nursing rotations.
- ▶ 2.2 Ensure that recruits are fully informed about the practice setting resources available in nursing stations, including space, equipment and communications devices.
- ▶ 2.3 Ensure that recruits are fully informed about MSB supports and services available on-site and on-call, including nursing colleagues, supervisors, physicians and other professionals.
- ▶ 2.4 Ensure that recruits are fully informed about the supports available from First Nations leaders, professionals and community members.
- ▶ 2.5 Examine current continuing education policies to assist Northern nurses in accessing part-time and distance education.
- ▶ 2.6 Facilitate access to the Northern Clinical Practice program for both BScN and Diploma-





### **Living Conditions:**

Although very few nurses had lived or worked in remote First Nations communities, those surveyed felt that expectations about living conditions had an important effect on recruitment decisions. Given the isolation of the communities, affordable, safe, and secure housing was a primary concern, as was access to local transportation, such as ATVs, snowmobiles or boats.

They also believed that Northern nurses should have access to a range of community facilities, including schools, churches, organized recreation, community radio and television. Considering the costs of living in remote locations, they anticipated that rent and utilities would need to be subsidized.

Given the fact that maintaining professional and personal support networks outside the communities was essential, nurses thought that travel benefits, regular leave and communications links were needed. Visits or relocation of family and significant others to the community should be another option. Therefore, it is recommended that MSB, the communities and other organizations mandated with the planning and provision of First Nations nursing services at regional and local levels:

- ▶ 3.0 *Recognize that living conditions are an integral part of Northern nursing recruitment strategies.*
- ▶ 3.1 *Ensure that nursing recruits have access to affordable, safe and secure housing in First Nations communities.*
- ▶ 3.2 *Work with First Nations communities to ensure that nurses have access to local transportation when needed.*
- ▶ 3.3 *Work with First Nations communities to ensure that potential nursing recruits are fully informed about local services, facilities and activities.*
- ▶ 3.4 *Examine the feasibility of additional subsidies to support the costs of housing, utilities and travel to and from the communities.*
- ▶ 3.5 *Ensure that nurses have access to travel benefits, regular leave and communications links to maintain professional and personal support networks outside the communities.*
- ▶ 3.6 *Assess the feasibility of additional supports for Northern nurses who wish to bring their families into the communities on a short-term or long-term basis.*







**Orientation:**

Those surveyed believed that adequate clinical preparation and orientation were essential components in recruiting and retaining qualified nurses for the North. They emphasized that a broad-based orientation was essential, encompassing clinical skills, health system supports and transcultural issues. The consensus was that nurses needed specialized skills training, such as that offered through the Northern Clinical Practice program.

Orientation to physician and community resources, nursing roles and legal or ethical issues was essential. Priority was placed on information about transcultural issues, including Aboriginal health issues, First Nations Communities, community health and transcultural nursing.

Some thought that videos or other visual presentations could be an especially useful orientation aid, giving nurses a more accurate picture of First Nations communities, health issues, nursing roles and supports. Therefore, it is recommended that MSB, the communities and other organizations mandated with the planning and provision of First Nations nursing services at regional and local levels:

- ▶ 4.0 *Recognize that adequate preparation and orientation are key components in recruiting and retraining qualified Northern nurses.*
- ▶ 4.1 *Ensure that nursing recruits are given a broad-based orientation encompassing clinical skills, health system supports and transcultural issues.*
- ▶ 4.2 *Ensure that potential recruits are fully informed about the availability of and supports for the Northern Clinical Practice Program.*
- ▶ 4.3 *Ensure that recruits are given comprehensive information about community resources, Northern nursing roles, legal or ethical issues.*
- ▶ 4.5 *Work with First Nations communities to ensure that recruits are fully informed about transcultural issues, specifically Aboriginal health issues, First Nations communities, community health and transcultural nursing.*
- ▶ 4.6 *Explore the feasibility of developing videos or other visual presentations to give potential recruits an accurate overview of First Nations communities, health issues, nursing roles and supports.*





### **Recruitment:**

Nurses believed that recruitment efforts should build on recognized attractions and deterrents. Salary and other compensation, such as subsidized accommodations, travel and paid educational leave, as well as rotating work schedules were in the first category. So, too, were the opportunity to practice in a different cultural setting and independently. For some, the North also represented a chance to experience a desirable "outdoor" lifestyle. Those surveyed, however, were fully aware of the barriers which prevented nurses from accepting Northern postings, including a lack of professional and personal supports, bad experiences and rumours about conditions in the communities.

Positive representation from Northern nurses and the communities is needed to overcome these negative effects. Information could be effectively delivered using recruitment fairs, newsletters, newspapers, journals, electronic media and direct contacts with college and university schools. Trial placements for recruits and clinical placements for students would help. Therefore, it is recommended that MSB, the communities and other organizations mandated with the planning and provision of First Nations nursing services at regional and local levels:

- ▶ 5.0 *Recognize that nursing recruitment efforts will be most effective if they focus on the factors which attract or deter nurses.*
- ▶ 5.1 *Ensure that potential recruits are fully informed about salary incentives, other compensation and rotating work schedules.*
- ▶ 5.2 *Emphasize the unique opportunities for practice in a different cultural setting and independent practice.*
- ▶ 5.3 *Emphasize lifestyle opportunities centred on the outdoors.*
- ▶ 5.4 *Ensure that recruits are fully informed about the availability of professional and personal supports.*
- ▶ 5.5 *Work with First Nations communities and Northern nurses to overcome the negative effects of past bad experiences and rumours.*
- ▶ 5.6 *Develop a comprehensive recruitment strategy using fairs, newsletters, newspapers, journals, electronic media and contacts with college and university schools.*
- ▶ 5.7 *Explore the feasibility of offering trial placements to potential recruits and clinical placements for senior nursing students.*





# ***I. RESEARCH REQUIREMENTS***

For the past several years, First Nation Communities in the Sioux Lookout Zone have experienced exceptionally high rates of turnover among nurses, their principal health care provider group. In 1997, Health Canada surveyed nurses currently and formerly employed by Medical Services Branch (MSB) to identify factors causing attrition from the region. Based on that survey's findings, the Centre for Rural and Northern Health Research (CRaNHR) prepared a consultation report for stakeholders to use in developing a regional nursing strategy. Among the remedial actions proposed was the rotation of nurses into zone communities on a routine basis to provide short-term relief. This plan, which would draw nurses from Northern communities that are relatively nearby, recognized that many of them might be unfamiliar with the challenges and opportunities of practising in a First Nation.

Further to the first survey, Health Canada commissioned the CRaNHR to conduct a survey of non-MSB nurses in Northwestern Ontario to determine their level of awareness, willingness and preparedness for Northern practice. This report summarizes the results, documenting knowledge, opinions and attitudes of RNs across the region. It should be noted that most of these individuals have not worked as nurses in the more remote North. The intent of the study, however, was to assess the opinions of nurses from the region representative of those who might be recruited for the relief pool. As part of that process it was deemed important to learn what gaps may exist in their understanding, and how these might be addressed by MSB.

The present survey represents the first phase of a two-stage project evaluating nursing recruitment in Northwestern Ontario. As shown on the workplan, the evaluation activities included in the survey phase took place over a span of 9 months, beginning July 1, 1999 and ending March 31, 2000. (See *Appendix "A" - Workplan.*) The second phase will involve assessment of the orientation and specialized preparation provided for RNs who have recently been recruited to staff MSB facilities in First Nations communities in the region. Second-phase evaluation





activities, incorporating findings from the present survey, are scheduled to begin in April 2000.

## **Objectives**

With respect to practising in Sioux Lookout Zone communities, the survey set out to examine nurses' expectations concerning:

- ▶ contract and working conditions;
- ▶ levels of practice, practice setting and staffing resources;
- ▶ health issues likely to be encountered in isolated communities;
- ▶ living conditions, including services; and
- ▶ anticipated professional and personal supports.

It sought to assess the effectiveness of current recruitment strategies by determining nurses' opinions and attitudes about:

- ▶ the types of orientation which would assist individuals in making up their minds about Northern nursing practice;
- ▶ recruitment strategies which would work best for attracting nurses to practice in the North;
- ▶ factors which might deter nurses from considering a Northern nursing position; and effective strategies for informing nurses about Northern nursing opportunities.





## ***Methodology***

To evaluate the attitudes, experiences and perceptions of nurses in the potential relief pool, the research team, in consultation with Louise Cholock, Regional Nurse Educator and Acting Regional Nursing Officer of Medical Services Branch (Ontario Region), developed a comprehensive questionnaire encompassing the evaluation objectives. (See *Appendix "C" - Survey Instrument*). The questionnaires, in multiple response formats, (taking approximately 30 minutes to complete), examined nurses' perspectives on nursing in First Nations communities located in the North. As part of the research development process, the survey instrument was pre-tested with ten nurses, some of whom had recent experience nursing in First Nations communities.

Key indicators assessed willingness to consider Northern nursing, interest in Northern nursing employment; cross-cultural nursing experience, including with Aboriginal clients; and experience living or working in an isolated First Nation community. Other items explored nurses' views on the contract conditions which they would expect to find in Northern communities, including length of contract, pay levels, compensation for overtime and other benefits. Subsequent sections tapped opinions on working conditions in the communities, encompassing workload, acuity, types of clients, inservice education and cross-cultural issues. Information was also collected on levels of preparation required, practice setting resources, staffing and supports expected. Additional items assessed respondents' perceptions on health issues and living conditions in First Nations communities.

For planning purposes, respondents were asked to specify which types of orientation and recruitment strategies would assist individuals in choosing a Northern nursing position. As well, they were asked to provide information about their nursing background, recent nursing experience, employment history and nursing responsibilities. To assist in the analysis of responses, they were also asked for some demographic information about themselves and their families.





## ***Data Analysis***

Survey data were subjected to an initial quantitative and qualitative analysis using SurveyPro software. More complex quantitative survey responses were analysed using a SPSSx - 6.0 software package. Whenever feasible, standard procedures were used to simplify the analysis of items with complex multiple response categories.

## ***Procedures for Ensuring Confidentiality***

To ensure that subjects were fully informed about the study, each participant received a comprehensive package of survey materials, containing a covering letter, survey and postage-prepaid return envelope. The covering letter outlined the purposes of the study, its potential benefits and the procedures for ensuring confidentiality (See *Appendix "B" - Covering Letter.*)

The covering letter stated that no apparent risk was associated with the research, that participation was voluntary and would have no impact on their current working conditions, their future employment or access to services. Participants were assured that all material collected would be confidential and at no time would attempts be made to link findings to specific individuals. Data is to be retained in locked cabinets at the CRaNHR offices for a period of seven years, as required by Lakehead University policy.

To provide further protection for subjects, all survey materials have been analysed and reported in the form of grouped, descriptive data, making it impossible to identify specific individuals in this report or other presentations of the results. All survey materials and research procedures received ethical approval from the Research Ethics Review Committee, Lakehead University, on August 11, 1999.





## ***Sampling***

The survey sample was drawn from the 1999 College of Nurses of Ontario (CNO) registry. Once ethical clearance was obtained from the Lakehead University Ethics Review Committee, the proposal was submitted to the Executive Director of the CNO for consideration. Upon her approval, the College provided the required data. Following CRaNHR specifications, the college drew a random sample from its members who lived in Northwestern Ontario and supplied the resulting mailing lists to the researchers. Only those individuals who had given the College permission to release their names for research purposes were included.

The initial sample of 625 individuals represented 25% of the approximately 2500 nurses who are currently registered with the College and resident in Northwestern Ontario. Proportionate sampling ensured that the 170 BScN and 455 Diploma RNs included in the sample represented the current levels of preparation found among nurses in the region. Random selection with replacement ensured that results from the survey are generalizable to all RNs in the region.

Survey packages were mailed to potential respondents on November 12, 1999, with a second mailing to all respondents on November 29, 1999<sup>1</sup>. The follow-up distribution of surveys included an additional letter to respondents to encourage participation and, thus, to enhance response rates. Replacement questionnaires were mailed on December 4, 1999<sup>2</sup>.

---

<sup>1</sup> As no identifiers were used on the return questionnaires, all participants received the second mailing.

<sup>2</sup> Replacement sampling was used to deliver additional survey packages for four questionnaires that were undeliverable due to incorrect mailing addresses (2 BScN and 2 Diploma RNs).





### **Response Rates**

Based on returns received between November 30, 1999 and March 15, 2000, questionnaires were completed by 237 respondents, including 74 BScN and 163 Diploma RNs. After adjusting the sample for three individuals who were no longer active in the nursing profession<sup>3</sup>, this produced an overall response rate of 38.1%. (This rate is above the 34% return rate expected for population surveys with a mailed follow-up<sup>4</sup>.)

<i>Northern Nursing Recruitment Survey Response Rates (Adjusted)</i>			
	<i>Distributed</i>	<i>Returned</i>	<i>Rate</i>
<i>BScN</i>	170	74	43.5%
<i>Diploma</i>	452	163	36.1%
<i>All</i>	622	237	38.1%

As shown in *Figure 1*, response rates varied according to the educational background of participants. Rates of return were somewhat higher for RNs who had completed a BScN than for those with Diplomas (43.5% and 36.1%, respectively).

**Figure 1 - Survey Response Rates**

---

<sup>3</sup> Three individuals included in the original sample had retired from active nursing some years previously and therefore considered themselves ineligible to participate. As these surveys were received too late for replacement, this produced an adjusted sample size of 622 potential respondents, including 170 BScN and 452 Diploma RNs.

<sup>4</sup> Population surveys usually produce initial response rates of at least 19%, with follow-up mailings adding another 15% (Dillman, D.A., *Mail and Telephone Surveys: The Total Design Method*. John Wiley & Sons: New York, 1978: 185-186.)





## ***Dissemination of Research Results***

It is anticipated that this evaluation will provide information which will help Medical Services Branch in meeting their short and long-term recruitment objectives for Northern Ontario, and form the basis for supportive policies to help transferred First Nations meet their health human resource objectives. To ensure that subjects have access to the results, all participants were informed that a brief summary of findings and recommendations will be prepared and distributed on request. According to the terms of the contract with MSB, data will remain the property of the CRaNHR research team, who reserve the right to use it for academic research, publication and presentation purposes.

The present report is divided as follows: Chapter II describes the characteristics of the potential recruitment pool, in the form of graphic summaries; Chapter III outlines their expectations about contract conditions; Chapter IV summarizes their opinions on working conditions; and Chapter V describes their expectations about living in Northern communities.

The subsequent chapters contain an overview of respondents' opinions about effective recruitment strategies: Chapter VI discusses their perspectives on the types of orientation required; Chapter VII presents their views on recruitment, including attractions and barriers, as well as a discussion of strategies for publicizing Northern nursing opportunities. Finally, Chapter VIII concludes the report with a summary of findings and recommendations.





## **II. THE RECRUITMENT POOL**

This chapter offers an overview of the Northwestern Ontario nurses who responded to the survey. Forming a potential pool of recruits for nursing positions in isolated First Nations communities, they represent a diversity of backgrounds, experiences and preferences. Designed primarily for reference purposes, the chapter has been divided into three sections, each highlighting the characteristics of a different group:

- ▶ *The first offers a profile of the 237 Northwestern Ontario nurses who responded to the survey<sup>5</sup>.*
- ▶ *The second section presents a profile of the 56 individuals who indicated that they would definitely or probably consider Northern nursing employment.*
- ▶ *The third section contains a parallel profile of the 166 individuals who indicated that they probably or definitely would not consider Northern nursing opportunities at the present time.*

Each profile represents a snapshot of the respondents to the survey, highlighting their personal characteristics, educational preparation, current employment status, experience in various practice settings and primary nursing responsibilities. Opinions on the factors that would attract or deter nurses from accepting positions in isolated First Nations communities are also included.

---

<sup>5</sup> This includes fifteen individuals who did not know whether they would consider Northern nursing.





## ***A Note On Graphs & Summaries***

Because this section is intended as a ready reference, data are reported in the form of detailed graphs and text summaries. Graphic presentations are based on multiple response analyses. In this type of analysis, multiple responses to a single question are grouped together, with comparisons made on the basis of the "top box" category of response:

- ▶ This procedure means, for example, that the graph on primary practice responsibilities presents a comparison of the responses of individuals who identified one or more areas as a primary responsibility.
- ▶ Percentages reported reflect the total number of individuals who have answered at least one of the items included in a specific question group. As a result, the percentages shown on a multiple-response graph will not total to 100%.

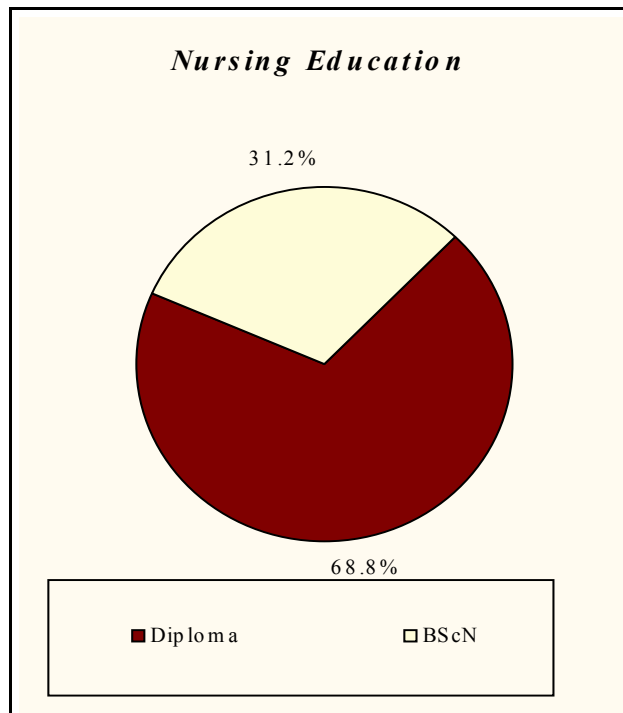
For ease of reference, the graphs are accompanied by text summaries highlighting significant findings shown in the graphs. When appropriate, supplementary descriptive information is also presented. Unless otherwise indicated, all percentages reported in the text summaries are case-based and adjusted to exclude non-responses.



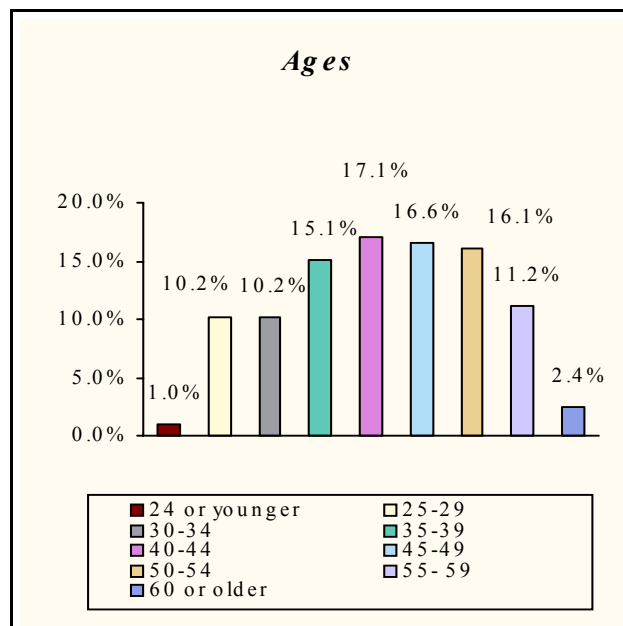
## **NWO Nurses**

### **Who They Are:**

- ▶ 68.8% had a Nursing Diploma, 31.2% had a BScN
- ▶ between the ages of 23 and 62, with an average age of 43
- ▶ 84.1% are currently married or the equivalent
- ▶ 93.4% had children; of these 79.3% had 1 -3, 9.9% had 4 -5 children
- ▶ 57.5% had children age 18 or older; 76.6% had child age 11 or younger
- ▶ all spoke English, 11.1% spoke French, 1.8% spoke Cree or Oji-Cree and 11.9% spoke other languages
- ▶ identified their ethnic backgrounds as British (42.0%), Canadian (39.6%), European (33.5%), French (11.8%), Aboriginal (4.2%) or other ethnic groups (5.2%)



**Figure 2 - Education (All Respondents)**

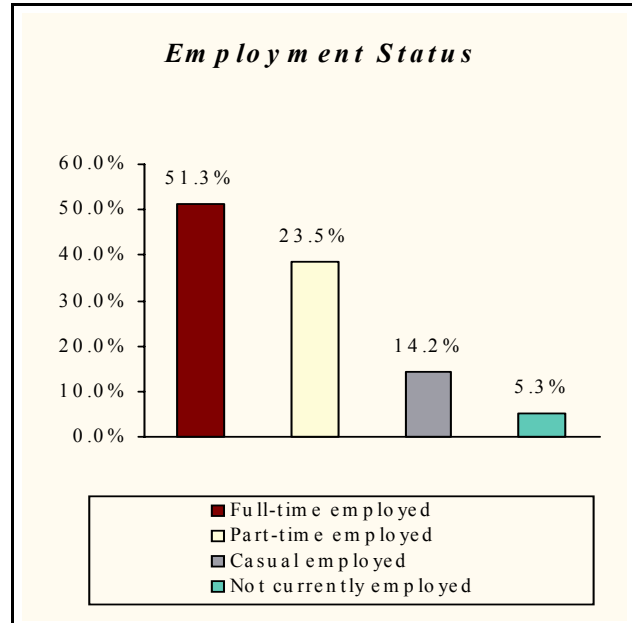


**Figure 3 - Ages (All Respondents)**



**Their Employment Status:**

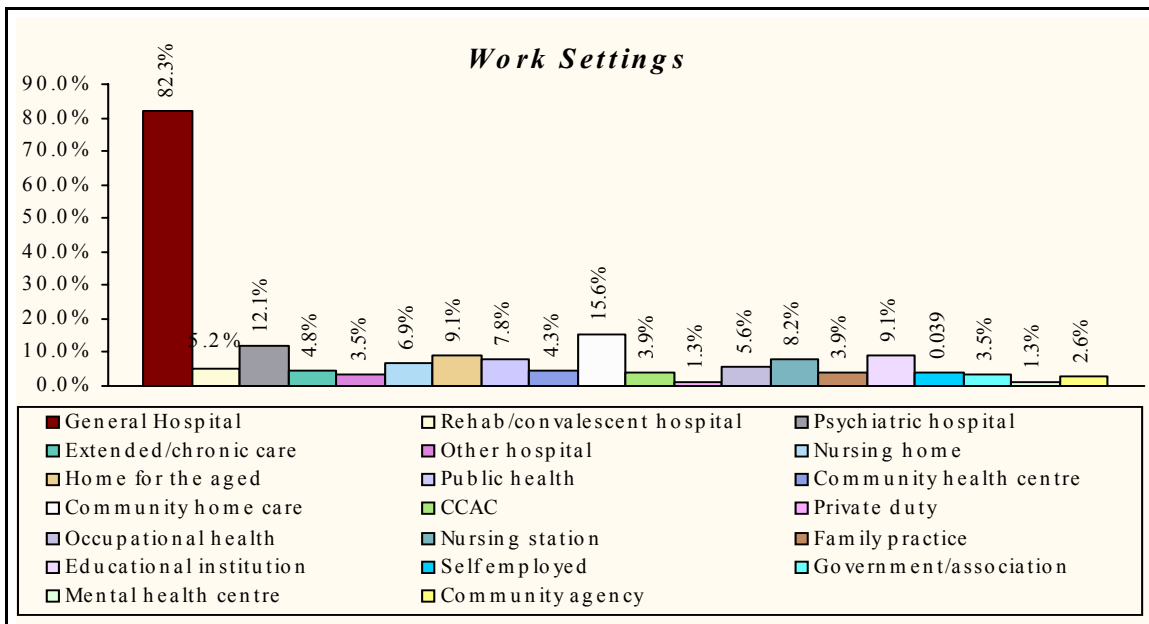
- ▶ 51.3% are employed full-time
- ▶ 23.5% are employed part-time
- ▶ 14.3% are casual employees
- ▶ 5.3% are not currently employed



**Where They Have Worked:**

- ▶ 82.3% in general hospitals
- ▶ 15.6% in home care
- ▶ 12.1% in psychiatric services
- ▶ 8.2% in nursing stations

**Figure 4 - Employment Status (All Respondents)**



**Figure 5 - Work Settings (All Respondents)**



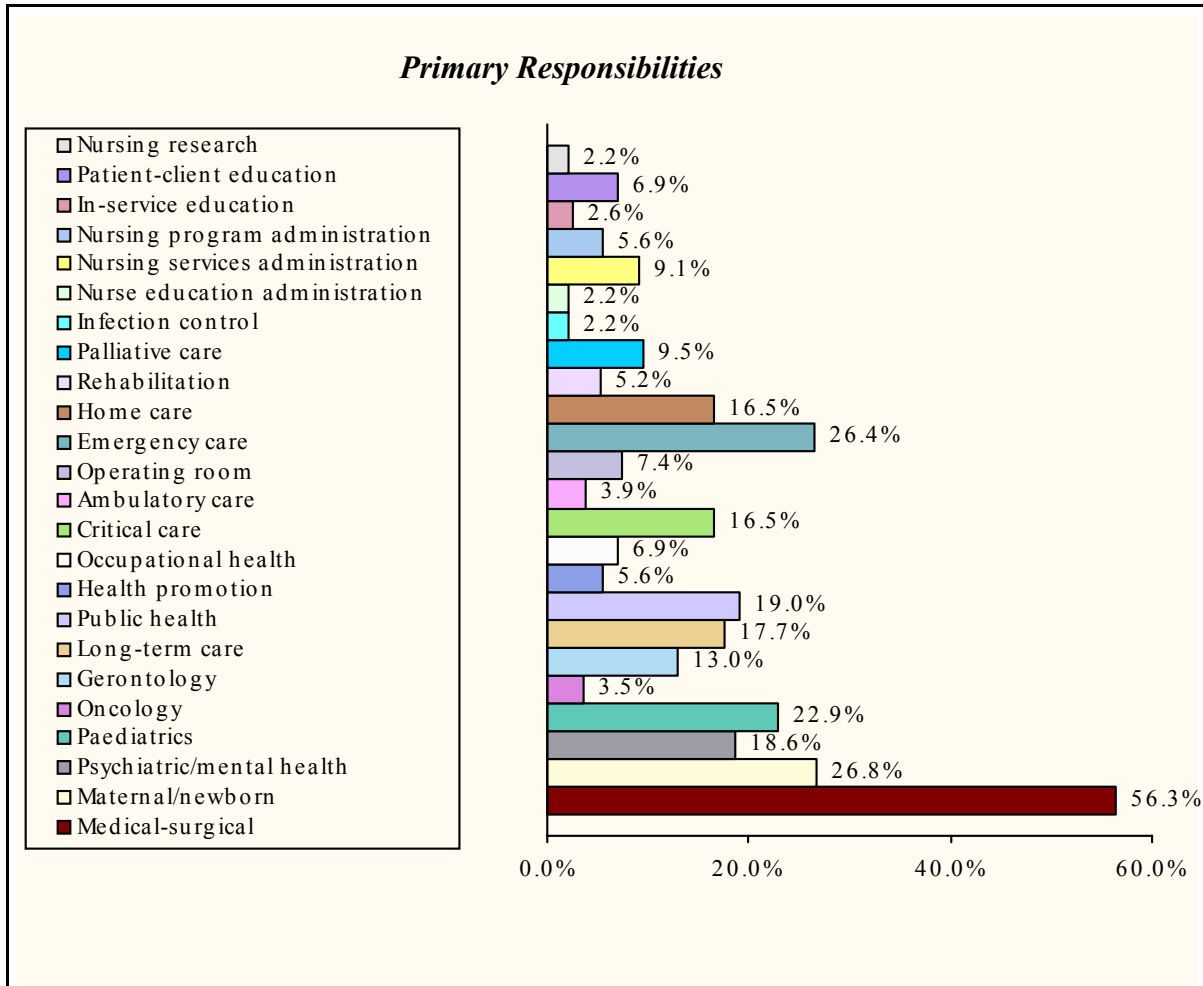


Figure 6 - Primary Responsibilities (All Respondents)

#### Their Primary Responsibilities:

- ▶ 56.3% in medical-surgical
- ▶ 26.4% in emergency care
- ▶ 26.8% in maternal-newborn
- ▶ 22.9% in paediatrics





### Their Primary Area of Practice:

- ▶ 85.7% are currently working in direct practice
- ▶ 9.4% are working in nursing administration
- ▶ 4.4% are currently working in nursing education
- ▶ 0.5% are currently working in nursing research

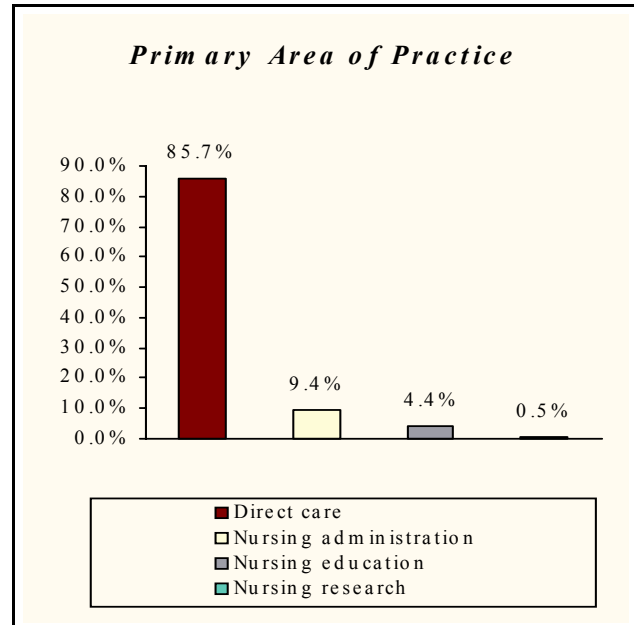


Figure 7 - Primary Area of Practice (All Respondents)

### Experience Working With Aboriginal Clients:

- ▶ 83.7% had worked with aboriginal clients in acute care settings
- ▶ 38.9% in community nursing
- ▶ 31.5% in long-term care
- ▶ 15.8% in other settings, including health education/screening programs, outpost/nursing stations and correctional facilities
- ▶ 13.8% had been employed as a nurse in a Northern First Nations community (not shown)

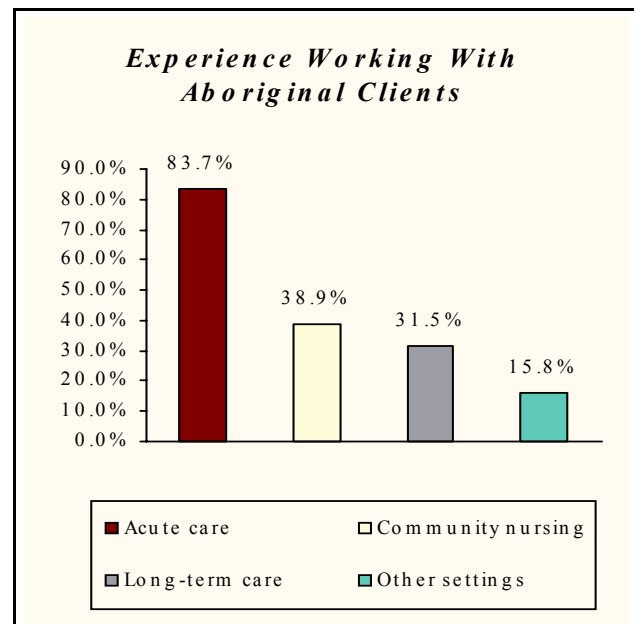


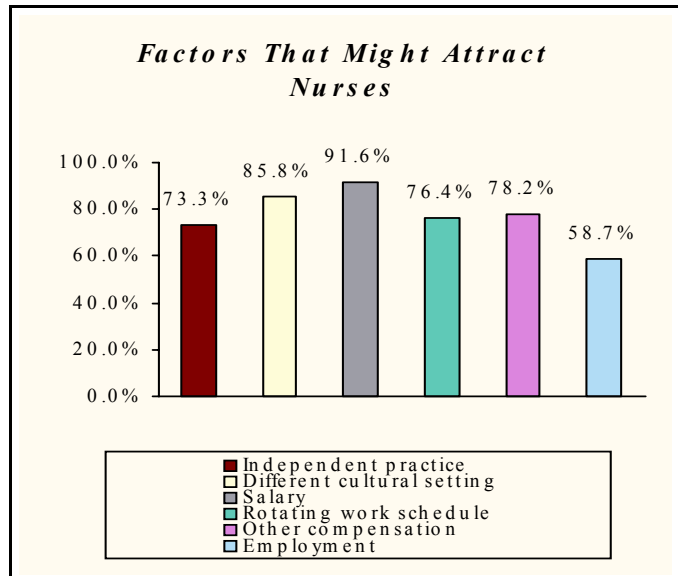
Figure 8 - Experience Working With Aboriginal Clients (All Respondents)





**Factors That Might Attract Nurses To Northern Practice:**

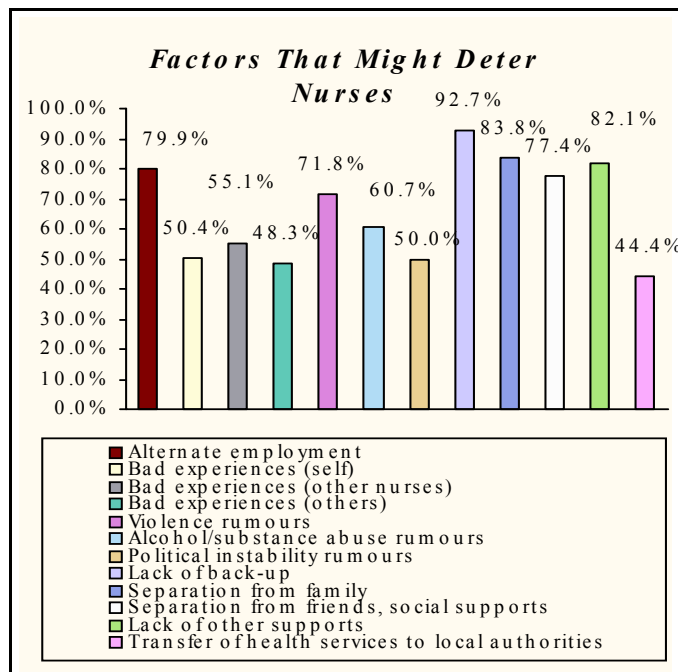
- ▶ 91.6% said "salary"
- ▶ 85.8% said "opportunity to practice in different cultural setting"
- ▶ 78.2% said "other compensation"
- ▶ 76.4% said "rotating work schedule"
- ▶ 73.3% said "opportunity for independent practice"



**Figure 9 - Factors That Might Attract Nurses (All Respondents)**

**Factors That Might Deter Nurses From Northern Practice:**

- ▶ 92.7% said "lack of back-up"
- ▶ 83.8% said "separation from family"
- ▶ 82.1% said "lack of other supports"
- ▶ 79.9% said "availability of alternate employment"
- ▶ 77.4% said "separation from friends, social supports"
- ▶ 71.8% said "rumours of violence"



**Figure 10 - Factors That Might Deter Nurses (All Respondents)**



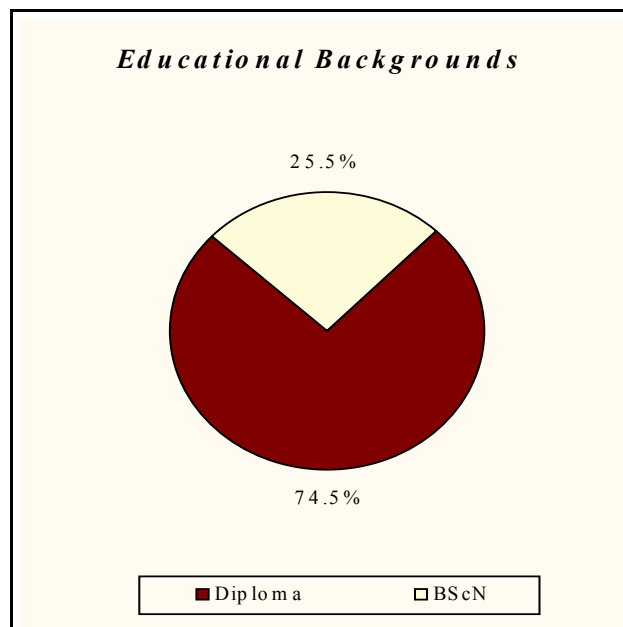


### **Those Who Would Consider Northern Nursing**

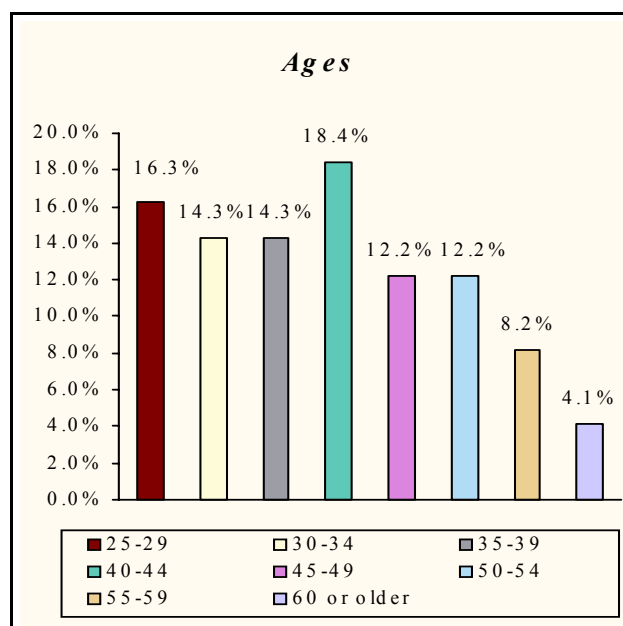
- ▶ 23.6% of all respondents to this survey, said that they either “possibly” or “definitely” would consider Northern nursing

#### **Who They Are:**

- ▶ 74.5% had a Nursing Diploma, 25.5% had a BScN
- ▶ they range in age between 26-61, with an average age of 41
- ▶ 80.4% were currently married or equivalent
- ▶ 70.7% had 1 or 2 children; 24.3% had 3; 5% had 4 children
- ▶ 61.5% had children older than 18, 38% had children aged 12-17
- ▶ all spoke English, 18% French, 3.7% Cree or Oji-Cree, 13% other
- ▶ identified themselves as British (47.1%), Canadian (39.2%), European (18.6%), French (13.7%), Aboriginal (7.8%), or other ethnicity (3.9%)



**Figure 11 - Educational Backgrounds (Would Consider Northern Nursing)**



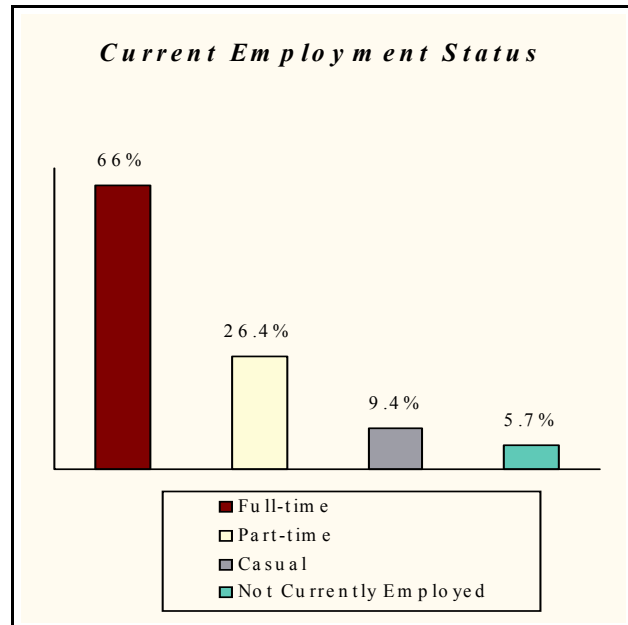
**Figure 12 - Their Ages (Would Consider Northern Nursing)**





**Their Employment Status:**

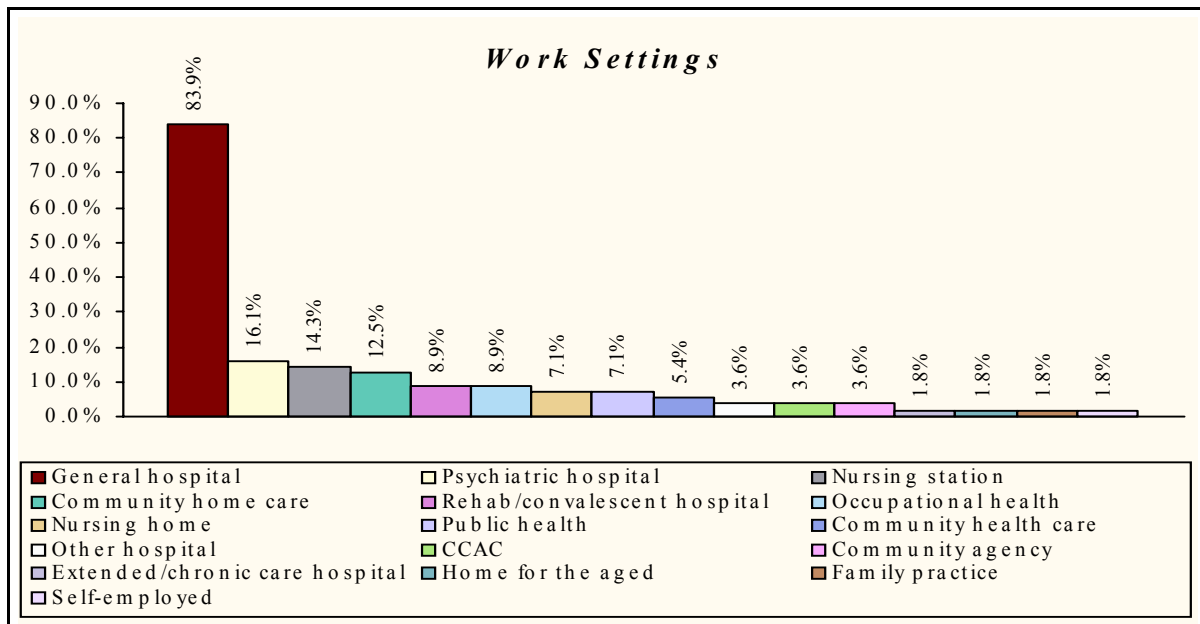
- ▶ 66% are working full-time
- ▶ 26.4% work part-time
- ▶ 9.4% are casual
- ▶ 5.7% are not currently employed



**Where They Have Worked:**

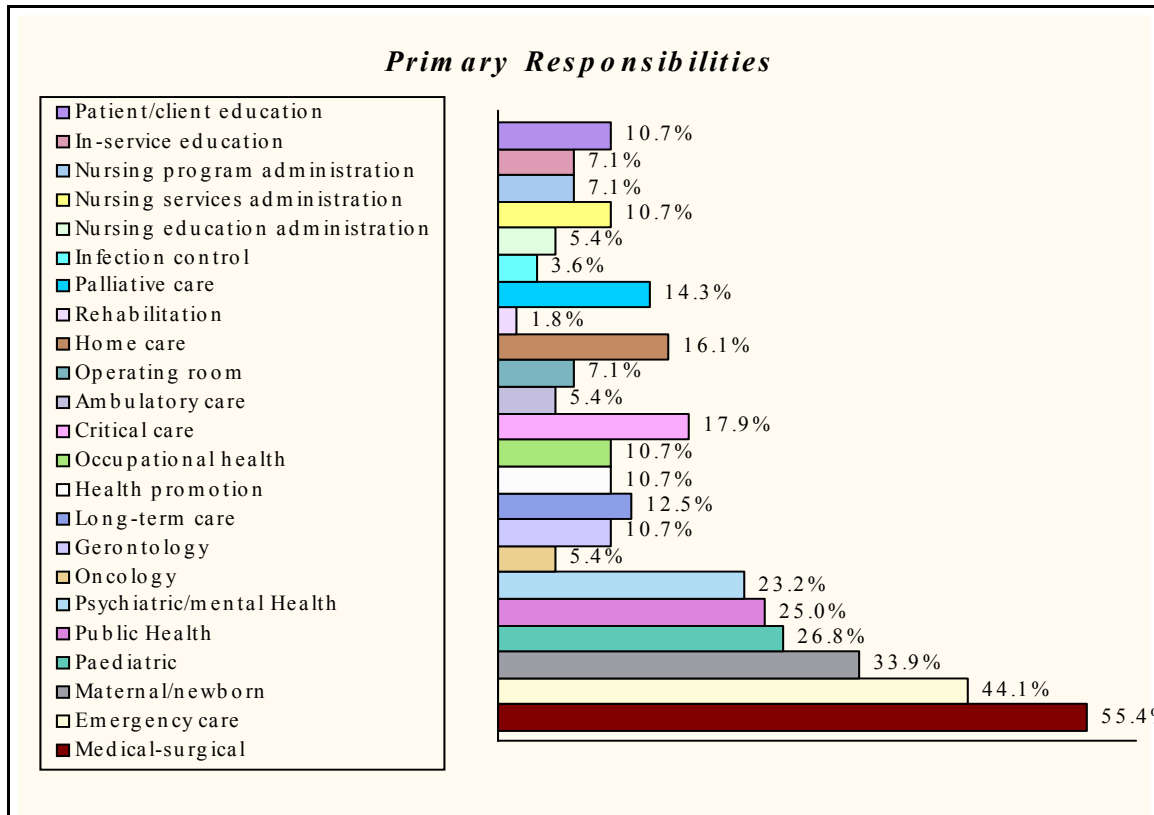
- ▶ 83.9% in a general hospital
- ▶ 16.1% in a psychiatric hospital
- ▶ 14.3% in a nursing station
- ▶ 12.5% in community home care

**Figure 13 - Current Employment Status (Would Consider Northern Nursing)**



**Figure 14 - Work Settings (Would Consider Northern Nursing)**





**Figure 15 - Primary Responsibilities (Would Consider Northern Nursing)**

**Their Primary Responsibilities:**

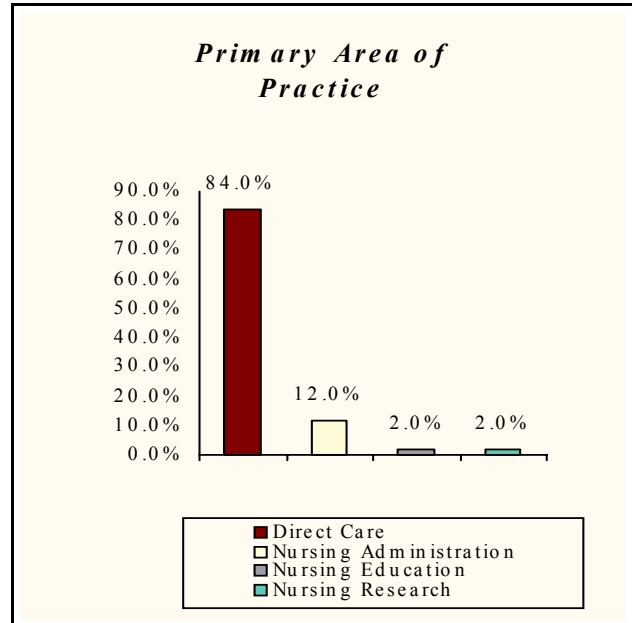
- ▶ 55.4% had medical-surgical responsibilities
- ▶ 41.1% had emergency care responsibilities
- ▶ 33.9% had maternal/newborn responsibilities
- ▶ 26.8% had paediatric responsibilities
- ▶ 25% had public health responsibilities
- ▶ 23.2% had psychiatric/mental health responsibilities





### **Their Primary Area of Practice:**

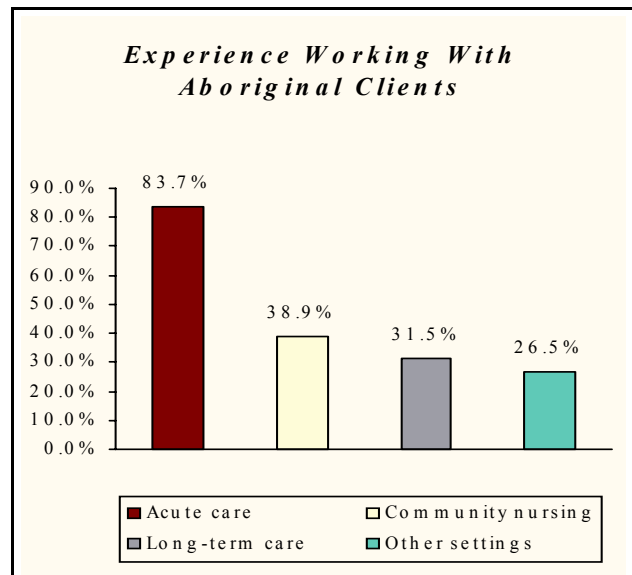
- ▶ 84.0% in direct practice
- ▶ 12% in nursing administration
- ▶ 2% in nursing education
- ▶ 2% in nursing research



### **Experience Working With Aboriginal Clients:**

- ▶ 83.7% have worked with aboriginal clients in acute care
- ▶ 38.9% in community nursing
- ▶ 31.5% in long-term care
- ▶ 26.5% in other settings, including health education/screening and psychiatric services
- ▶ 19.2% had been employed as a nurse in a Northern First Nations community (not shown)

**Figure 16 - Primary Area of Practice (Would Consider Northern Nursing)**



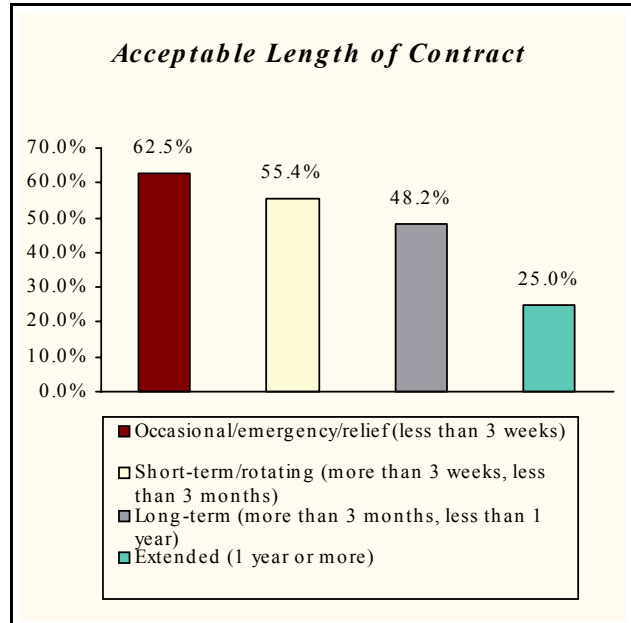
**Figure 17 - Experience Working With Aboriginal Clients (Would Consider Northern Nursing)**





***Their Contract Expectations:***

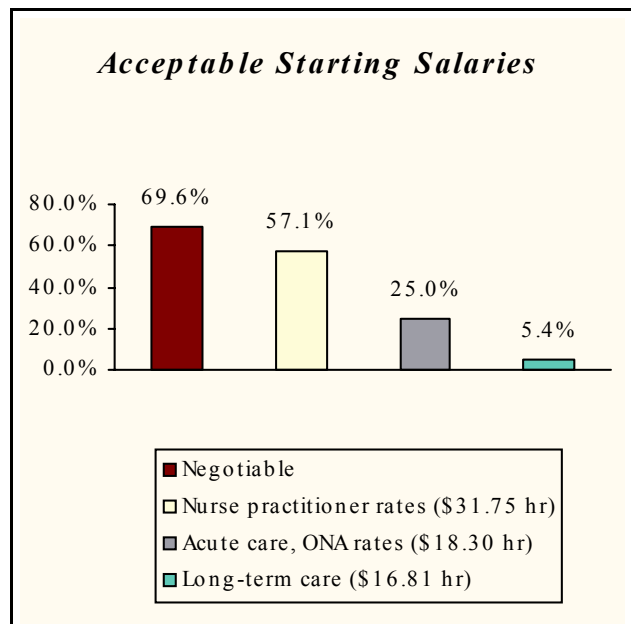
- ▶ 62.5% said they expected other RN's would accept short term, rotating contracts (more than 3 weeks, less than 3 months) were acceptable
- ▶ 55.4% said long-term contracts (more than 3 months, less than 1 year) were acceptable
- ▶ 48.2% said occasional/relief contracts (less than 3 weeks) were acceptable
- ▶ 25% said extended contracts (1 year or more) were acceptable



**Figure 18 - Acceptable Length of Contract (Would Consider Northern Nursing)**

***Their Salary Expectations:***

- ▶ 69.6% said they expected other RN's would accept "negotiable"
- ▶ 57.1% said "\$31.75/hr or nurse practitioner rate"
- ▶ 25.0% said "\$18.30/hr or acute care rate"
- ▶ only 5.4% said "\$16.81/hr or long-term care rate"



**Figure 19 - Acceptable Starting Salary (Would Consider Northern Nursing)**





### Overtime Compensation & Union Status Expected:

- ▶ regarding "acceptable overtime compensation", 81.5% said "payment"; 53.7% said "time off"
- ▶ regarding "union status", 81.1% preferred to have union status; 22.6% said they would prefer non-union status

### Other Benefits Expected:

- ▶ 96.4% said "subsidized accommodations"
- ▶ 96.4% said "subsidized travel"
- ▶ 91.1% said "sick leave"
- ▶ 89.3% said "vacation"
- ▶ 69.6% said "paid education leave"
- ▶ 35.7% said "other leave"
- ▶ 17.9% said "unpaid education leave"

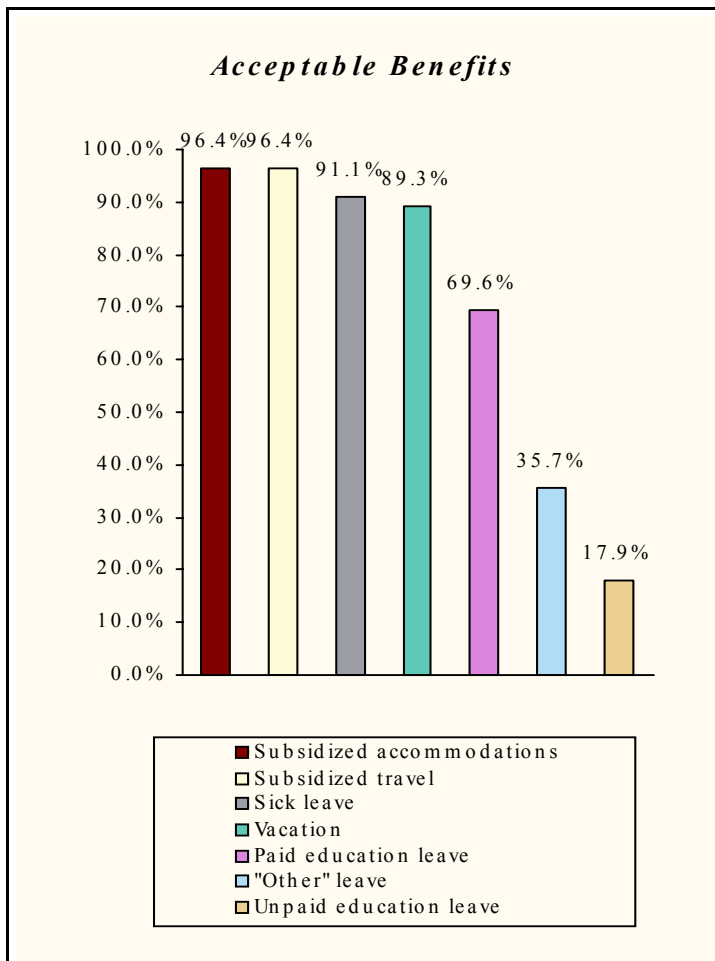


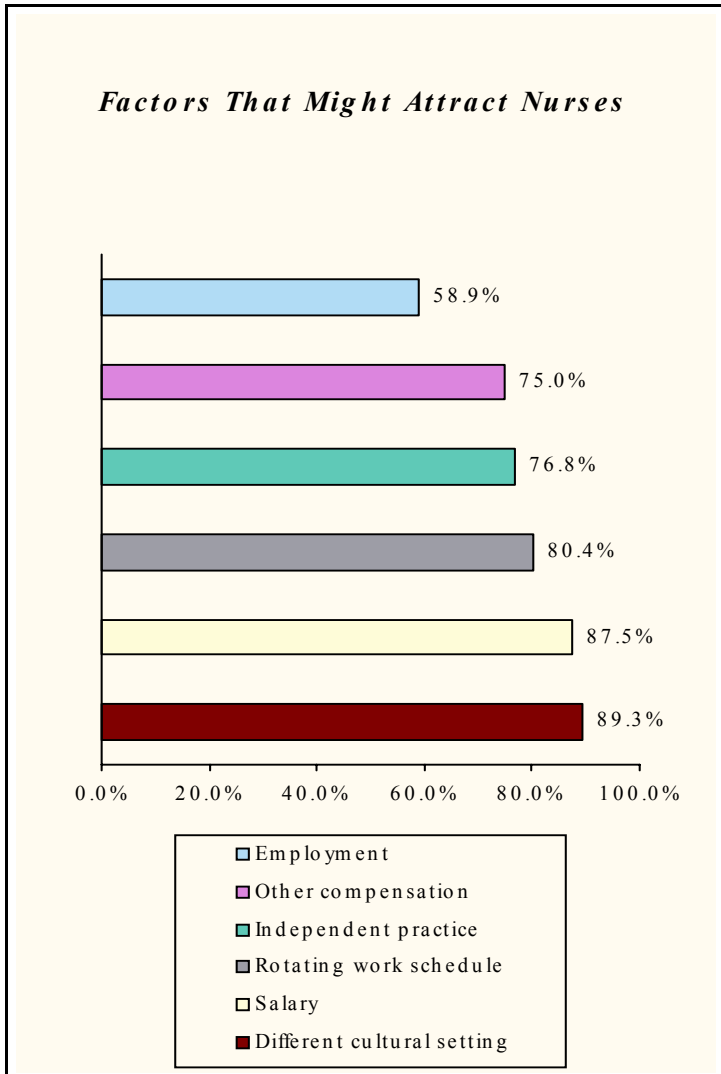
Figure 20 - Other Expected Benefits (Would Consider Northern Nursing)





**Factors That Might Attract Nurses To Northern Practice:**

- ▶ 89.3% said it was “for the opportunity to practice in a different cultural setting”
- ▶ 87.5% said “salary”
- ▶ 80.4% said “rotating work schedule”
- ▶ 76.8% said “opportunity for independent practice”
- ▶ 75.0% said “other compensation”
- ▶ 58.9% said “for employment”

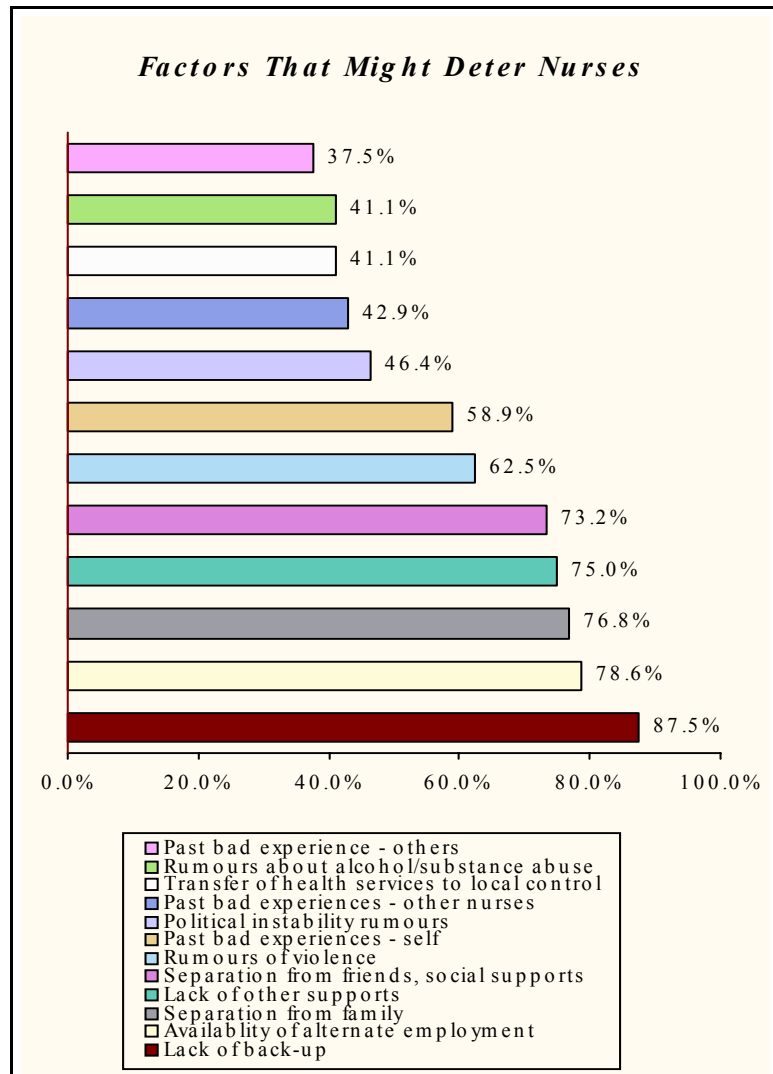


**Figure 21 - Factors That Might Attract Nurses (Would Consider Northern Nursing)**



**Factors That Might Deter Nurses From Northern Practice:**

- ▶ 87.5% said "lack of back-up" was a deterrent
- ▶ 78.6% said "availability of alternate employment"
- ▶ 76.8% said "separation from family"
- ▶ 75.0% said "lack of other supports"
- ▶ 73.2% said "separation from friends and social supports"
- ▶ 62.5% "rumours of violence"
- ▶ 58.9% said their own "past bad experiences"



**Figure 22 - Factors That Might Deter Nurses (Would Consider Northern Nursing)**

## Those Who Would Not Consider Northern Nursing

- ▶ 76.4% of all respondents to this survey, said that they either would "probably not" or "definitely not" consider Northern nursing as an employment option

### Who They Are:

- ▶ 66.3% had a Nursing Diploma, 33.7% had a BScN
- ▶ between the ages of 23-62, with an average age of 45
- ▶ 85.5% were married or equivalent
- ▶ 87.2% had 1-3 children; 12.7% had either 4 or 5 children
- ▶ 56.7% had children 18 or older; 49.3% had children 11 or younger
- ▶ all spoke English, 8.6% French, 1.2% Cree or Oji-Cree, 10.5% other
- ▶ identified themselves as British (41.2%), Canadian (39.2%), European (35.3%), French (11.1%), Aboriginal (3.3%) or other ethnicity (5.9%)

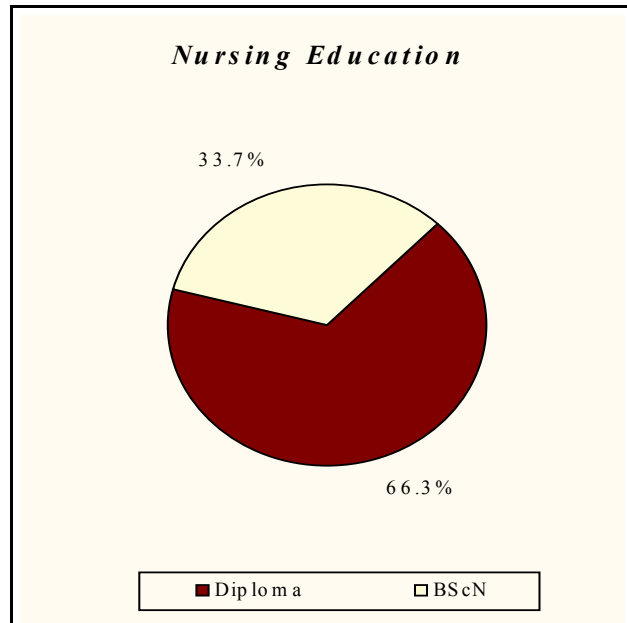


Figure 23 - Educational Backgrounds (Would Not Consider Northern Nursing)

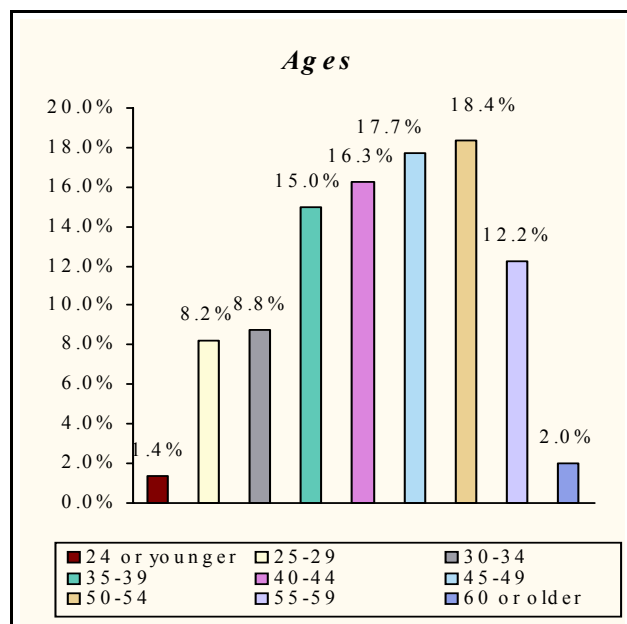
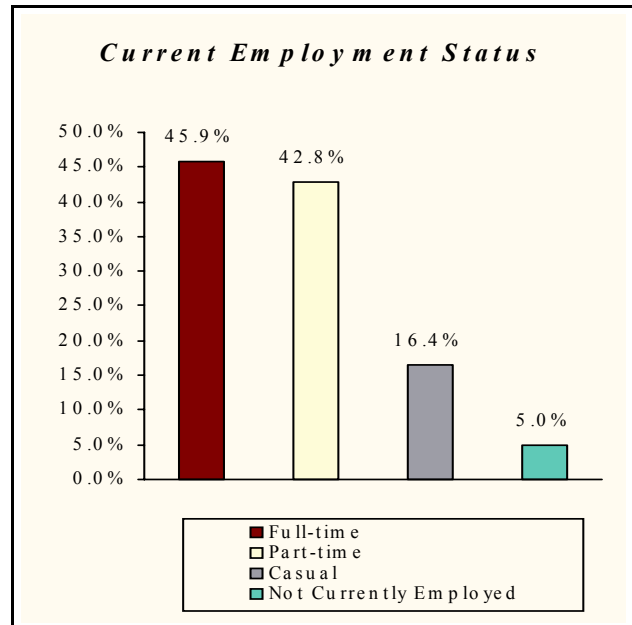


Figure 24 - Their Ages (Would Not Consider Northern Nursing)



**Their Employment Status:**

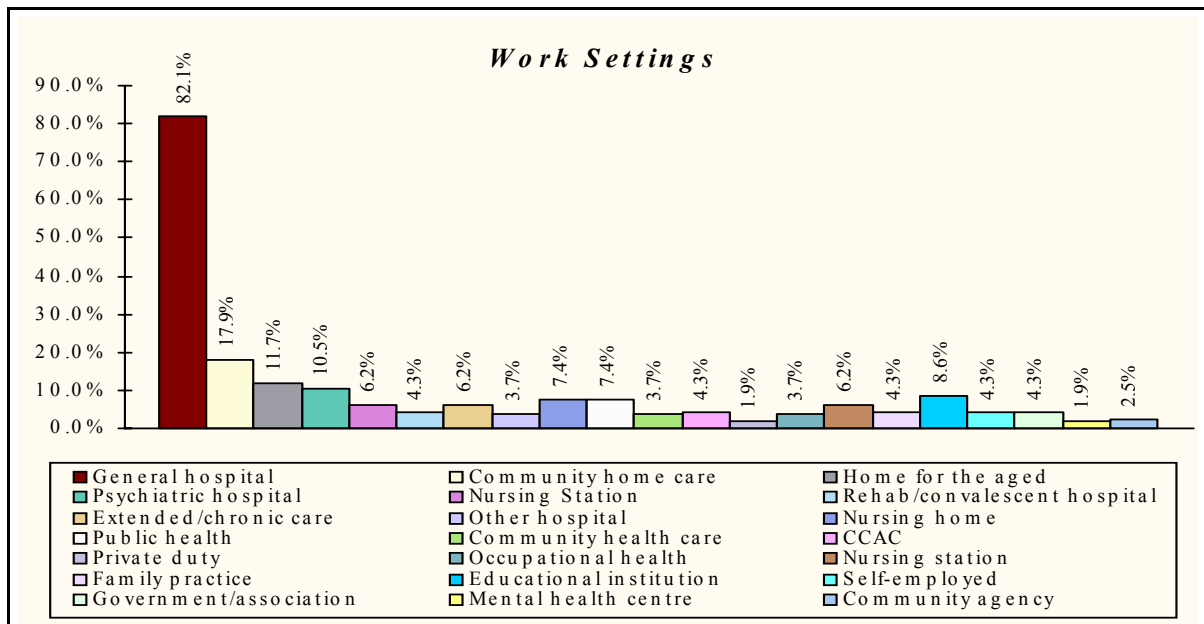
- ▶ 45.9% are working full-time
- ▶ 42.8% work part-time
- ▶ 16.4% are casual
- ▶ 5.0% are not currently employed



**Where They Have Worked:**

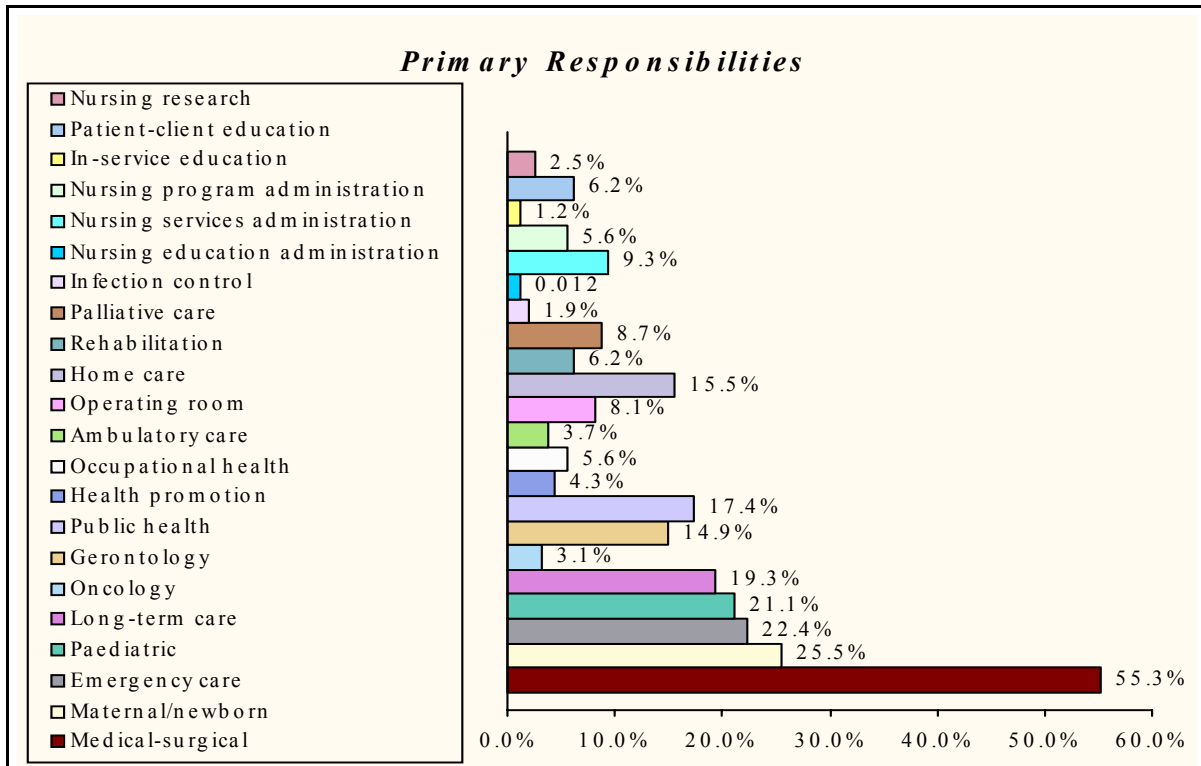
- ▶ 82.1% in a general hospital
- ▶ 17.9% in community home care
- ▶ 11.7% in a home for the aged
- ▶ 6.2% in a nursing station

**Figure 25 - Current Employment Status (Would Not Consider Northern Nursing)**



**Figure 26 - Work Settings (Would Not Consider Northern Nursing)**





**Figure 27 - Primary Responsibilities (Would Not Consider Northern Nursing)**

**Their Primary Responsibilities:**

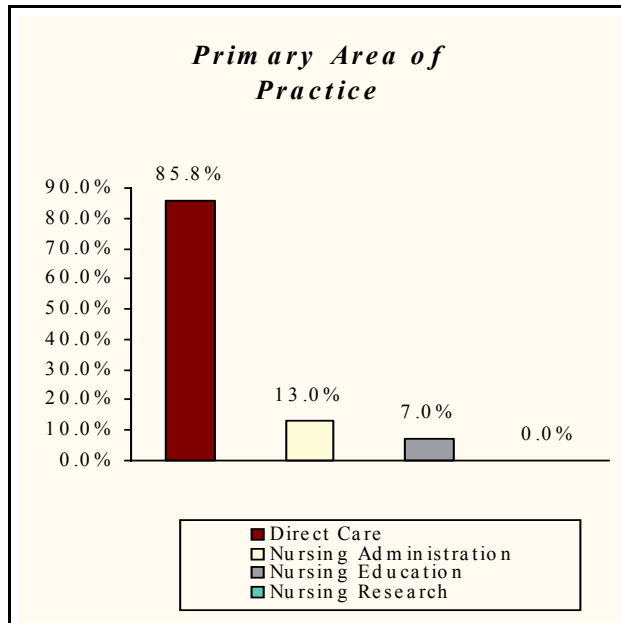
- ▶ 55.3% had medical-surgical responsibilities
- ▶ 25.5% had maternal/newborn responsibilities
- ▶ 22.4% had emergency care responsibilities
- ▶ 21.1% had paediatric responsibilities
- ▶ 19.3% had long term care responsibilities





### Their Primary Area of Practice:

- ▶ 85.8% in direct practice
- ▶ 13% in nursing administration
- ▶ 7% in nursing education
- ▶ none were in nursing research



### Experience Working With Aboriginal Clients:

- ▶ 81.3% have worked with aboriginal clients in acute care
- ▶ 36.1% in community nursing
- ▶ 27.8% in long-term care
- ▶ 9.4% in other settings, including health education/screening, psychiatric services, doctors' offices, and correctional facilities
- ▶ 9.4% had been employed as a nurse in a Northern First Nations community (not shown)

Figure 28 - Primary Area of Practice (Would Not Consider Northern Nursing)

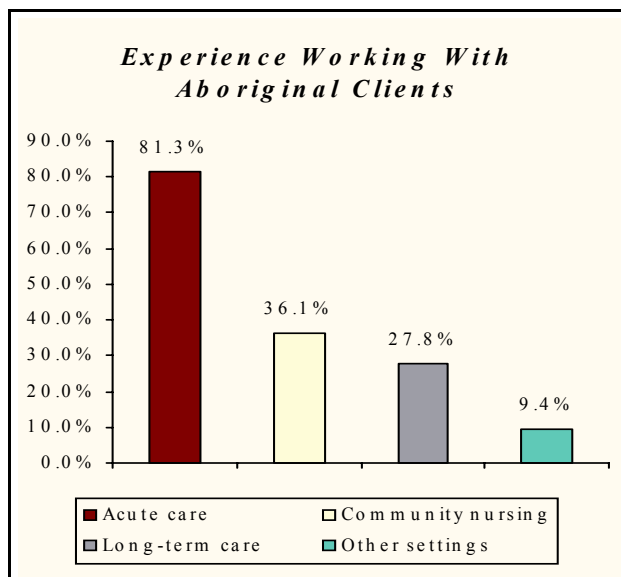


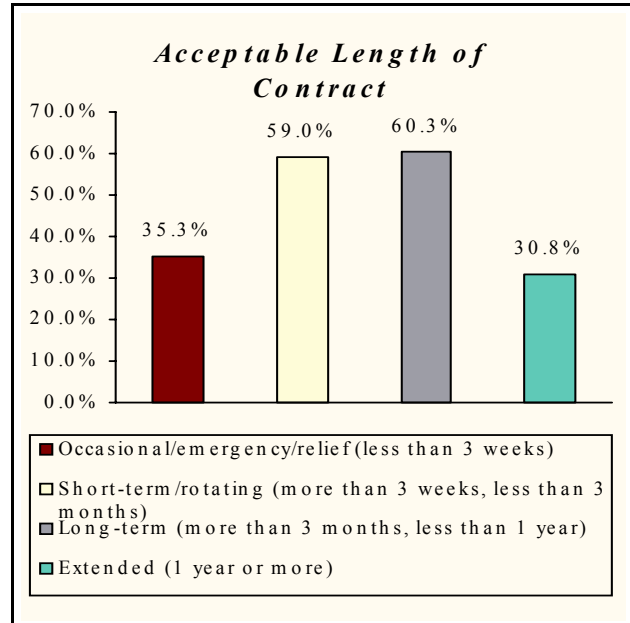
Figure 29 - Experience Working With Aboriginal Clients (Would Not Consider Northern Nursing)





### **Their Contract Expectations:**

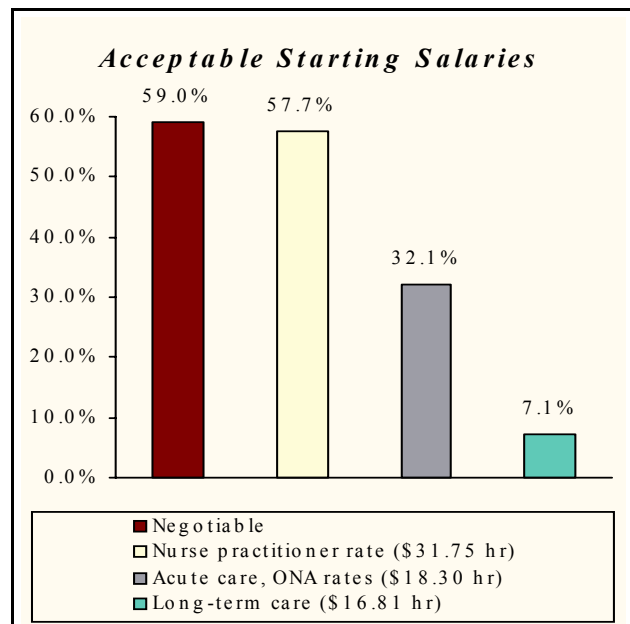
- ▶ 60.3% said they expected other RN's would accept long-term contracts (more than 3 months, less than 1 year)
- ▶ 59.0% said short term, rotating contracts (more than 3 weeks, less than 3 months)
- ▶ 35.3% said occasional/relief contracts (less than 3 weeks)
- ▶ 30.8% said extended contracts (1 year or more)



**Figure 30 - Acceptable Length of Contract (Would Not Consider Northern Nursing)**

### **Their Salary Expectations:**

- ▶ 59.0% said they expected other RN's would accept "negotiable"
- ▶ 57.7% considered \$31.75/hr or nurse practitioner rate would be acceptable
- ▶ 32.1% thought \$18.30/hr or acute care rate would be acceptable
- ▶ 7.1% thought \$16.81/hr or long-term care rate would be acceptable



**Figure 31 - Acceptable Starting Salary (Would Not Consider Northern Nursing)**



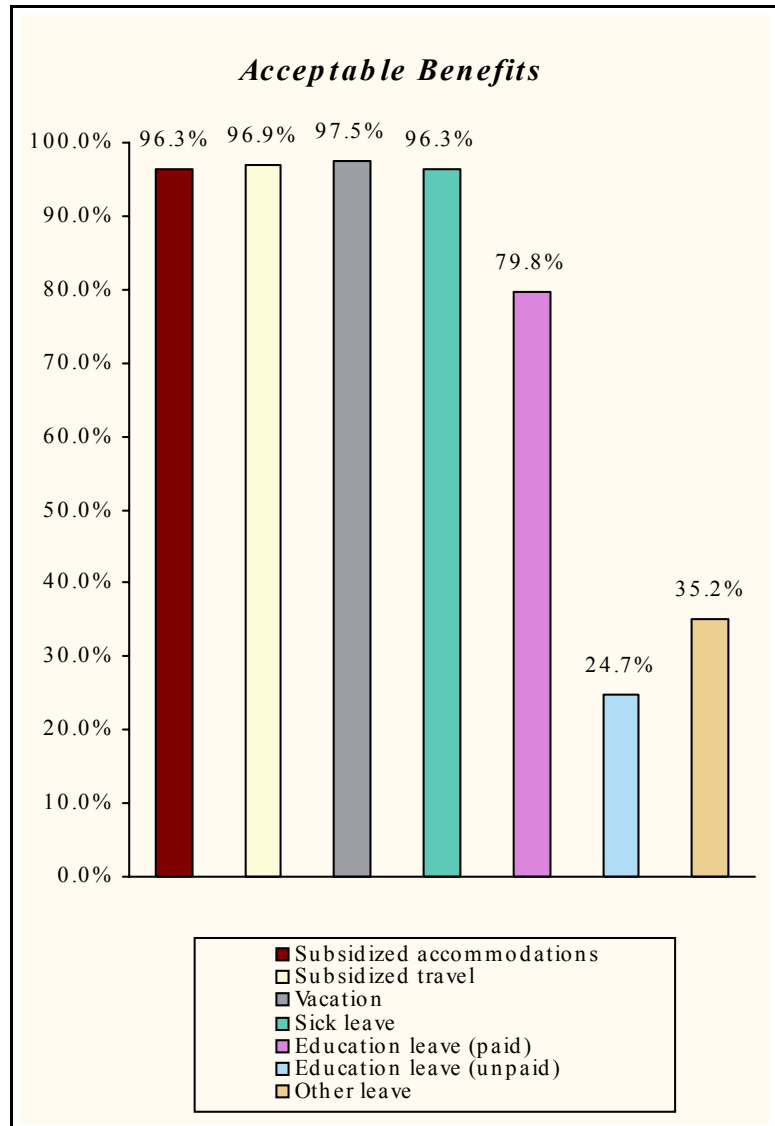


**Overtime Compensation & Union Status Expected:**

- ▶ regarding "overtime compensation", 78.6% said "payment"; 72.1% said "time off"
- ▶ 90.7% said "unionized"; 17.3% "non-union"

**Other Benefits Expected:**

- ▶ 97.5% said "vacation"
- ▶ 96.9% said "subsidized travel"
- ▶ 96.3% said "subsidized accommodations"
- ▶ 96.3% said "sick leave"
- ▶ 79.8% said "paid education leave"
- ▶ 35.2% said "other leave"
- ▶ 24.7% said "unpaid education leave"



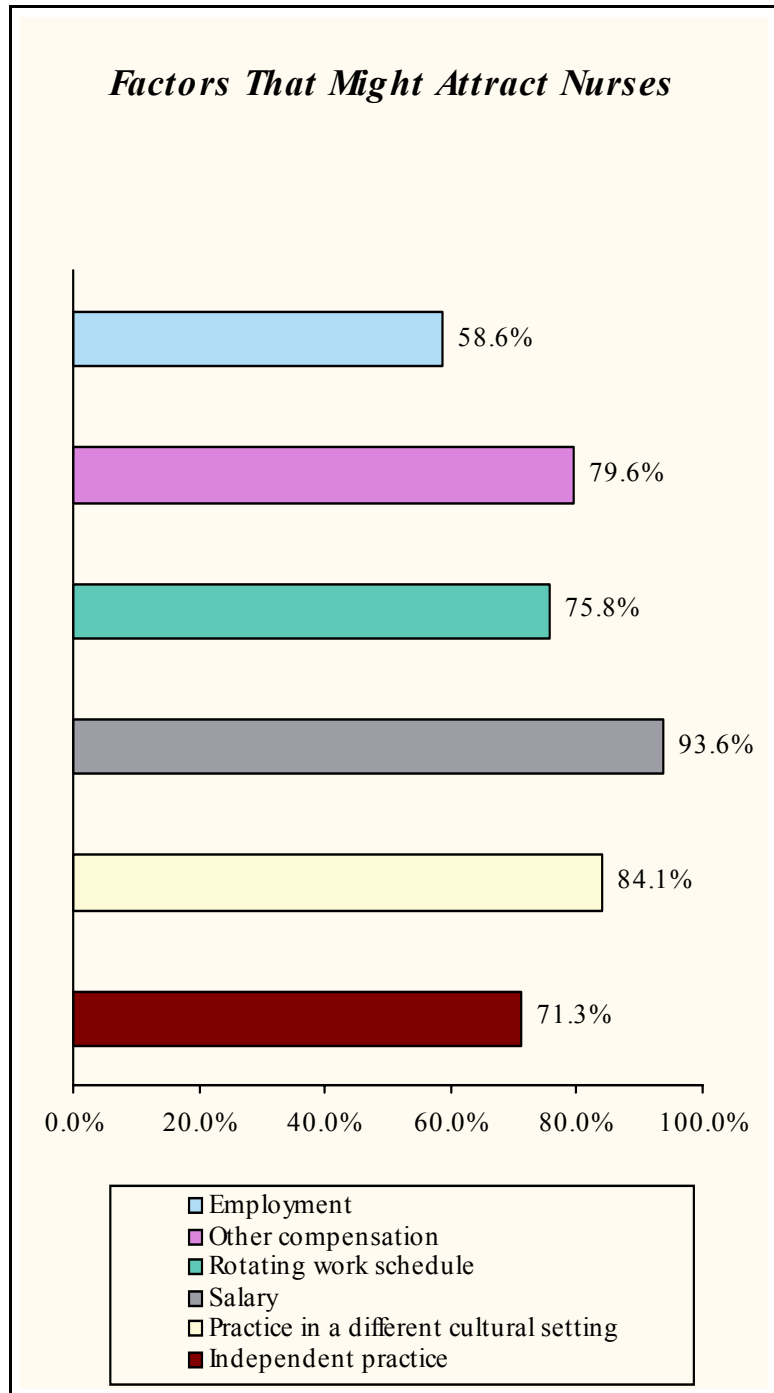
**Figure 32 - Other Benefits Expected (Would Not Consider Northern Nursing)**





**Factors That Might Attract Nurses to Northern Practice**

- ▶ 93.6% said that "salary" would be an attraction
- ▶ 84.1% said "practice in a different cultural setting"
- ▶ 79.6% said "other compensation"
- ▶ 75.8% said "rotating work schedule"
- ▶ 71.3% said "opportunity for independent practice"
- ▶ 58.6% said that "employment" would be an attraction



**Figure 33 - Factors That Might Attract Nurses (Would Not Consider Northern Nursing)**



### Factors That Might Deter Nurses from Considering Northern Practice

- ▶ 94.6% said that "lack of back-up" would be a deterrent
- ▶ 84.9% said "separation from family"
- ▶ 81.3% said "availability of alternate employment"
- ▶ 77.7% said "separation from friends and other social supports"
- ▶ 73.5% said "rumours of violence"
- ▶ 66.9% said "rumours of alcohol/ substance abuse"
- ▶ 57.2% said "bad experiences - other nurses"

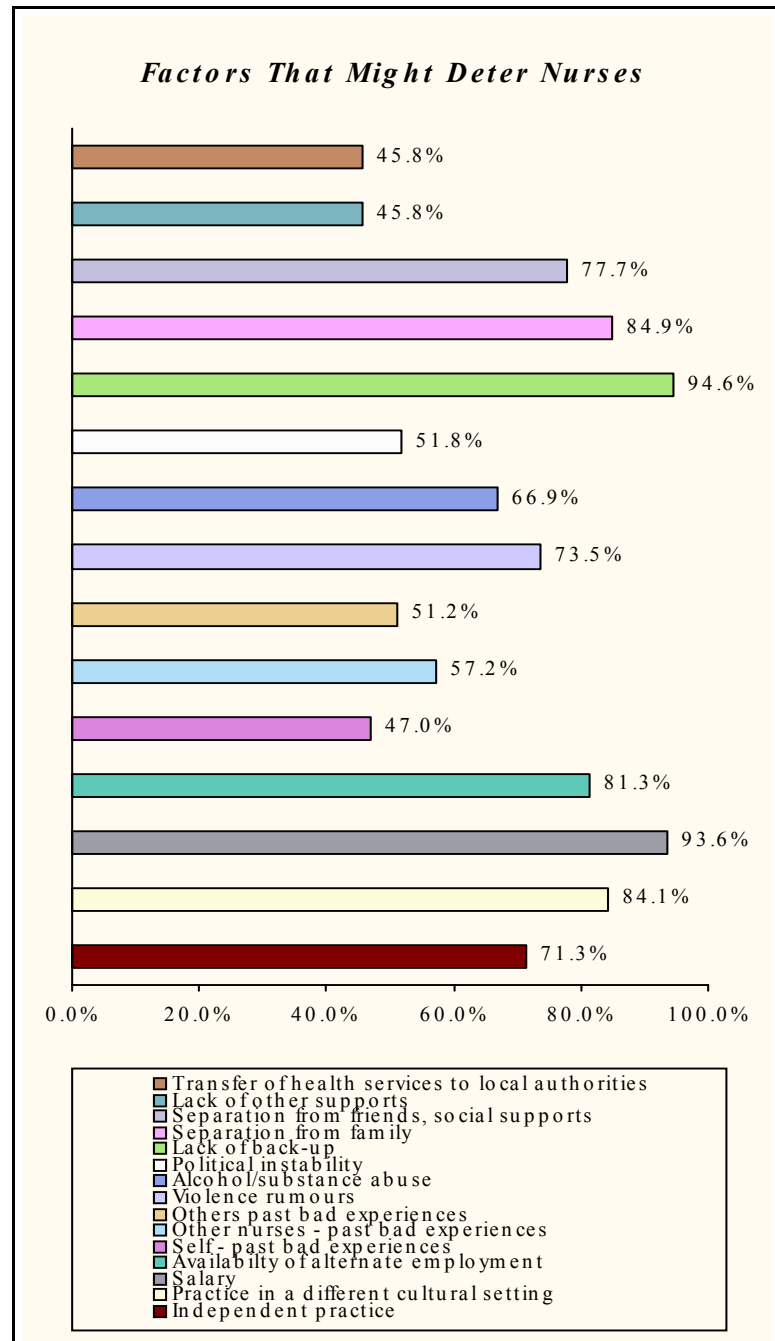


Figure 34 - Factors That Might Deter Nurses (Would Not Consider Northern Nursing)



### **III. CONTRACT EXPECTATIONS**

*What expectations do nurses have about Northern nursing contracts?* To answer this question, the survey instructed respondents to place themselves in the position of a nurse considering working in the North. In this, they were asked to identify those types of contract conditions which would be expected by someone accepting a nursing position in an isolated First Nations community.

The topics they were to consider included: the length of contract; levels of pay; compensation for overtime; preferences for unionized or nonunion positions; and other benefits, such as subsidized accommodations, travel, vacation, sick and educational leave. Each of these topics included multiple response categories, with instructions that respondents were to indicate all categories which they felt would be acceptable to a nurse considering a Northern nursing position.

#### ***Length of Contract***

Northwestern Ontario nurses answering the survey were divided in their expectations concerning the length of contract. (See *Figure 35*.) Six out of ten believed that short-term, rotating contracts, lasting for more than 3 weeks but less than three months (59.5%) would be acceptable. Equivalent numbers believed that nurses would also accept longer-term contracts, for more than three months but less than one year (59.0%).

Other types of contractual arrangements were acceptable to only a minority of respondents. Just one in three stated that contracts covering occasional or emergency relief positions, less than three weeks in length, would be acceptable (38.3%). Only one in four thought that contracts which were extended to one year or more would be acceptable (28.8%).





There were, however, differences in expectations between those respondents who indicated that they would consider a Northern nursing position and those who did not. Those who indicated an interest thought that nurses would accept a number of different contract options, ranging from short-term contracts (62.5%), through longer-term (55.4%) and extended contracts (28.8%), to occasional or relief positions (48.2%).

Those who were not interested, the majority of the survey sample, thought that others would be interested in short-term rotating positions or longer-term contracts (59.0% and 60.3%, respectively).

Comments reveal, however, that nurses from both groups share a strong belief that there should be considerable "flexibility" in the lengths of contracts for Northern nurses. Several suggested rotating job schedules, where a nurse would work "10 days, then be flown out for one week

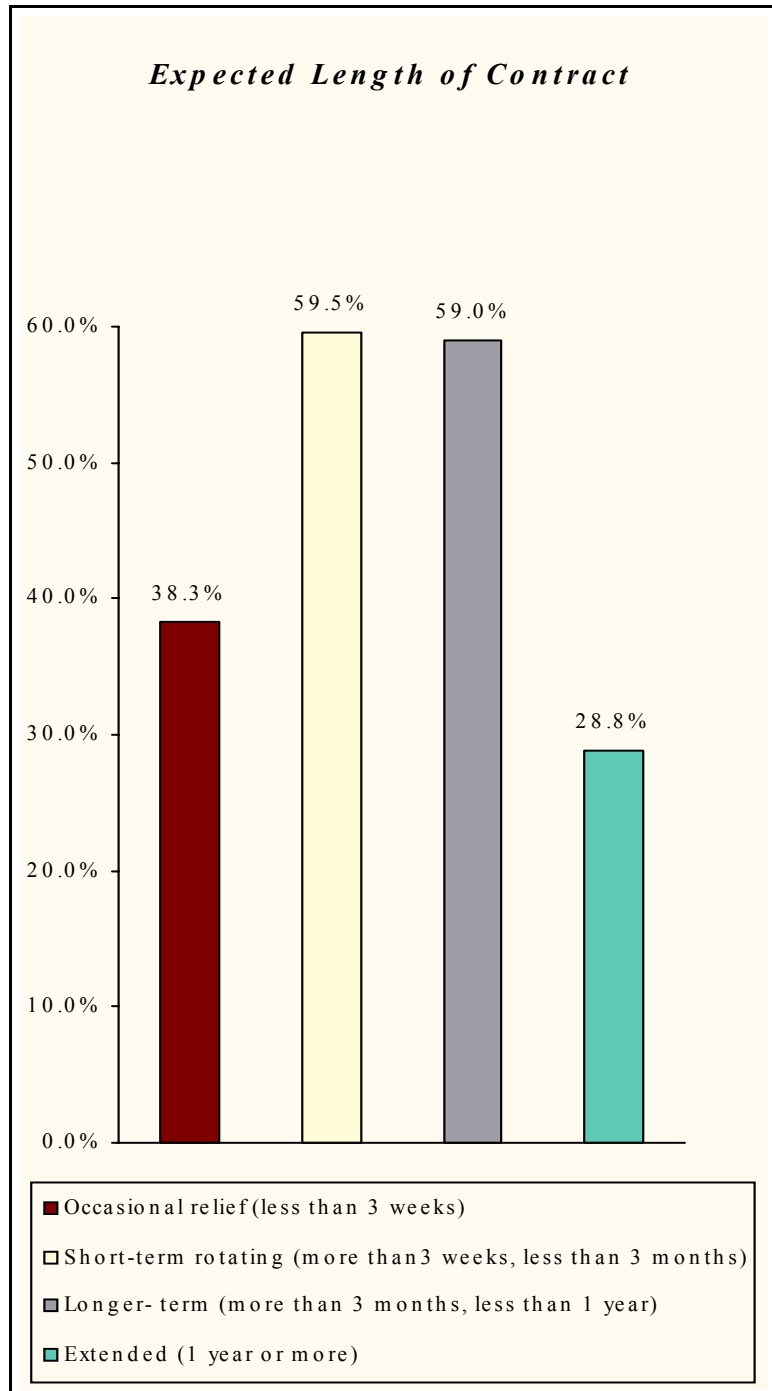


Figure 35 - Expectations - Length of Contracts (All Respondents)





to 10 days". Another alternative was "one week away for every two weeks on."

Other individuals felt that nurses on longer contracts needed "time out", "breaks" or "scheduled relief." Those with family responsibilities suggested that regular leave be allowed "to visit family once every two months." This was considered especially important for those with children "under eighteen" years of age. Some favoured approximately four trips "out" per year. Summed up by a nurse who had worked in the North, the preferred situation for those on long-term contracts was "mandatory time away every three months of contract period .... 2 weeks down, especially if working 5 x 7.5 hours and on call."

It was suggested that there should be limits on the lengths of shifts, on-call hours and overtime required during a week or month. The ideal might be, "working one evening on call each week and maybe two weekends a month" in a four-nurse station. The essential factor was having nurses log "only a certain amount of overtime per month ... so burnout is not reached." One person suggested that "not more than 12 hours a shift and 48 hours a week" would represent a reasonable limit for overtime hours.

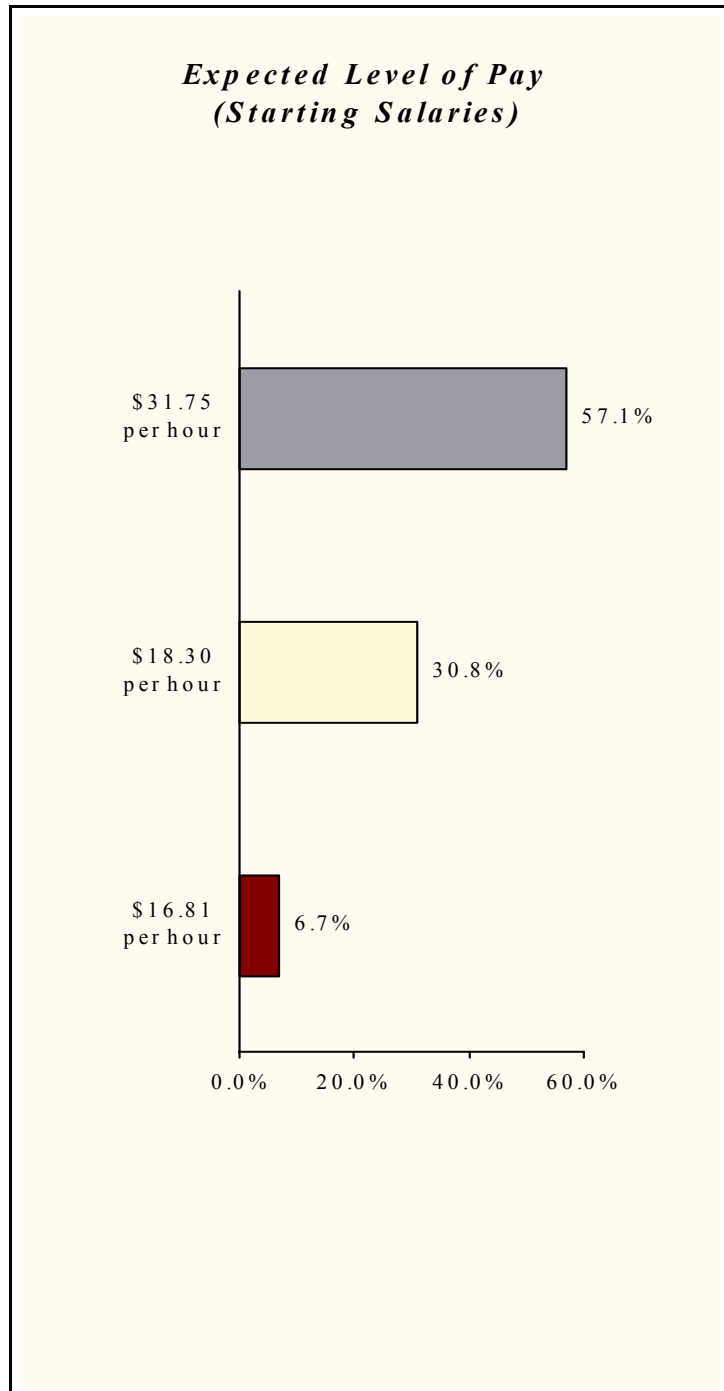
A nurse who had worked in the North said "the length of the contract should be flexible." She had worked with contracts of "less than 3 weeks, through 3 months to a year ... all of which suited [her] other family commitments". She added that this type of flexibility created "less burn out". She and several other respondents cautioned that there had to be "balance" in contract scheduling to ensure that the contracts meet the needs of the nurses and the community. In their opinion, rotating contracts would work well only if there were "at least four nurses in a station" and scheduling was arranged to "try to have consistency for the community and the nursing staff." Others emphasized that these types of contract rotations would only work if there was "full staffing" and "replacements to allow for much needed breaks."



## Levels of Pay

When asked to indicate which levels of pay would be acceptable, as starting salaries, participants expressed a distinct preference for starting salaries that were at the top of current scales. As shown in *Figure 36*, a majority of respondents thought that salaries at nurse practitioner rates, \$31.75 per hour, were acceptable (57.1%).

A minority (30.8%) thought that nurses would accept starting salaries at the current rates for acute care hospitals, under the current Ontario Nurses Association contracts, starting at \$18.30 per hour. Almost no one (6.7%) believed that potential recruits would consider salaries if they were at the \$16.81 per hour level currently paid by long-term care facilities and home care organizations (6.7%). The majority also indicated, moreover, that starting salaries should be "negotiable" (62.1%).



**Figure 36 - Expectations - Starting Salaries (All Respondents)**



When expected salary levels are compared for those who would consider Northern nursing positions and those who would not, there are few differences. Both groups are strongly in favour of starting wages at the current nurse practitioner rate of \$31.75 per hour (57.1% and 57.7%, respectively). Those who are currently interested in Northern nursing, however, more often expressed the opinion that negotiable salaries would be acceptable (69.6%, as opposed to 59.0%).

A nurse interested in Northern nursing said that rates of pay at the "nurse practitioner [level] would be nice ... but unrealistic." Several individuals suggested that the rates of pay, while negotiable, should be "competitive" with the salary levels currently offered in acute care settings. One respondent thought that a "completion bonus" would be appropriate for nurses who worked their full contract; another thought a "retention bonus" would be appropriate for Northern staff who decided to renew their contracts.

The general feeling was that pay levels should be "increased ... compared to hospital schedules" and that there should be "benefits for isolation." In this respect, some nurses expressed the view that starting salary schedules should be adjusted to accommodate the need for "isolation pay", taking into account the cost of accommodations, food, clothing, travel and other necessities. Enhanced starting salaries was an important issue for those who were considering going into the communities "for long terms." Summing up these opinions, a respondent said: "if a nurse is to work in an isolated area, the rate of pay should be a lot higher than \$18.30."

## ***Unionization***

When asked to indicate what other types of compensation would be acceptable, respondents overwhelmingly preferred the benefits associated with unionized positions (87.9%). (See *Figure 37*.) Those who were interested in Northern nursing, however, were somewhat less likely to consider that a unionized position was an expected part of a nursing contract (81.1% versus 90.7%).



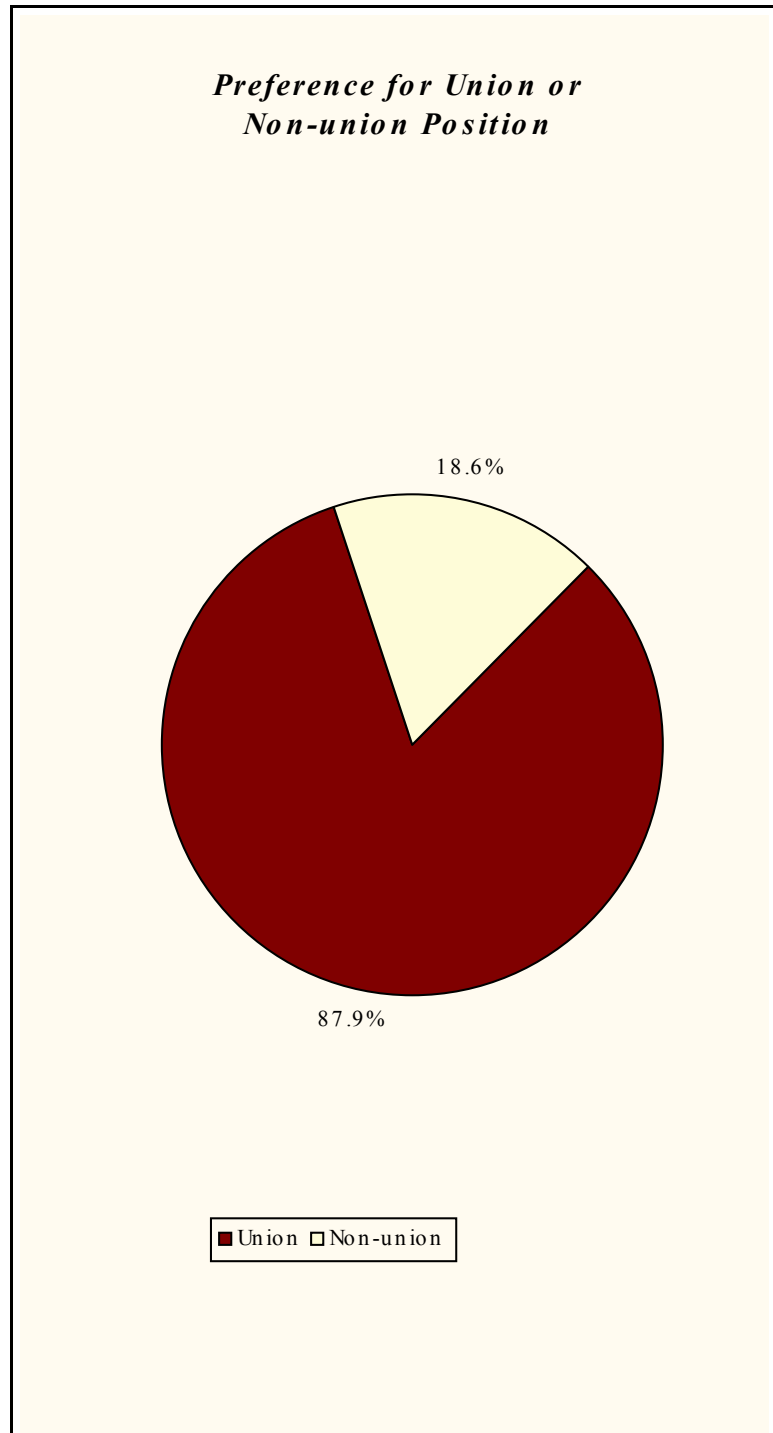


Those individuals who favoured unionized positions also wanted to make sure that they had access to their union representatives when needed. As one nurse stated, in the event of a dispute with local authorities in the communities, they wanted to have "a union to back [us] up." Another said, "direct contact with the union for questions and concerns" was essential.

### **Overtime**

The majority of nurses answering the survey indicated that they would accept overtime compensation either as pay or time-off. (See *Figure 38*.)

The leading preference was for pay (78.9%). Most, however, considered that time-off would also be satisfactory (67.9%).



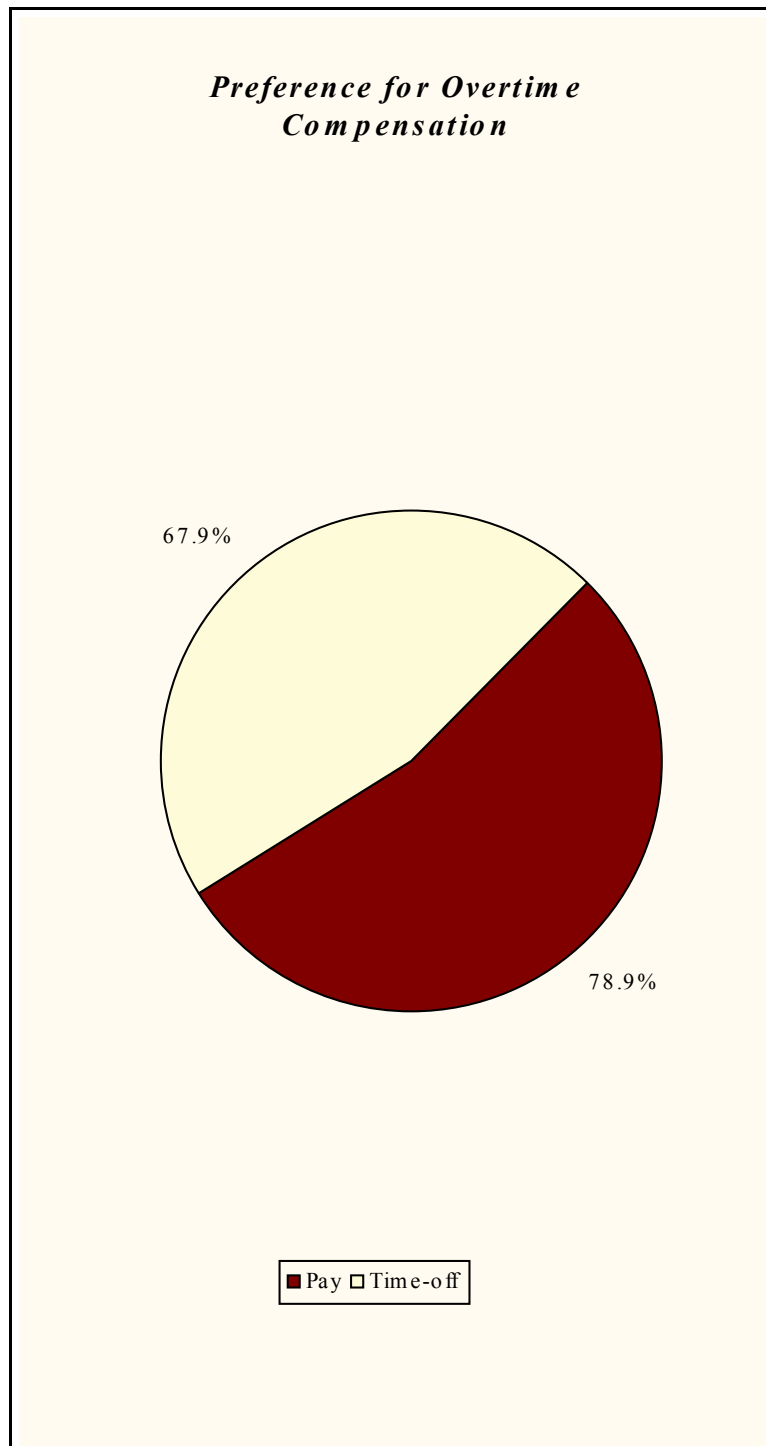
**Figure 37 - Expectations - Unionized/Non-union Position (All Respondents)**





Again, there are slight differences of opinion between those who are currently interested in Northern nursing and those who are not. Among those who are interested, most would prefer compensation in the form of pay (81.5%). Only one-half of these individuals would consider time-off acceptable (53.7%). Those who are not currently interested in Northern nursing thought that others would consider pay (78.6%) or time-off (72.1%) equally acceptable.

Comments reveal, however, that some nurses felt very strongly that Northern nurses should be given a choice about the types of overtime compensation offered. As one respondent said, it should be the "employee's choice to bank the time or take the pay."



**Figure 38 - Contract Expectations - Compensation for Overtime (All Respondents)**





Other nurses, considering the isolation of the communities, said that it was essential to combine "time off" with subsidized travel benefits, to ensure that nurses could "get out" of the community when required. An alternative was subsidized accommodations or travel allowances to ensure that their "family" or "significant other" could visit them on site. In this respect, not just "time off" but "off-time ... away from the community" was an issue for several of the nurses responding to the survey.

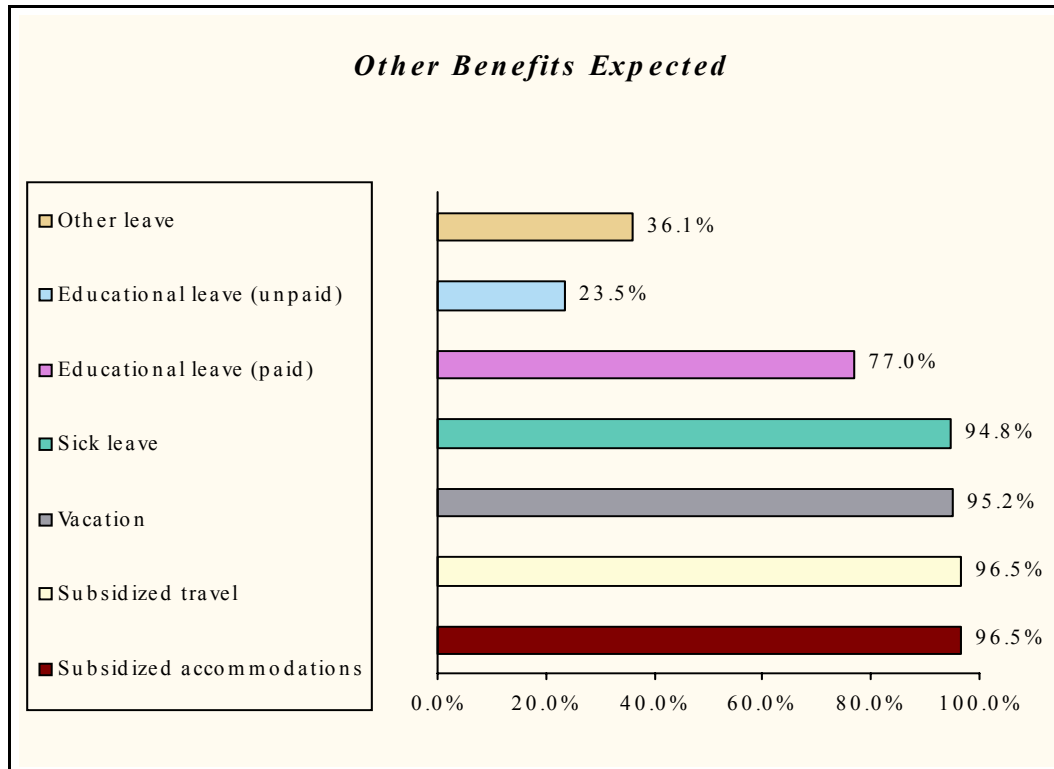
### ***Other Benefits***

Respondents' views confirm the fact that other benefits are believed to be an expected component of Northern nursing contracts. (See *Figure 39*.) Almost all individuals answering the survey indicated that subsidized accommodations (95.6%) and subsidized travel (96.5%) were expected. Some respondents were especially sensitive to the costs of relocating. They thought, for example, that there should be "payment for relocation in and out of community if going for long terms." For short-term contracts, "freight subsidies" or "excess baggage assistance" were considered appropriate. Nearly all also thought vacation (95.2%) and sick leave (94.8%) were a vital part of an acceptable contract. Most also considered that paid educational leave was important (77.0%). A small minority felt that unpaid educational leave or other leave was expected (23.5% and 36.1%, respectively).

In respect to these benefits, there were few differences between those who were currently interested in Northern nursing and those who were not. While both groups thought that subsidized accommodations, subsidized travel, vacation and sick leave would be part of a Northern nursing contract, those who were interested in Northern nursing opportunities were less likely to expect paid educational leave (60.6% versus 79.6%) or unpaid educational leave (17.9% against 24.7%).

Survey comments, however, reveal that a number of nurses felt that Northern contracts should include a wide spectrum of benefits, comparable to those offered by hospitals and other employers. Some emphasized that bereavement, paternity or maternity leaves and associated travel benefits were necessary. A number of respondents also believed there should be provision for specialized "isolation leave," "compassionate leave," "emergency family leave," or leaves "for mental health reasons." In this, one respondent expressed the opinion that contracts should have





**Figure 39 - Contract Expectations - Other Benefits (All Respondents)**

a minimum of "five days for personal leave if required for stress or illness of family member."

Several respondents stated that a comprehensive benefit package, similar to those enjoyed under current Ontario Nurses Association contracts represented the minimum acceptable standard. In this, they expected a "full benefit package ... vision, hearing, dental, drug, private hospital coverage." Another respondent said that other benefits should be "generous ... union paid, pension plan paid, long term and short term paid sick leave." Summing up her views on benefits, a nurse who had worked in isolated communities said: "I think there should be an incentive to go North. It is a very personal decision and one must want to go, but pay and benefits justify. It should be more than normal hospital pay and benefits."





## **IV. WORKING CONDITIONS**

*What types of working conditions would nurses expect in isolated First Nations communities?* To answer this question, respondents were asked what they expected in terms of workloads and client acuity. In addition, they were asked about the probable availability of inservice education, as well as the cross-cultural issues they would encounter in the workplace.

### **Workloads**

Findings suggest that most nurses responding to the survey anticipated that workloads would extend beyond those normally associated with a full-time nursing position. (See *Figure 40*.) Over three-quarters thought that workloads would exceed 37.5 hours per week (77.1%). Just a small minority considered that workloads would be less than 37.5 hours per week (28.6%). Similar numbers thought nurses also would be required to be "on-call" evenings (77.5%) and weekends (74.5%).

When the responses of those who are interested in Northern nursing are examined, it is clear that almost all of them anticipated heavy workloads: nine out of ten think that they would be required to work 37.5 or more hours a week (87.5%); very few believed that workloads would be less than 37.5 hours per week (17.9%). Moreover, nearly all thought that nurses would be on-call evenings (92.9%). Most also expected to be on-call on weekends (83.9%). In contrast, those who themselves are not interested in Northern practice believe that the work schedule would be comparatively light. Only three-quarters expect work weeks of 37.5% or more hours per week (78.2%); fewer individuals in this group expect that nurses would be on-call evenings (73.0%) or weekends (71.8%).

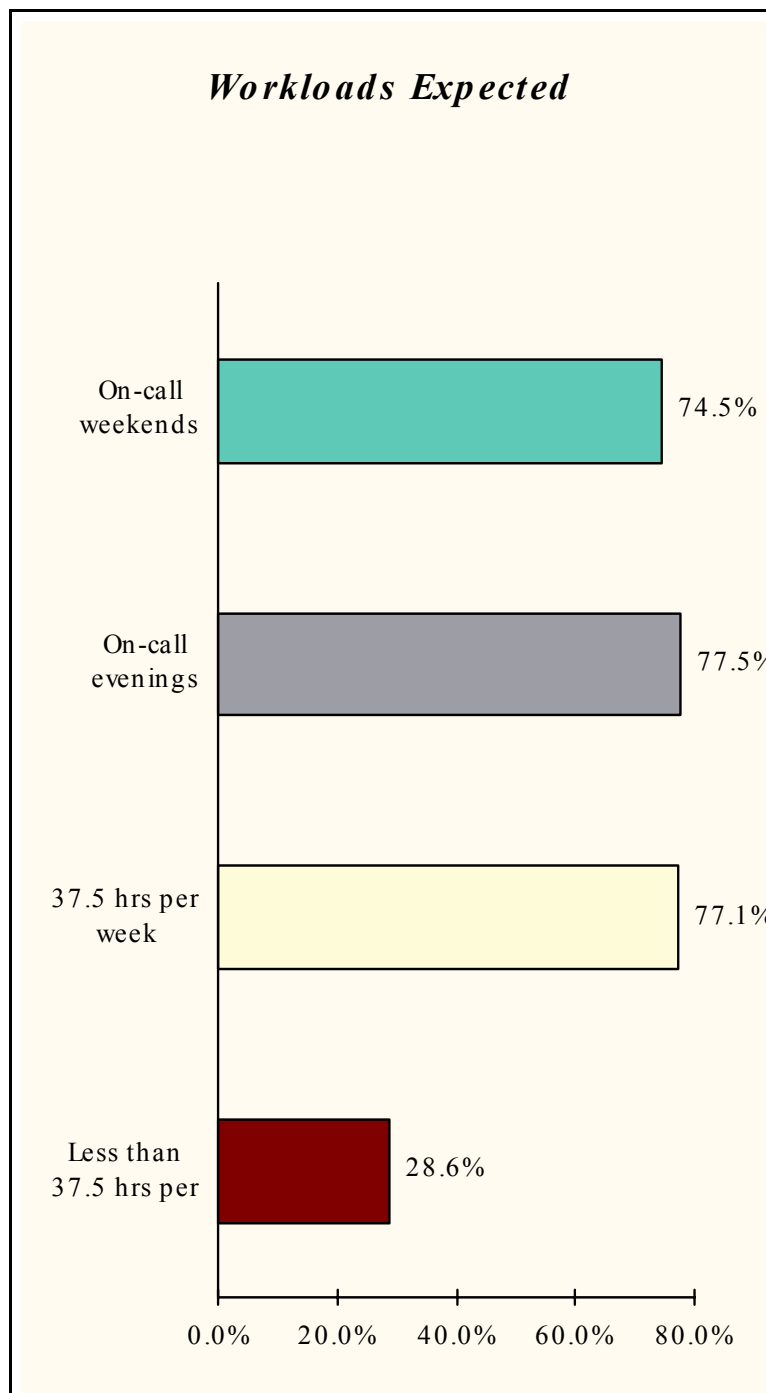




### ***Inservice***

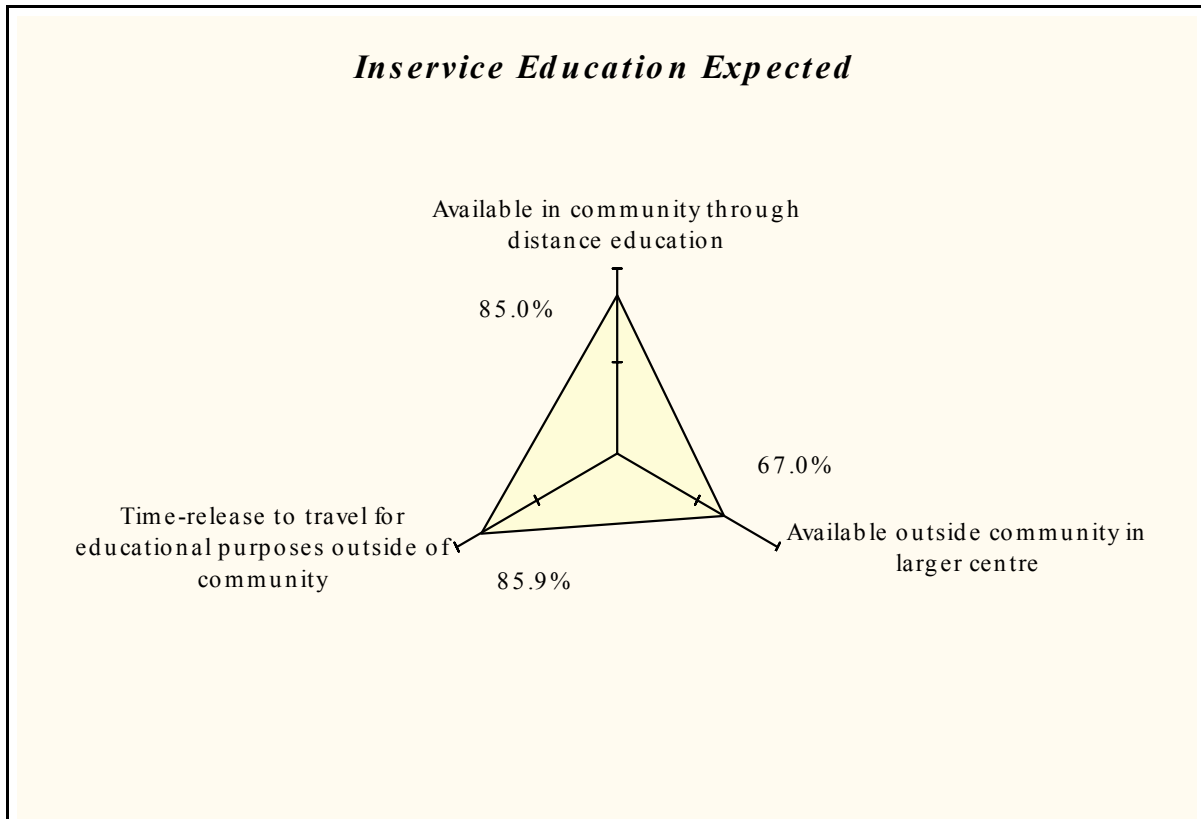
The majority of nurses surveyed expected that Northern nursing opportunities would include access to a variety of inservice education opportunities. (See *Figure 41.*) Nine out of ten felt that inservice would be available in the communities through distance education (85.0%). Two out of three thought that specialized education would be accessible in larger centres (67.0%).

Most also believed that time-release and travel supports would be available to attend such offerings (85.9%). On this issue, there were no differences of opinion between those RNs who would currently consider a Northern nursing position and those who would not.



**Figure 40 - Working Conditions - Expected Workloads (All Respondents)**





**Figure 41 - Working Conditions - Inservice Education Expected (All Respondents)**

Respondents noted that they would expect support to take advantage of other types of continuing education<sup>6</sup> as well. Among those mentioned were "short-term educational [opportunities], such as conferences, workshops", "organized inservices" and "ACLS, BTLS, ATLS, PALS" sessions designed to upgrade their skills. A few people felt there was a need to "encourage computer competency and distance education via Internet access" to facilitate continuing education. Others thought that on-site inservice education could be delivered using Internet-based "on-line resources", including books and journals. "Video conferencing" was another option for ongoing consultation and education. The general view was that "the employer [should] make learning experiences readily available".

---

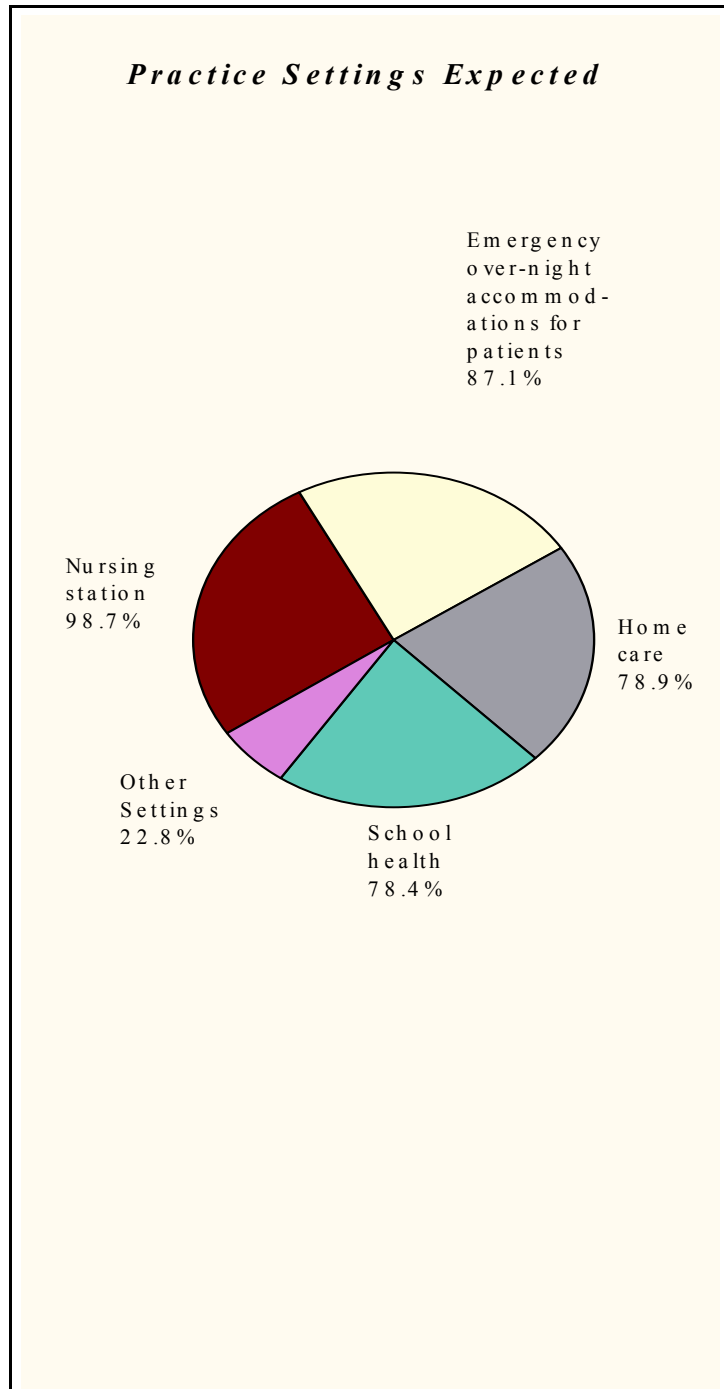
<sup>6</sup> Open-ended question. Some types of education included in the "other" category were cited by only one or two respondents.



## **Practice Setting Resources**

Nurses were asked to indicate which types of practice settings they would expect in an isolated First Nations community. As shown in *Figure 42*, almost all felt that nurses would care for patients in a nursing station (98.7%). Nine out of ten believed that there would be emergency over-night accommodations for patients (87.1%).

Three-quarters thought that nurses would also work in home care (78.9%) and school settings (78.4%). About one in five respondents indicated that they anticipated various other venues. Written comments suggest that "other settings" might include "camps outside of [the] settlement". Both nurses who were interested in Northern employment and those who were not, had similar views about potential practice settings.



**Figure 42 - Working Conditions - Practice Setting Expected (All Respondents)**

## Equipment

There was somewhat less certainty about the types of equipment that would be found in the communities. As shown in *Figure 43*, two out of every three respondents thought that the equipment level would parallel that of a small town community clinic (68.4%). Equivalent numbers believed that the equipment would be comparable to that found in the ambulatory care area in a small community hospital (64.9%). One out of five, however, expected that other resources would be available (21.3%).

Those who were considering Northern nursing were slightly more optimistic that the nursing stations would be equipped as well as community clinics (70.4%) or ambulatory care areas (85.9%) in small communities. More nurses in this group also expected that other resources would be available (29.6%).

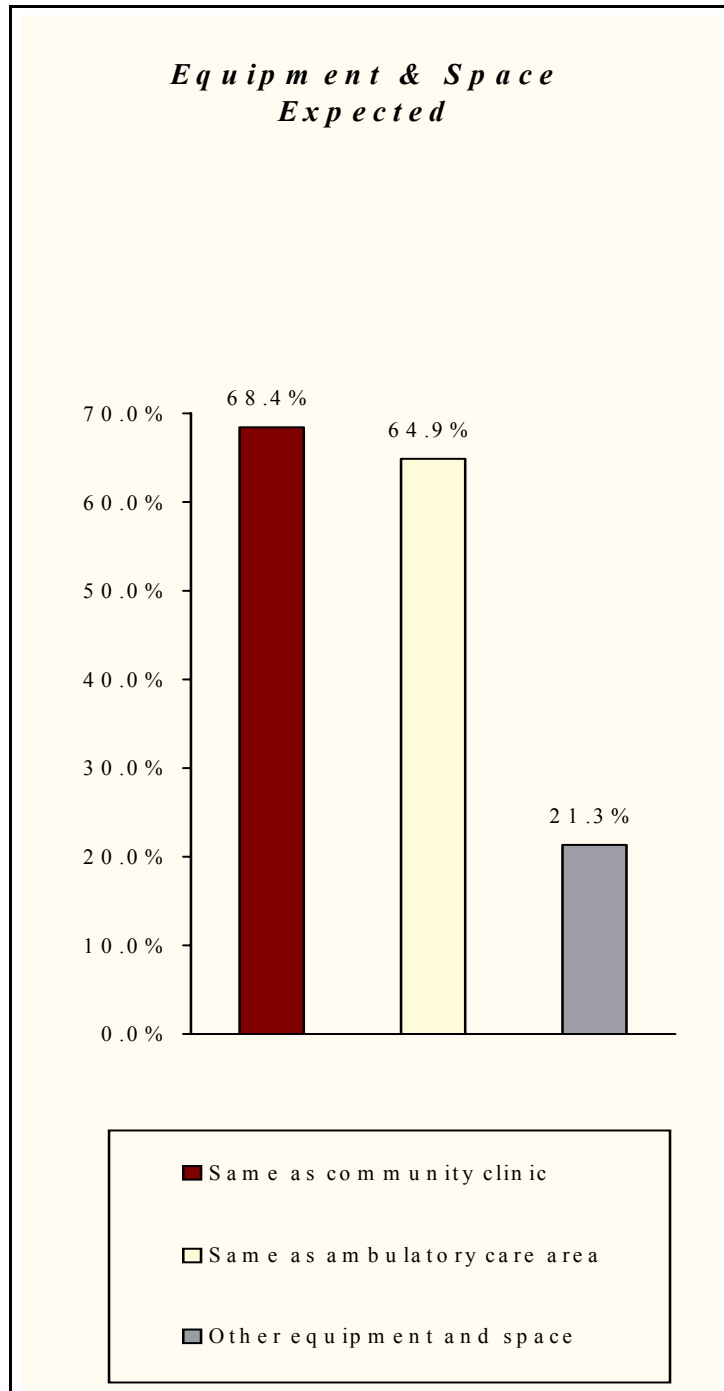
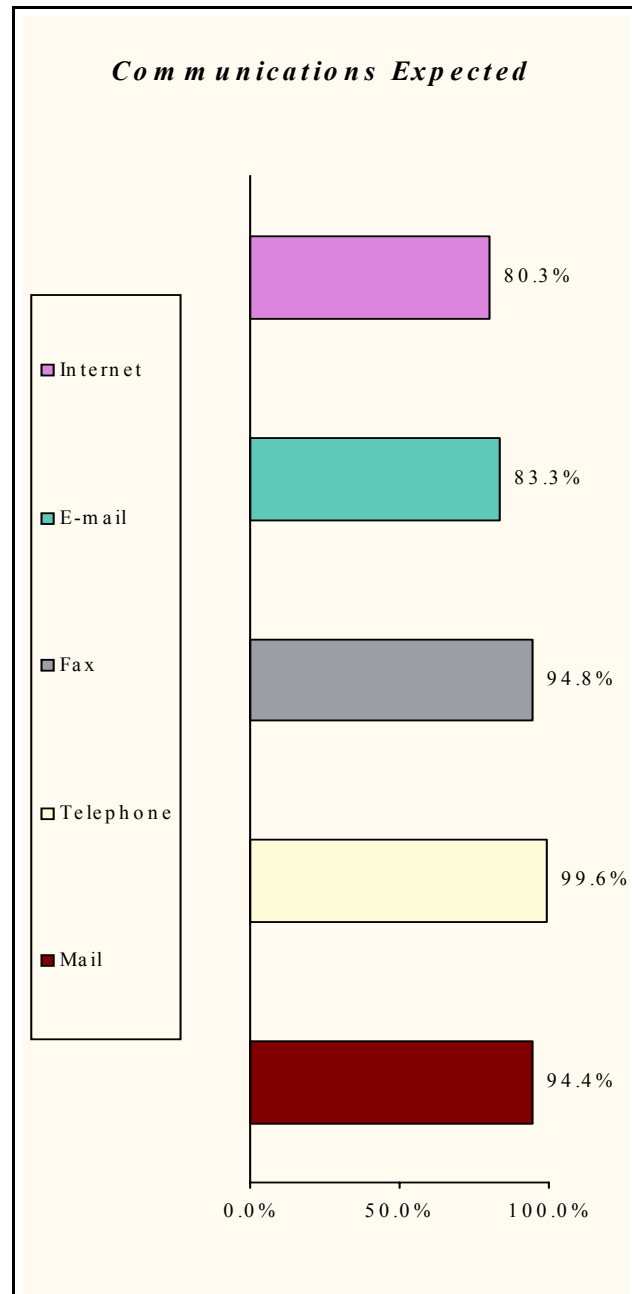


Figure 43 - Working Conditions - Equipment Expected (All Respondents)

Respondents who commented on "other resources" generally believed that there would be specialized equipment at the nursing station to assist in diagnosis and emergency care. Among the items listed were "cardiac monitors", "defibrillators", "x-rays", "ultrasound", "scopes", "pain pumps", chest tubes", "suction", "oxygen", "refrigeration" and "lab" equipment. A number of nurses also thought that they would find an "extensive reference library" on site, including "books, journals, protocols, directives [and] guidelines." Those who anticipated that they would have to attend emergencies at locations outside of the community believed that there would be "vehicles", such as snowmobiles or ATVs available to get them to the site.

### **Communications**

As shown in *Figure 44*, most nurses responding to the survey also anticipated that they would have access to a range of communications technologies. Nearly all considered that telephone (99.6%), mail (94.4%) and fax (94.8%) would be available. Eight out of ten also expected e-mail (83.3%) and Internet connections (80.3%).



**Figure 44 - Working Conditions - Communications Resources Expected (All Respondents)**

Those who commented on communications issues indicated that they would expect specialized devices to assist them in their nursing practice, including "electronic stethoscopes", "digital cameras" and specialized "Internet connections" to send x-rays and other data to outside specialists for consultations. "Videoconferencing...for interactive consults" and a "satellite phone in case of failure of existing systems" were also cited.

### Staffing

Respondents were asked to consider the types of staffing resources that they would expect "on site" and "on-call" in an isolated Northern community. In this respect, "on call" referred to staff available for consultation at a distance. As shown in *Figure 45*, the majority of nurses surveyed thought that there would be at least one other RN on site (72.5%), translators (70.0%), physicians (68.2%), community health workers (57.5%) and community mental health workers (54.9%).

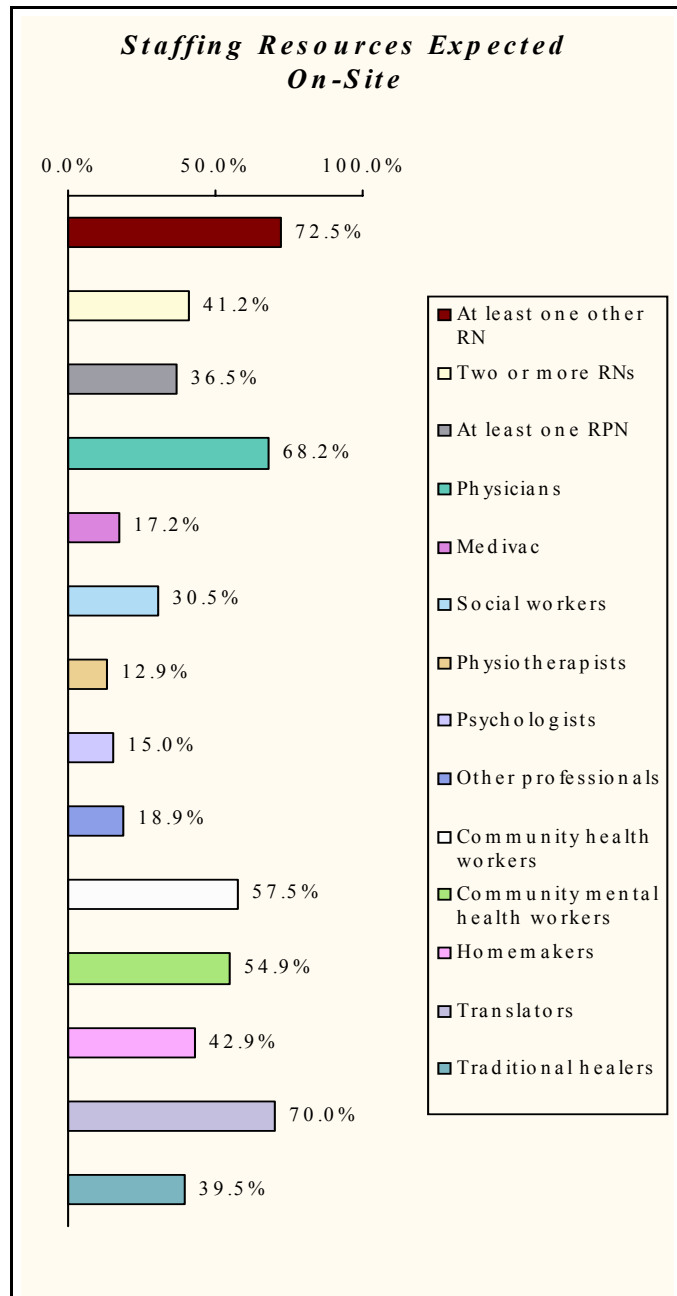
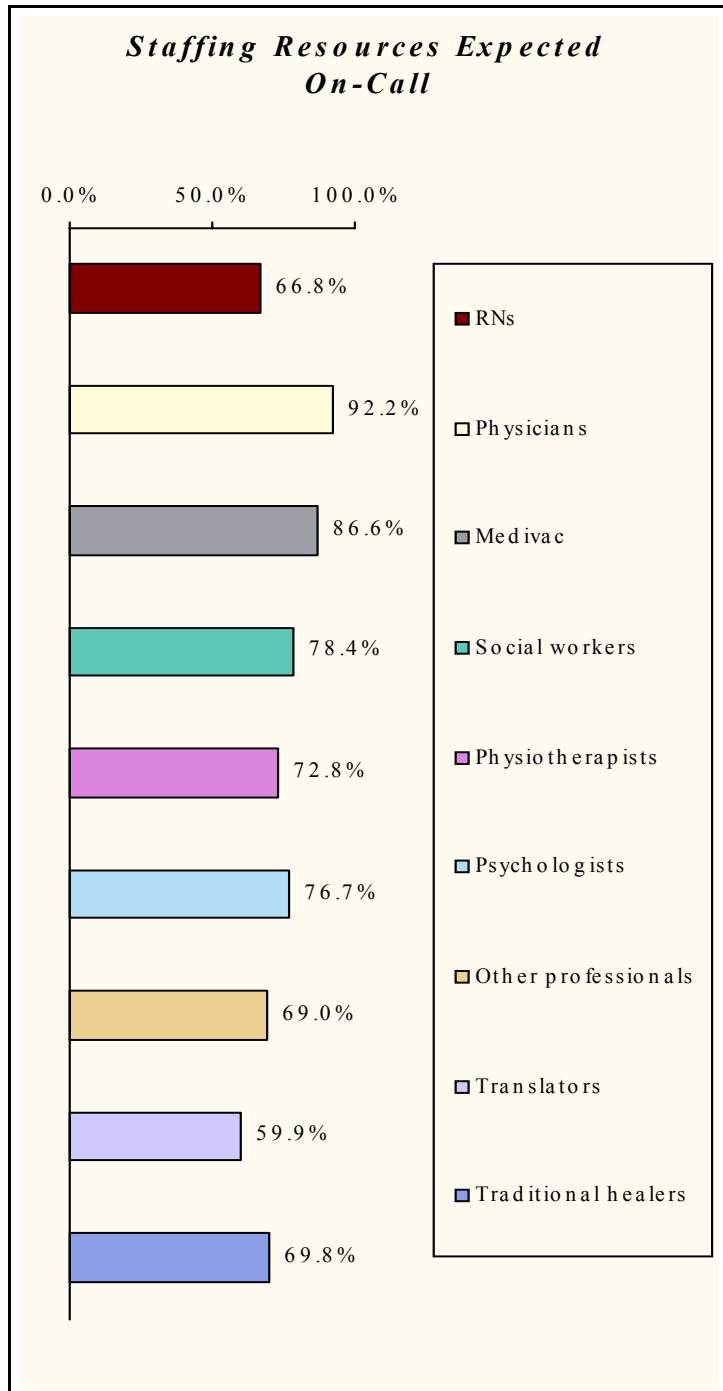


Figure 45 - Working Conditions - Staffing Resources Expected On-Site (All Respondents)

A minority thought that there would be more than two RNs (41.2%), homemakers (42.9%), traditional healers (39.5%), an RPN (36.5%) or social workers (30.5%) in the community. Very few anticipated that other professionals (18.9%), Medivac personnel (17.2%), psychologists (15.0%) or physiotherapists (12.9%) would be available. Those who were interested in Northern nursing, however, were more likely to expect at least one other RN (80.4%), community health workers (64.3%) and traditional healers (57.1%).

When resources "on call" outside the community are considered, it is apparent that respondents counted on a comprehensive range of "back-up" supports. (See *Figure 46.*) Nearly all thought that physicians would be available for consultation (92.2%). Most also expected on-call Medivac personnel (86.6%), social workers (78.4%), psychologists (76.7%), physiotherapists (72.8%), additional RNs (66.8%) and other professionals (69.0%).



**Figure 46 - Working Conditions - Staffing Resources Expected On-Call (All Respondents)**



Smaller, but still significant numbers of people believed that traditional healers (69.8%) and translators (59.9%) would be accessible when needed. Those who were interested in Northern nursing opportunities particularly thought that a full range of staffing resources would be available "on call": nearly all expected physicians (96.4%) and Medivac personnel (96.4%) would be available for back-up.

Other staffing resources were expected by a minority (18.8%)<sup>7</sup>. Included in their lists were medical specialists such as radiologists, cardiologists, obstetricians, psychiatrists, surgeons and trauma experts. Pharmacists, lab and x-ray technicians, nursing supervisors, nurse practitioners, dieticians, nutritionists, occupational therapists and diabetes educators were also thought to be available. Those commenting on "on-call" staffing stated that they hoped there would be, "consultants on nursing practice" or "nursing supervisors" available, ideally on a "24-hour basis". To keep the nursing stations functional, people expected clerical assistants, drivers, caretakers, custodians and housekeeping or maintenance staff. Some individuals also anticipated there would be security personnel "for assistance with bothersome people or mental health patients out of control."

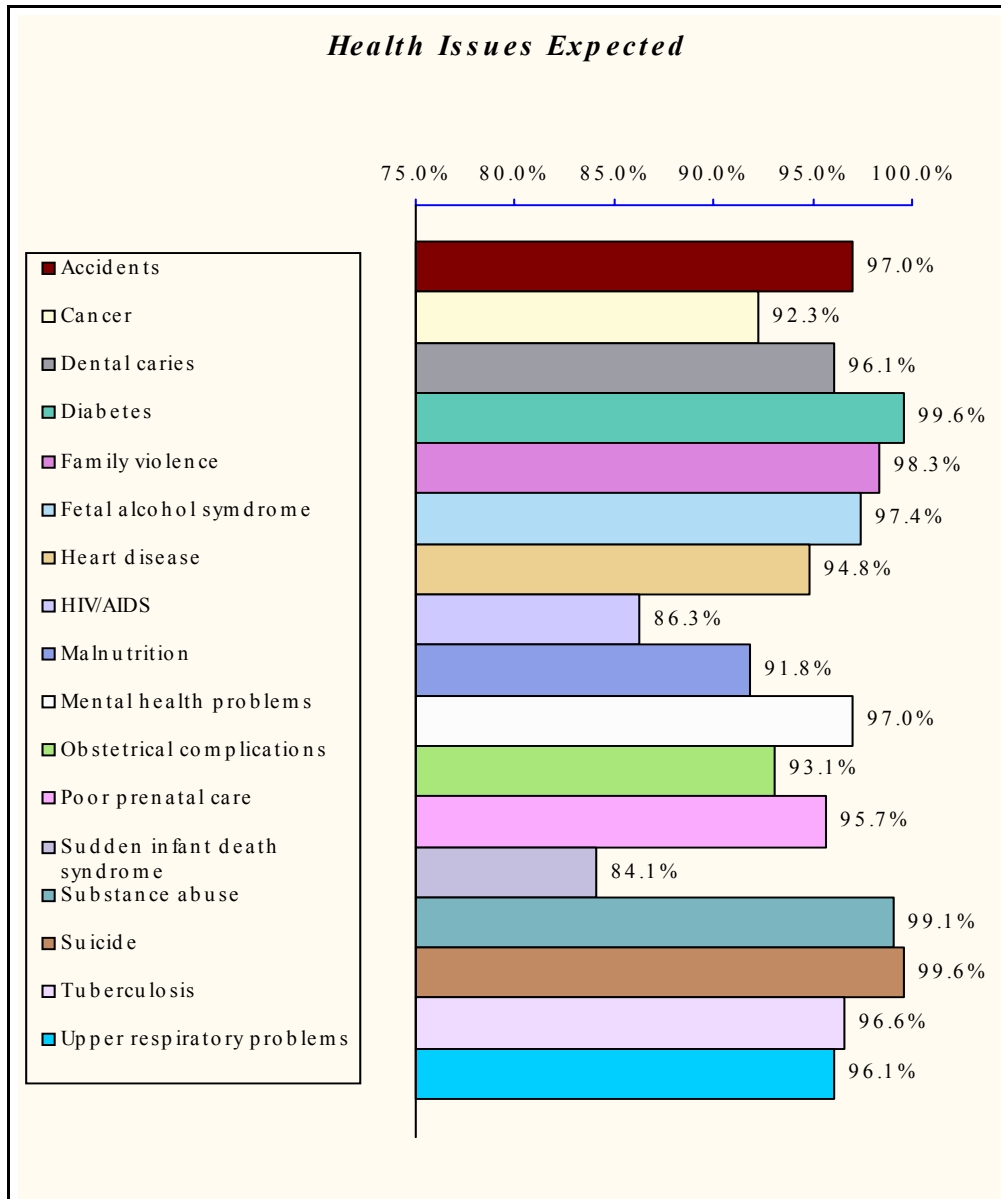
## ***Health Issues***

As shown in *Figure 47*, respondents expected that nurses would encounter a broad range of health issues in isolated Northern communities. In order of frequency cited, these included: diabetes (99.6%), suicide (99.6%), substance abuse (99.1%), family violence (98.3%), fetal alcohol syndrome (97.4%), accidents (97.0%), mental health problems (97.0%), tuberculosis (96.6%), dental caries (96.1%), upper respiratory problems (96.1%), poor prenatal care (95.7%), heart disease (94.8%), obstetrical complications (93.1%) and cancer (92.3%).

---

<sup>7</sup> Open-ended question. Some resources were mentioned by only one or two respondents.





**Figure 47 - Working Conditions - Health Issues Expected (All Respondents)**





Of all conditions, only sudden infant death syndrome (84.1%) and HIV/AIDS (86.3%) were thought to be less common. Given the high level of agreement on the prevalence of these issues, there were no significant differences of opinion between nurses who were considering Northern employment and those who were not.

About one in five respondents also supplied lists of other health concerns that they believed nurses might face in the communities (18.1%). (See *Figure 48*.) Respondents identified more than sixty-five health conditions. In order of frequency cited, they expected to encounter problems related to abuse, renal failure, STDs, assaults,

waterborne illness, infections, wound care, premature labour and other complications of pregnancy. Alcohol abuse was another frequently-cited concern. The remainder of the conditions were usually cited by only one or two respondents.

<i>Other Health Problems Expected</i>		
• abuse	• foot problems	• overdoses
• alcohol abuse	• frostbite	• pain
• assaults	• gangrene	• palliative care
• blastomycosis	• geriatric care	• parasitic diseases
• burns	• grief	• parenting problems
• cellulitis	• counselling	• physical assaults
• child neglect	• gunshots	• poisonings
• cognitive problems	• headaches	• postop complications
• colds	• health teaching	• premature labour
• communicable diseases	• haemorrhages	• preventive health
• dermatitis	• hepatitis	• health promotion
• dietary deficiencies	• hip displacements	• psychiatric disorders
• delirium tremens	• hygiene	• renal failure
• dialysis	• hypertension	• residential school
• dog bites	• hypothermia	• victimization,
• elder abuse	• immunization	• sexual assaults
• enteric illness	• incest	• sexually-transmitted diseases
• environmental health issues	• injuries	• sepsis
• fasciitis	• learning disabilities	
• influenza	• mobility problems	
	• neurological disorders	
	• noncompliance	
	• obesity	
	• orthopaedic problems	

**Figure 48** -Working Conditions - Other Health Issues (Open-Ended Question) (All Respondents)



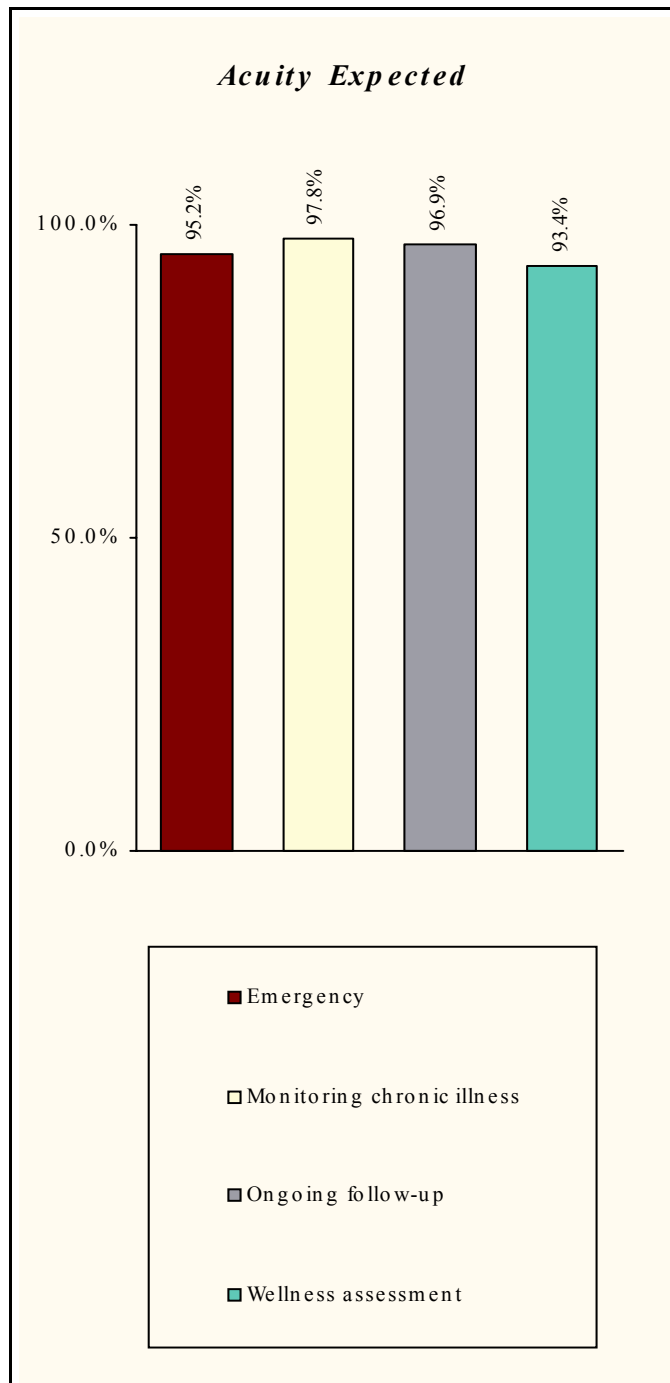


## Acuity

Nearly all individuals responding to the survey believe that Northern nurses would encounter a wide range of acuity in their practice. As shown in *Figure 49*, the consensus was that they would handle emergency cases (95.2%), monitor chronic conditions (97.8%), provide follow-up care (96.9%) and do wellness assessments (93.4%).

## Types of Clients

There was an equally strong belief that nurses would see clients across the age span. (See *Figure 50*.) Almost all respondents thought that the clientele would include infants, children, adolescents, young adults, the middle-aged and elderly. There were no differences of opinion on these issues for nurses who would and would not consider Northern nursing positions. As summed up by one respondent, nurses in isolated First Nations communities would likely encounter "all [the] typical health concerns [found] in



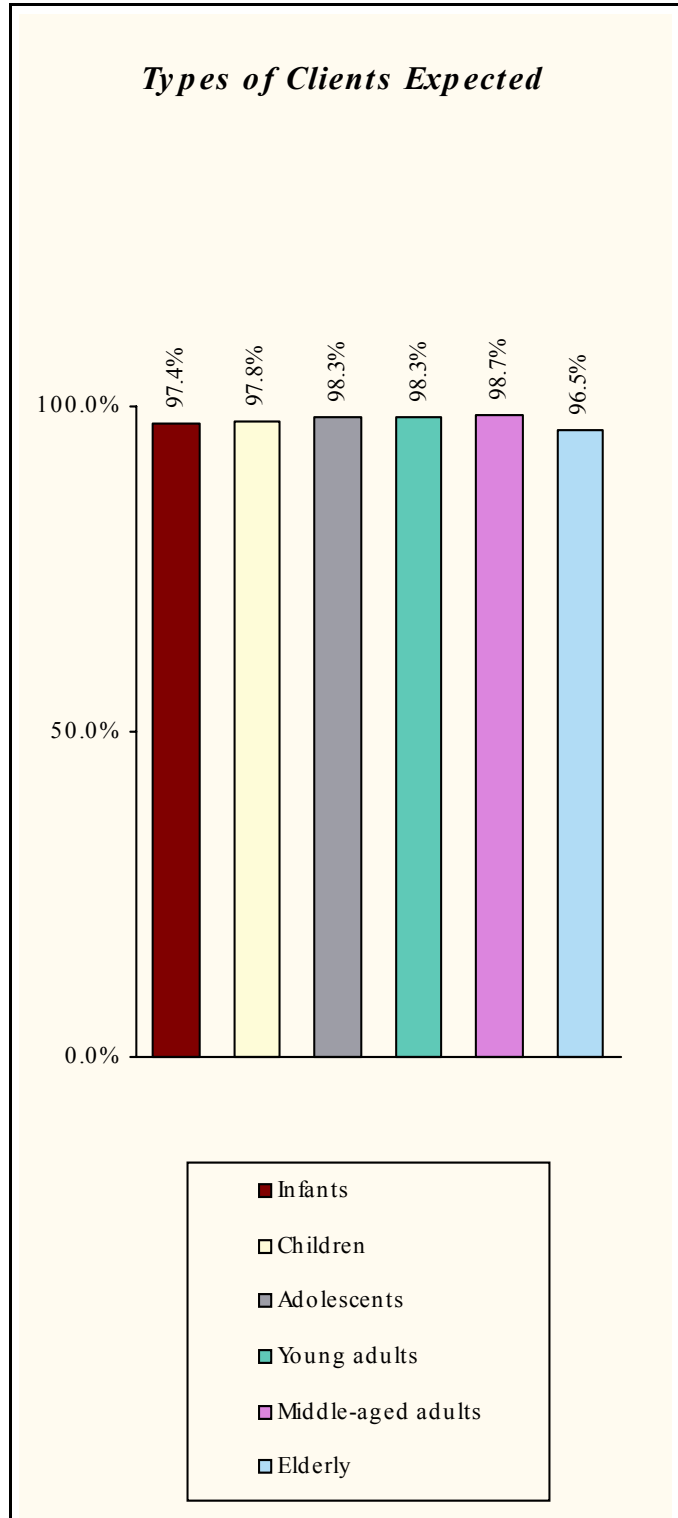
**Figure 49 - Working Conditions - Expected Acuity (All Respondents)**



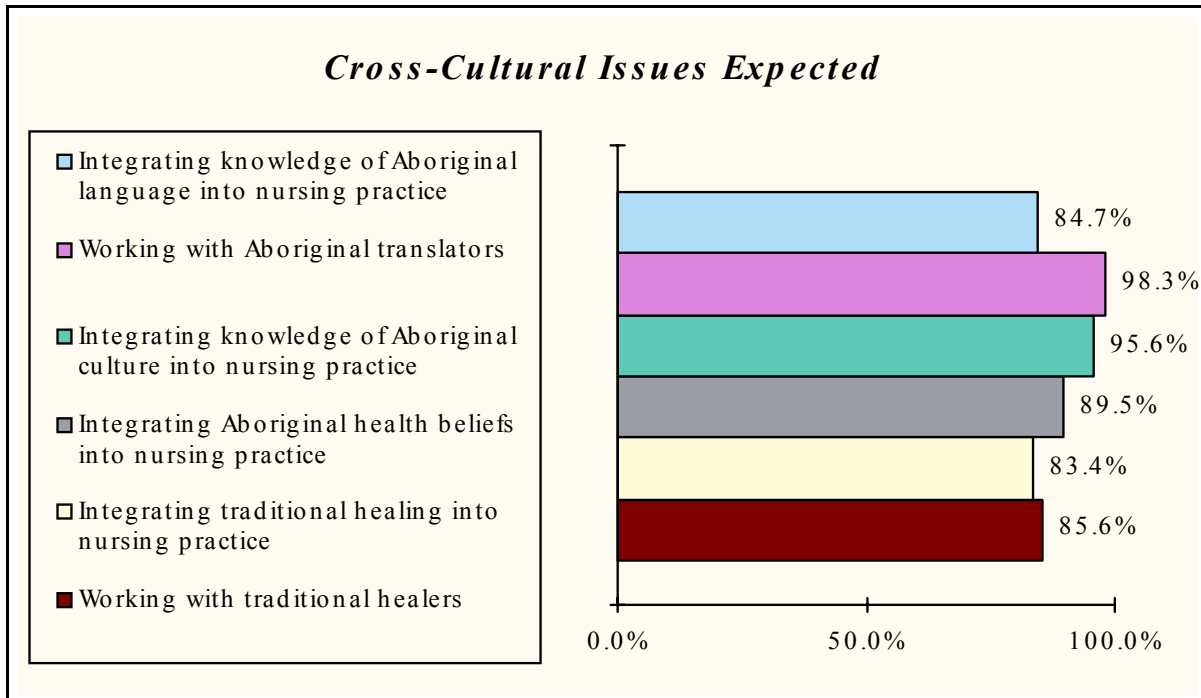
a small town." Another professional, after talking with First Nations clients in her place of employment, stated: "their concerns are the same as the city ... with less availability of services."

### **Cross-Cultural Issues**

More diverse opinions, however, were expressed concerning cross-cultural issues. (See *Figure 51*.) Almost everyone believed that Northern nurses would work with Aboriginal translators (98.3%) and be expected to integrate knowledge of Aboriginal culture (95.6%) and Aboriginal health beliefs into their nursing practice (89.5%). Eight out of ten also felt that working with traditional healers (85.6%) would be part of their nursing practice. Traditional healing (83.4%) and knowledge of Aboriginal language (84.7%) were seen as elements of a successful practice. No differences existed between those who were interested in Northern nursing and those who were not.



**Figure 50 - Working Conditions - Types of Clients Expected (All Respondents)**



**Figure 51 - Working Conditions - Cross-Cultural Issues Expected (All Respondents)**

Individuals who were considering Northern nursing employment believed that special attention should be paid to these types of cross-cultural issues. The importance of working effectively with non-regulated health providers from the community was noted, as was the desirability of learning a "native language" and understanding "traditional lifestyles". A nurse who had worked in the North said: "nurses shouldn't have any expectations or values to impose, be an open slate and be prepared to have the wisdom to accept those things that can't be changed or controlled."

Other respondents emphasized that there was a need for "cultural respect." They believed that respect for cultural differences should be "shown both ways", with the nurses and the communities each respecting the other's beliefs and traditions. Summing it up, one respondent said that ideally, the nurses should be integrated into Northern communities, "living [in the community] and being a member in the community ... not merely an outsider."





## **V. LIVING CONDITIONS**

*What types of community orientation would be needed for nurses planning to accept employment in remote First Nations communities?* The survey contained a comprehensive series of items exploring the expectations of living conditions in the communities. Items assessed nurses' perceptions of the availability and costs associated with consumer items, community facilities and travel. Additional questions examined the types of professional and personal supports that Northern nurses would consider essential, inside and outside the communities.

### ***Housing and Other Consumer Items***

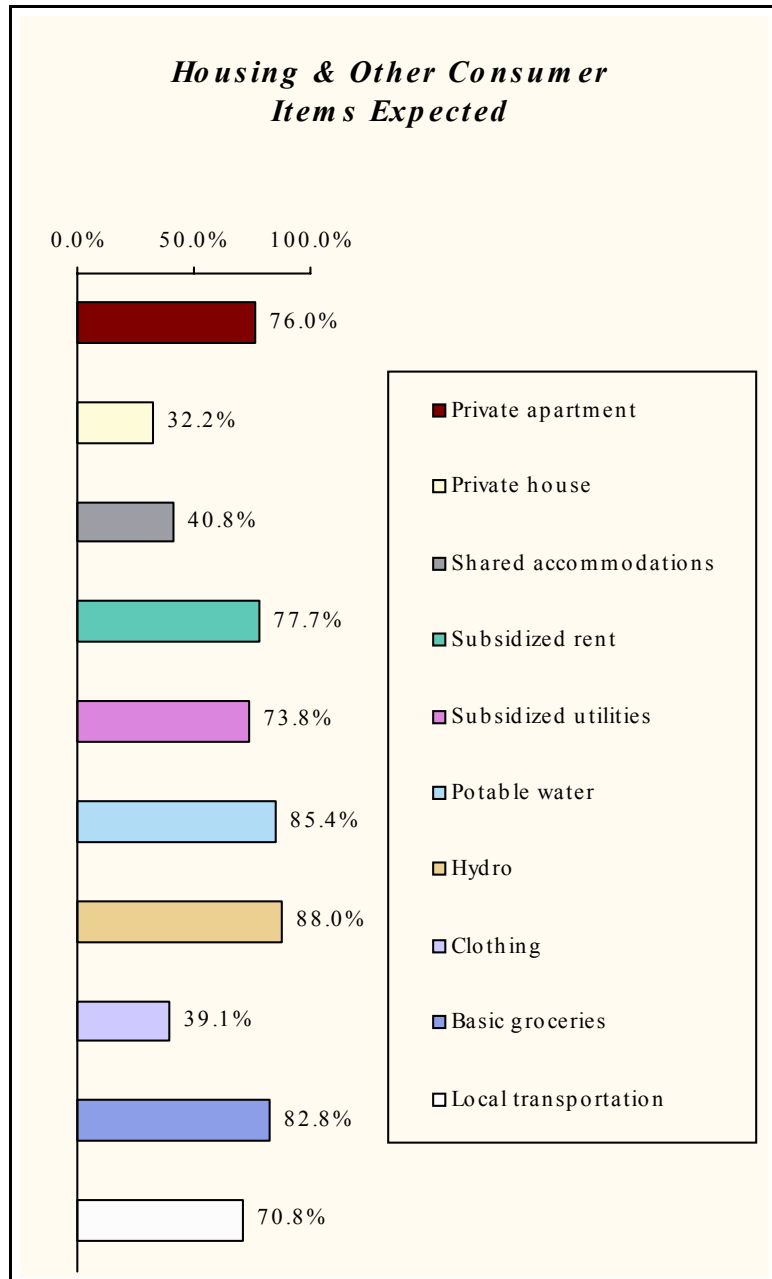
As shown in *Figure 52*, the majority of respondents expected Northern nurses would have services that were comparable to those found in their home communities. In descending order, from those items which were most consistently expected, to the least: hydro (88.0%), potable water (85.4%), basic groceries (82.8%), local transportation (70.8%), subsidized rent (77.7%) and a private apartment (76.0%). Very few thought that nurses would have to use shared accommodations (40.8%), or have access to private housing (32.2%).

Those who are interested in Northern nursing and those who are not have similar expectations about the types of services which would be available. Fewer of the nurses who are considering this type of employment, however, expect that basic groceries (75.0%) or clothing (33.9%) could be obtained in the communities.



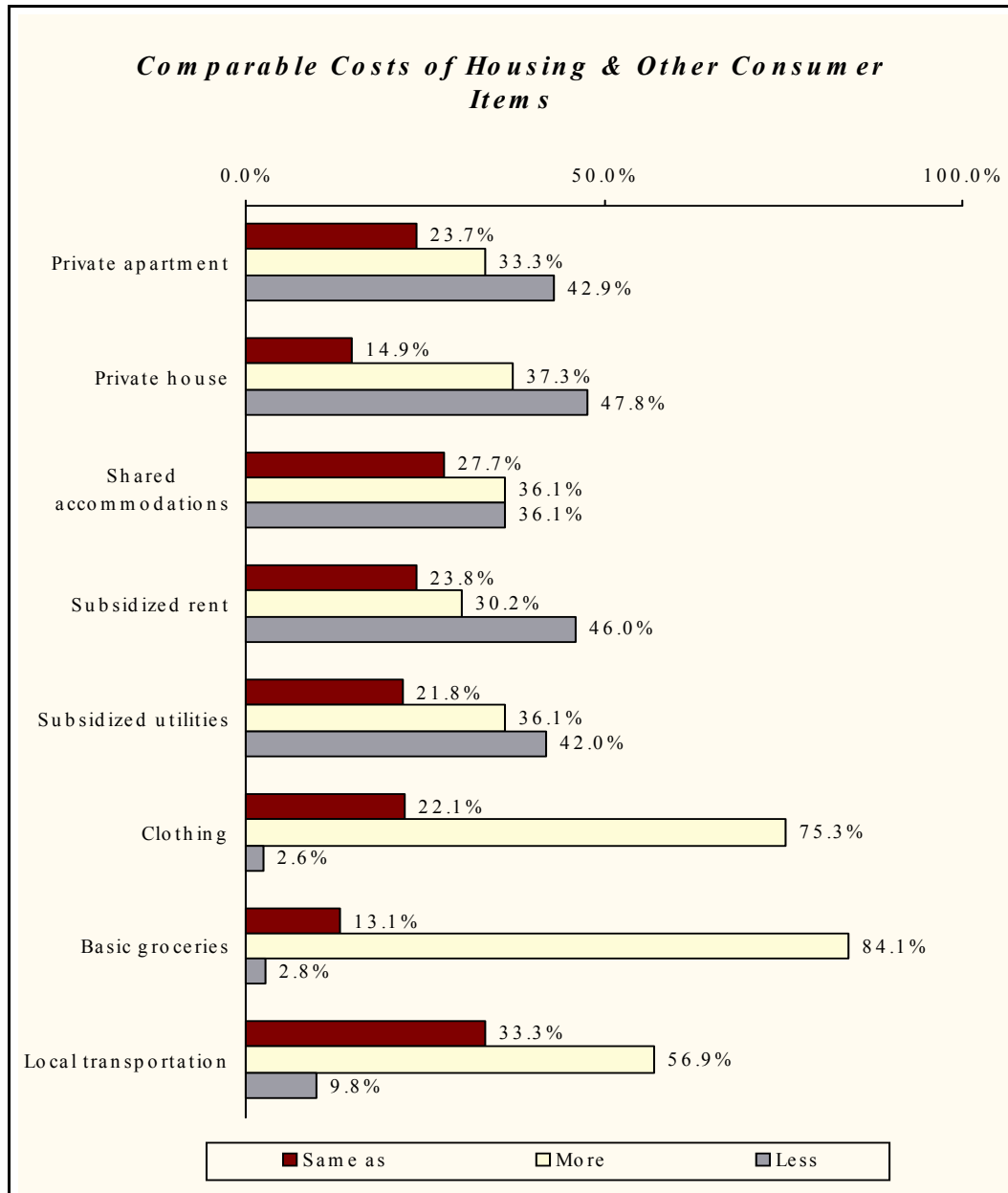
Comparative costs of housing and other consumer items in First Nations communities were widely expected to be "more" than the costs of similar services or goods in their home communities (48.9%)<sup>8</sup>: just one in four responses indicated that costs would be "less" (28.4%); one in five responses indicated that costs would be "the same" (22.7%).

Looking at the modal "cost categories", however, there are some differences in their expectations regarding the costs of specific types of housing or other consumer items. (See *Figure 53.*) In terms of the costs incurred by individuals, private apartments (42.9%), houses (47.8%), rents (46.0%) and utilities (42.0%) were generally thought of as being "less expensive" than in respondents' home towns because of employer subsidies.



**Figure 52 - Living Conditions - Housing & Consumer Items Expected (All Respondents)**

<sup>8</sup> Multiple response analysis, summing the number of responses in each category.



**Figure 53 - Living Conditions - Costs of Housing and Other Consumer Items Compared to Costs of Similar Services in Their Home Communities (All Respondents)**





Clothing (75.3%), basic groceries (84.1%) and local transportation (56.9%) were considered "more costly". Shared accommodations occupied an intermediate position: equalivalent numbers of individuals estimated this service as "more" or "less" costly (36.1% for each).

Focussing just on those respondents who believe that services cost "more", however, those who are interested in Northern nursing have somewhat different expectations. Compared to those who are not interested, more of the nurses considering Northern employment think that private apartments will be more costly (50.0%). Fewer of them, however, believe that basic groceries (75.0%), local transportation (42.5%) or clothing (32.5%) will cost more in remote communities.

While very few individuals commented on accommodation and other consumer items, those who did made it clear that they expected that the services and goods available in the communities would be of a high standard. Several indicated, for example, that they expected to have "the use of ATVs or snowmobiles to get from [their] residence to the nursing station." Others said that accommodations should be suitable for "spouses" or "significant others" in the event that their partners choose to relocate to the communities. Those who commented on housing issues, however, were primarily concerned with one issue: "personal security". They wanted "safety ... support from MSB regarding housing standards ... that is, if hydro is out, back up heat source, outside lights ... door locks that work."

## ***Community Facilities***

The survey also asked individuals to assess the availability of community services, such as schools, college and university courses, churches, organization recreation, social activities, radio and television. (See *Figure 54*.) The majority of respondents believed that the communities would have access to basic educational and recreational services. Concerning education, most thought that elementary schools would be available (86.3%). Access to high schools (46.5%), community college courses (29.6%) and university degree courses (26.1%) were considered more restricted.





Most respondents believed that the communities would have a range of other facilities, including churches (77.9%), organized outdoor recreation (60.6%), community radio (69.0%) and television (52.2%). They also anticipated that the communities would have informal (80.5%) and organized social activities (59.3%).

There were few differences of opinion between those nurses who were interested in Northern nursing and those who were not. Those considering northern employment more often expected that community college courses (43.6%) or university degree courses (43.6%) would be available (as compared to 23.8% and 18.8%).

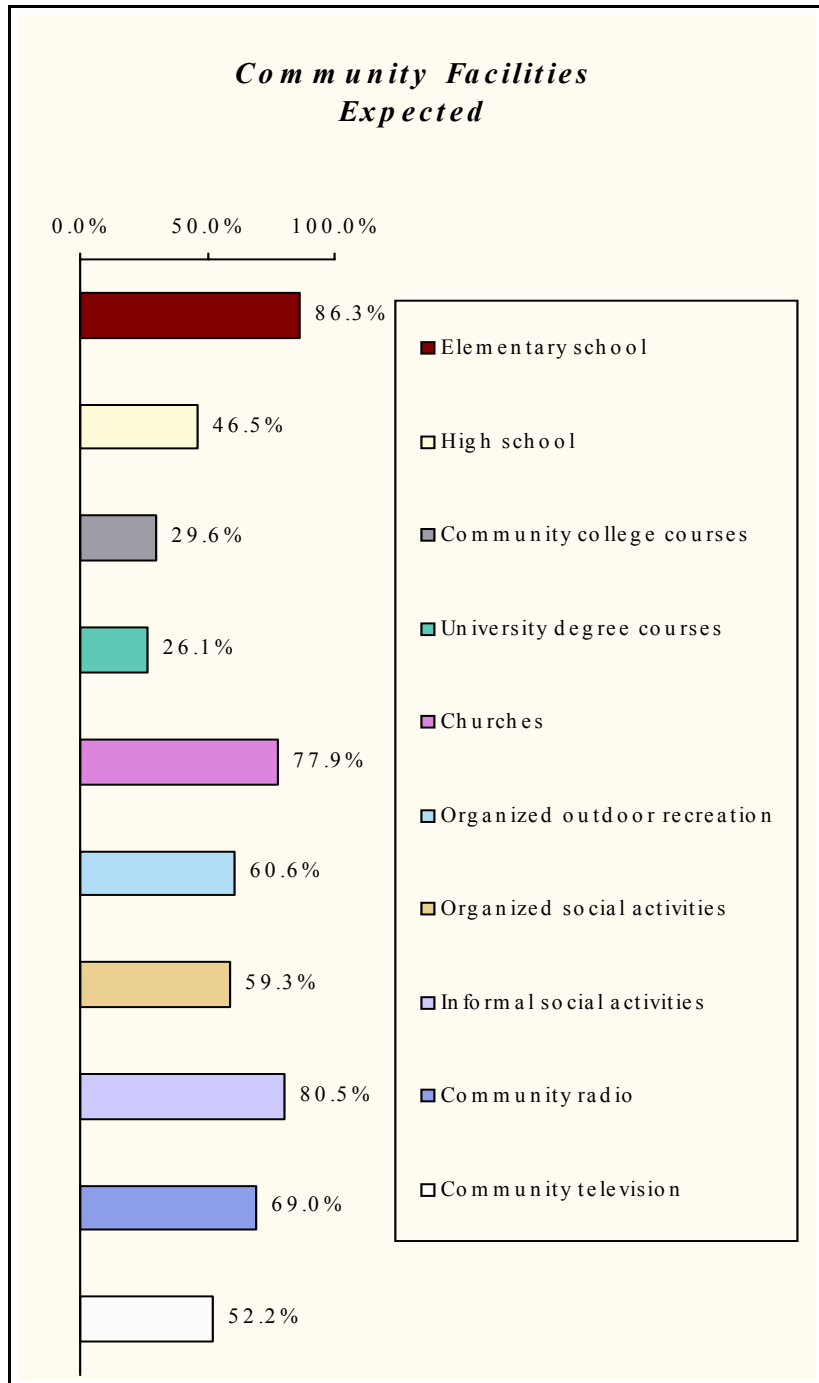


Figure 54 - Living Conditions - Community Facilities Expected (All Respondents)





More of them expected organized outdoor recreation (67.3%, against 56.3%). They also more often thought there would be community radio (76.4%) and community television (60.0%) (compared to 66.9% and 49.4%, respectively). For those types of community facilities and services for which fees or charges might apply, there was a general consensus of opinion that accessing these facilities would be "the same" as the costs of comparable services ... in the respondents' home communities<sup>9</sup>. One out of every two responses to these items fell into this category (50.8%); the rest were divided between those who considered that such services would cost "more" (23.3%) and those who indicated that services would cost "less" (25.8%).

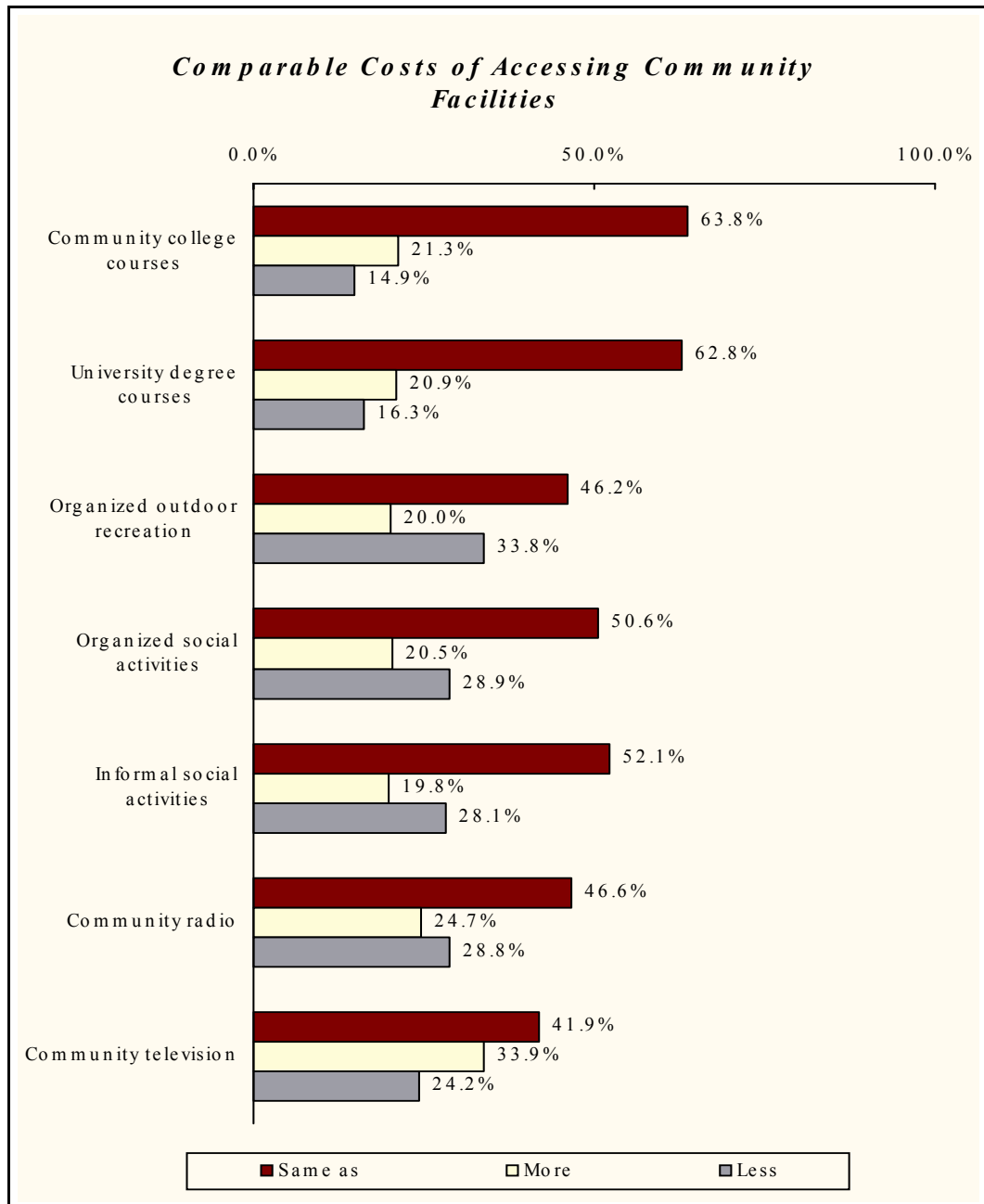
Considering modal "cost categories", there are few differences in expectations. (See *Figure 55*.) Across nearly all types of facilities and services, respondents typically expected that the costs would be "the same" as those required to comparable services in their home communities. This is true regardless of whether they are evaluating community college courses (63.8%), university degree courses (62.8%), organized social activities (50.6%), or informal social activities (52.1%). For organized outdoor recreation (46.2%), community radio (46.6%) or television (41.9%), however, fewer than one-half of respondents consider that the costs would be "the same". For these three items, significant minorities believed that the cost would be "more" or "less" but not "the same" as in their own communities. One in every three respondents, for example, thought that organized outdoor recreation would cost "less" (33.8%); one in every five thought it would be "more" (20.0%). For community television, three out of ten believed that the costs would be "more" (33.9%); two out of ten thought costs would be "less" (24.2%).

Several of those considering Northern nursing hoped that, as part of their contracts, they could access a variety of recreational opportunities. Some looked forward to having "satellite TV" or "cable TV" programmes to watch in their leisure time. Others hoped that they would have access to available "recreation facilities". Mindful of the limited services in isolated communities in the North, some nurses specifically expressed a wish that they could have the use of "recreational vehicles" to explore the surrounding area. For them, "snowmobiles" or "cross-country skis" in the winter and "ATVs", "boats and motors", or, ideally, "boat, motor ... [and] a hunting guide" would add to their ability to experience Northern community life.

---

<sup>9</sup> Multiple response analysis, summing answers across response categories.





**Figure 55 - Living Conditions - Community Facilities & Services - Costs Compared To Similar Services In Their Home Communities (All Respondents)**





## Travel

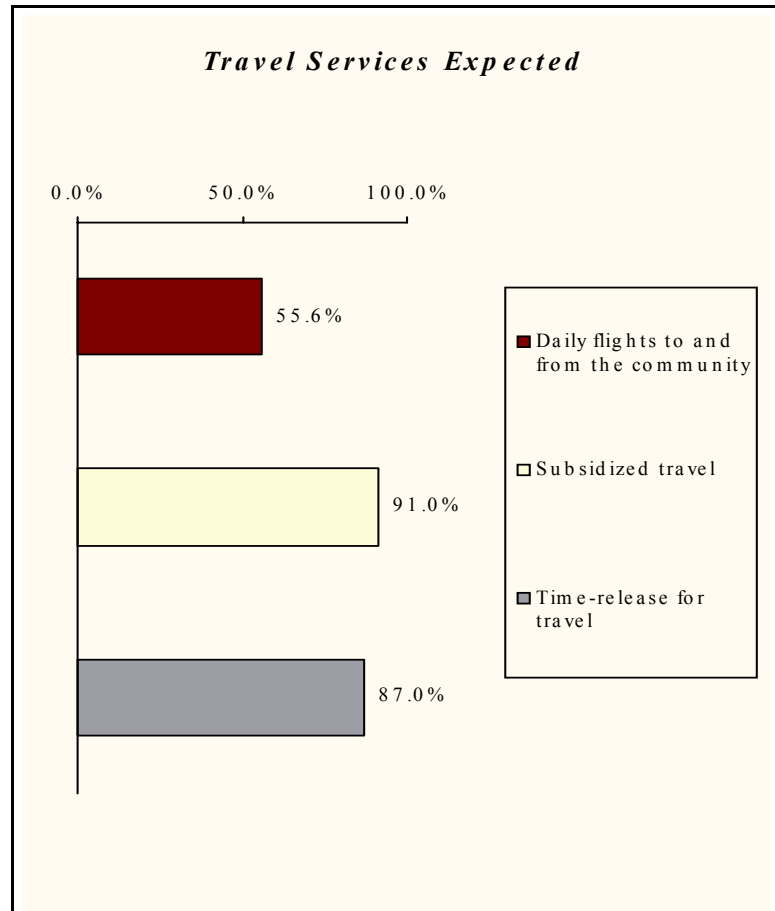
Nurses were also asked to estimate the availability and costs of travel to and from the communities. As shown in *Figure 56*, only one-half of respondents expected daily flights to and from the community (55.6%).

Nearly all, however, thought that their travel costs would be subsidized (91.0%). Similar numbers of respondents believed that they would get time-release for travel (87.0%).

Those who were considering Northern nursing, moreover, were more likely to expect daily

flights (63.0%), subsidized travel (94.4%) and time release (90.7%) than those who were not thinking of this type of employment (51.6%, 89.2% and 86.0%, respectively).

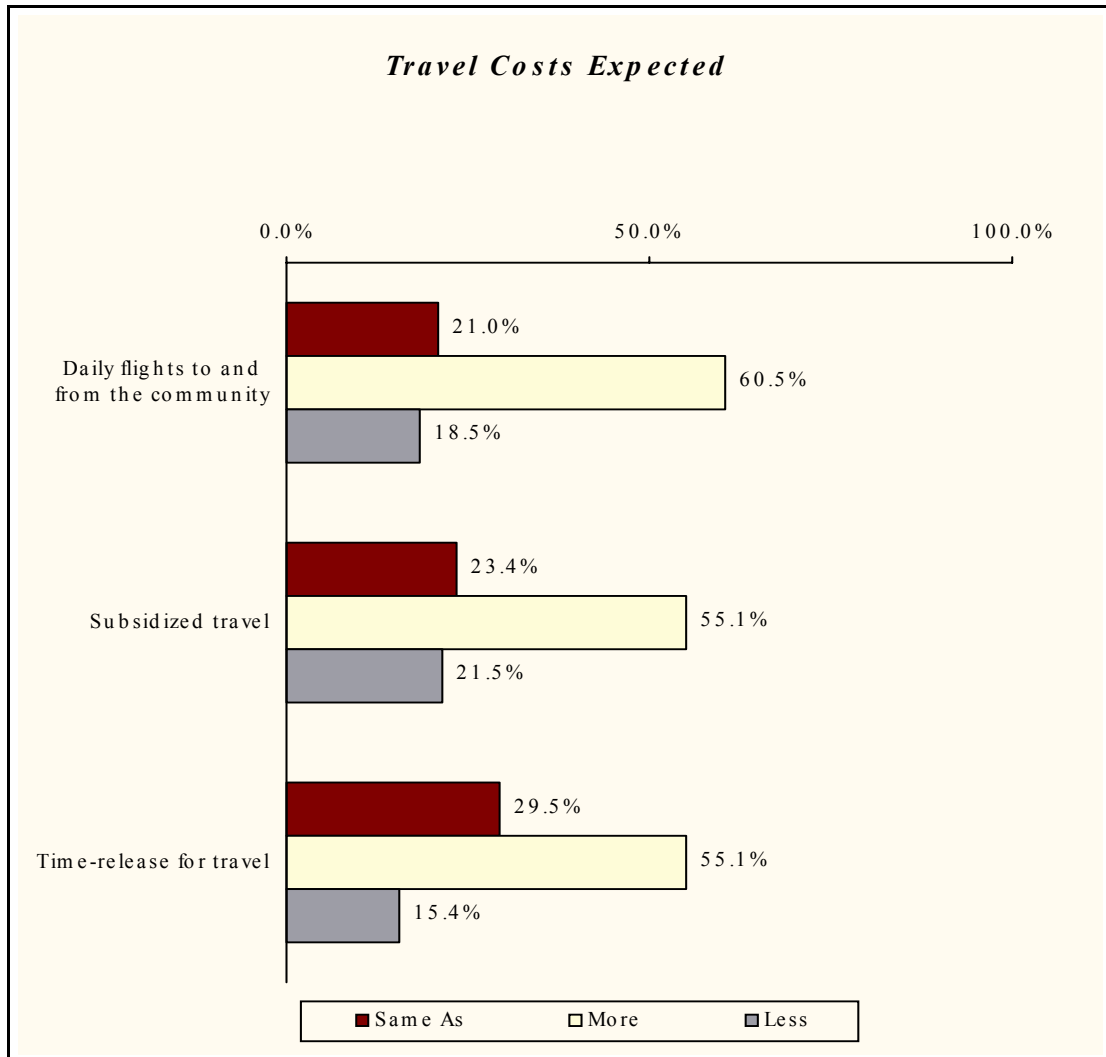
Concerning costs, the most general perception was that travel to and from the communities would cost comparatively "more" than in the South<sup>10</sup>. Looking across all travel cost categories, over one-half of the responses fell into this category (56.8%). Only one in every four responses indicated that costs would be "the same" (24.4%). Fewer than one in five showed a belief that they would be "less" (18.8%).



**Figure 56 - Living Conditions - Availability of Daily Flights, Travel Subsidies and Time-Release For Travel (All Respondents)**

<sup>10</sup> Multiple response analysis, summing responses across all three categories of travel costs.





**Figure 57 - Living Conditions - Travel - Costs Compared To Similar Services In Their Home Communities (All Respondents)**

Comparing "modal cost categories" for the three travel items, there was a consistent belief that the costs would be "more". (See Figure 57.) Regardless of whether respondents were considering daily flights (60.5%), subsidies (55.1%) or time-release (55.1%), the perception was that travel would cost more in the North than in Southern communities.





Considering only those individuals who thought that travel would cost "more,"<sup>11</sup> there are few differences of opinion between those nurses interested in Northern employment and those who are not. A majority of respondents in both groups shared a conviction that subsidized travel would be more costly (75.9% and 72.9%, respectively). They also had similar views concerning time-release costs (51.7% and 55.1%). Those considering Northern nursing, however, more often expressed the opinion that daily flights to and from the community would be more costly than comparable services in their home communities (69.0% versus 59.2%). Regarding these concerns, individuals from both groups commented that they expected "travel expenses", "travel allowances" and "travel time" would be important elements in Northern nurses' contract expectations.

## ***Professional Supports***

Nurses were also asked to indicate which types of supports they felt to be essential for those working in an isolated First Nations community. (See *Figure 58*.) In answer, most indicated that nurses should have access to a variety of professional supports, inside and outside the communities. The consensus among those surveyed was that the support of their nursing colleagues (97.0%) would be an essential component of working in isolated Northern communities. Eight out of every ten believed that nurses also needed access to a range of other professional supports, in the form of newsletters (82.6%), inservice training opportunities (83.5%) and distance education (83.9%). In contrast, only one in three believed that access to nursing supervisors was essential (32.2%). Those who were considering Northern nursing, however, more often believed that support of nursing supervisors was critical (44.6% versus 27.2%).

Comments reveal that a number of respondents felt that it was important that nursing stations have a full complement of staff. This would mean that "at least two nurses" were on duty in the community at any given time. They believed that this was important to counteract the isolation and provide an immediate, easily accessible source of support. A nurse who had been in the North summed up her advice on this matter, as follows: "do not go alone ... [you need] pairs ... someone to talk to 24 hours per day if [you have a] problem you cannot handle."

---

<sup>11</sup> Multiple response analysis, selecting only those who indicated that travel would cost "more".





## Community Supports

Nurses were also asked to evaluate whether community supports were important for nurses accepting Northern nursing positions. Almost everyone saw this as vital. Nine out of ten respondents believed that the supports of other health professionals (91.3%) and the band office (86.9%) were essential.

Among those considering a northern position, support from other health professionals was marginally less important (87.5%) than support from the band office (92.9%).

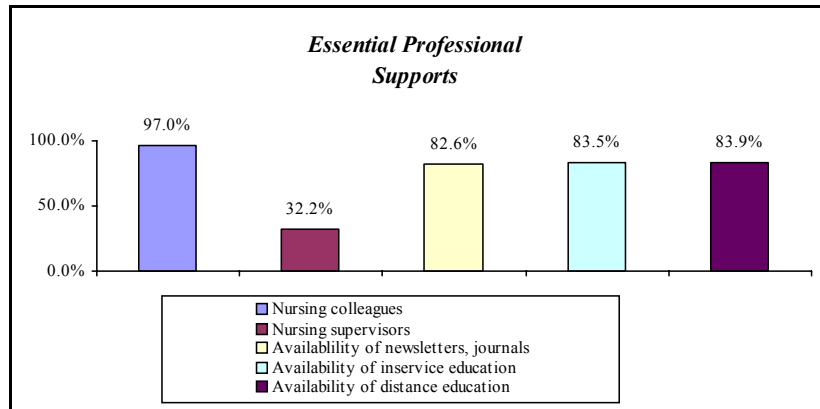


Figure 58 - Essential Supports - Professional Supports (All Respondents)





In this regard, several individuals who had experience in Northern outposts expressed the opinion that "a contact in the governing body to voice concerns [and] needs" was critical. Given their concern with "personal security", respondents also emphasized the importance of support from community police. All around, they believed that nurses could only work effectively if there was a high level of "support and commitment from community leaders." Almost as many felt the same about the support of teachers (80.3%), the clergy (77.3%) and other community members (73.8%).

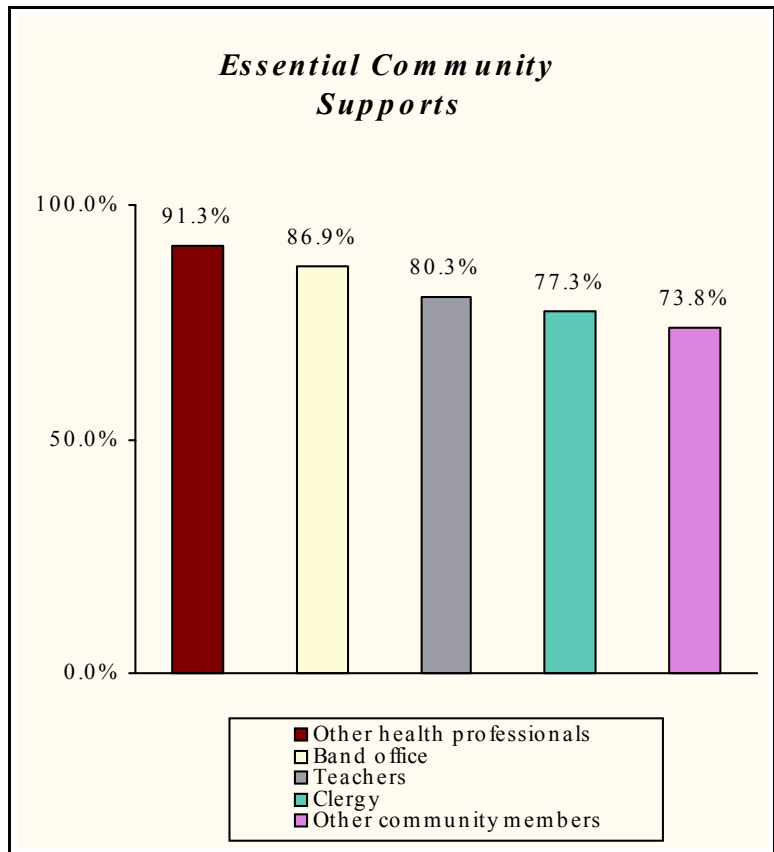


Figure 59 - Essential Supports - Community Supports (All Respondents)

### **Personal Supports**

There was a high level of agreement that nurses accepting Northern employment would require a broad range of personal, as well as professional supports in the community and outside of the community. Almost all thought that support on a personal level from other professionals was essential (89.2%).

As shown in Figure 60, a majority also believed that significant others, including spouses (69.1%) or friends (62.3%) and children (56.5%) would play a key



role. Even having pets could be a "supportive" element (52.9%). Those who would choose Northern nursing and those who would not differed only slightly in their opinions.

In regard to personal supports, several individuals felt that it was important that efforts be made to try to "integrate" nurses into the life of the community. In the experience of a nurse who had been North, a "contact" person would be important at the start to "introduce" the nurses to the community and the community to the nurses. This was needed "to ensure that the nurses know what is going on in the community ... and invite them to participate, invite them into their homes [and] to feasts." For these nurses, the goal was "to be a community member, not just an outsider."

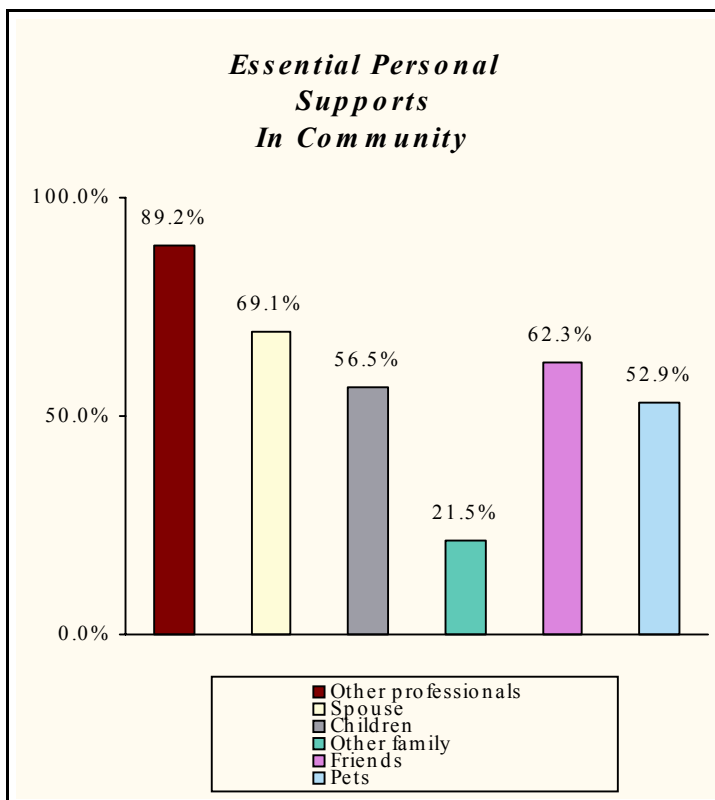


Figure 60 - Essential Personal Supports In the Community (All Respondents)

Personal supports outside the community were also believed to be significant. (See Figure 61.) Nearly everyone believed that nurses accepting positions in isolated communities would require the support of professionals, family and friends outside the community. Comments revealed that some individuals found it difficult to envision how nurses who were married or who had children could accept employment in Northern communities. For them, it was impossible to consider working in the North unless their partners or children could accompany them. Those who held this view felt that "immediate family [should be able to] relocate to area" if a long-term position was accepted. If families were to accompany nurses, it was important to ensure that there were "family accommodations", "job for spouse" and "education services" for children. Of course, relocating their families

would require an "increased allowance for travel [and] lodgings to support family members."

For other respondents, it was inconceivable that they would ask for their spouse and children to relocate to an isolated community. They had concerns that the problems of adaptation would be too great. One individual said: "my children are 12 and 15 and I would not expect them to live in isolated communities ... difficult for them to adapt."

Another nurse who had worked in a Northern outpost when single commented that married nurses would find it difficult to meet the demands of the community: "one is not as adaptable to the needs of the community when married." She added that, in her experience, "nursing was ... a 24-hour a day job."

Those who thought that nurses might accept positions in the North without relocating their family emphasized that it was essential that there be regular means of keeping in touch with their personal support network "outside" the communities. For them, regular "mail", "telephone contact" and "trips out" were needed to maintain their family, friendship and professional commitments. As summed up by one respondent, the ideal for Northern nurses would be: "daily telephone contact with distanced family ... trips to visit family at least once per month."

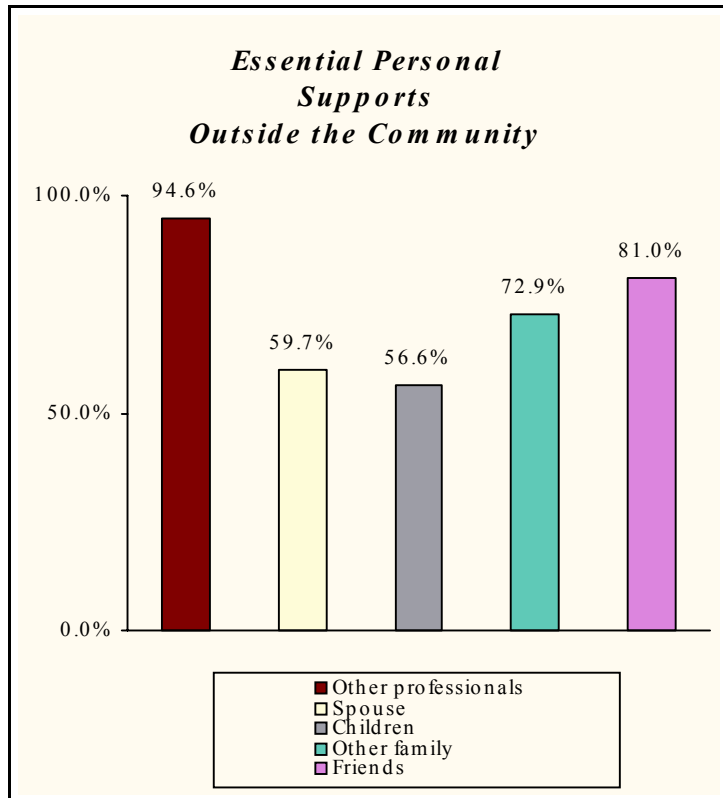


Figure 61 - Essential Supports - Personal Supports Outside the Community (All Respondents)



## **VI. ORIENTATION**

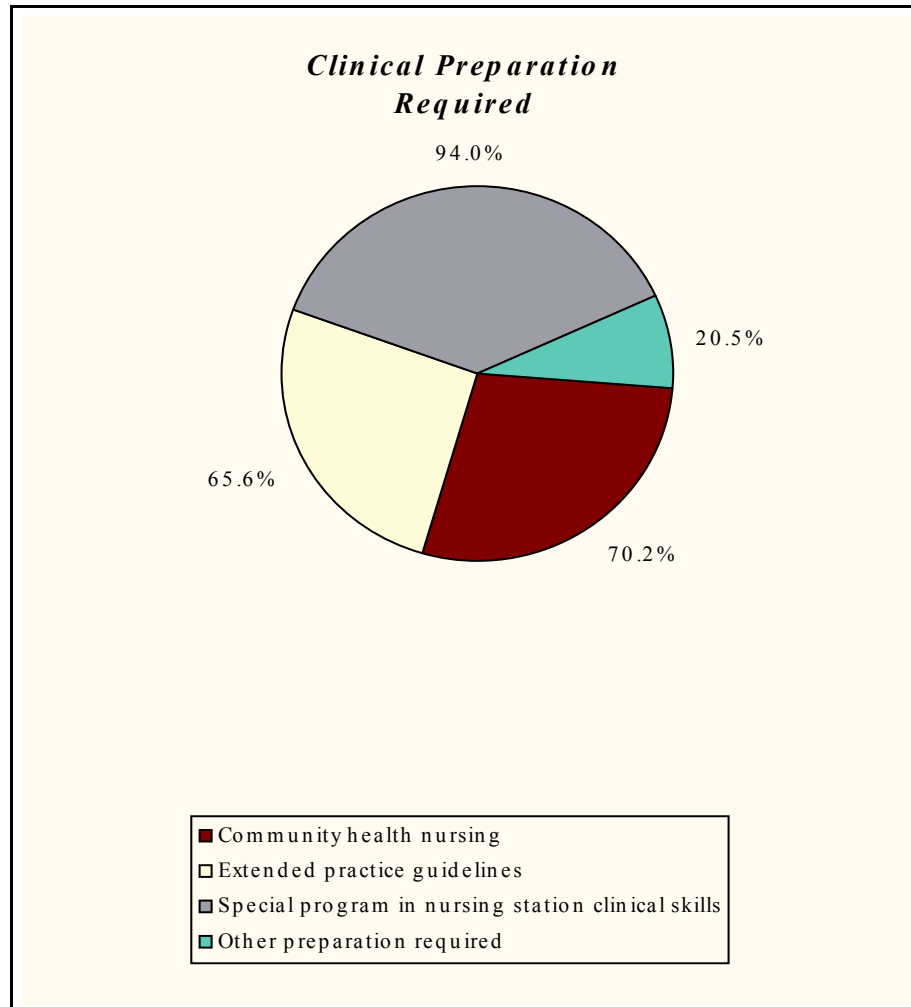
*What types of clinical preparation and orientation would be needed for nurses planning to accept employment in remote First Nations communities?* The survey answered this question through two sections. The first sought nurses' opinions on the types of clinical preparation which would be needed to prepare nurses for Northern practice. The second examined the specific types of orientation needed to prepare them for living and working in the North.

### ***Clinical Preparation***

To assess the need for clinical orientation, the survey asked whether nurses working in isolated First Nations communities needed preparation beyond the current scope of practice guidelines for registered nurses in Ontario. The answer to this was a resounding "yes": fully nine out of ten respondents thought that additional preparation was required (91.0%).

As shown in *Figure 62*, almost all who believed additional preparation was needed thought that a special program in nursing station clinical skills would be appropriate (94.0%). Community health nursing preparation (70.2%) or extended practice guidelines for nurse practitioners (65.6%) were also felt to be of value. About one in five respondents, moreover, thought that other forms of preparations were required (20.5%).





**Figure 62 - Clinical Preparation Needed (All Respondents)**

On this issue, there were few differences of opinion between nurses considering Northern employment and those who would not. Those who were interested in this type of nursing placed more emphasis on community health nursing (76.0%, as opposed to 67.5%). They also more often indicated that other types of preparation were needed (28.0% versus 18.2%). About one in five respondents offered written suggestions about specialized preparation which would be useful to nurses accepting Northern employment (23.2%).





Although responses varied, almost one-half of the comments referred to the need for specialized training in Aboriginal languages, culture and beliefs. Concerning this, one respondent said they needed training in "basic language and cultural sensitivity." An awareness of "traditional medicine" and "healing" was also thought to be of value.

Other respondents were adamant that the clinical preparation required was extensive. It was, as one respondent stated, considerably "beyond the scope of entry level RN" qualifications. On this issue, there was a high level of agreement that Northern nurses needed "several years" of prior experience in acute, critical or emergency care. From "two to five years of experience" in these settings was suggested as a minimum. Several respondents stated that "emergency experience" would be especially valuable. Given the isolation of the communities and the distance to larger centres, they felt that knowledge of "emergency stabilization and transfer" was essential.

The remainder of the suggestions covered a wide variety of knowledge and skills areas, ranging from ACLS, BCLS, PALS certification, through special training in midwifery, obstetrics, neonatal, and pediatric and dental care, to health teaching, promotion and home care skills. Training in operating computers, x-ray machines and other equipment in the nursing stations were important as well. Given the range of skills and knowledge required, several respondents commented that nurses would do well in Northern communities if they had experience in a number of clinical areas and a variety of settings. One individual observed: "I think that several years of nursing experience in several different practice settings would make the job easier."

Other responses emphasized that nurses should be adequately prepared for the realities of living in remote First Nations communities. In this respect, knowledge of "the communities and their policies" was considered an important area of preparation (14.5%). There was a need, in the words of one person, to understand "the organizational and political structure within the community." Another believed it was important "to know the power [and] control shifts in each community." Given the remoteness of the communities, training in "survival skills" was also identified as being important if nurses were expected to "attend to various camps outside the settlement."





## ***Essential Orientation Issues***

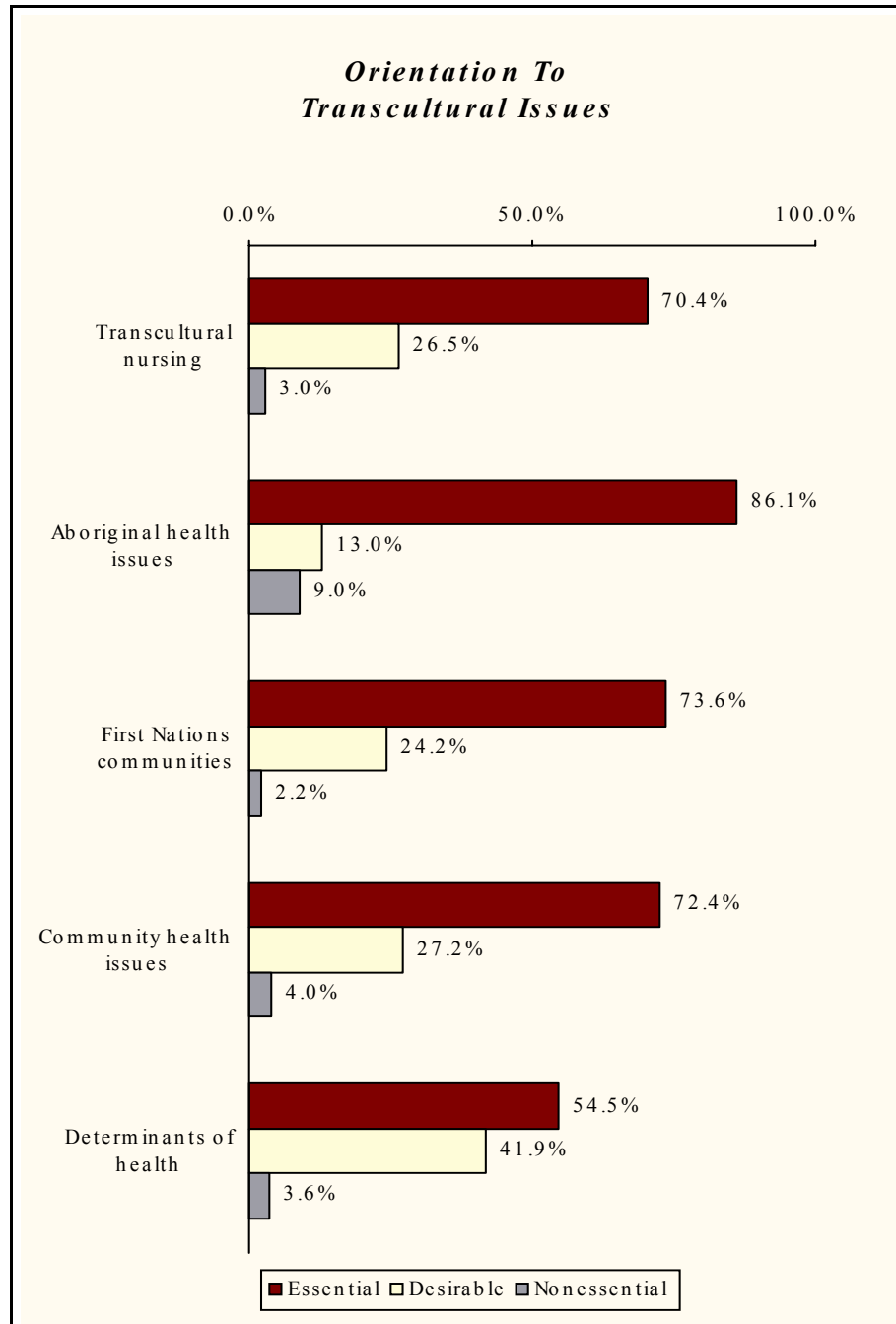
To summarize their views on orientation, nurses were asked to indicate which types of orientation were needed "to assist nurses trying to make up their mind about Northern nursing". These included a number of transcultural issues, clinical supports and health care supports. For each of these areas, nurses were asked to indicate whether specific types of orientation were "essential", "desirable" or "non-essential". As discussed in the following sections, there was strong agreement on the need for orientation about almost all of these issues.

### ***Transcultural Issues***

There was strong support for including transcultural issues in Northern nursing preparation. (See *Figure 63*.) In order of frequency cited, orientation to aboriginal health issues (86.1%), First Nations communities (73.6%), community health issues (72.4%) and transcultural nursing (70.4%) were considered "essential" by a significant majority of respondents. Less emphasis was placed on determinants of health. Just one-half of respondents felt this was essential (54.5%).

There were few differences of opinions between those nurses interested in Northern nursing and those who were not. Those individuals considering employment in the North, however, more often indicated that information about transcultural nursing was important (78.4%). Fewer of them felt that additional knowledge about community health issues was important (70.6%). Several nurses who had never been to an isolated First Nations community said that it was important to ensure that they were given opportunities to "see" the communities. For them, "a video" showing "the area" might be an appropriate orientation aid. One respondent felt that an actual visit to the communities was needed during orientation: "I believe a visit to see exactly what I was getting into would be the first thing."





**Figure 63 - Orientation Required - Transcultural Issues (All Respondents)**





## ***Clinical Supports***

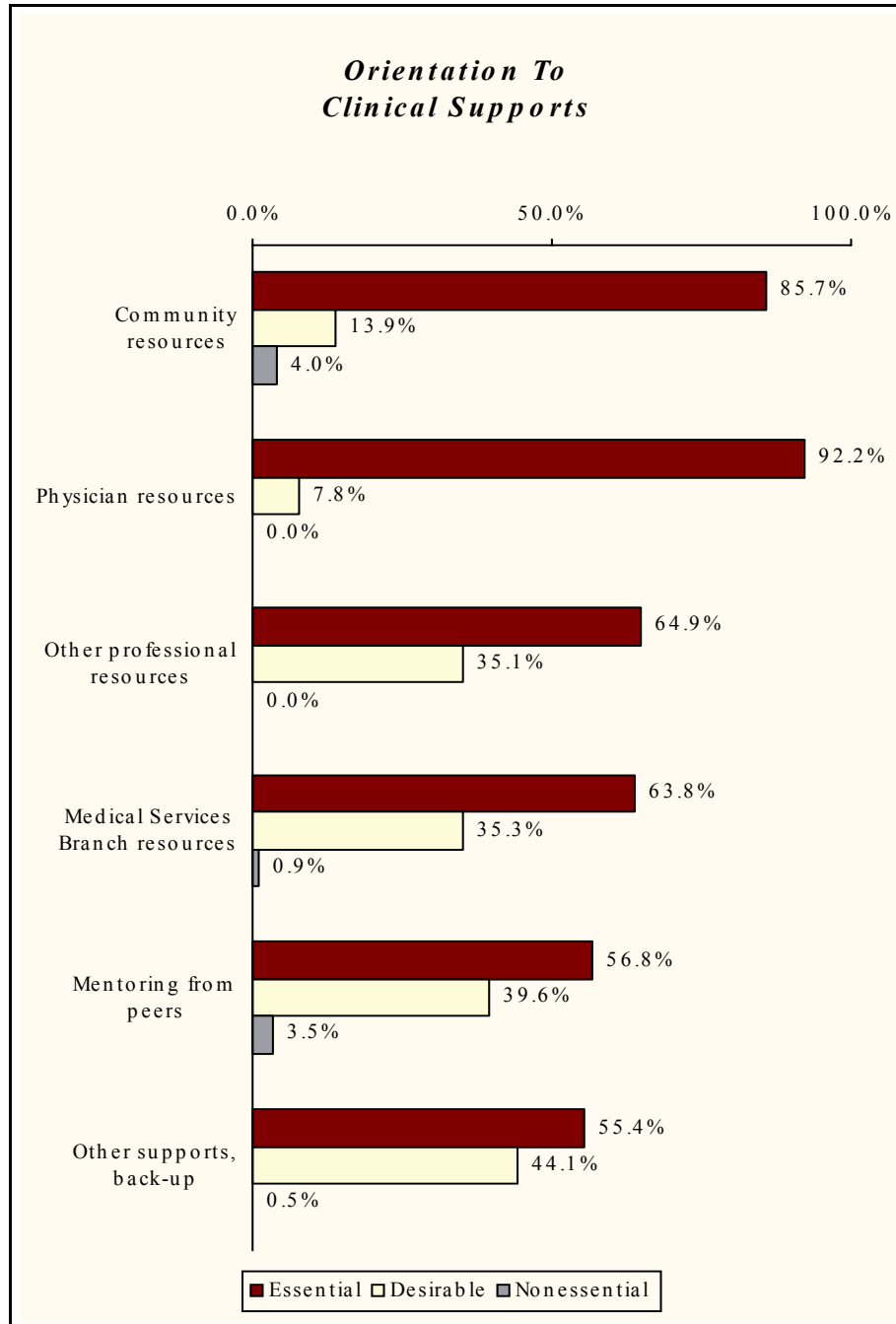
There also was a high level of agreement on the need for orientation about the clinical supports available to Northern nurses. (See *Figure 64*.) In this area, orientation to physician resources was considered essential by almost everyone (92.2%). Next to this, learning about community resources was a priority (85.7%).

Beyond these two issues, there was less agreement on the types of orientation needed concerning clinical supports. Two-thirds of respondents, for example, felt that information about other professional supports (64.9%) and Medical Services Branch resources (63.8%) were required. Only one-half of nurses surveyed, however, believed that information about the availability of mentoring from peers (56.8%) and back-up supports (55.4%) were important. A significant minority held the view that orientation to these issues was "desirable" but not essential (39.6% and 44.1%, respectively).

Nurses considering Northern employment and those who were not had similar opinions on the need for a broad-based clinical orientation. Those who were interested in First Nations community nursing, however, placed less emphasis on orientation about supports and back-up being "essential" (44.4%, as compared to 52.8%).

Comments revealed that these nurses were especially interested in "practice-based" orientations that would give them exposure to the actual situations and conditions that they would encounter in nursing outposts and in the communities. For them, "discussions with a nurse from the communities" would be particularly helpful. Some thought that visual presentations would be equally informative, showing "what the [communities] had to offer." Several expressed the opinion that a placement-type orientation would be ideal, giving nurses the opportunity "to see what this type of nursing is all about."





**Figure 64 - Orientation Issues - Clinical Supports (All Respondents)**





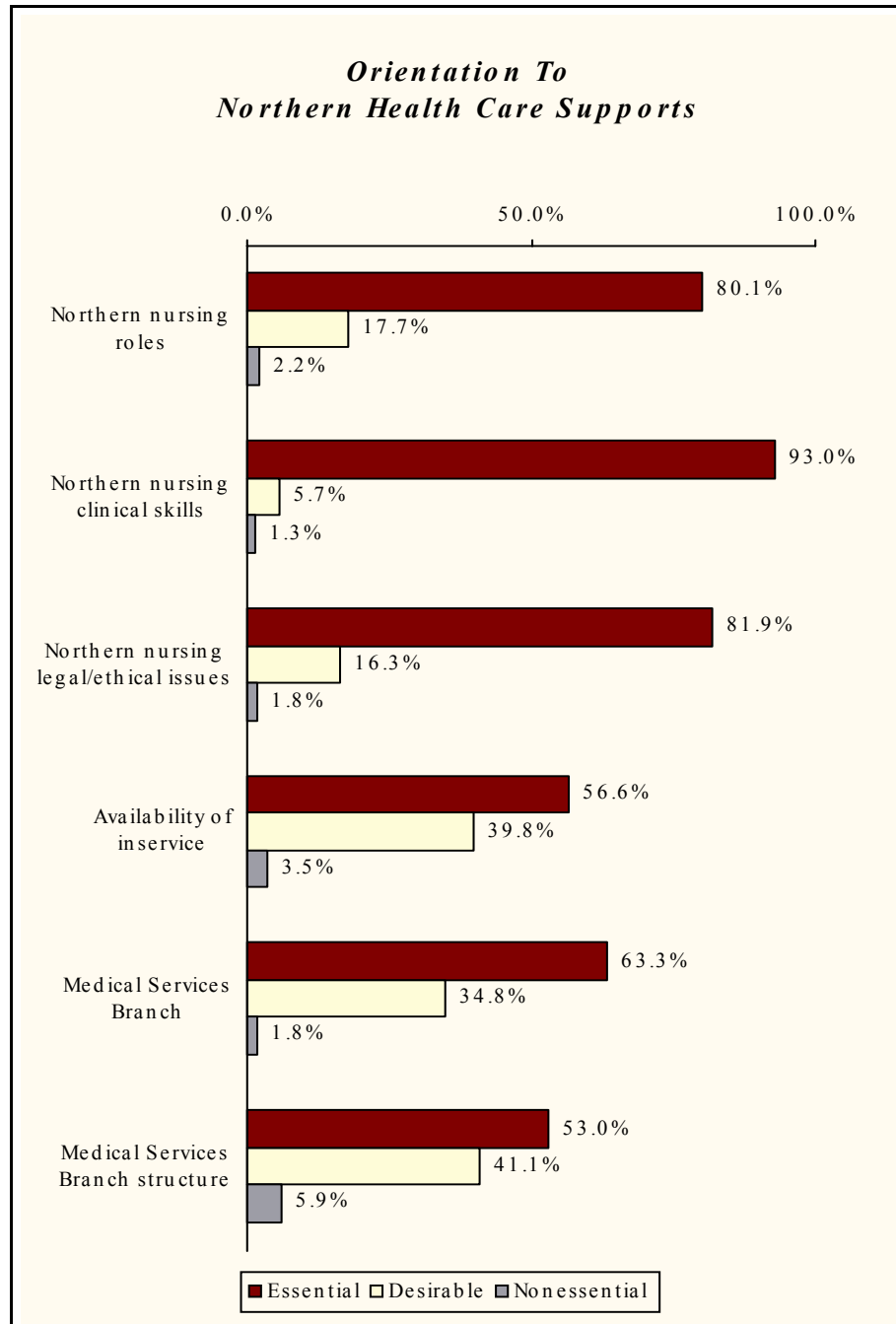
## ***Northern Health Care Supports***

Nurses were also asked to evaluate the need for orientation about the Northern health care system. As shown in *Figure 65*, those surveyed were emphatic about their need for training about clinical skills: nine out of every ten stated that this was essential (93.0%). Eight out of every ten also emphasized the need for information about Northern nursing roles (80.1%), including legal or ethical issues (81.9%).

Other types of orientation were considered to be relatively less important. Comparatively few individuals wanted information about Medical Services Branch responsibilities (63.3%), Medical Services Branch structure (53.0%) or inservice education opportunities (56.6%). Those considering Northern nursing and those who were not considering these employment options had very similar opinions on the need for these types of information. Those who were interested, however, placed slightly less emphasis on orientation about Northern nursing roles (75.0% versus 83.0%).

Comments revealed that the overriding concern among those surveyed was that the orientation itself be comprehensive. As one respondent commented: "nursing in [an] isolated community is very challenging and diversified ... need all the aspects of a nurse's role in the orientation." Several nurses who had worked in Northern communities also stressed that adequate preparation and orientation was the key to retaining qualified and experienced nurses. One of these nurses summarized her opinions as follows: "I have spent time on reserves in Northern Manitoba and Northwest Ontario. I can't imagine a nurse from a city in Southern Canada being able to cope with the lack of resources and support ... being a nurse in an isolated community is not for the faint-hearted."





**Figure 65 - Orientation Issues - Northern Health Care Supports (All Respondents)**





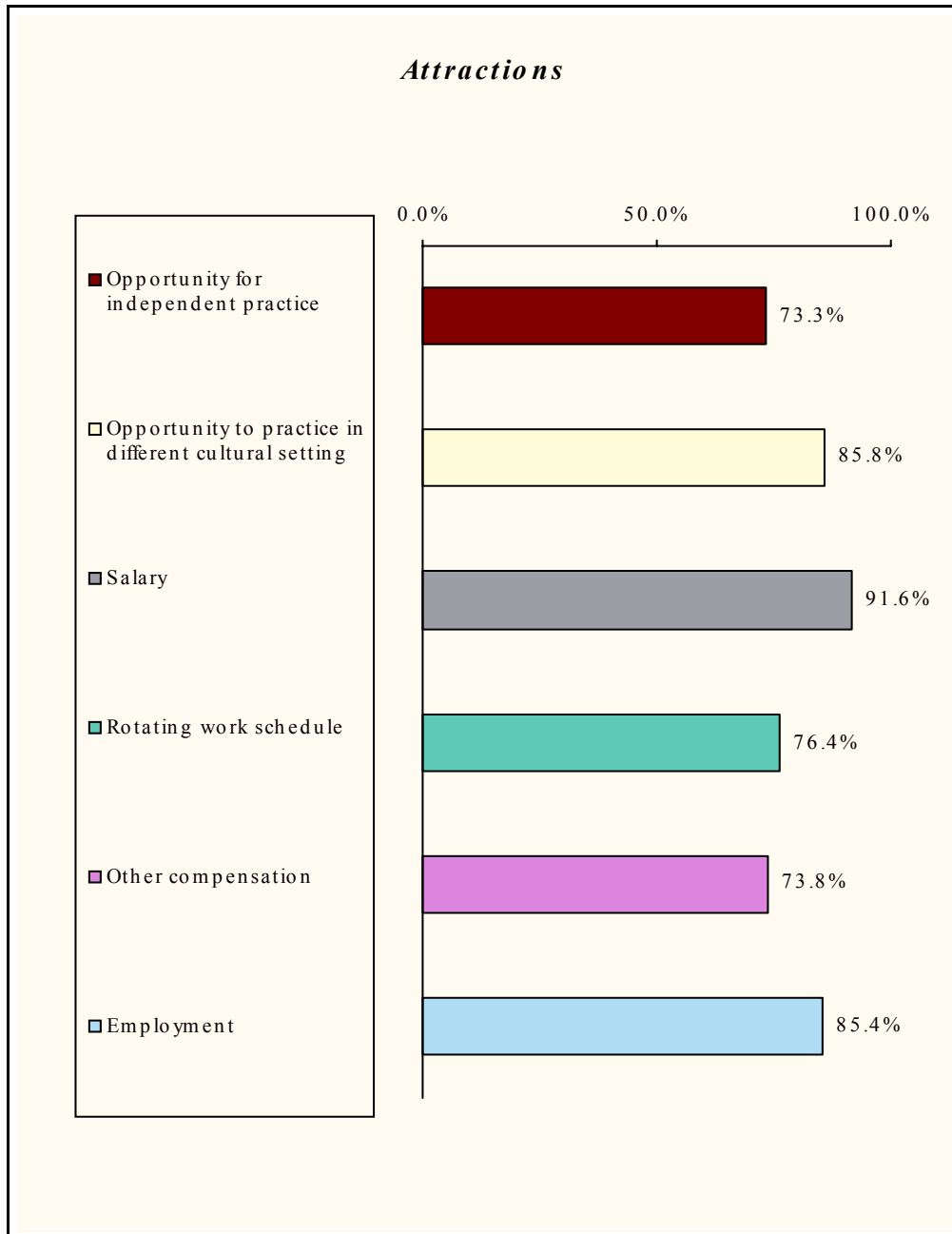
## **VII. RECRUITMENT**

*What types of recruitment strategies would attract nurses to First Nations communities?* The survey explored the factors which might attract nurses to Northern practice, including salaries, as well as opportunities to practice independently and in a cross-cultural setting. It also examined the barriers which may discourage nurses from going north; for example, family commitments and previous negative experiences. In addition, respondents were invited to suggest approaches which could be used to inform nurses about employment opportunities in remote First Nations communities.

### ***Attractions***

The survey asked respondents to identify the things which would attract nurses to Northern practice. As shown in *Figure 66*, one factor dominated their responses: money (91.6%). In their comments, they said that "higher wages", "bonuses", "isolation pay" or "tax free salary" would draw nurses to work in remote communities. Apart from pay, the nurses who responded to the survey had a variety of opinions on the elements which would attract their colleagues to the North.





**Figure 66 - Factors Which Might Attract Nurses To Northern Nursing Positions (All Respondents)**





### ***Working In a Different Cultural Setting***

Eight out of ten thought that the opportunity to practice in a different cultural setting could be attractive (85.8%). Those who had been in Northern communities often commented that the experience had been "rewarding". As a nurse who had been employed in the Northwest Territories said: "My six-month contract gave me exposure to a unique culture within Canada and yes, I would do it again if my situation permitted." For nurses who had not been in the North, working with Aboriginal communities was seen as an opportunity to gain "new experience". They also believed that nurses might go North because of the opportunity to "make a difference" and satisfy their "desire to help people."

### ***Other Types of Compensation***

Other compensation (78.2%) also was emphasized as something which might aid in recruiting nurses to Northern positions. Those surveyed offered a long list of "benefits" which they thought might appeal to their colleagues considering working in First Nations communities. Included were: "bonuses", "paid leaves", "workshops with expenses covered", "replacements for holiday relief", "scheduled time down" and "increased vacation." "Paid educational leave" or "clinical preparation" were suggested as incentives for "new graduates" to assist in preparing them for Northern practice.

Given the cost of living in remote communities, nurses surveyed emphasized the necessity of providing various types of subsidies. "Housing subsidies" were felt to be especially important. Opinions differed, however, on the extent of housing supports required. Everything from "rent subsidies" through to "free housing" was suggested. Suitable "accommodation for family and spouse" could be attractive for those nurses who wished to take family members with them.

Mindful of the high costs of living involved, respondents suggested that a number of other forms of assistance were needed, including: "subsidized food" and "clothing allowances." Given the distance into the communities, many expressed the opinion that "travel expenses in and out of the community" should be paid. There were, however, differences of opinion on the extent of travel subsidies required. Some thought that the benefit of "a trip home each year" would be





suitable. Some wanted the assurance that they could "go home after so many days" on duty in the community.

### ***Rotating Work Schedules***

Most people also thought that rotating work schedules would attract more nurses to Northern practice (76.4%). In comments, they said that "short-term contracts would fit with present work schedules". They also thought that "experienced nurses [might] take a three month leave from their current job on a rotational basis". They noted, however, that these types of rotations would only work if nurses were assured that they could "go North without penalties." They did not want to risk "loss of job position" or "continuing seniority" associated with their current employment.

Another suggestion was development of a "job share" approach, where nurses would alternate between their present employment and a position in a Northern community. "Occasional" positions for "two to three weeks, twice a year" or "short term contracts" might be attractive to some individuals with families.

### ***Opportunity for Independent Practice***

The opportunity for independent practice (73.3%) constituted a significant attraction. In this regard, the North offered a unique opportunity for nurses. People commented that nursing in the more remote communities could represent a valuable type of "job experience" for nurses. This might be especially appealing for "new graduates who are keen."

The chance for "skill development" and to use "clinical skills in all areas of nursing" would be a decided benefit. Nursing in remote First Nations communities was a "multi-faceted experience." Moreover, this type of nursing practice allowed nurses the opportunity to be "part of a team with different skills."

"More extensive learning" at a "self-motivated pace" was seen as an advantage of this type of independent practice. Those respondents who saw Northern nursing as a unique practice opportunity, however, felt that it was essential that appropriate educational supports be provided.





They wanted "workshops" and "provisions for distance education". "Internet study" was another alternative that would meet their needs. Those who felt that nurse practitioner skills were appropriate believed that "paid education" should be provided to assist them "to obtain a degree as [nurse] practitioners."

### ***Interest In Northern Nursing***

There were, however, differences in the opinions of nurses who were and were not currently interested in Northern nursing employment. Those who were interested in this type of employment most often cited the opportunity to practice in a different cultural setting (89.3%) as their primary motive. The salary offered, however, was almost equally important (87.5%).

A rotating work schedule (80.4%), the opportunity for independent practice (76.8%) and other compensation (75.0%) were also significant factors affecting their decision.

Those who were not interested, however, thought that salary would be the key factor in recruiting nurses to the North (93.6%). For them, the opportunity to practice in a different cultural setting was secondary (84.1%). Compensation (79.6%), a rotating work schedule (75.8%) and independent practice (71.3%) would be important, as well.

Availability of employment, at the time the survey was administered, was not considered to be a factor attracting nurses to Northern practice. In the opinion of both those who were and were not interested in Northern nursing, the availability of employment was seen as relatively unimportant factor (58.9% and 58.6%, respectively).





## ***Challenges, Changes and Adventures***

About one in five respondents offered other explanations as to why nursing in First Nations communities could be considered attractive (19.8%)<sup>12</sup>. These responses, while varied, emphasized the fact that Northern practice represented a "challenge", "change" and "adventure".

Those who were looking for "challenges" would find in this type of setting "an opportunity to try something new." They noted that Northern nursing gave individuals the opportunity to use "clinical skills in all areas of nursing." For some, the challenge was contained in the "autonomy" and "independence" associated with practice in a remote setting.

For nurses who wanted "a change", the North could be a "sabbatical" from current responsibilities, providing appropriate leave could be arranged. Several respondents noted that working in a Northern community could give them "new experiences" which were not available in their current employment setting. For those who had been in their positions for a number of years, this was a decided advantage. Others thought that it would also be wise to allow nurses who were considering a change to Northern employment the chance to "try it out" before they made their final decision. "Trial placements" were felt to be especially valuable.

In the opinion of nurses surveyed, the "adventure" associated with Northern nursing was rooted in the opportunities to experience a different lifestyle. For a number of respondents, the communities offered a type of "outdoor" life that was not available to those who lived in more urban areas. They valued the "beauty of the natural area". In sum, primary attractions for nurses considering employment in remote First Nations communities included the "excellent experience" of living and working in a Northern setting.

---

<sup>12</sup> Open-ended question. Some of the comments were made by only one or two respondents.





## ***Barriers***

Against the attractions, the nurses surveyed were fully aware of the barriers that prevented nurses from accepting positions in isolated First Nations communities. (See *Figure 67.*) They thought that the dominant factors were concerns about the lack of various professional and personal supports. Bad experiences and rumours of violence, alcohol and substance abuse were also seen as factors negatively affecting nursing recruitment in the North.

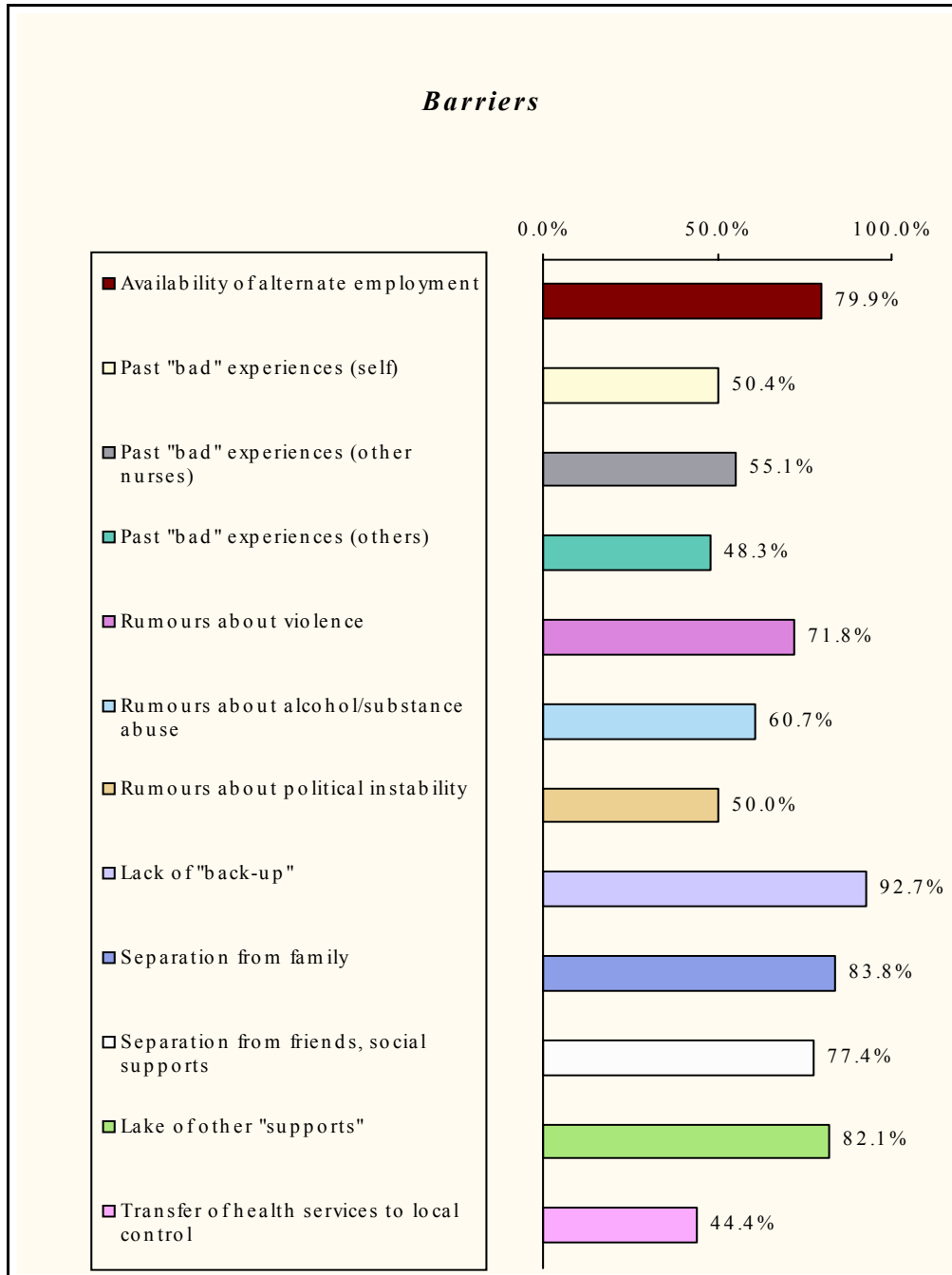
### ***Lack of Professional and Personal Supports***

Nearly all respondents believed that a lack of "back-up" was a major reason why nurses were reluctant to accept Northern positions (92.7%). This was true for those considering Northern nursing (87.5%) and those who were not (94.6%). They were also about separation from family, friends and other supports. Eight out of ten respondents felt that separation from family was an important barrier (83.8%), as was a lack of other supports (82.1%). For most, availability of employment in the South (79.9%) was seen as a significant impediment.

### ***Bad Experiences***

Beyond issues of support, nurses surveyed had some very serious concerns about personal safety and security issues in isolated First Nations communities. Although relatively uncommon, "bad experiences" for nurses, their colleagues and other individuals were identified as a significant barrier for about one-half of those surveyed.





**Figure 67 - Factors Which Might Act As Barriers And Deter Nurses From Northern Nursing Positions (All Respondents)**





A significant number of individuals reported that they had personally had negative contacts with First Nations communities (50.4%). As well, they knew other nurses who had unfortunate experiences in the past (55.1%). They were also aware that other individuals, not employed as nurses, had experienced problematic situations in Northern communities (48.3%).

While written comments revealed that negative experiences were often balanced by positive ones, some nurses had been left with unfavourable impressions. As one nurse who had worked in pediatrics related: "I became prejudiced towards First Nations as they [in her opinion] did not treat their children well." She noted, however, that home care employment in a different community, gave her a very positive view of First Nations clients. In her words: "two different situations working with First Nations ... with very different results."

Others noted that whether or not nurses had positive or negative experiences depended on the stability of the communities involved. As one nurse who had worked in the North said, there were "functional and non-functional communities." An individual who had nursed in several communities observed that the "dry reserves" tended to be more stable. Another commented that, depending on the community, nurses "either loved it or hated it."

Of the thirty-three nurses surveyed who had worked or lived<sup>13</sup> in Northern communities, only two individuals related examples of bad experiences. One respondent stated that, under these circumstances, "safety" had been the primary reason that she had not stayed in the community: "I only lasted two weeks on a Northern reserve ... no policing available, guns were easily available ... took shots at the nursing station." Another nurse had a similar opinion: "I tried a Northern nursing position ... found level of alcoholism, drugs, guns unchecked ... always feared for my personal safety ... band police were usually drunk and unavailable and I'd have to radio for help ... meanwhile, I could hear gunshots around my nursing station ... before me, the last head nurse left (as I was coming in) and she encouraged me to buy a shotgun and sleep with it!"

---

<sup>13</sup> Some had lived in the North when completing educational placements; others had lived in the North when spouses were employed in remote communities .





## ***Rumours***

Given these types of experiences, it is not surprising that a significant number of respondents cited "rumours" as a primary reason why nurses are reluctant to accept postings in Northern communities. Specifically, seven out of every ten had heard rumours about "violence" in the communities (71.8%). Almost as many were aware of rumours about alcohol and substance abuse (60.7%). One-half also had heard reports of political instability in the communities (50.0%).

A number of nurses who had heard such rumours expressed the opinion that the lack of stability in some communities was a major barrier to recruiting professionals to the North. To quote one respondent: "the situation on the reserves is not ideal ... First Nation communities need to be a bit healthier before nurses like myself and my colleagues could return." They suggested that the only way to overcome the negative effects of such rumours was to ensure that there was "positive representation from nurses that have worked in the North." Another respondent believed that "offering workshops with representatives from the community involved" would help.

## ***Transfer of Control To Local Authorities***

Although significant numbers of respondents were concerned with the unstable situation in some of the isolated First Nations communities, comparatively few felt that the transfer of health services to local authorities was a factor affecting recruitment decisions. Among those surveyed, only about four in ten respondents identified this as a barrier (44.4%).

Comments reveal, however, that some nurses who had been in the North were concerned that the transfer of services might negatively affect working conditions. The "lack of accountability" of local authorities was cited as a recurring problem in some communities. Reflecting on her experience, one nurse said: "working in the North, serving First Nations communities has been so educational and so disturbing because the nursing needs are not being met ... part of the reason is lack of interest on behalf of the native community and lack of leadership."

Other respondents felt that it was important to encourage a more equitable relationship between the nurses and the community leaders. In the words of a nurse





who had worked in the North, nurses needed "to have a reasonable degree of autonomy, ie. to be able to perform duties, make decisions, be effective working with community and band council and not be ... told to leave or stop doing a certain thing at the drop of a hat with no explanation or evaluation." In her opinion, "there has to be a process where everyone is accountable ... all persons involved have to learn that there are consequences."

### ***Interest In Northern Nursing***

These barriers were identified as significant by both those who were and were not interested in Northern nursing. The emphasis placed on them, however, was somewhat different in the two groups. For those who were considering Northern employment, separation from family (76.8%), lack of other supports (75.0%) and separation from friends (73.2%) were significant issues. Those not thinking about nursing in the North placed greater emphasis on separation from family (84.9%), lack of other supports (84.9%) and separation from friends (77.7%).

There were some differences between the groups in other regards as well. Those who were interested more often had experienced unpleasant situations personally (58.9%). Fewer of them had known other nurses (42.9%) or individuals not employed as nurses (37.5%) who had bad experiences. Those nurses who were not considering Northern employment less frequently reported having negative experiences themselves (47.0%). More frequently, they reported that they knew about other nurses (57.2%) or other individuals (51.2%) who had these types of difficulties.

Both groups had been affected by rumours of violence, alcohol and substance abuse. The impacts on each group, however, were slightly different. Those who were interested in a Northern nursing post had heard stories about violence (61.5%), political instability (46.4%) and alcohol or substance abuse (41.1%). Those who were not interested, however, seemed to have had wider exposure to these types of rumours. A majority indicated that they had heard rumours about violence (73.5%), alcohol or substance abuse (66.9%) and political instability (51.8%). A minority of individuals in each group felt that the transfer of control to local authorities would act as a deterrent (41.1% and 45.8%).





## ***Effective Recruitment Strategies***

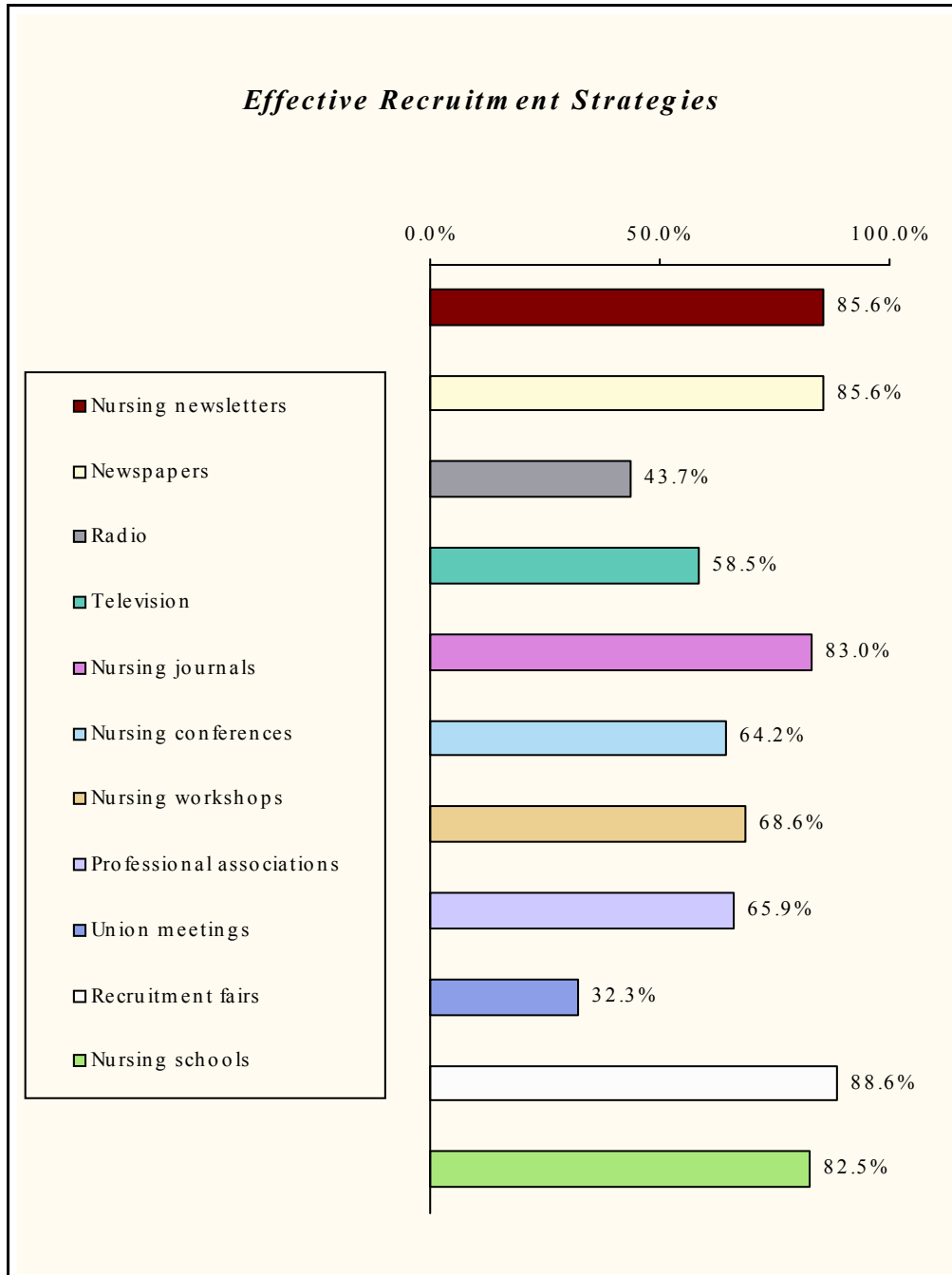
Nurses responding to the survey were asked to evaluate the effectiveness of a range of recruitment strategies, including media initiatives, nursing journals, conferences, workshops and educational outreach. The majority believed that a number of strategies could prove to be effective. (See *Figure 68*.)

At the top of their list was "recruitment fairs": nine out of ten respondents indicated that this would be an effective strategy to inform nurses about Northern employment opportunities (88.6%).

Nurses cautioned, however, that this strategy would only be effective if efforts were made to ensure that representatives of all segments of the Northern health care system attended. Some individuals, for example, stressed that it was important to involve members of potential host First Nation communities in recruitment fairs. Another suggestion emphasized the importance of having adequate representation from "the nursing stations and hospitals" serving First Nations clients.

Most nurses surveyed also favoured getting information out through nursing newsletters (85.6%), newspapers (85.6%), nursing journals (83.0%). Those who liked this approach listed a number of publications that could be used for "advertising" or delivering "information sheets" to potential recruits. These included college and university alumni bulletins, the College of Nurses of Ontario (CNO) and Ontario Nurses Association (ONA) newsletters, as well as specialized articles in professional nursing journals. Many respondents believed that advertisements and articles in newspapers, especially those published in the North, could be effective, as well.





**Figure 68 - Recruitment - Effective Strategies (All Respondents)**





Comments revealed that these initiatives would be most successful if they were based on "discussions with nurses who have already done this." One respondent said that it would help to include "positive representation from nurses that have worked in the North." Others said that it was essential to ensure that articles, advertisements or other media initiatives should have "honesty with respect to the nursing roles and conditions that one would encounter." In similar vein, one person noted that advertising would be more successful if it included up-to-date information and visuals. She stated that some of the current promotional material contained photographs that were "at least twenty years old." She knew this fact first-hand, having noticed a dated picture of herself in one of the brochures.

For most, direct contact with potential recruits in nursing schools was seen as another strategy that could prove to be effective (82.5%). Nurses surveyed emphasized that it was important to get information out to potential recruits when they were still completing their nursing education: "go to nursing schools and give short information sessions in class." Targeting "second or third year students" would be especially effective. Those who liked this approach thought that, ideally, "experienced Northern nurses" should offer the sessions. Given the current shortage of Northern nurses, those who held this view emphasized that these efforts should be directed towards both community college and university nursing programs, to ensure that both BScN and diploma students had access to information. In their opinion, there had to be "a strong base" for Northern recruitment" at the nursing school level."

Several believed that "preceptorships" for nursing students would be appropriate. In this, they suggested that a "Nursing in the North elective", combining theory and practice in the communities, might be appropriate. Another suggestion was a "cooperative placement" arrangement, whereby nurses would alternate placements in the communities with formal nursing education. Some respondents favoured a contractual arrangement for nurses, which would provide funding to complete a BScN program in return for a contractual commitment for "3 to 5 years employment".

For nurses who had already completed their basic diploma or degree preparation, advertising "continuing education" opportunities was also thought to have potential as a recruitment strategy. A number of respondents suggested that distance education courses might be combined with credit "for time spent on remote reserves." In the words of one respondent, "when advertising a nursing position, advertise the training that will be given." She believed that this was especially





important "to alleviate fear of independent practice." In sum, creating an "opportunity for personal and professional development" could be a critical element for effective recruitment.

Offering "trial" periods of employment in the North also was suggested as a means of attracting potential recruits. A nurse, who herself had "almost been hired over the phone", suggested that nurses considering First Nations employment should be given "at least three months to feel comfortable and learn the role." Creating a "buddy" system, pairing potential recruits with an experienced Northern nurse might create "more response." One person suggested that even short-term "trial placements" could help nurses in making up their mind about Northern nursing. Even "two weeks to get foot in door and see what it's all about" would be a useful recruiting strategy.

Less support, however, was given to recruitment using workshops, professional associations and meetings. Only two out of three nurses believed that nursing workshops (68.6%), professional associations (65.9%) or nursing conferences (64.2%) were appropriate ways of disseminating information about Northern nursing. About one-half thought that television spots would be effective (58.5%). Delivering information through radio (43.7%) and union meetings (32.3%) appealed to a minority of respondents.

Nurses cautioned that each of these approaches would reach a limited audience. Combining several of the specialized recruitment strategies with more general advertising might work better: "I myself don't attend meetings or read newsletters ... you would probably achieve your objective by advertising ... through newspapers and television."

Those who thought there was some merit in these approaches emphasized that the information about Northern nursing had to be accurate and directed towards those groups and locations who would be most likely to respond. One nurse suggested that there should be "well-written articles in nursing journals or newspapers, about nursing roles." Some individuals emphasized that media initiatives should be targeted towards "Northern towns and communities." In their opinion, orienting this type of campaign towards "Southern" urban areas would be ineffective.

There were only slight differences of opinion between nurses who were considering going North and those who would not. Looking at the "top five" strategies selected, those considering Northern nursing indicated that newspapers





(85.7%), nursing newsletters (83.9%), recruitment fairs (80.4%), nursing journals (78.6%) and nursing schools (75.0%) were likely the most effective strategies. Those who were not presently considering Northern nursing believed that recruitment fairs (91.3%), nursing newsletters (85.7%), newspapers (85.1%), nursing schools (83.9%) and nursing journals (83.2%) could be effective in attracting other nurses to the North.

## ***Innovations***

In response to an open-ended question, inviting nurses to share their comments and ideas about effective Northern nursing recruitment strategies, a number of innovative suggestions were made. "Videos" or "videotaped presentations" were favoured for informing nurses and nursing students of the employment opportunities available in the North. For students or nurses considering short-term placements, it would help to have "a video of placement showing where you would be working, the area, what [the communities] have to offer."

For orientation purposes, a "presentation of an RN actually working in a Northern community" would be appropriate. Videotaped "interviews with RNs who have had previous working experience" in the communities could be effective in ensuring that nurses had accurate information about conditions in the communities. A video of an actual "nursing station", showing the equipment, supports and accommodations, would be useful in "reassuring" nurses about the resources available.

Considering the need to get the information out as quickly as possible, a number of nurses suggested that computer-based distribution systems would be most effective. Those who favoured this type of strategy suggested that notices could be sent out using existing e-mail distribution lists. The Internet could also be used to publicize both short-term and long-term employment opportunities. "Nursing websites" or a more specialized Northern nursing "web page with information [on] specific communities" could be used to advertise current and upcoming vacancies.

Most often mentioned, however, were a variety of workplace recruitment initiatives. Emphasizing that the nurses who had the necessary skills and





experience were probably already working "in acute-care settings", a number of respondents suggested that there was a need to work out specialized arrangements with Northern hospitals so that staff could take "leaves of absence". Anything from "three weeks", through "three months", to "a year" might be appropriate.

An alternative was a "job share", whereby a nurse employed in a hospital or other employment setting would combine her regular responsibilities with scheduled "rotations" in First Nations communities. This might mean, for example, that a nurse with critical care experience might work for "one month in ... one month out", alternating her hospital employment with Northern outpost nursing. Another proposal was recruiting "three to six nurses" from the same location to create a "nursing team" with the range of skills needed in remote communities.

These specialized workplace initiatives were believed to have a number of benefits for all parties concerned. For the nurses recruited, it offered "an exciting and valuable experience" that would otherwise not be available to them. For the Northern communities, it would give access to "excellent, experienced staff" and "well-networked" professionals for primary care and relief rotations. For nurses on longer-term rotations, this approach would alleviate the problem of Northern nurses having "to be expert at four or five areas." It might also reduce some of the "feelings of isolation" experienced by nursing staff in remote communities. For the hospitals and other participating institutions, it would give them a level of "expertise" that might otherwise not be available.

Those who thought that these types of specialized workplace initiatives would be a solution to current recruitment problems, however, had a number of cautions. Nurses recruited for these types of specialized Northern "job shares" would need a "guarantee of re-entry", "benefits" and "seniority" from the institution where they were employed. This would mean that institutions would have to be a full "partner" in the process, "willing to loan their staff out for terms."

At the same time, to maintain continuity of care, there would be a need to make sure that the same "nurses" or "team of nurses" were returned to a specific First Nations community on a regular rotation. Obviously, this type of recruitment strategy would require a considerable amount of cooperation from all parties involved. It would only work if appropriate supports were provided by Medical Services Branch, First Nations communities, hospitals and other employers throughout Northern Ontario.





## ***Marketing***

A recurring suggestion made on the survey was that there should be a coordinated effort to "market" Northern nursing positions as an "attractive package" to potential recruits<sup>14</sup>. Several respondents pointed out, given the current shortage of nurses in almost all locations, that nurses would only consider positions in isolated locations if there was an extra "incentive" or "bonus". While some individuals stated that an enhanced "salary" was the only attraction that they would consider, other nurses believed that they and their colleagues might "go North" at existing salary levels, if an appealing "complete package" of benefits was offered. They had a variety of opinions, however, about the ways that these types of benefits could be structured.

Several nurses with family commitments, for example, said that they would consider long-term Northern nursing positions if suitable arrangements could be made to "bring their family" with them. This included, if possible, "employment opportunities" for spouses. A nurse, who had worked in a remote community while her husband was employed there, found that it had been a "rewarding" experience. Another nurse had taken her children to an outpost, with similarly positive results. As one respondent said, "employment for spouse ... opportunity for teenaged children" would attract her and colleagues in similar circumstances. Others felt that similar "family benefits" would appeal to RNs and spouses who were "newly retired and interested in short-term employment."

Accommodations and travel "packages" were also emphasized as being an important way of attracting nurses to the North. Given concerns about security, "comfortable and safe living accommodations" are a priority, preferably with the costs "subsidized". Travel "benefits" were also suggested as being essential parts of a comprehensive package. As a nurse who had worked in the North said, "the hardest aspect was the social ... you feel so locked in." She suggested that travel benefits, even through three-month contracts, would reduce the isolation. In her experience, getting out made a difference: "even to Sioux Lookout to get a movie, rendezvous with friends and significant other." As an alternative, benefits could

---

<sup>14</sup> Responses to open-ended questions. Some suggestions were made by only one or two respondents.





support "family or friend flying in to live for awhile." As one respondent pointed out, these types of benefits would probably "be cheaper than increased salary."

### ***The Rewards of Northern Nursing***

Last but not least, a number of nurses surveyed felt that Medical Services Branch and the First Nations communities had to take a more proactive role in marketing Northern nursing as a "unique" and "rewarding" experience. In this, the message was simple: "advertise, inform people of what it can offer, dispel any myths or concerns or address them." Some respondents felt that offers should be directed towards those individuals who had a genuine interest in the North and its opportunities. To quote a nurse who had worked in the communities: "don't focus on monetary compensation ... look for the nurse who has some values and ideals that will contribute to health care and make a difference at the community level." Summing it up, the consensus was: "sell the benefits [of the communities] ... learning about a different culture ... the possibility of different recreational endeavours ... canoeing, fly fishing ... the joy of being able to make decisions and work with real people."





## ***XIII. RECOMMENDATIONS***

The current shortage of nurses ready and willing to work in the North is likely to continue into the foreseeable future. Considering the availability of employment in other locations, it will take concerted efforts to attract experienced individuals to fill positions on isolated First Nations communities.

As the present survey showed, nurses have specific expectations about the kinds of contracts and working conditions that would be acceptable to themselves or their colleagues. Given the fact that most are currently employed, with family commitments, they believe that flexible contract conditions are essential. They also expect that nursing stations will be fully equipped and staffed, with appropriate back-ups on-site and on-call. They also expect that access to educational supports will be given. Realizing the service limitations and costs of living in isolated communities, they believe that affordable, safe and secure housing is a priority. Travel in and out of the communities is also an issue, as are provisions for purpose-specific leaves.

Respondents identified various factors that would influence recruitment to nursing positions in the north. The attractions ranged from salary advantages, through the experience of working in a different cultural setting, to the opportunity to engage in independent practice. The barriers included lack of supports, negative experiences and rumours. Each of these must be taken into account in developing a nursing recruitment strategy. What could be done: To enhance contract conditions? To address concerns about backup and educational resources? To improve access to housing, travel, leave and other benefits? To alleviate perceptions about lack of support, negative experiences and rumours? Answers to these and other questions may be found in the summaries of findings and recommendations presented on the following pages.





## **Contracts**

Results of this assessment indicate that nurses in Northwestern Ontario believe that contracts for Northern nurses must be extremely flexible. Reflecting their employment and family commitments, they believe that a range of contract options is needed, allowing for short-term, long-term, occasional and rotating appointments.

Because qualified nurses are generally already employed in acute care settings, partnership with hospitals and other regional employers might be appropriate. Although difficult to implement, “job shares” and specialized leave arrangements would give more nurses the option of accepting Northern positions.

While favouring higher rates of pay, most consider negotiable starting salaries acceptable, providing that education, knowledge and skill differentials are recognized. Most also felt that isolation pay was appropriate, as was a comprehensive range of benefits, including paid educational leave. Therefore, it is recommended that MSB, the communities and other organizations mandated with the planning and provision of First Nations nursing services at regional and local levels:

- ▶ 1.0 *Recognize provision of flexible nursing contract conditions as an integral component of the regional First Nations health care system.*
- ▶ 1.1 *Consider developing a range of nursing contracts for First Nations communities, incorporating short-term, long-term, occasional and rotating positions.*
- ▶ 1.2 *Foster consultative partnerships with hospitals and other regional nursing employers, to explore the potential for innovative contractual arrangements.*
- ▶ 1.3 *Explore the potential for developing innovative job-sharing arrangements, whereby two or more nurses would share one Northern nursing position.*
- ▶ 1.4 *Examine specialized leave provisions, to assure that nurses with existing employment or family commitments have the opportunity to accept Northern nursing positions.*
- ▶ 1.5 *Examine current salary schedules, to identify the potential for accommodating negotiable starting salaries.*
- ▶ 1.6 *Examine current benefits schedules, to examine the potential for providing isolation pay, paid educational leave and other benefits.*



## ***Working Conditions***

The evaluation confirmed the fact that anticipated working conditions were a critical factor in nurses' location decisions. Given their expectation that heavy workloads and on-call demands would be the norm, nurses considering Northern employment wanted to know what limits would be placed on shift and overtime hours.

They had firm expectations about the resources that would be available in Northern nursing stations, in terms of, equipment and communications devices. As well, they envisioned a substantial network for professional supports. This included nursing colleagues, supervisors, physicians and other professionals. They also recognized how vital First Nations leaders, caregivers and community members would be to their practice.

Given the range of acuties and health issues expected, both BScN and Diploma-prepared nurses felt that Northern nurses should have access to continuing education and distance education opportunities, such as the Northern Clinical Practice and Nurse Practitioner programs. Therefore, it is recommended that MSB, the communities and other organizations mandated with the planning and provision of First Nations nursing services at regional and local levels:

- ▶ 2.0 *Recognize that working conditions are an integral part of Northern nursing recruitment strategies.*
- ▶ 2.1 *Examine current Northern nursing workloads to explore provisions for limits on the length of shift and overtime hours during normal nursing rotations.*
- ▶ 2.2 *Ensure that recruits are fully informed about the practice setting resources available in nursing stations, including space, equipment and communications devices.*
- ▶ 2.3 *Ensure that recruits are fully informed about MSB supports and services available on-site and on-call, including nursing colleagues, supervisors, physicians and other professionals.*
- ▶ 2.4 *Ensure that recruits are fully informed about the supports available from First Nations leaders, professionals and community members.*
- ▶ 2.5 *Examine current continuing education policies to assist Northern nurses in accessing part-time and distance education.*
- ▶ 2.6 *Facilitate access to the Northern Clinical Practice program for both BScN and Diploma-prepared nursing recruits.*



### ***Living Conditions:***

Although very few nurses had lived or worked in remote First Nations communities, those surveyed felt that expectations about living conditions had an important effect on recruitment decisions. Given the isolation of the communities, affordable, safe, and secure housing was a primary concern, as was access to local transportation, such as ATVs, snowmobiles or boats.

They also believed that Northern nurses should have access to a range of community facilities, including schools, churches, organized recreation, community radio and television. Considering the costs of living in remote locations, they anticipated that rent and utilities would need to be subsidized.

Given the fact that maintaining professional and personal support networks outside the communities was essential, nurses thought that travel benefits, regular leave and communications links were needed. Visits or relocation of family and significant others to the community should be another option. Therefore, it is recommended that MSB, the communities and other organizations mandated with the planning and provision of First Nations nursing services at regional and local levels:

- ▶ 3.0 *Recognize that living conditions are an integral part of Northern nursing recruitment strategies.*
- ▶ 3.1 *Ensure that nursing recruits have access to affordable, safe and secure housing in First Nations communities.*
- ▶ 3.2 *Work with First Nations communities to ensure that nurses have access to local transportation when needed.*
- ▶ 3.3 *Work with First Nations communities to ensure that potential nursing recruits are fully informed about local services, facilities and activities.*
- ▶ 3.4 *Examine the feasibility of additional subsidies to support the costs of housing, utilities and travel to and from the communities.*
- ▶ 3.5 *Ensure that nurses have access to travel benefits, regular leave and communications links to maintain professional and personal support networks outside the communities.*
- ▶ 3.6 *Assess the feasibility of additional supports for Northern nurses who wish to bring their families into the communities on a short-term or long-term basis.*



## **Orientation:**

Those surveyed believed that adequate clinical preparation and orientation were essential components in recruiting and retaining qualified nurses for the North. They emphasized that a broad-based orientation was essential, encompassing clinical skills, health system supports and transcultural issues. The consensus was that nurses needed specialized skills training, such as that offered through the Northern Clinical Practice program.

Orientation to physician and community resources, nursing roles and legal or ethical issues was essential. Priority was placed on information about transcultural issues, including Aboriginal health issues, First Nations Communities, community health and transcultural nursing.

Some thought that videos or other visual presentations could be an especially useful orientation aid, giving nurses a more accurate picture of First Nations communities, health issues, nursing roles and supports. Therefore, it is recommended that MSB, the communities and other organizations mandated with the planning and provision of First Nations nursing services at regional and local levels:

- ▶ 4.0 *Recognize that adequate preparation and orientation are key components in recruiting and retraining qualified Northern nurses.*
- ▶ 4.1 *Ensure that nursing recruits are given a broad-based orientation encompassing clinical skills, health system supports and transcultural issues.*
- ▶ 4.2 *Ensure that potential recruits are fully informed about the availability of and supports for the Northern Clinical Practice Program.*
- ▶ 4.3 *Ensure that recruits are given comprehensive information about community resources, Northern nursing roles, legal or ethical issues.*
- ▶ 4.5 *Work with First Nations communities to ensure that recruits are fully informed about transcultural issues, specifically Aboriginal health issues, First Nations communities, community health and transcultural nursing.*
- ▶ 4.6 *Explore the feasibility of developing videos or other visual presentations to give potential recruits an accurate overview of First Nations communities, health issues, nursing roles and supports.*



### ***Recruitment:***

Nurses believed that recruitment efforts should build on recognized attractions and deterrents. Salary and other compensation, such as subsidized accommodations, travel and paid educational leave, as well as rotating work schedules were in the first category. So, too, were the opportunity to practice in a different cultural setting and independently. For some, the North also represented a chance to experience a desirable "outdoor" lifestyle. Those surveyed, however, were fully aware of the barriers which prevented nurses from accepting Northern postings, including a lack of professional and personal supports, bad experiences and rumours about conditions in the communities.

Positive representation from Northern nurses and the communities is needed to overcome these negative effects. Information could be effectively delivered using recruitment fairs, newsletters, newspapers, journals, electronic media and direct contacts with college and university schools. Trial placements for recruits and clinical placements for students would help. Therefore, it is recommended that MSB, the communities and other organizations mandated with the planning and provision of First Nations nursing services at regional and local levels:

- ▶ 5.0 *Recognize that nursing recruitment efforts will be most effective if they focus on the factors which attract or deter nurses.*
- ▶ 5.1 *Ensure that potential recruits are fully informed about salary incentives, other compensation and rotating work schedules.*
- ▶ 5.2 *Emphasize the unique opportunities for practice in a different cultural setting and independent practice.*
- ▶ 5.3 *Emphasize lifestyle opportunities centred on the outdoors.*
- ▶ 5.4 *Ensure that recruits are fully informed about the availability of professional and personal supports.*
- ▶ 5.5 *Work with First Nations communities and Northern nurses to overcome the negative effects of past bad experiences and rumours.*
- ▶ 5.6 *Develop a comprehensive recruitment strategy using fairs, newsletters, newspapers, journals, electronic media and contacts with college and university schools.*
- ▶ 5.7 *Explore the feasibility of offering trial placements to potential recruits and clinical placements for senior nursing students.*





***APPENDIX A - WORKPLAN***





<b>Health Canada Medical Services Branch - CRaNHR Evaluation of Northern Nursing Recruitment Strategies Workplan - July 1, 1999 to March 31, 2000 (9 months)</b>	
<b>Survey of Regional RN's In Potential Recruitment Pool</b>	
July 1999	Ethical Clearance (LU)
Aug.	Ethical Clearance (College of Nurses)
Sept.	Sampling and Survey Pre-testing
Oct.	Survey Printing/Compilation
Nov.	Delivery of Mailed Questionnaires to Regional RNs
Dec.	Data Entry (Quantitative and Qualitative)
Jan. 2000	Data Analysis
Feb.	Report Preparation
Mar.	Report Printing and Distribution





***APPENDIX B - COVERING LETTER***





Dear Colleague:

As an RN currently resident in Northwestern Ontario, you are undoubtedly aware that First Nations in Northern Ontario are facing challenges in recruiting and retaining nurses, their principal health care provider group. Because you have given the College of Nurses (Ontario) permission to release your name for nursing research purposes, we are writing to ask your assistance in filling out a practitioner survey about nursing recruitment in isolated First Nations communities. This survey is being done by the Centre for Rural and Northern Health Research, on behalf of Health Canada, to help them develop more effective nursing recruitment strategies. Given your nursing background, we believe you have unique insights to share about Northern nursing.

- ▶ *The attached "Northern Nursing Survey", has been especially designed for nurses like yourself, who have experience delivering treatment and care in hospitals, homes, or other community settings across the North.*

The survey usually takes about 30 minutes to complete. As we do not wish to cause discomfort to anyone, your participation is voluntary. You are free to answer the questions in any way that you choose or to skip any questions that you do not feel comfortable answering. There are no apparent risks associated with the research and it will have no impact on your conditions of work or employment opportunities.

When you have filled out the survey, please return it in the postage-paid envelope provided, which will ensure that your answers go directly to the researchers at CRaNHR. To keep your responses anonymous, do not write your name on the survey or on the return envelope. Survey forms are not numbered, coded or marked in any way that would allow researchers to link the returned survey forms with the names of participants. All data will remain confidential and at no time will individuals be identified in any written reports or subsequent presentations of the results. In accordance with Lakehead University policies, surveys will be secured in locked cabinets in the CRaNHR office for a period of seven years.

Results will be analysed by CRaNHR researchers, who will forward recommendations to Health Canada. If you wish, you will be able to obtain a summary of the research results in April 2000 from the CRaNHR office or website (<http://flash.lakeheadu.ca/~cranhr>). We hope that you agree that such an evaluation is important and will be prepared to help us carry it out. In the meantime, if you have any questions about the study, please telephone our Senior Project Researcher, Mary Ellen Hill, collect, at the CRaNHR office, (807) 343-2120.

Sincerely,

Margaret Boone, M.Sc., B.Sc.N., R.N.  
Associate Professor of Nursing





***APPENDIX C - SURVEY QUESTIONNAIRE***





## Centre for Rural and Northern Health Research

### "An Evaluation of Northern Nursing Recruitment Strategies for Health Canada, Medical Services Branch, Ontario Region" Survey Questionnaire - June 15, 1999

(Note: Survey has been reformatted for this report.)

**Instructions:** This survey is designed to give nurses in Northwestern Ontario the opportunity to share their opinions on Nursing in Northern First Nations communities. To accomplish this task, the survey has been divided into three sections:

- *Part A* contains a series of questions detailing your nursing background and experiences.
- *Part B* asks for your opinion on a variety of work-related issues, placing yourself in the position of someone considering working in an isolated Northern First Nations community.
- *Part C* contains a brief demographic section to help us analyse responses.

Each question in the survey contains a number of possible responses.  
Please check off *all categories* which apply.

#### PART A - YOUR NURSING BACKGROUND:

1. We would like you to provide information about your *educational* background:

Nursing Education:	Completed in (Year)
Diploma	
BScN	
Other nursing education (including certificates):	

Other Education (Highest level completed, other than nursing):	Completed in (Year)
Community College (Diploma)	
University (Bachelor's degree)	
University (Master's degree)	
Other non-nursing education (including certificates):	





2. What is your *recent* nursing experience?

Approximate number of hours worked in nursing in the past 12 months (Excluding vacation, sick time, disability and maternity leave, etc.)	Number of Hours
Direct Practice	
Administration	
Nursing Education	
Nursing Research	
Other Nursing Employment, please specify:	
Total number of hours worked in nursing in the past 12 months	

3. Are you *currently* employed in nursing on a full-time, part-time or casual basis?

Current Nursing Employment:	Yes	No
Employed full-time		
Employed part-time		
Employed on casual basis		
Not currently employed		
Other, please specify:		

4. If currently employed, what nursing *position* do you hold? (If employed on a part-time or casual basis, please provide a brief job title for each position.) How many years experience do you have in these positions?

Your Current Position(s):	Number of Years Experience
Job title(s):	
.....	





5. Considering the employers for whom you worked the most hours, where have you been *primarily employed* during your nursing career? If employed in any of the following workplaces, please indicate full-time, part-time or casual status, and dates.

Workplace:	Employed	If Yes, Employed			If Yes, Dates	
	Yes	FT	PT	Casual	Start year	End year
General Hospital						
Rehab/Convalescent Hospital						
Psychiatric Hospital						
Extended/Chronic Care Hospital						
Other Type of Hospital						
Nursing Home						
Home for the Aged						
Retirement Home						
Public/Community Health Unit						
Community Health Centre						
Community Home Care Agency						
Community Care Access Centre						
Employment Agency/Private Duty						
Business/Occupational Health						
Nursing Station (Outpost/ Clinic)						
Physician's Office/Family Practice						
Educational Institution						
Self-Employed/Independent Practice						
Government/Association						
Mental Health Centre						
Community Agency (eg. Red Cross)						





6. While employed as a nurse, what have been your primary *areas of responsibility*? Indicate primary areas of responsibility and total number of years employed in each:

Primary Areas of Responsibility:	Yes	If Yes, Total # Years
Medical/Surgical		
Maternal/Newborn		
Psychiatric/Mental Health		
Paediatrics		
Oncology		
Gerontology		
Long-Term Care		
Community/Public Health		
Health Promotion		
Occupational Health		
Critical Care		
Ambulatory Care		
Operating Room		
Emergency Care		
Home Care		
Rehabilitation		
Palliative Care		
Infection Control		
Nursing Services Administration		
Nursing Program Education		
In-Service Education		
Patient/Client Education		
Nursing Research		





7. Have you had any *cross-cultural* nursing experience during your employment in acute care, community or long-term care settings? If yes, have you had experience working with Aboriginal clients?

Cross-cultural nursing experience:	Yes	No
Acute care		
Community Nursing		
Long-Term Care		
Other settings, please specify:		

Experience with Aboriginal clients:	Yes	No
Acute care		
Community Nursing		
Long-Term Care		
Other settings, please specify		

8. Have you ever *lived or worked* in an isolated Northern First Nations community? If yes, in what occupation or role? How many years?

Experience working in an isolated Northern First Nations community:	Yes	No	# of years
Employed as nurse in a Northern First Nations community			
Other employment in a Northern First Nations community (occupation):			

Experience living in an isolated Northern First Nations community:	Yes	No	# of years
Lived in a Northern First Nations community while employed there			
Other than working, lived in a Northern First Nations community (role)			





**PART B - EXPECTATIONS ABOUT NORTHERN NURSING EMPLOYMENT:**

9. We are interested in nurses' expectations about Northern nursing employment. If you were to imagine yourself in the place of someone considering a Northern nursing position in an isolated First Nations community, which of the following *contract conditions* do you think would be acceptable to nurses?

Contract Conditions:		Yes	No
Length of Contract	Occasional/Emergency/Relief (Less than 3 weeks)		
	Short-term/Rotating (More than 3 weeks, less than 3 months)		
	Long-term (More than 3 months, less than 1 year)		
	Extended (1 year or more)		
Level of Pay (Starting Salaries)	Long-term care, Homes For Aged, Home care (\$16.81 per hr)		
	Acute care, ONA contracts, Hospitals (\$18.30 per hr)		
	Nurse practitioner rates (\$31.75 per hr)		
	Negotiable		
Compensation for Overtime	Pay		
	Time-Off		
Unionized Position	Union		
	Non-union		
Other Benefits	Subsidized accommodations		
	Subsidized travel		
	Vacation		
	Sick leave		
	Education leave (paid)		
	Education leave (unpaid)		
	Other leave		
Other contract expectations (list):			





10a. Again, imagining yourself in the place of someone considering a Northern nursing position in an isolated First Nations community, which of the following *working conditions* do you think would be expected? (List other expectations.)

Working Conditions:		Yes	No
Workload	less than 37.5 hours per week		
	37.5 hours or more per week		
	On-call evenings		
	On-call weekends		
Acuity	Emergency		
	Monitoring chronic illness		
	Ongoing follow-up		
	Wellness assessment		
Types of Clients	Infants		
	Children		
	Adolescents		
	Young Adults		
	Middle-Aged Adults		
	Elderly		
In-Service Education	Available in community through Distance Education		
	Available outside community in larger centre		
	Time-release to travel for educational purposes outside of community		
Cross-Cultural Issues	Working with traditional healers		
	Integrating traditional healing into nursing practice		
	Integrating Aboriginal health beliefs into nursing practice		
	Integrating knowledge of Aboriginal culture into nursing practice		
	Working with Aboriginal translators		
	Integrating knowledge of Aboriginal language into nursing practice		





10b. Under these conditions, do you think that nurses need preparation *beyond* current scope of practice guidelines for registered nurses in Ontario? If yes, which levels would be required?

Scope of Practice Needed:	Yes	No
Beyond current College of Nurses Guidelines for Registered Nurses		

If Yes, Levels of Preparation Required:	Yes	No
Community Health Nursing		
Extended Practice Guidelines for Nurse Practitioners		
Special Program in Nursing Station Clinical Skills		
Other preparation required:		

11a. We are also interested in knowing which resources nurses would expect to find in an isolated First Nations community. Once again, imaging yourself in the place of someone considering a Northern nursing position, which of the following *practice setting resources* would you expect? (List other practice setting resources)

Expected Practice Setting Resources:		Yes	No
Practice Settings	Nursing station		
	Emergency over-night accommodations for patients		
	Home care		
	School health		
Equipment and Space	Same as community clinic in small town		
	Same as ambulatory care area in small community hospital		
Communica-tions	Mail		
	Telephone		
	Fax		
	E-Mail		
	Internet		





11b. Again, imagining yourself in the place of someone considering a Northern nursing position, which of the following *staffing resources* would you expect? (List others.)

Expected Staffing Resources:		Yes	No
Personnel available to assist you when you have questions (*"on call" indicates available for consultation at a distance outside the community)	At least one other RN on-site at Nursing Station		
	Two or more RN on-site at Nursing Station		
	Registered Nurses on-call*		
	At least one RPN on-site at Nursing Station		
	Physicians on-site at Nursing Station during clinic rotations		
	Physicians on-call*		
	Medivac personnel on-site		
	Medivac personnel on-call*		
	Social workers on-site		
	Physiotherapists on-site		
	Psychologists on-site		
	Other professionals on-site		
	Social workers on-call*		
	Physiotherapists on-call*		
	Psychologists on-call*		
	Other professionals on-call*		
	Community health workers (CHR) on-site		
	Community mental health workers (NDAPs) on-site		
	Homemakers on-site		
	Translators on-site		
Translators on-call*			
Traditional healers on-site			
Traditional healers on-call*			





12. We would also like to know nurses' expectations concerning *health issues* in First Nations communities. Putting yourself in the place of a nurse considering a Northern nursing position, which of the following health issues do you think they would expect to find in an isolated First Nations community?

Expected Health Issues:	Yes	No
Accidents		
Cancer		
Dental caries		
Diabetes		
Family violence		
Fetal alcohol syndrome		
Heart disease		
HIV/AIDS		
Malnutrition		
Mental health problems		
Obstetrical complications		
Poor prenatal care		
Sudden Infant Death Syndrome		
Continued from previous page....		
Substance abuse		
Suicide		
Tuberculosis		
Upper respiratory problems		
Other health issues expected in Northern First Nations communities (list): ..... .....		





13. We would also like to understand nurses' expectations concerning *living conditions* in isolated First Nations communities. Placing yourself in the position of someone making the decision to accept a Northern nursing position, which of the following living conditions would you *expect* to find? If yes, would you think that the services would *cost* the same, more or less than similar services in your home community?

Expected Living Conditions:		Would Expect		If Yes, Costs Compared to Your Home Community Would Be		
		Yes	No	Same As	More	Less
Housing	Private apartment					
	Private house					
	Shared accommodations					
	Subsidized rent					
	Subsidized utilities					
	Potable water			n/a	n/a	n/a
	Hydro			n/a	n/a	n/a
Other Consumer Items	Clothing					
	Basic groceries					
	Local transportation					
Community Facilities	Elementary school			n/a	n/a	n/a
	High school			n/a	n/a	n/a
	Community college courses					
	University degree courses					
	Churches			n/a	n/a	n/a
	Organized outdoor recreation					
	Organized social activities					
	Informal social activities					
Continued from previous page...						





Expected Living Conditions:		Would Expect		If Yes, Costs Compared to Your Home Community Would Be		
		Yes	No	Same As	More	Less
	Community radio					
	Community television					
Travel	Daily flights to/from community					
	Subsidized travel					
	Time-release for travel					
Other important expectations concerning living conditions:						

14. Again, considering the perspective of someone accepting a Northern nursing position, what type of *supports* would be essential to make working in an isolated First Nations community *easy* for someone like yourself? Which would not be essential?

Essential Supports:		Yes	No
Professional Supports	Nursing Colleagues		
	Nursing Supervisors		
	Availability of newsletters, professional journals, etc.		
	Availability of inservice training		
	Availability of distance education		
Community Supports	Other health professionals		
	Band office		
	Teachers		
	Clergy		
	Other community members		





Continued from previous page...			
Essential Supports:		Yes	No
Personal Supports In Community	Other professionals		
	Spouse		
	Children		
	Other family		
	Friends		
	Pets		
Personal Supports Outside the Community	Other professionals		
	Spouse		
	Children		
	Other family		
	Friends		
Other essential factors which would make Northern nursing easier (list): .....			

15. We are also interested in knowing what types of *orientation* would assist individuals in making up their mind about Northern nursing. Again, putting yourself in the position of a nurse considering a Northern nursing position, do you think that orientation about the following issues would be *essential*, *desirable* (but not essential), or entirely *non-essential*?

Orientation To Northern Nursing Issues:		Essential	Desirable	Non-Essential
Transcultural issues	Transcultural nursing			
	Aboriginal health issues			
	First Nations communities			
	Community health issues			
	Determinants of health			





Continued from previous page...				
Orientation To Northern Nursing Issues:		Essential	Desirable	Non-Essential
Clinical Supports	Community resources			
	Physician resources			
	Other professional resources			
	Medical Services Branch resources			
	Availability of mentoring from peers			
	Other supports/back-up			
Northern Health Care Supports	Northern nursing roles			
	Northern nursing clinical skills			
	Northern nursing legal/ethical issues			
	Availability of inservice education			
	Medical Services Branch responsibilities			
	Medical Services Branch structure			

16. We would also like to know which *recruitment strategies* would work best for attracting nurses like yourself to nursing in First Nations communities. Considering your present situation, which of the following factors do you think would *attract* nurses to practice in the North? (List other factors)

Factors That Might Attract Nurses:	Yes	No
Opportunity for independent practice		
Opportunity to practice in different cultural setting		
Salary		
Rotating work schedule		
Other compensation		
Employment		





17. We would also like to know which factors might *deter* nurses like yourself from considering nursing in First Nations communities. Considering your present situation, which of the following factors would deter nurses from considering a Northern nursing position?

Factors That Might Deter Nurses:	Yes	No
Availability of alternate employment		
Past "bad" experiences (self)		
Past "bad" experiences (other nurses)		
Past "bad" experiences (others)		
Rumours about violence		
Rumours about alcohol/substance abuse		
Rumours about political instability		
Lack of "back-up"		
Separation from family		
Separation from friends, social supports		
Lack of other "supports"		
Transfer of health services to local control		
Other factors that might deter nurses (list):		

18. We would also like to know where nurses would most likely get *information* about nursing opportunities in First Nations communities. Considering your present situation, which of the following strategies would be *effective* in informing people about Northern nursing opportunities?

Effective Strategies For Getting Information To Nurses:	Yes	No
Nursing newsletters		
Newspapers		
Radio		
Television		
Nursing journals		







**PART C - YOUR PERSONAL BACKGROUND:**

20. So we can analyse our surveys, could you also tell us something about your *background*?

Background:		Please write answers below:	
Age On Last Birthday (Years)			
Marital Status	Married or equivalent		
	Separated		
	Divorced		
	Widowed		
	Never married		
Children	Number of children		
	Their ages		
Languages Spoken	.....		
Ethnic Background	.....		
Interest In Northern Nursing	Would you consider Northern nursing as an employment option at the present time?	Definitely yes	
		Possibly yes	
		Probably no	
		Definitely no	
		Don't know	
Comments	Please use this space and the back of this page for any additional comments. .....		

**THANK YOU FOR TAKING THE TIME TO ANSWER THIS SURVEY.**  
**Your opinions will help Medical Services Branch of Health Canada improve nursing recruitment and services for isolated Northern First Nations communities.**

