Nurses play an integral part in the management, delivery and research of health care services. As the largest component of the health work force, nursing professionals accounted for more than one third of the approximately 828,000 Canadians employed in health care in 2005.  

Composition of the Nursing Work Force

Although one profession, the nursing work force of more than 320,000 licensed and regulated members is regulated by three distinct bodies depending upon their scope of practice:

- registered nurses (RNs)
- registered psychiatric nurses (RPNs)
- licensed practical nurses (LPNs)

RNs and LPNs are currently regulated in all 13 provinces and territories of Canada, whereas RPNs are educated and regulated as a separate profession only in the western provinces of Manitoba, Saskatchewan, Alberta and British Columbia.

Registered nurses are the largest regulated health care provider group in Canada. Of the three regulated nursing professions, they have the broadest scope of practice and generally the highest level of decision making and education. RNs must complete a nursing program either at a baccalaureate or diploma level. They must also register with...
their respective provincial or territorial nursing regulatory body, which permits them to perform the authorized functions of an RN. By the late 1990s, most provinces had announced a four-year baccalaureate degree as a requirement for entry into the practice of nursing in their respective jurisdictions within the next decade.

After completing their degree, RNs may obtain an advanced degree in nursing or national certification in 14 specialties. With additional education, RNs can become clinical specialists, educators or nurse practitioners (NPs), for example. An NP is an RN with additional education in health assessment, diagnosis, and management of illnesses and injuries. NPs can offer some services typically provided by physicians (e.g., ordering tests and prescribing drugs) and may play an important role in isolated or inner city communities where physician shortages sometimes occur.

Licensed practical nurses are the second-largest regulated health profession in Canada. Because registration or licensure as an LPN in Canada requires graduation from an approved LPN diploma program, LPNs have a narrower scope of practice than RNs. Like RNs, all provinces and territories have LPNs who work in a variety of settings, with almost 40% working in the long-term care sector. In Ontario LPNs are called registered practical nurses.

Registered psychiatric nurses represent the largest single group of mental health professionals in Manitoba, Saskatchewan, Alberta and British Columbia where they are a separate regulated health profession. RNPs share many characteristics with RNs; however, they receive their basic education in psychiatric nursing at the diploma or baccalaureate level—with special educational focus being placed on psychiatric and mental health issues and care delivery.

Enhancing the Nursing Supply

Foreign-educated nurses accounted for 6.9% (20,787) of the nursing work force in 2005 (excluding Québec LPNs, for which location of graduation data were not available). The most common countries of graduation were the Philippines (29.0% of all foreign-educated), the United Kingdom (20.8%) and the United States (6.6%). The work forces of British Columbia (13.5%) and Ontario (10.1%) had the highest concentration of foreign-educated nursing professionals in 2005. Together, graduates from foreign countries and from other Canadian provinces account for almost 40% of British Columbia’s nursing professionals—the highest rate in the country.

Distribution of Canada’s Nurses

Overall, 81.2% of nurses are located in Canada’s largest cities, with 10.3% in remote areas and another 8.3% in rural areas. These proportions have remained relatively unchanged for several years.

Nurses employed in urban centres are more likely than their rural and remote counterparts to work in specialized fields such as paediatrics or oncology. Conversely, those in rural and remote communities are more likely to be involved in several clinical areas of practice.

Nurses on the move

LPNs are less likely than RNs or RNPs to move to another province following graduation. In 2005, only 7.6% of Canadian LPN graduates were employed in a province or territory different from the one in which they graduated—this compares to rates of 11.5% for RNs and 14.9% for RNPs.

For those Canadian graduates who do move after graduation, the provinces of Ontario, Alberta and British Columbia are the most common destinations. This pattern closely mirrors the general east-to-west pattern of migration for the Canadian population as a whole.

A Demographic Profile

A closer look at the demographics reveals some characteristics of nurses that are important in workforce planning.

Most nurses are female, but . . .

Historically, the vast majority of nurses have been women. This continues to be reflected among RNs—94.6% in 2005 were female. However, the proportion of male nurses has been increasing slowly—from 2.6% of RNs in 1985 to 4% in 1995, up to 5.6% in 2005. When
The Nursing Work Force: A Current Snapshot

LPNs and RPNs are considered as well, males represent a slightly higher proportion of the entire nursing work force, at 6.1% in 2005.

In the specialties of psychiatry and mental health, the proportion of females to males was less dramatic. For example, in 2005, women made up 77.4% and men 22.6% of the RPN work force. Of the RN population working in mental health, the ratio of women to men was approximately 6:1 (85.4% women to 14.6% men). Among mental health LPNs, close to one quarter were men (23.4%), although men comprised only 6.8% of all LPNs.

The work force is aging
The average age of nursing professionals is the highest it has ever been—44.7 years as of 2005. Moreover, almost 40% of nurses were 50 years or older, outnumbering those aged 34 years and younger by almost two to one.

The nursing work force has been aging steadily over the past 20 years, as Figure 1 shows. In 1985, most RNs in Canada were in the 30–34 year age group; 10 years later in 1995, most were in the 40–44 year age group; as of 2005 most were in the 50–54 year age group. It is important to consider this trend given that the average age of retirement for nurses is approximately 56 years.

A contributing factor to this aging trend is a general increase in the age of nursing graduates. Among those employed in 2005, 13.2% of RNs were aged 30 or older at the time of graduation (compared to 9.4% in 1995). While trend data are not available for LPNs and RPNs, it is interesting to note that in 2005, when compared to RNs, a higher proportion of these nurses—27.1% of LPNs and 17.1% of RPNs—were aged 30 or older when graduating from their initial nursing program.

Higher education is on the rise
In 2005, more than one third (34.0%) of all RNs had a degree in nursing. However, among recent graduates (those graduating since 2002), the rate was considerably higher (40.8%). The increasing number of baccalaureate-prepared RNs is partly due to the continued implementation of baccalaureate entry-to-practice requirements across Canada.

Practice Settings
Nurses work in every health care setting across the entire continuum of health services—from the hospital to community care settings, including the home. Although the majority of nurses work in hospitals, the data show that some changes are beginning to occur.

Most nurses work in hospitals
The hospital sector remains the largest employer for all nurses—in 2005, hospitals were the workplace for six in ten nurses (59.9%). At the same time, 17.4% of nurses were employed in the long-term care

Figure 1: Age Distribution of RN Work Force in Canada, Selected Years, 1985-2005

Source: Canadian Institute for Health Information, 2005.
The Nursing Work Force: A Current Snapshot

A closer look at each nursing profession

While the RN work force tends to cluster in the hospital sector, the LPN and RPN work forces tend to be more evenly distributed across sectors. The majority of RNs (62.6%) worked in the hospital sector in 2005, compared to 46.4% of LPNs and 40.6% of RPNs. LPNs are also likely to work in the long-term care sector (38.6%), while RPNs are evenly split between the community health (23.2%) and long-term care (21.8%) sectors.

There appears to be a general, but gradual, trend towards the community health sector for the RN and RPN work forces. For example, the percentage of RNs working in community health centres almost doubled in the past 12 years, from 5.8% in 1993 to 10.1% in 2005.

Roles and career paths

Most nursing professionals work in direct patient care. Only a small proportion (less than 6% in 2005) works as managers. A closer look at the specific professions, however, shows some differences—RPNs are more likely to be managers (12.1%) than RNs (6.9%) or LPNs (1.2%).

Looking at licensed nurse practitioners, in 2005, 76.8% identified their current position as nurse practitioner at the time of registration. The remainder self-identified their primary role as manager (2.9%), staff nurse/community health nurse (8.9%), instructor/professor/educator (3.5%), and other positions/not stated (7.9%).

Both the RN and RPN work forces appear to follow a similar, general career path, starting their nursing careers in the hospital sector before moving to other sectors over time (see Figure 3). This does not seem to hold for the LPN work force, whose most recent graduates are as likely to work in the hospital sector as those who graduated more than 25 years earlier.

Our Supply of Nurses

The 2005 regulated nursing work force included 251,675 employed RNs—representing 78.3% of the total—as well as 64,951 (20.2%) employed LPNs and 4,964 (1.5%) employed RPNs.

Trends over time

After a period of growth in the early 1990s and fluctuation mid-decade, the number of nurses registering for practice declined in the late 1990s. However, growth in registration began again (at least for the RN and LPN professions) after 2001. By 2005, RN registration was slightly higher (5.6% higher) than it was in 1990. In contrast, registration of RPNs and LPNs was lower—10.9% and 12.6%, respectively.

As the RN registrations increased, so did the size of the RN work force—by 4.3% between 2003 and 2005. Over the same period, the LPN work force increased by 2.9% and the RPN work force fell by 2.8%.

Although licensed nurse practitioners represent less than 1% of the RN population, they too are growing in numbers. In 2005, there were 1,026 nurse practitioners in Canada, up from 912 in 2002.
Employment Characteristics

For all nursing professions, employment rates are high. In 2005, most nurses (93.0%) were employed at the time of registration. Only 5.6% were unemployed, while another 1.4% failed to state their employment status. However, headcounts do not tell the full story, since approximately half of the nursing work force is employed on a part-time basis (see Using Canada’s Health Data, page 44).

**Full-time, part-time, casual**

Overall, slightly more than half of nurses (53.8% in 2005) had full-time employment, although rates vary by profession. The highest rate of full-time employment is for RPNs (67.0%), while slightly more than half of LPNs (55.4%) and slightly less than half of RNs (46.9%) claimed full-time status. Rates of full-time employment are substantially higher for nurse practitioners (75.9%) than for all RNs. These rates have remained relatively stable over the past several years (see Nursing Shortages, page 21).

Rates of casual employment have remained stable over the past several years across most nursing professions, including for RNs (11%), nurse practitioners (4%), and RPNs (6.5%). For the LPN work force, however, casual employment rates appear to be slowly increasing, from about 15% in 2003 to almost 17% in 2005.

**More than one employer**

Some nurses are employed by more than one nursing employer—in fact, many part-time nurses work for multiple employers to achieve the equivalent of full-time work. In recent years, the proportion of the nursing work force with more than one employer has remained unchanged at approximately 14%.

**Health Canada as employer**

While health care delivery in Canada is the responsibility of provinces and territories, Health Canada, through the First Nations and Inuit Health Branch (FNIHB) is directly responsible for the delivery of health services to First Nations and Inuit Communities (see page 12).

Summary

While the nursing work force may be viewed as a single group with many common challenges, this article has shed light on the unique and sometimes contradictory trends, experiences and challenges of each of Canada’s regulated nursing professions. Understanding the current supply of nurses is vital to successful health human resources planning for the future. The objective and comparable data presented here support decision making and policy development by a wide variety of health care governments and stakeholders.
The First Nations and Inuit Health Branch (FNIHB) of Health Canada works with First Nations and Inuit communities to maintain and enhance the health of Aboriginal peoples by providing health services to status Indians living on reserve, to communities in the three territories, and to Inuit. Registered nurses are the largest segment of health care providers to First Nations and Inuit communities.

Nurses employed by FNIHB provide their services in several different types of health service facilities. **Nursing stations** are located in isolated/remote communities where there are no year-round, readily accessible roads to other health care facilities. Community health nurses, with assistance from support personnel, provide primary health care including disease prevention and health promotion activities. Nurses carry out assessment and management services for health problems through treatment and some emergency services. **Health centres** are located in rural areas where access to tertiary care facilities is within driving distance. They are staffed by one or more community health nurses who provide a range of public health services and community health programs aimed at health promotion and disease prevention. **Other health facilities** include two FNIHB hospitals in Manitoba.

### FNIHB Nurses at a Glance

Of the approximately 700 FNIHB hired nurses, only a small proportion (8%) is under 30 years of age, while 40% are over age 50. The current FNIHB nursing work force is older than the overall RN population of Canada in 2004—suggesting potential difficulties in replacing nurses who retire in the next few years. The overall age mix of FNIHB nurses varies considerably according to location and other characteristics.

When compared to nurses in Canada overall (in 2004), FNIHB nurses include a substantially higher proportion with either a bachelor’s or master’s degree (59% of FNIHB nurses compared to 32% of all nurses), and a much smaller proportion with an RN diploma as their highest education level (41% of FNIHB nurses compared to 68% of all nurses).

Approximately one third (63%) of FNIHB nurses have direct patient care as their primary area of responsibility, with a much smaller proportion in management (19%) and education (10%) roles.

A high proportion of FNIHB nurses is employed in stable jobs—86% work in indeterminate or term positions and 76% work full time.

@ Please note: Full references are available in the electronic version of this issue of the Bulletin: <http://www.healthcanada.gc.ca/hpr-bulletin>.