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# Spousal perspectives on factors influencing recruitment and retention of rural family physicians

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**Introduction:** Recruiting and retaining medical personnel to rural communities is a human resource challenge. Studies suggest that the spouse's experiences and perceptions of a rural community are among the most influential factors in a physician's decision to remain in or leave a rural practice. This study describes the factors that both directly and indirectly influence spousal contentment and explores how these factors contribute toward recruitment and retention of physicians to rural practice locations.
**Methods:** In this explorative study, 13 interviews were conducted with spouses of rural physicians to gain a better understanding of spousal concerns and experience regarding rural living. Participants in the present study included the spouses of general practitioners and family physicians practising and living in rural communities (population ≤10 000) on the Burin and Bonavista peninsulas of Newfoundland and Labrador. Specialists, residents and locums were excluded from the study.
**Results:** The findings indicate that physician workload and community integration most highly influence spousal contentment. Other factors, including licensure, remuneration and physician demand, indirectly influence spousal contentment and, ultimately, practice location decisions. Many of the factors that directly influence spousal contentment are personal, and, as a result, it is difficult to implement policies that will influence them.
**Conclusion:** The physician's spouse is highly influential in the decision to move to, remain in, or leave a rural practice location. Understanding the factors that contribute to, and detract from, spouses' contentment in rural practice offers useful insights for human resource policies.

**Introduction :** Le recrutement et la rétention du personnel médical dans des communautés rurales posent un défi sur le plan des ressources humaines. Les études indiquent que les expériences du conjoint et les perceptions à l'égard d'une communauté rurale sont au nombre des facteurs qui exercent le plus d'influence sur la décision d'un médecin de quitter une pratique rurale ou d'y rester. Dans cette étude, on décrit les facteurs qui ont une incidence directe et indirecte sur la satisfaction du conjoint et on analyse comment ces facteurs contribuent au recrutement et à la rétention des médecins dans des milieux de pratique ruraux.
**Méthodes :** Au cours de cette étude exploratoire, on a réalisé 13 entrevues auprès de conjoints de médecins ruraux afin de mieux comprendre les préoccupations du conjoint et son expérience de la vie rurale. Ont participé à l'étude notamment les conjoints d'omnipraticiens et de médecins de famille pratiquant et vivant dans des communautés rurales (population d'approx. 10 000 habitants) des péninsules de Burin et de Bonavista, à Terre-Neuve-et-Labrador. Les spécialistes, les résidents et les suppléants ont été exclus de l'étude.
**Résultats :** Les constatations indiquent que la charge de travail des médecins et l'intégration dans la communauté exercent le plus d'influence sur la satisfaction du conjoint. D'autres facteurs, y compris le permis d'exercice, la rémunération et la demande de médecins, ont un effet indirect sur la satisfaction du conjoint et, en bout de ligne, sur les décisions relatives au lieu de pratique. Beaucoup des facteurs qui jouent directe-



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ment sur la satisfaction du conjoint sont de nature personnelle et c'est pourquoi il est difficile d'appliquer des politiques qui les influenceront.
**Conclusion :** Le conjoint du médecin exerce une grande influence sur la décision de déménager dans un lieu de pratique rurale, d'y demeurer ou de le quitter. Il est utile pour les politiques sur les ressources humaines de comprendre les facteurs qui contribuent à la satisfaction des conjoints dans la pratique rurale et ceux qui y font obstacle.

## Introduction

Attracting and retaining physicians to rural areas is a challenge in many regions of Canada, resulting in large variations in geographic distribution and availability of medical services. Previous studies have examined recruitment and retention from the physician's perspective and found that a complex mix of personal and professional factors, such as community characteristics,[1] remuneration[2,3] and workload[1,4,5] are known to influence physician recruitment and retention to rural areas. These studies have consistently found that the physician's spouse plays a critical role in the decision to move to, remain in, or leave a rural practice. However, there have been few studies that describe the experience of rural physicians' spouses and the factors that contribute to, or detract from, their satisfaction with rural living.

Using qualitative key informant interviews, this study examines the experiences and perspectives of spouses of rural physicians to gain a better understanding of the spouse's concerns and experiences with rural living. Specifically, this study describes the factors that both directly and indirectly influence spousal contentment with rural living and explores how these factors contribute to recruitment and retention of rural physicians to rural practice locations.

By developing a better understanding of these factors, this study aims to identify potential policy implications and inform physician resource planning. Physician recruitment and retention remain important issues, particularly in rural provinces such as Newfoundland and Labrador. To our knowledge, this is one of the first studies in Canada to use local data to examine this issue. The results of this study will provide more knowledge of the importance of the spouse's experiences on the decision to move to and remain in a rural practice location.

## Methods

### *Participants*

We conducted key informant interviews with spouses of rural family physicians (including general practitioners) practising in the region served by the Peninsulas Health Care Corporation (PHCC) in the province of Newfoundland and Labrador. The term "spouse" included husband, wife and partner regardless of whether a couple was in a legally married, common-law or homosexual/heterosexual relationship. Physicians married to other physicians were included in this study. Specialists, residents, locums, spouses of family physicians who practised but did not reside in a rural community, and those living outside the jurisdiction of the PHCC were excluded.

### *Recruitment of participants*

The PHCC sent a letter to all physicians practising on the Burin and Bonavista Pennisulas of Newfoundland. The letter described our study and requested permission to release their contact information. After a 2-week waiting period, the PHCC provided us with a list of family physicians whose spouses met the inclusion criteria. We then telephoned those who were eligible and invited them to participate in an interview at their convenience.

### *Interview technique*

We used a brief pre-interview questionnaire to collect demographic information about both the participant and the physician spouse. Each participant was interviewed using a standardized semi-structured open-ended interview guide that asked questions relating to the factors that influenced their decision to move to their current location, the factors influencing where they planned to move (if applicable), and questions relating to rural living. The interview guide was pre-tested in a pilot interview with a spouse of a rural physician in another region. As the data collection and analysis proceeded, additional questions to test emerging themes and findings were asked. Interviewing continued until no new ideas emerged from the discussions.

Each interview ranged from 45–60 minutes in length and was conducted in either a private room in the local health facility within the community, the

home of the participant or by telephone. Each interview was tape-recorded and transcribed verbatim.

### *Analysis*

The responses obtained from the pre-interview questionnaire were compiled and entered into a Microsoft Excel spreadsheet, where frequencies were tabulated to describe the demographic characteristics of the participants. The interview transcripts were analyzed using a grounded theory approach involving the constant comparative method of analysis.[6] Emerging concepts and themes were identified, and a coding template was developed to organize the data into categories that best reflected the themes presented by the data. The transcripts were entered and coded using NUDI*ST (Non-numerical Unstructured Data – Indexing, Searching and Theorizing). Once all transcripts were coded, reports were generated and used to organize and develop a conceptual framework to understand the factors that contributed to spousal contentment in the study subjects.

The Human Investigations Committee, Memorial University of Newfoundland, and the PHCC approved this study.

## Results

Of the 23 physicians in the region, 15 agreed to release their contact information and/or met the inclusion criteria. Of these 15 physicians, 13 spouses, who were contacted by phone, agreed to an interview. Of the 13 participants, all but 2 were females ranging in age from their mid-20s to their mid-60s. At the time of the interviews, 8 participants were not working outside the home. Four participants were unemployed due to limited job opportunities and 4 were not working outside the home, by choice (i.e., homemakers, students and retirees). Of the 5 employed participants, all held positions suited to their educational training. Five participants and their physician spouses were born and raised in Newfoundland and Labrador. Their physician spouses all graduated from Memorial University's medical school. The remaining 8 physicians were international medical graduates (IMGs), and their spouses originated from countries other than Canada. There was 1 couple in which both partners were practising physicians; both were interviewed.

Participants in general described "contentment" as general satisfaction and sense of happiness with the lifestyle associated with the practice location, feeling comfortable with surroundings and not feeling bored or isolated. From the interviews, we identified a number of factors that influence a spouse's contentment and perception of rural living. These individual factors were organized into 2 overriding themes: indirect and direct factors.

### *Direct factors*

Direct factors have a more immediate impact on contentment. They also relate to the participant and/or the physician spouse rather than the community or region. Spouses (and their children) who are content in a rural community are more likely to stay. We identified 2 factors that directly contribute toward spousal contentment with a rural practice location: 1) physician workload and 2) community integration (which relies on employment opportunities, having a rural background or experience in rural communities, proximity to family and friends, maturity, cultural differences, and children).

#### Physician workload

Physician workload is an important influence on spousal contentment and family life in rural practice locations. Heavy workloads and after-hours on-call shifts were found to place a burden on physicians and their families. As one participant noted:

> The spouse isn't going to be very happy if their partner is working all the time. Even if you attain friends and have an outside network, you'll still need your spouse to be home, and if they're out working all the time you're not going to want to stay.

#### Community integration

Although a rural community is a busy work environment for physicians, employment opportunities and activities for spouses are limited, leaving them feeling bored and alone. In this study, spouses who were employed were more content with the rural area, regardless of whether employment was related to previous training.

> After we moved here I picked up a job and that was probably an influence or factor [on] why we stayed.

In general, participants agreed that connections through family, friends, children and the workplace are helpful toward promoting community integration and resolving some of the issues of isolation and discontentment. Participants accustomed to rural living

are more receptive toward moving to a rural practice setting and are more likely to be happy and feel connected compared with those raised in urban areas.

> We don't mind rural areas because that is where we grew up, we prefer it.

Furthermore, participants who grew up in a rural community are more likely to have family and friends in the area, which facilitates contentment through connections with the community.

Involvement with members of the community through organized socials and extracurricular activities provides networking opportunities and encourages spousal contentment with rural living. The involvement of physicians' spouses and families with the community may increase social awareness and a sense of belonging and connectedness, as this participant said:

> When he came he planned on staying only for a few years, but then when we met things changed. He became very much a part of my family and I think that had a significant impact on him staying.

We found that children influence contentment with a rural community. Families, particularly with young children, are more prepared to stay in a rural practice location for a longer period of time than physicians without children. Children's educational opportunities, extracurricular activities and safety are important factors in choosing to stay in a rural practice location. Moreover, we found that children facilitate integration into the community; their activities provide opportunities for spouses to meet and connect with others.

We found that those who have difficulty integrating into rural communities are less likely to be content and more likely to leave. For example, many IMGs leave behind family and friends in order to pursue their career and, as a result, often feel personally and professionally isolated. The absence of family and friends is particularly troublesome for spouses. Differences in culture and preferred social and extracurricular activities create discontentment for people who are unable to do the things they enjoy. We found that IMGs are often more reluctant than Newfoundland and Labrador graduates to stay in a rural practice location because of lifestyle and cultural differences.

### *Indirect factors*

Indirect factors describe the physicians practice environment and community environment. They have a greater influence on recruitment, rather than retention. Indirect factors apply to the community or region as a whole, unlike direct factors that describe the individual. They indirectly affect spousal contentment through direct factors (such as workload). We identified 4 indirect factors: 1) licensing requirements, 2) number of physicians in the community, 3) remuneration and 4) community characteristics.

#### Licensing requirements

Flexible licensing requirements draw many IMGs to rural areas in Newfoundland and Labrador.

> To attain a Newfoundland licence is easier than other provinces, and that is why we came here.

Practising in rural Newfoundland and Labrador is perceived as a stepping-stone for practising in other Canadian provinces, and participants suggested that once IMGs met full-licensing requirements, most left rural practice.

#### Number of physicians in the community

Rural practice is characterized by heavy workloads and after-hours on-call shifts. The number of physicians practising in a community affects the desirability of a community in terms of workload and coverage. Physicians in communities with few colleagues have higher workloads and less time available for their own families. One participant suggested the following:

> ... there has to be more doctors recruited and that will help keep others in the community because they do not have to work continuously and they have somebody to call on if they need help.

#### Remuneration

We heard from participants that it is important to balance the need for adequate physician supply with remuneration. In our study, income was not a *primary* consideration in participants' decision to remain in a rural community, as long as they were content. This is not to say that remuneration was not an important consideration; but for those who were content in a rural community, remuneration in itself did not affect their decision to stay.

#### Community characteristics

The characteristics of rural communities can also

attract or discourage physicians. Positive aspects include a sense of security, the natural environment and family values.

> You have peace of mind when you live here. There is no crime, and working conditions are much better.

Many respondents said that the natural environment motivated them to move to the rural community. They also described the communities as socially connected and supportive of a family-oriented lifestyle.

### Other considerations

Our participants noted that characteristics such as distance from urban centres, limited personal and professional opportunities and limited recreational facilities negatively influence contentment, particularly for individuals who are less integrated into their community. The further a community is from a large urban centre the less attractive it is due to limited access to recreational facilities and to educational opportunities. Physician satisfaction with the medical group or practice partners were not identified as contributing to spousal contentment. However this is an area that may need further investigation.

## Discussion

Previous studies[3,7–10] suggest that a spouse's experience is an important factor in rural physician retention. Through qualitative interviews, we found that a spouse's feelings of contentment were an important predictor of whether or not physicians remained in a rural community; physicians whose spouses were more content in a rural community were more likely to stay. We developed a conceptual framework to understand the factors that contribute to and detract from spousal contentment.

This framework offers a useful lens through which to examine physician resources strategies. For example, financial incentives have been the primary focus behind past policies regarding physician recruitment and retention. However, research suggests that as a stand-alone policy, financial incentives have limited influence on physician retention.[7] To be most effective, financial incentives must be viewed with respect to a number of factors that relate to both personal and professional characteristics of physicians and their families.[3] Our study suggests that strategies that rely solely on financial incentives may have limited impact on long-term retention of rural physicians.

Like other studies,[1,8,11,12] we found that having a rural background or previous experience in a rural community enhanced contentment. Increasing early exposure of rural medicine to students may provide a higher proportion of graduates with reasonable expectations regarding rural practice locations. Therefore, exposure of medical students to rural medicine during pre-clerkship, clerkship and residency should be evaluated for its effectiveness of recruiting and retaining physicians to these areas.

Our framework specifically examines spousal contentment as the primary motivation in physicians' decisions to move to and remain in a practice location. We recognize other motivations may include licencing requirements (e.g., for IMGs) and debt reduction (e.g., for recent graduates). Moreover, motivation may change over a physician's career. However, by considering the relationship between known predictors of recruitment and retention from the spousal perspective, we hope to further our understanding of physician supply and identify effective physician supply strategies. For example, we found that IMGs move to rural communities in the province because of relaxed licencing requirements. Therefore, programs to improve spousal contentment may have limited impact because many of these families have no intention of staying in the area.

### *Limitations*

The participants of the study included only residents of rural areas. We did not include spouses who lived in urban communities while their physician spouses lived and/or worked in a rural community. A high number of IMGs were included in this study. However, this is characteristic of Newfoundland and Labrador, where 42% of all fee-for-service physicians are IMGs.[13] Furthermore many of the physicians and spouses in the study were recruited as a result of local initiative. However this is typical of many rural communities, where physicians are in short supply and efforts aimed at recruitment are extensive. We included 13 spouses in our qualitative study. Although that may appear small, we had reached saturation (i.e., no new ideas were forthcoming in our interviews with new participants) after the 9th or 10th participant. Our sample does represent roughly half of the family physicians on the Burin and Bonavista Peninsulas. Future studies should include individuals who have left, or those who have decided not to move to, a rural community. These studies may strengthen and validate our

proposed framework and provide a more complete understanding of recruitment and retention of rural physicians.

## Conclusion

The physician's spouse is highly influential in the decision to move to, remain in, or leave a rural practice location. Understanding the factors that contribute to and detract from spouses' contentment in rural practice offers useful insights for human resource policies.

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