

Policy Barriers to Recruitment and Retention of Health Professionals in Rural Areas of Nova Scotia

Summary Report

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Table of Contents

Introduction	2
Why is This an Important Research Topic?	2
Summary of Policies Used to Address Health Professional Maldistribution	2
Physician Workforce Policies and Strategies Across Canada	2
Physician Workforce Policies and Strategies in Other Countries	4
Nursing Workforce Policies and Strategies Across Canada	4
Nursing Workforce Policies and Strategies in Other Countries	5
Other Health Professional Workforce Policies and Strategies Across Canada	6
Methods	6
Results	6
Physical Environment	6
Administrative Environment	9
Educational Environment	11
Economic Environment	12
Social Environment	13
Conclusions and Recommendations	14
Endnotes	16

Introduction

One of the main challenges for rural health care systems is the geographic distribution of health care providers.¹ For over 10 years, the Eastern Shore/Musquodoboit area of Nova Scotia has been impacted by shortages in health care professionals (HPs).² It is important to understand what is happening in this region and how barriers can be overcome to maintain health care services.

This project had two main components: 1) policy synthesis of initiatives that have been tried across Canada and internationally, and 2) interviews with members of communities to understand what barriers they are facing when recruiting and retaining health care providers.

Why Is This an Important Research Topic?

Rural Canadians have poorer health than that of their urban counterparts. One study showed that 20.2% of rural Canadians described their health as excellent, compared to 29% of suburbanites and 27% of inner-city residents.³ Health providers play a major role in the health status of rural Canadians.⁴

The sustainability of rural communities depends on many factors including a quality health care system. If a community does not have access to a doctor, it can lead to other problems like a decline in economy or out-migration, which can hinder attracting a health professional to the area.

Summary of Policies Used to Address Health Professional Maldistribution

Physician Workforce Policies and Strategies Across Canada⁵

Policies and/or strategies that have been used in rural areas across Canada can be grouped according to four categories: International Medical Graduates, Medical

Education, Financial Incentives and Other. Some overlap may exist between these categories.

1) International Medical Graduates (IMGs)

<i>Placement in Rural Areas</i>	Many provinces restrict where IMGs can set up practice.
<i>Increasing IMG Supply</i>	In order to meet demand, IMG intake will be needed, however, rural areas do not want an uncommitted doctor who will leave after the grant has subsided or the Canadian license is obtained.
<i>Changing Legislation</i>	Canada has now changed immigration legislation from an “occupation needs” approach to a “skills based” approach. This makes it easier for HPs to come to Canada.

2) Medical School Education

<i>Increase in Enrolment</i>	Almost all provinces have increased enrolment.
<i>Rural Medical Schools</i>	ON and BC created northern medical schools with the aim of training physicians in rural communities.

<i>Rural Backgrounds/Rural Seats</i>	People from rural areas generally return to rural areas and many schools have reserved seats for rural students.
<i>Recruiting those who have trained elsewhere</i>	Some provinces created a repatriation program for Canadians who have completed a program elsewhere or have moved away.
<i>Choice of Specialty</i>	There is a need to influence family medicine as a career choice over specialist programs.
<i>Continuing Medical Education Grants</i>	This gives the opportunity for physicians to upgrade their skills and generally is only given after a period of time spent in rural areas and may require a return of service commitment.

3) Financial Incentives

<i>Location Bonuses</i>	Bonus payments if practicing in an underserved area or pro-ration (docking pay) for practicing in over-served areas.
<i>Tuition Bursaries</i>	Some provinces pay tuition in return for service commitment.
<i>Salary or Guaranteed Minimum Income</i>	Some physicians can choose to take salary in lieu of fee for service reimbursement.
<i>On Call Coverage/ ER Payments</i>	Some provinces developed a payment plan for on call coverage that can usually be taken in lieu of the fee-for-service payment plan.
<i>Loan Remission Program</i>	These are grants to help pay for loans after physician has graduated.
<i>Locum Coverage Payment</i>	Payments for physicians who provide coverage for doctors who are on vacation or continuing their education.
<i>Travel Allowances</i>	This encourages physicians to travel to smaller areas to provide certain services or can be used for locum coverage as well.

4) Other strategies/policies

<i>Community Incentives</i>	Communities sometimes offer their own incentives such as housing, positions for spouses, etc.
<i>Summer Employment Programs</i>	Some medical schools/provinces offer summer employment in rural areas for medical students.
<i>Workforce Planning</i>	Many provinces also conduct workforce planning and hire recruiters to help keep health professionals in the province and in rural areas.
<i>Points System</i>	Some provinces allow physicians to accumulate points by working in rural areas, which then allows them to move to urban centres.
<i>Orientation Program/Manuals</i>	Orientation programs and manuals help ease the transition into rural practice and make the physician feel welcome in the community.
<i>High School Recruitment/Job Fairs</i>	Sometimes physicians and recruiters visit rural high schools and promote medicine as a career choice.
<i>Telehealth</i>	This approach uses technology to connect patients and health providers separated by distance.
<i>Community Health Centres</i>	These centres use a team based approach and encompass salary based positions, and sharing of resources and knowledge.
<i>Lifestyle Issues</i>	Some rural areas have developed committees that try to address issues such as educational opportunities for children, community climate, and recreational/cultural opportunities.
<i>Spousal Support</i>	Some provinces, like Alberta, ensure that the spouse is welcome in the community by offering support networks and can help in finding employment for the spouse when possible.

Physician Workforce Policies and Strategies in Other Countries⁶

Physician supply is seen as a significant policy problem in many countries, especially countries which are large in size and have a large rural population like that of Canada.

The countries that have been chosen for this analysis include the United Kingdom, the United States of America, and Australia.

1) United Kingdom

<i>“Negative direction” policy/strategy</i>	Medical Practices Committee (MPC) has the power to refuse an application to practice in a community if they consider the area to be over supplied.
<i>Deprivation payment</i>	Payments for physicians who are serving population whose status leads to them to be “underprivileged”.

2) United States

<i>“National Health Service Corps (NHSC)</i>	This program offers grants (with return of service) and physicians are placed in areas that are designated as Health Professional Shortage Areas (HPSA), which combines the population physician ratio with information on the health needs of that area.
<i>Medically Underserved Area (MUA)</i>	Funding program for physicians and places them in areas that use weighted combination of the physician population ratio, the proportion of the population 65 years and over, poverty levels and infant mortality rates.
<i>Rural Health Clinics</i>	These clinics serve the Medicare/Medicaid populations and are staffed by practitioners (other than doctors) working under a physician.

3) Australia

<i>National Rural Health Strategy</i>	This strategy created the Australian Rural Health Research Institute and the Australian Journal of Rural Health.
<i>General Practitioner Rural Incentives Program</i>	This program provides grants for urban physicians who want to upgrade their skills and then practice in rural settings.
<i>Recruitment of Rural Students</i>	Australia medical schools aggressively recruit students with rural backgrounds.
<i>Faculty of Rural Medicine</i>	This newly created faculty developed a graduate diploma in rural general practice, which teaches advanced skills required in rural areas like obstetrics, pediatrics, and others.
<i>National Billing Number</i>	This provides consistency across the states. Without this billing number physicians cannot be reimbursed.

Nursing Workforce Policies and Strategies Across Canada⁷

17.9% of all RNs in Canada work in rural areas, where 22% of the Canadian population live.⁸ This indicates that there is an uneven distribution. In addition, it was

identified that by 2016 there will be a shortage of 113,000 nurses, which ultimately will have an impact on rural areas too.⁹

1) International Medical Graduates

<i>Placement in Rural Areas</i>	Some nurses are placed in rural areas but there are not many.
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2) Nursing Education

<i>Increasing Enrolment</i>	Many provinces have increased the number of seats for nursing programs.
<i>Increasing Education Levels</i>	This provides nurses with the ability to provide a higher level of care to patients, important in rural areas where a different provision of care is needed than in urban areas.
<i>Rural Programs</i>	Offering programs that are based on rural practice to ensure that the graduates practice in rural environments.

3) Financial Incentives

<i>Tuition/Bursaries</i>	Some provinces offer free tuition for nurses who agree to practice in underserved areas. Bursaries are also used for travel to rural areas.
<i>CME/Refresher Programs</i>	Provinces offer money to help nurses refresh their skills to return to a nursing career. They also offer money for continuing education.
<i>Relocation/Location Bonus</i>	Some provinces provide payments to nurses who work in rural areas and some provide money to relocate from urban centres.
<i>Salaried Positions</i>	Most nurses are salary based and are not on a fee-for-service plan.

4) Other Strategies

<i>Personnel Substitution</i>	This concept uses other health providers to help deal with the shortage in rural areas, i.e. nurse practitioners.
<i>Community Health Centers</i>	These centers provide a team based approach to health care and employ various health professionals including nurse practitioners.
<i>Changing Scope of Practice</i>	This legally provides practitioners (other than licensed physicians) with the ability to perform a limited range of primary care functions.
<i>Increasing Permanent Positions</i>	To help alleviate the part time work trend in nursing, many provinces created new permanent nursing positions.
<i>Workforce Planning</i>	Many provinces have developed aggressive planning strategies with targets for ratios, numbers, etc.
<i>Workplace Issues</i>	Much of the new research being conducted revolves around workplace environments where nurses will want to work.
<i>Summer Student Employment</i>	Some provinces, like PE, NB and NS, provide nurses with summer student employment in hopes that they will not leave the province.
<i>Repatriation Program</i>	This involves recruiting nurses who have left the country.
<i>Mentoring Strategies</i>	This will help nurses understand their roles in rural environments.

Nursing Workforce Policies and Strategies in Other Countries¹⁰

Currently there is a worldwide shortage of nurses¹¹ and the focus by other countries is on supply not on distribution. There are a

few examples of distribution strategies listed below.

1) Strategies for Nurses

<i>Increasing Supply</i>	Most countries have announced enrolment increases.
<i>Free Tuition</i>	Ireland waived all tuition costs to increase the supply of nurses.
<i>High School Recruitment</i>	Early recruitment into the nursing program will increase supply.
<i>Rural Scholarships</i>	Providing scholarships to students that come from rural backgrounds.

Other HP Workforce Policies and Strategies Across Canada¹²

There are known shortages of other health professionals ranging from physical and occupational therapists to medical radiation and laboratory technologists.¹³ This is more of a supply than a distribution issue but if there are not enough health professionals for

the demand, rural areas are probably experiencing a shortage too. There are very few data on what is currently being done across the nation to help rural areas recruit and retain other health professionals but the problem has been acknowledged.¹⁴

1) Strategies for Other Health Professionals

<i>Increasing Supply</i>	Many provinces have increased enrolment in different health disciplines.
<i>Telehealth</i>	New initiatives like teleradiology help to reduce some strain.
<i>Workforce Planning Strategies</i>	Many provinces have developed databases on numbers and documents on many of the health professionals.
<i>Aboriginal Providers</i>	Some provinces have recognized the need for more aboriginal health care providers and have reserved training seats and provide bursaries.

Methods

Nineteen interviews with key informants were conducted over the period from July 1, 2004 to August 6th, 2004 in the

three areas of the Eastern Shore and Musquodoboit area of Nova Scotia.

Results

From previous frameworks on recruitment and retention and from the interviews conducted, five main themes were identified. These themes revolved around environments because in order to move towards a more distributed workforce in Canada we need to understand the environments in which these policies take place. The five environments are:

- 1) Physical Environment;
- 2) Social Environment;
- 3) Administrative Environment;
- 4) Economic Environment
- 5) Educational Environment.

The data here are presented first by the most prevalent themes and then within those themes, the top sub-themes are identified. Although many categories arose within each theme, the top two or three are discussed in detail while the others are mentioned in the last paragraph. Quotes from the interviews are used to help illustrate the key points.

Physical Environment

The physical environment includes the community environment and the work environment. These can have a significant

impact on a decision to locate to a rural area or not.

a) Community Environment

The most prevalent categories were services available within rural areas, whether or not the individual was from a rural area, and work opportunities for spouses.

i) Community Development/Services

Communities play a vital role in maintaining services and fostering community development that aids in attracting professionals to the area. People want certain services and community environments for themselves and their families.

“... I think we need to somehow shore up the infrastructure of the rural community so that we can properly support the physicians and nurses, teachers, ministers – all of those people. We need to shore it up and do what we need to do.” R11

“You are living away from service. It’s just what we have been talking about. And when I say service, it’s everything from Empire Theatres to stores...If you are building a school, [it] needs to be community accessible. Make [the gym] full sized so that seniors, anybody in the community can use it and increase their ability to have activities” R12

“What is here for them when they come?” R7

ii) Rural Background

Research has shown that people from rural areas are more likely to return to rural areas.¹⁵ Many individuals felt that this would be true for rural NS too. Many people who were employed at the hospitals were from that area and have roots there. It is important to realize this connection when trying to attract professionals.

“But I found myself, as I got older, wanting to return back to...go back to a rural situation. So yeah, I think encouraging folks, youngsters to take their education and come back to their rural roots, even for a period of time. They may not want to stay but they may find a situation that they like, that they identify with.” R10

“The only people that we tend to hire would be people who have a connection to [the town]. They are from here, their parents live here, whatever, they have gone away, they have come back. And that is usually how we get new people in. People tend to stay here forever, especially if they have a connection to the [town]. Some of our nurses have done their entire nursing career here.” R13

iii) Spousal Considerations

It was felt that many individuals in the town have left due to the lack of employment opportunities for spouses. Governments can ensure that community development funds and other monies are given to communities to build a stronger economy with jobs, but there also needs to be support from the community for the professional’s spouse.

“If he could get employment then she probably would stay because she really does like it. But again, if he doesn’t get employment here, you know she’s only there for a very short period of time until she can find work somewhere else. And all the power to her. You can’t blame her.” R16

“My daughter just graduated from ...nursing. She just got married and they were begging her to come here ... to work ...and she would have but what would her husband do. There is nothing here for him to do.” R3

iv) Other Categories

The interviewees also talked about the trends of urbanization, out-migration, the local economy, lack of available housing

and the aging population and how this all has an impact on whether or not HPs locate in rural communities.

b) Work Environment

The two most prevalent themes related to the work environment were coverage for vacations and time off and the role/scope of practice of health professionals, which includes the nurse practitioner.

i) Locum Coverage/Scheduling

A huge workplace issue that was identified by nearly all interviewees (no matter their role in the community) was that health professionals are overworked and have difficulty getting time off and finding locum coverage (coverage for time off). If rural areas cannot offer the same vacation time or on-call coverage schedule as urban areas, they will lose their health professionals.

“So finding doctors to do locums is almost impossible sometimes. I can understand how doctors don’t want to be part of the practice when they are on-call often. It is pretty disrupting. Particularly if you are young and you’ve got young family, it’s very, very tough.” R10

“Finding locum coverage for them was very difficult. In fact, we ended up having to close our [emergency] on several days.” R13

“The nurses who are here are working overtime. They are having difficulty getting time off. They are having frequent schedule changes in order to accommodate time off. And have huge banks of time...I have 4 senior nurses, and between them, I have over 1,000 hours just of vacation. I have one that had 300 hours of vacation and 90 hours of overtime...Which of course if you can’t give people time off, who wants to come because that is a workplace issue? It’s a huge one...We have an x-ray tech who could retire any day for the last couple of

years, and she’s on-call all the time. We’re never going to get anyone to come and do that, not in a million years.” R2

ii) Role/Scope of Practice

Interviewees expressed that there are services that professionals are providing that can be performed by other staff (particularly true for physicians). In addition, the interviewees saw a great need for a nurse practitioner in their communities to decrease workload on physicians.

“Because if we want to continue to have health care 4 km down the road then these are the types of adaptations and changes that we have to be willing to make. If you have a finger that is broken, and it’s just a matter of taping it, that individual [e.g. Nurse Practitioner] is as capable of putting the tape around it as the doctor or whatever.” R11

“...I think that the province, the stance that they took on the collaboration between physicians and nurse practitioners has been really limiting...I think we have a real need for a nurse practitioner here but our physicians are fee-for-service. And one of them agrees to be not fee-for-service but the other one adamantly refuses to go on salary. And for salary, it has to be a collaborative agreement [with a] nurse practitioner... it would limit the number of times that they are called in and it would of course limit the amount of workload that they carry.” R2

“I think the nurse practitioner piece could be the big thing for our health care out here. Hopefully, the province is a little more open to that [concept]. I think it will make the system better and ultimately provide better access to care.” R19

iii) Other Categories

Respondents in the interviews also mentioned how there is a need for female physicians and how some practitioners are

getting closer to retirement with no replacements. They also talked about primary health care renewal, collaborative provider teams and telehealth and how these might affect rural practice issues and recruitment of attract health.

Administrative Environment

The administrative environment deals with how communities or governments are managing recruitment and retention issues and how the problem is impacting rural communities. It looks at the support that communities are getting to help recruit and retain and the strategies they are trying and those they think they should try.

During the interviews, participants were asked what kinds of things they saw happening in the way of recruitment and retention strategies. For the most part, they were unsure or couldn't identify any effective strategies. However, interviewees described a few strategies such as recruiting at universities, providing summer employment or co-op experiences, offering rent schemes or housing and offering office space or furniture.

Within this section, two main themes will be discussed – including stress from recruitment/retention barriers and support from the Capital Health District for recruitment and retention efforts. Finally, possible strategies that the interviewees thought would work will be listed.

a) Stress from Barriers

Many individuals felt frustrated by problems with recruitment and retention. They are always worried that one of the professionals may leave or get sick and then they are in a panic because of the effects it will have on their health care.

“I am leaving on vacation. I am leaving behind one girl and some relief. A lady who is 8 months pregnant ...is going to do 2 12 hour shifts while I'm gone. That is beyond what is rational, and beyond what is safe. And I think that something has to give before somebody gets hurt.” R14

“I always say we are one staff nurse away from a panic at any time. Like if one person were to suddenly go off or to decide that they are going to retire early or move to another country or whatever, we are going to start scrambling in a hurry.” R13

b) Support from Capital Health District

It was felt by the interviewees that being part of the Capital District with its large urban centre and large tertiary care centres was sometimes problematic. Rural areas are sometimes ignored in decision-making and decisions made in the city are rarely good for rural areas. However, it was also felt that there is better access to resources through the Capital Health District and the possibility for better management of recruitment and retention. Overall though, if rural areas are feeling like they are left out, communication and support need to be enhanced.

“I think personally it's a good thing simply because... Like I know it's hard because we are a very small cog in a very big wheel now. And you feel that you are getting lost sometimes. But the resources available at the [large urban hospital] I think more than outweigh that. I mean having been a very small place and knowing other small places like this who are now not part of a big engine, who are part of a small wheel, I think that actually it is more of a benefit to us.” R13

“...I think it is because the city doesn't have any concept at all of what rural life is like, or rural health care. They say they do but

they don't. I sat in a meeting in Halifax over at the [urban hospital]...there were directors and physicians and VPs. So it's people who should know the district and know it well. And one of the men got up and said, "I don't know what the problem is here, talking about this district and distances. There is nowhere in Capital District that is more than 1 hour away from this building." I'm just about ready to choke him. Ecum Secum, which is our far end...is almost a frigging 3 hour drive." R17

"We are part of [the district] but we are not part of them. So the decisions are made in the bigger facilities. The major policy making is made in the city. Some things [that] work wonderful in the city do not work in a rural area." R7

c) Potential Strategies for Recruitment/Retention

i) Recruitment/Promotion

Participants indicated that the community needs to promote themselves and be proactive. They need to "market" the town and promote their assets.

"I think that just selling the rural lifestyle. You know, do it almost like you do with Nova Scotia tourism. You know, this is a good place to live for a lot of people. And maybe they don't have a chance to think about it and learn about it and so I think we should actively promote that too." R18

"We have to get on the map. And I think it's the same with small communities. Because we have a lot of assets. And we never see the assets, we only see well, the roads are bad, there is no industry. But we don't see access to the ocean, sailing. Like there are lots of activities here that young people could enjoy if there was a little development done. Eco-tourism, trails, walking,

backpacking, overnighing. Yeah, you can just go on and on and on." R8

ii) Billing Numbers

The fact that physicians could set up practice anywhere after graduation was brought up in the interviews. The interviewees indicated that this process is in need of change, not only to help recruitment and retention but also to relieve the hierarchy in the system and introduce more accountability.

"... the province really is in the driver's seat sort of because they control where the billing numbers are released at. So if a physician comes to NS and says 'I want to set up a practice', somebody should have enough balls to say, 'By the way, we would love to have you as a physician but these are the areas that you can work in.' And I'm not sure they are doing that." R1

"[Physicians] operate as a business...but they are in the public domain. They are paid by public funds. But living as though they are running a private business. And that to me spells trouble. It just has to. You know, the fact that they can set up wherever they want, they are not accountable to our system." R16

iii) Rural Exposure

The literature has shown that if we can train individuals in rural areas that they may choose it as a permanent location.¹⁶ The interviewees felt that we must start promoting rural practice by introducing into their health professional training. It was felt that if they only tried it out, they might enjoy it.

"I think that it has to start in the schools where people are being trained, that the rural component needs to be really emphasised. That the differences need to be taught. And that the joys of it need to be put forward so that people are aware that hey,

there are some positives here, there are good reasons to work in rural areas. And I think the education of the professional, whichever profession it is, is key to that. And also that any of the training, the experiences, there should be a rural component so that people really get a taste and a feel for it.” R17

“Maybe when people take on these new positions that part of the job description will say that you will be required to fill in at other sites for these number of weeks per year so that they can cover vacations down here. The same with doctors in the city - write it in their contracts that they have to go rurally for a month. And it would teach them a thing or two I’m going to tell you because it is time that some of them got a taste of what it is like to be out here in the middle of nowhere with very little equipment to deal with the trauma cases that we get and we do a really good job.” R4

iv) Other Categories

Participants also felt that strategies should revolve around scheduling issues, and that any strategy that is used should be creative and innovative.

Educational Environment

High schools, medical schools, colleges, and universities all have an impact on how professionals are trained and where they locate. The interviewees thought that the educational curriculum at the training schools needs to be reviewed, there needs to be better promotion and recruitment at the high schools and that tuition costs for post secondary training in health professions need to decrease.

a) Educational Curriculum

Many medical programs have changed their curriculum, the number of years required to complete the degree or have closed down

completely. This has discouraged people from entering the programs. If there are fewer people entering the program, there are fewer graduates to go to rural areas.

“That is why I found it interesting, I think Australia was offering what they call rural medicine, a degree in rural medicine. I thought that was interesting ... And I never thought of this before but doctors out here aren’t seeing the types of cases that they are seeing in Halifax or even Truro. Like I mean the types of injuries and that sort of thing, I’m sure out here, the incidence of tractors and fingers and hay bailers and those sorts of things, that is what they are dealing with out here. Whereas in the city, you are seeing probably vehicle victims and that sort of...” R11

“That is like x ray. It is like 4 years at Dal and then you need 2 years before you get in. Six years and that is ridiculous. That is entirely too long. It is very discouraging...And then you look at the salary when you come out and you are thinking I don’t want to go for six years. I think we still need 2-year program. Or at least give them the option.” R6

“It may mean that the people that do graduate [from the 4 year program for nursing] are better trained. I mean I would hope that it does – better trained for nursing as it is now. But I think that just in sheer numbers... I think that nurses should be able to do a diploma course and become a nurse, and then there should be opportunities for further education through the university so that you can specialize in orthopaedics or... And one of the specialties should probably be rural nursing. Just like out-post nursing but not quite as isolated. So that the staff are prepared for the things that they are going to come across if they work in small rural hospital...” R18

b) Recruitment at High Schools

Interviewees expressed concern that students at the high school level have to be encouraged to consider careers in health professions. Students need to be informed of what is available for them (i.e. bursaries), what the job market is like (future planning, pay scale) and be provided with information about how to complete programs.

“If [students] were in high school and made aware of what the job market is and what things are available. I mean maybe if some of the students graduating this year were made aware that in 2 years we are going to need an x ray technician and this is the pay scale maybe it would be an incentive...If students were given that information and knowledge ...it would play a part in their thinking.” R3

“One of the major problems I think is the school. I believe that the kids are not told they have career days but they don’t ask [health professionals] to attend. They do not know that that they need physics. They do not know that they need these courses they do not know anything about the program...[and] they are not encouraged...It starts right there.” R6

c) Tuition

Tuition costs are steadily rising and are impacting on what programs people will enter, and impacting indirectly on rural areas.

“And I think a lot of students really had to go somewhere where they could make some good money fast and start paying off their debt. And that was the main factor in a few of the people that we tried to recruit. They looked at our practice and said yes, this looks great, we like it, we would like to live in an area like this. But when we sat down and worked out how our finances were going to go in the next few years, and it’s going to take a dozen years to pay off our

student loan let alone plan for retirement, savings and whatever else. So that is a factor too.” R15

“I think [financial incentives play a role] now because tuition is so out of reach.” R3

d) Other Categories

Within the educational environment, individuals felt that the primary and secondary school system needs to be changed. The schools do not give opportunities to rural youth that they get in urban centres. Youth should not have to sacrifice courses or programs because they grew up in a rural town.

Participants also talked about putting more practicum experience into training programs as rural areas need experienced individuals to perform duties often on their own. Using distance education and continuing medical education to help attract professionals was also raised.

Economic Environment

This section deals with remuneration of health professionals and offering bursaries, rewards, or bonuses.

a) Finances/Remuneration

A huge topic of discussion was how professionals get paid. The discussion centred on physicians and the salary strategy versus fee-for-service. There are differences of opinion on this topic but it remains important to understand it. It was felt by most participants that salary remains the best incentive to lighten workloads but it may increase wait times or decrease the quality of service. There has to be some standard or accountability in place. The Alternative Funding Plan for Nova Scotia also has to be reviewed as it may cause barriers for certain rural areas with small numbers of professionals.

“Whenever there is a direct relationship between what you are producing and what you are earning then there is incentive to work hard because it impacts what you get to take home to feed your family. So there is a risk with salary that you can work half as hard and take home the same dollars. So I have seen that happen. And then the service to the client is not improved because they are not seeing any more patients as a result of that salary. And in actual fact, a person may see less because it is easier for the same money. So one has to be cautious that there is an ownership, that it is service for the fee. We can call it fee-for-service but let’s make sure the service is there for the fee.” R12

“They believe that [salary] provides them a better lifestyle and a more reasonable workload... And certainly if you look at the other 2 sites where they are fee-for-service, yes, they do have a better lifestyle and they do have a more reasonable workload.” R16

b) Rewards/Incentives

Given the generalist nature of rural practice, some professionals have more responsibility and workload than urban professionals and it is important to compensate them for it. Rural living is not for everyone but many may choose it if they get paid extra for it. This could be similar to outpost nursing or how northern communities offer extra money to compensate for physical isolation.

“Compensate people for going to the rural areas. Not just physicians but nurses, x-ray techs, whomever. If you are having a recruitment issue, you need to put your money where your mouth is if you really want to solve the problem. I know that money is not the only issue but it will at least get people’s initial attention and get them there.” R2

c) Bursaries/Return of Service

The interviewees felt that if we could offer them monetary support for their schooling and ask them to return service to rural areas (not just the province), it may introduce them to rural practice and encourage them to remain in rural communities.

“I think a lot of physicians, if they get exposed to a rural practice like I did, will say this is fine, I like it, I like this area. A lot of them are just going to put in their time and take off, of course. But I think if you have some sort of a deal where they owe the province 2 years, 3 years, 4 years, whatever, in exchange for financial help and encouragement during the medical school years, I think that is a good way to go.” R15

“I know that in nursing they have a bursary of 4000 dollars if you sign on with capital health but that is anywhere in capital health...I am more likely to stay in place where I am likely to get a bursary.” R5

d) Other Categories

Community grants were talked about whereby communities raise money on their own to give to a professional as an initial incentive. They also talked about travel reimbursement as a means to recruit individuals to the area.

Social Environment

The social environment includes the social norms, values and practices of individuals. It also includes support networks like family and friends.

The most talked about topic in this theme was the attitude of people towards rural areas and health care. This attitude can come from new doctors, the community, health care service providers or others. It was also felt that family and worklife balance are essential to help recruit and retain health

professionals. The participants felt strongly that partnerships and a collaborative approach to health care are essential help attract individuals.

a) Attitude

Interviewees felt that in order to solve recruitment and retention problems, people's attitudes must change. The younger generations want more services, more vacation, less hours and less workload. They also talked about the value that we put on family medicine as opposed to specialists. It was felt that people tend to look down on rural areas and that rural individuals are not promoting the positive aspects of the lifestyle to the youth. We also, as a society, demand more in health care, which can lead to wastage in the system if not properly monitored.

"I don't think that as rural residents, we should be ... trying to block before they have an opportunity to prove whether we find [nurse practitioners] to be effective or good. Like I'm wondering how many of the residents when they find out that they are going to have an appointment with the nurse practitioner are going to kick. That is what I'm wondering." R11

"...there is a perception that you are at the end of the earth once you get outside of the centre core. And I'm sure that has an effect, especially on people who don't know the area, that are coming here from wherever." R14

"Well, I think like in the ...medical [schools], the fact that family practitioners are not a valued specialty. It is much more

prestigious to be a surgeon, an orthopedic surgeon or cardiologist. So that is an issue for rural NS, that that isn't considered valuable... It's like...you couldn't be a surgeon so you'll have to settle to be [in] family practice... I think that makes a difference." R16

"A lot of newer graduates use the health facilities out here like a stepping stone." R17

b) Partnerships/Communication

Participants were asked whom they thought should play the major role in recruitment and retention and it was evident that collaboration was essential between communities and governments. They identified that communities sometimes compete with each other and they work in their own silos. Collaboration and communication between all partners is essential.

"So I am starting to see different organizations work together. And that is what I would like to see here. It's too small to have everybody in their own little box. We have to start mixing it up a bit." R8

"I don't think it is any one person's responsibility. I am of the belief that the community certainly has to come together. The local physicians, the local professional medical people here. Certainly the District has to take part of the ownership for that. But I don't think that any one person has the sole responsibility for that. I think it has to be a collaborative effort." R1

Conclusions & Recommendations

Rural individuals have poorer health and a greater need for services over urbanites¹⁷, yet they are not well served.¹⁸

Communication is essential and collaboration must exist on all levels (community, district, provincial and federal)

in order to solve the problem with recruitment and retention. Communities must work together with governments and ensure that the policies are working for them, not against them. Although the recruitment and retention issue may not be solved quickly, communities must have a strong voice and must be committed to solving this problem. There is no one “magic bullet” to solving recruitment and retention issues but small steps towards changing policy and implementing new strategies will help ensure that the rural access to care is improved. We need to start looking for solutions today and ensure there is a viable workforce for the future. Below are five recommendations based on the literature and the interviews.

1) Seats for Rural Students

Research has shown that people from rural areas are more likely to return to rural areas. Many individuals felt that this would be true for rural NS too. Many individuals who were employed at the hospitals were from that area and have roots there. Saving seats for rural students will help to increase the number of people interested in rural medicine. Australia has tried this and Manitoba is following this same strategy.

2) Recruitment at High Schools

It is one thing to have seats saved for rural students but they have to be encouraged to apply. And this comes from promoting the medical fields at the high schools. Students need to be informed of what is available for them (i.e. bursaries), what the job market is like (future planning, pay scale) and information about how to complete the program.

Newfoundland encourages rural students to attend medical school by offering a MedQuest program where physicians attend job fairs and where students attend the medical school and experience the career before they choose their career path.

3) Locum Coverage/Scheduling

If rural areas cannot offer the same vacation time as urban areas, they will lose health professionals. Locum teams or teams of professionals that can offer coverage to the district area need to be in place. Ensuring that professionals are aware that they will only be required to do a reasonable amount of on-call coverage is essential to attract them. Strategies need to be in place to alleviate problems related to on-call coverage and vacation time.

4) Community Development/Services

The idea of a Community Development policy has been talked about by the Nova Scotia government and will help communities play a role in recruitment and retention. Core funding for community development is essential and partnerships are a must. Health professionals and citizens of rural towns want to ensure that their services are maintained. Services include food, medical care, transportation, roads, recreational facilities, and more.

5) Educational Curriculum

There is a need to review the programs for health care professionals to ensure that they are not being “over educated” or that at least the salaries are reflective of the time spent for training. It is also important that exposure to rural areas (or rural courses) is included in the programs.

Endnotes

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