EVALUATION
OF THE
RURAL PHYSICIAN SPOUSAL NETWORK

Prepared For:

THE RURAL PHYSICIAN ACTION PLAN

Submitted By:

RPM PLANNING ASSOCIATES LIMITED

December 22, 2003

ACKNOWLEDGEMENTS

RPM Planning Associates wishes to express its appreciation to all the participants in the evaluation. This includes participants and non-participants in activities/events delivered by the Rural Physician Spousal Network. Thanks are also extended to members of the Advisory Committee, as well as the RPSN Administrator.

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PURPOSE

The purpose of this Evaluation Report is to present our key findings, conclusions, and lessons learned to the Rural Physician Action Plan Coordinating Committee respecting the effectiveness of the Rural Physician Spousal Network (RPSN).

BACKGROUND

The Spousal Network, as a concept, originated through discussions between a rural physician spouse, born and raised in rural Alberta, and the AMA—both of whom recognized the importance of spousal satisfaction as a factor related to retention of rural physicians. The Spousal Network was established in 1999 from the 'grassroots' after a focus group organized by the Alberta Medical Association in October 1998 demonstrated a strong need for this type of initiative.

Arising from that focus group meeting, a Rural Partners Action Committee (later to be called the Rural Physician Spousal Network or RPSN) was formed, With RPAP encouragement, RPAC submitted a funding request to the RPAP Coordinating Committee in November 1998 requesting start-up and ongoing funding support. This grant request was approved in early 1999, and the RPAP has funded and supported the Network ever since.

The mission of the Spousal Network is: "To promote the retention of rural physicians in Alberta through spousal networking, communication and programs that foster personal growth and satisfaction with rural living."

The Spousal Network has established the following objectives:

- Organize at least one provincial opportunity for networking and education annually
- Encourage regional get-togethers in Alberta's rural health regions
- Emphasize lifestyle and wellness issues in all programming

The Network reflects the RPAP's community development model for retention through its process of seeking local involvement, empowering volunteers and building on communities' strengths. In January 2001, six volunteers from the north, central and south areas of the province became the first members of the Spousal Network Advisory Committee (one male and five females). Representatives reflect the mix within rural Alberta—long-term Canadians, newcomers from South Africa and long-term International Medical Graduates.

EVALUATION OBJECTIVES

The following objectives provided a focus for the evaluation:

1. Provide a description of Spousal Network participants and non-participants.

2. Assess the extent to which the Spousal Network has contributed to satisfaction with rural living and to retention of physicians in rural communities.

3. Determine what is working well in the Spousal Network and an identification of any improvements that would help to increase the ability of the Network to achieve its mission.

4. Examine the role and functions of the Advisory Committee and RPSN Administrator.

5. Provide sufficient information to assist the Rural Physician Spousal Network to develop Key Performance Indicators.

LESSONS LEARNED

The following lessons have been learned through the evaluation:

1. The Rural Physician Spousal Network serves individuals whose spouses are graduates of Canadian medical schools (CMG) as well as those whose spouses attended medical school outside of Canada (IMG).

2. Although the RPSN attracts spouses from all types of communities—rural, remote, and regional, a greater proportion of participants have children living at home (particularly children <18 years of age). Concomitantly, most non-participants tend to be 40 years of age and older.

3. Most of the respondents are 'satisfied' living in rural Alberta and most of the spouses feel well connected in their respective communities. Accordingly, only a small proportion of respondents believe the RPSN should be helping them to work through issues/concerns/challenges with rural living. However, individuals attending RPSN activities/events find they meet new people who share common experiences, which provide a degree of support and comfort.

4. Notwithstanding that most respondents have a significant affiliation with their community, there is a small group of individuals whose connection to their community is somewhat tenuous and they expect the Rural Physician Spousal Network to help them work through their challenges with rural living.

5. In order to enhance the work of the Rural Physician Spousal Network it is more effective to recruit participants through direct one-to-one discussion—either through friends, a Network representative, or another physician's spouse—than relying on mailing information about the RPSN or posting information on the web site.

6. The internet is not a viable channel of communication for a large segment of the current Network participants. Accordingly, the RPSN needs to identify a different channel of communication if it is to retain the current participants and recruit additional individuals.

7. The RPSN needs to find a way of delivering programming which is relevant to male spouses of physicians.

8. The members of the Advisory Committee share a common view the Rural Physician Spousal Network and this helps guide the Committee's decision making.

9. The Advisory Committee's view of the role of the Network is congruent with participants' perspectives—thereby ensuring that Network activities planned by the Advisory Committee will meet the needs of their constituents (i.e., physicians' spouses).

10. The RPSN Administrator supports the work of the Advisory Committee and is critical to the success of the Rural Physician Spousal Network.

PURPOSE
BACKGROUND
EVALUATION OBJECTIVES
AND
METHODOLOGY

1.0 PURPOSE

The purpose of this Evaluation Report is to present our key findings, conclusions, and lessons learned to the Rural Physician Action Plan Coordinating Committee respecting the effectiveness of the Rural Physician Spousal Network (RPSN).

1.1 BACKGROUND

The Spousal Network, as a concept, originated through discussions between a rural physician spouse, born and raised in rural Alberta, and the AMA—both of whom recognized the importance of spousal satisfaction as a factor related to retention of rural physicians. The Spousal Network was established in 1999 from the 'grassroots' after a focus group organized by the Alberta Medical Association in October 1998 demonstrated a strong need for this type of initiative.

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The mission of the Spousal Network is: "To promote the retention of rural physicians in Alberta through spousal networking, communication and programs that foster personal growth and satisfaction with rural living."

The Spousal Network has established the following objectives:

- Organize at least one provincial opportunity for networking and education annually
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The Network reflects the RPAP's community development model for retention through its process of seeking local involvement, empowering volunteers and building on communities' strengths. In January 2001, six volunteers from the north, central and south areas of the province became the first members of the Spousal Network Advisory Committee (one male and five females). Representatives reflect the mix within rural Alberta—long-term Canadians, newcomers from South Africa and long-term International Medical Graduates.

Programs have evolved to include a wide range of activities to meet the diverse needs of spouses. New ideas continue to be considered and added.

1.2 EVALUATION OBJECTIVES AND METHODOLOGY

1.2.1 EVALUATION OBJECTIVES

The following objectives provided a focus for the evaluation:

1. Provide a description of Spousal Network participants and non-participants.

2. Assess the extent to which the Spousal Network has contributed to satisfaction with rural living and to retention of physicians in rural communities.

3. Determine what is working well in the Spousal Network and an identification of any improvements that would help to increase the ability of the Network to achieve its mission.

4. Examine the role and functions of the Advisory Committee and RPSN Administrator.

5. Provide sufficient information to assist the Rural Physician Spousal Network to develop Key Performance Indicators.

1.2.2 EVALUATION METHODOLOGY

RPM personnel obtained information from the following sources to address the evaluation objectives:

- interviews with non-physician spouses who are currently involved with the Spousal Network;
- interviews with non-physician spouses who have not been involved with the Spousal Network;
- interviews with members of the Advisory Committee;
- interview the RPAP Administrator of the Rural Physician Spousal Network; and
- program activity data currently captured by the Rural Physician Spousal Network Program.

The RPAP Administrator of the Rural Physician Spousal Network provided RPM with a mailing list of individuals who have participated in some RPSN activities/events. The mailing list indicated whether an individual lived in a remote, rural or regional community. The mailing listed also noted whether an individual had participated in a small or large number of RPSN activities/events. In addition, RPAP Administrator of the Rural Physician Spousal Network provided RPM with a listing of individuals who had not attended RPSN activities.

1.2.3 LIMITATIONS OF THE EVALUATION

There are two limitations respecting the evaluation of the Rural Physician Spousal Network. None of the limitations compromises the value of the evaluation.

First, the evaluation was confined to published expectations, objectives, and processes because of budget and time limitations.

Second, we did not interview a representative random sample of individuals who have participated in Spousal Network activities/events. Rather we chose our sample using 'purposive sampling' which is a non-probability sampling technique. The evaluator purposively chooses participants for the sample, based on specific a priori criteria, to capture and describe the central themes or principal outcomes that cut across a great deal of participant or program variation. To appropriately evaluate the Rural Physician Spousal Network, we applied the following criteria in selecting our sample:

- the individual is currently located in a community designated as remote, rural or regional;
- some individuals have participated in Spousal Network activities/events;
- some individuals have not participated in Spousal Network activities/events; and
- some individuals are spouses of International Medical Graduates and others are spouses of Canadian Medical School Graduates.

FINDINGS
AND
CONCLUSIONS

2.0 INTRODUCTION

This section of the report presents our findings and conclusions respecting each of the evaluation objectives noted in section 1.2 (page 2):

- a description of Spousal Network participants and non-participants;
- an assessment of the extent to which the Spousal Network has contributed to satisfaction with rural living and to retention of physicians in rural communities;
- an assessment of what is working well in the Spousal Network and an identification of any improvements that would help to increase the ability of the Network to achieve its mission; and
- an examination of the role and functions of the Advisory Committee and RPSN Administrator.

2.1 DESCRIPTION OF SPOUSAL NETWORK PARTICIPANTS AND NON-PARTICIPANTS

2.1.1 Findings: Description of Spousal Network Participants and Non-participants

RPM personnel conducted interviews with 49 individuals, most of whom were females (45 of 49—92%) and the others were males (4 of 49—8%). Exhibit 1 indicates the evaluators interviewed about an equal number of individuals whose spouses are graduates of Canadian medical schools (CMG) and those whose spouses attended medical school outside of Canada (IMG). The data show there is a slightly higher proportion of ***'participants'*** whose spouses are CMGs (53.6% CMGs versus 46.4% IMGs). In addition, a greater proportion of non-participants are individuals whose spouses are IMGs (57.1% IMGs versus 42.9% CMGs). These results are not statistically different.

EXHIBIT 1

LOCATION OF MEDICAL EDUCATION

	Canadian Medical School Graduate	International Medical Graduate	Totals
Participant	15 (53.6%)	13 (46.4%)	28 (**100.0%**)
Non-participant	9 (42.9%)	12 (57.1%)	21 (**100.0%**)
Totals	**24 (49.0%)**	**25 (51.0%)**	**49 (100.0%)**

Some could hypothesize that the RPSN's networking, communication and personal growth programs would draw a greater number of participants from 'remote' and 'rural' communities, rather than 'regional' communities such as Lethbridge, Medicine Hat, Red Deer and Grande Prairie—because the smaller centres lack opportunities for connecting with other physicians' spouses. Exhibit 2 indicates that of those spouses we interviewed, 'type of community' has no impact on whether these individuals choose to participate in the Rural Physician Spousal Network. That is, each type of community has about the same proportion of participants and non-participants. For example, 53.6% of the 'participants' and 52.4% of the 'non-participants' we interviewed reside in a 'rural' community. The results are similar for the other types of communities.

EXHIBIT 2

LOCATION OF PARTICIPANTS AND NON-PARTICIPANTS

	Rural	Regional	Remote	Totals
Participant	15 (53.6%)	8 (28.6%)	5 (17.9%)	28 (100.0%)
Non-participant	11 (52.4%)	6 (28.6%)	4 (18.4%)	21 (100.0%)
Totals	**26** **(53.1%)**	**14** **(28.6%)**	**9** **(18.4%)**	**49** **(100.0%)**

Exhibit 3 indicates that 'participants' are more likely to have children living at home compared to 'non-participants. This finding is statistically significant.

EXHIBIT 3

NUMBER OF PARTICIPANTS AND NON-PARTICIPANTS
WHO HAVE CHILDREN LIVING AT HOME

	Some Children Living At Home	No Children Living At Home	Totals
Participant	25 (89.3%)	3 (10.7%)	28 (100.0%)
Non-participant	14 (66.7%)	7 (33.3%)	21 (100.0%)
Totals	**39** **(79.6%)**	**10** **(20.4%)**	**49** **(100.0%)**

Exhibit 4 provides information related to the number of children who are under 18 years of age and living at home. Although the 'actual number of children <18 years of age' differs for both groups of respondents (53 children <18 living with 'participants' versus 31 children <18 living with 'non-participants'), the average number of children <18 years of age is approximately the same per family, for 'participants' and 'non-participants' (2.1 per 'participant' versus 2.2 per 'non-participant').

EXHIBIT 4

NUMBER OF CHILDREN <18 YEARS OF AGE
LIVING AT HOME

Number of Children <18 Years of Age Living At Home	Participants	Non-participants
No Children At Home	3 (10.7%)	7 (33.3%)
No Children <18 Years At Home	1 (3.6%)	1 (4.8%)
1 Child	6 (21.4%)	3 (14.3%)
2 Children	11 (39.3%)	5 (23.8%)
3 Children	3 (10.7%)	3 (14.3%)
4 Children	4 (14.3%)	1 (4.8%)
5 Children	0 0.0%)	1 (4.8%)
Total	28 (100.0%)	21 (100.0%)

There is almost an even split between the number of 'participants' we interviewed who are under 40 years of age and those 40 and older. However, most of the 'non-participants' we interviewed (81%—17 of 21) tend to be 40 years of age and older.

EXHIBIT 5

AGE OF PARTICIPANTS AND NON-PARTICIPANTS

	<40 Years of Age	40 Years of Age and Older	Totals
Participant	12 (42.9%)	16 (57.1%)	28 (**100.0%**)
Non-participant	4 (19.0%)	17 (81.0%)	21 (**100.0%**)
Totals	**16 (**32.7%**)**	**33 (**67.3%**)**	**49 (100.0%)**

2.1.2 Conclusion: Description of Spousal Network Participants and Non-participants

The data show the Rural Physician Spousal Network currently serves individuals whose spouses are graduates of Canadian medical schools (CMG) as well as those whose spouses attended medical school outside of Canada (IMG). Although the RPSN attracts spouses from all types of communities—rural, remote, and regional, a greater proportion of participants have children living at home (particularly children <18 years of age). Concomitantly, most non-participants tend to be 40 years of age and older.

2.2 CONTRIBUTION OF THE SPOUSAL NETWORK TO SATISFACTION WITH RURAL LIVING AND RETENTION OF RURAL PHYSICIANS

2.2.1 Findings: Contribution of the Spousal Network to Satisfaction With Rural Living and Retention of Rural Physicians

During our interviews most respondents (91.8%) indicated they were 'satisfied' with living in their current community (34 of 49—69.4% were 'very satisfied', 11 of 49—22.4% were 'somewhat satisfied'). Twenty-one of 49 respondents indicated they and their spouse had ***discussed*** the possibility of moving to another community (42.9%). Most of these 21 individuals (13 of 21—61.9%) noted they had discussed moving to another 'rural' community, while 8 respondents (38.1%) stated they have talked to their spouse about relocating to an 'urban' community—and only half of these 8 people (4 of 8) noted they would 'likely' leave rural Alberta in the next two years.

Why are almost all of the respondents 'satisfied' with living in their current community? One explanation may be that most of the respondents (33 of 49—67.3%) stated they and the physician jointly decided to practice in rural Alberta, while 16 (32.7%) noted that the physician on his/her own had decided to practice in a rural community. Another reason could be that most of the 49 respondents had 'positive expectations' about rural living (40 of 49—81.6%), and all of these individuals noted their expectations were met. These forty individuals pointed out they expected that rural living would include:

- a small town atmosphere;
- the ability to make friends;
- activities for children;
- outdoor activities such as golf and skiing;
- a slower pace of living; and
- a safe environment in which to raise a family.

However, 23 of 49 respondents (46.9%) stated they had some 'negative expectations' about rural living. Fifteen of these 23 individuals (65.2%) pointed out that their 'negative expectations' were met. These 15 individuals expected that rural living would include:

- difficulty in establishing a close friendship with a large number of people;
- a degree of loneliness;
- lack of privacy;
- inappropriate housing to accommodate the family;
- isolation from the extended family; and
- a substantial amount of travel to reach a major centre.

Notwithstanding that some individuals had 'negative expectations' about rural living, most respondents have a significant connection with their community. We asked respondents to indicate the degree to which they 'agreed/disagreed' with a series of statements—such as "In this community I feel accepted for who I am". Exhibit 6 shows that most of the respondents feel well connected to their communities.

During the interview we asked respondents to provide the two most important factors which motivate them to stay in their present community. The most frequently cited factors motivating respondents to stay in the present community were:

- sense of community—in which my husband, children and I are well connected;
- quality of living and good place to raise children; and
- my husband is well established in his practice.

EXHIBIT 6

RESPONDENTS' CONNECTION WITH THE CURRENT COMMUNITY

	Agree Strongly	Agree Somewhat	Neither Agree or Disagree	Disagree Somewhat	Disagree Strongly	Total
In this community I feel accepted for who I am	27 55.1%	10 20.4%	7 14.3%	3 6.1%	2 4.1%	49 100.0%
I feel I can count on close friends to listen to me when I need to talk	31 63.3%	9 18.4%	6 12.2%	0 0.0%	3 6.1%	49 100.0%
I am part of the social circle I wish to be in	25 51.0%	14 28.6%	7 14.3%	1 2.0%	2 4.1%	49 100.0%
My spouse or partner feels reasonably well established or connected at work	36 73.5%	8 16.3%	3 6.1%	0 0.0%	2 4.1%	49 100.0%
I have people in my life who could help me out in a crisis situation, even if they had to go out of their way to do so	34 69.4%	9 18.4%	0 0.0%	2 4.1%	4 8.2%	49 100.0%
It has been harder than I thought to establish good friendships within this community	7 14.3%	10 20.4%	5 10.2%	10 20.4%	17 34.7%	49 100.0%
I feel reasonably well established or connected within my community	25 51.0%	17 34.7%	5 10.2%	2 4.1%	0 0.0%	49 100.0%

During our interviews we asked respondents how the Rural Physician Spousal Network has contributed to their satisfaction with rural living? Twenty-eight of 49 respondents (57.1%) have attended RPSN activities and, therefore, only this sub-group could legitimately answer our inquiry respecting whether the Rural Physician Spousal Network has increased their satisfaction with rural living. However, 10 of these 28 respondents declined to answer the question because they stated they were 'already satisfied with rural living. Of the remaining 18 respondents, 11 (61.1%) stated the RPSN has ***'not increased'*** their satisfaction with rural living, while 7 (38.9%) indicated that the RPSN has ***'increased'*** their satisfaction with rural living. These seven individuals noted the Rural Physician Spousal Network provided 'support' and 'reduced the isolation associated with rural living'.

During our interviews we asked respondents if they expected that the RPSN should be helping them to work through issues/concerns/challenges with rural living. Most of the individuals interviewed stated 'no' (25 of 49—51.0%), while 18 people said 'yes' (36.7%). Three of the 49 respondents indicated they were 'uncertain', and 3 additional respondents said the question was 'not applicable because they were satisfied with rural living'.

Notwithstanding that most respondents have a significant affiliation with their community, there is a small group of individuals whose connection to their community is somewhat tenuous and they expect the Rural Physician Spousal Network to help them work through their challenges with rural living. For example, 9 of 12 (75.0%) respondents ***who do not feel accepted for who they are in their communities***; expect the Rural Physician Spousal Network to help them address this issue. Moreover, 6 of 10 (60.0%) individuals ***who do not feel part of the social circle they wish to be in***, expect the Rural Physician Spousal Network to help them address this concern. Furthermore, 6 of 9 (66.7%) respondents ***who cannot count on close friends to listen to them when they need to talk***, expect the Rural Physician Spousal Network to help them.

We examined the data by 'length of time in the community' and found that 10 of 45 respondents have lived in their communities for less than five years (4 individuals did not state the length of time in the community). Five of these 10 individuals expressed tenuous connections to their communities. The data presented in Exhibit 7 indicate that 4 of these10 individuals ***do not feel accepted for who they are in their communities***, 3 ***do not feel part of the social circle they wish to be in***, and 5 stated ***it has been harder that they thought to establish good friendships within this community***. [Note: the same 2 individuals responded negatively to all three of the questions in Exhibit 7, another 2 individuals responded negatively to two of the three questions, and one additional person responded negatively to one of the three questions in Exhibit 7—i.e., a total of 5 individuals who have lived in their communities for less than five years, who have tenuous connections to their communities].

Four of the 5 respondents represented in Exhibit 7 who have tenuous connections to their communities are IMGs. Three of the 4 IMGs stated they attend RPSN functions. The one Canadian spouse stated she attends RPSN functions.

EXHIBIT 7

RESPONDENTS' CONNECTION WITH THE CURRENT COMMUNITY
BY LENGTH OF LIVING IN THE COMMUNITY

In this community I feel I am accepted for who I am				
Years In The Community	Agree	Disagree	Neither Agree or Disagree	Total
<5 Years	6	**1**	**3**	10
5 to 9 Years	12	1	2	15
10 to 14 Years	6	1	0	7
15 to 19 Years	2	0	1	3
20 Years or Longer	9	1	0	10
Total	35	4	6	45
I am part of the social circle I wish to be in				
Years In The Community	Agree	Disagree	Neither Agree or Disagree	Total
<5 Years	7	0	**3**	10
5 to 9 Years	13	0	2	15
10 to 14 Years	6	1	0	7
15 to 19 Years	1	1	1	3
20 Years or Longer	9	1	0	10
Total	36	3	6	45
It has been harder that I thought to establish good friendships within this community				
Years In The Community	Agree	Disagree	Neither Agree or Disagree	Total
<5 Years	**4**	5	**1***	10
5 to 9 Years	5	9	1	15
10 to 14 Years	2	4	1	7
15 to 19 Years	1	2	0	3
20 Years or Longer	4	5	1	10
Total	16	25	4	45

*Note: Although one of the five individuals found it harder than expected to establish good friendships in the community, the respondent noted that she **now** has gained acceptance and made close friends in her community.

As noted earlier, 28 of 49 respondents have attended activities/events sponsored by the Rural Physician Spousal Network. Of the 28 individuals who have attended RPSN activities/events, 19 (67.9%) stated they have benefited from participating in Spousal Network activities, while 9 respondents (32.1%) stated they have not obtained any benefits from attendance at the Network's events.

Respondents pointed out they receive the following benefits from participating in RPSN activities/events:

- meeting new people which reduces the isolation of rural living;
- developing an understanding that most spouses are having similar experiences which helps to put issues, such as on-call, in some perspective;
- learning about resources to assist in adjusting to rural living;
- learning from other spouses about how to deal with issues related to rural living.

During our interviews we asked respondents if they thought the RPSN helps to keep physicians in rural Alberta. Exhibit 8 presents the opinions of all 49 respondents. However, we believe that only those respondents who have attended RPSN functions can legitimately answer this question (see column A). Of the 28 individuals who have attended Network activities/events, 12 respondents (42.9%) believe the Spousal Network helps keep physicians in rural Alberta, while 9 respondents (32.1%) perceive that the RPSN has little if any impact on the retention of rural physicians, and 7 spouses (25.0%) don't know if the RPSN helps keep physicians in rural Alberta.

The 9 who individuals perceive that the RPSN has little if any impact on the retention of rural physicians noted that the RPSN provides support which helps to keep the spouse content. These respondents believe that a spouse's degree of happiness is a major factor which influences whether the family stays or leaves the community.

EXHIBIT 8

RESPONDENTS' PERCEPTION WHETHER THE SPOUSAL NETWORK HELPS IN RETAINING PHYSICIANS IN RURAL ALBERTA

	Column A Number of Respondents Who Attend RPSN Functions	**Column B** Number of Respondents Who Do Not Attend RPSN Functions
Respondents who think that the RPSN helps keep physicians in rural Alberta	12 (42.9%)	9 (42.9%)
Respondents who do not think that the RPSN helps keep physicians in rural Alberta	9 (32.1%)	4 (19.0%)
Respondents who don't know if the RPSN helps keep physicians in rural Alberta	7 (25.0%)	8 (38.1%)
Totals	28 (100.0%)	21 (100.0%)

2.2.2 Conclusion: Contribution of the Spousal Network to Satisfaction With Rural Living and Retention of Rural Physicians

The data show most of the respondents are 'satisfied' living in rural Alberta and most of the spouses feel well connected in their respective communities. However, half of the respondents who have lived in their community for less than five years have tenuous connections to their respective communities. In addition, a small proportion of respondents believe the RPSN should be helping them to work through issues/concerns/challenges with rural living.

Individuals attending RPSN activities/events find they meet new people who share common experiences, which provide a degree of support and comfort. Moreover, some respondents who have attended Spousal Network activities/events believe the RPSN helps retains rural physicians by increasing a spouse's the level of comfort with rural living—thereby influencing a spouse's willingness to stay.

2.3 ENHANCING THE WORK OF THE RURAL PHYSICIAN SPOUSAL NETWORK

2.3.1 Findings: Enhancing the Work of the Rural Physician Spousal Network

Before discussing how to enhance the work of the Rural Physician Spousal Network, it is important to point out that prior to the evaluation, only two-thirds of respondents were aware of the RPSN (33 of 49—67.3%). Sixteen of 49 respondents (32.7%) noted they were unaware of the RPSN until they had been contacted about participating in the evaluation. Exhibit 9 shows that 'personal contact' and 'mail' are the principal ways respondents have become aware of the Network.

EXHIBIT 9

HOW RESPONDENTS BECAME AWARE OF THE RURAL PHYSICIAN SPOUSAL NETWORK

How Respondents Became Aware of the RPSN	Number of Respondents	Percent
Personal Contact	**21 of 38**	**55.3%**
• Outreach By A RPSN Representative	11 of 38	28.9%
• Word of Mouth	7 of 38	18.4%
• Friends	3 of 38	7.9%
Mail	**17 of 38**	**44.7%**
Total	38	100.0%

NOTE: This question was 'not applicable' for 11 respondents because they were 'non-attendees' and were not aware of the RPSN.

We asked respondents if "they have ever visited the RPSN web site." Most of the respondents indicated they have not visited the web site (43 of 49—87.8%). Many of these individuals stated they are not interested in using computers to access information. Accordingly, the RPSN web site and e-mailing are not effective channels for communicating information about the Rural Physician Spousal Network.

Exhibit 10 (pages 14 and 15) indicates that about one-third of respondents stated they would be interested in the following events/activities which could enhance their quality of life 'a great deal':

- events or retreats for rural physician families;
- events or retreats for rural physician couples;
- opportunities for a family health check-up with a physician from outside the community;
- medical office management and/or bookkeeping and/or billing; and
- an 'Educational or Training' Bursary.

Nineteen of 49 respondents (38.8%) commented that to enhance the work of the Rural Physician Spousal Network, activities/events should be held in close proximity to their own community/close neighbouring communities. Individual respondents pointed out that if they have to drive an extended period of time to attend an event, they would rather stay at home. For example, one person stated, "the RPSN should not expect people to drive 800Km in one day for a luncheon meeting." Another respondent noted, "RPSN activities should be during the day and close by." Moreover, another person stated, "RPSN functions which are in my area have appealed to me."

EXHIBIT 10

RURAL PHYSICIAN SPOUSAL NETWORK ACTIVITIES/EVENTS WHICH COULD ENHANCE THE QUALITY OF LIFE OF PARTICIPANTS

Extent to which the following events/activities could enhance the respondents' quality of life	A Great Deal	A Bit	Not Much	Not At All	Don't Know or Not Sure	Total Respondents
Opportunities to socialize or network with other physician spouses in your town or region	12 (24.5%)	23 (46.9%)	8 (16.3%)	5 (10.2%)	1 (2.0%)	49 (100.0%)
Events or retreats for rural physician families	20 (40.8%)	15 (30.6%)	3 (6.1%)	10 (20.4%)	1 (2.0%)	49 (100.0%)
Events or retreats for rural physician couples	18 (36.7%)	16 (32.7%)	5 (10.2%)	9 (18.4%)	1 (2.0%)	49 (100.0%)
Opportunities for a family health check-up with a physician from outside the community	19 (38.8%)	10 (20.4%)	7 (14.3%)	13 (26.5%)	0 (0.0%)	49 (100.0%)

EXHIBIT 10 [Continued]

RURAL PHYSICIAN SPOUSAL NETWORK ACTIVITIES/EVENTS WHICH COULD ENHANCE THE QUALITY OF LIFE OF PARTICIPANTS

Extent of interest in the following workshops or sessions	A Great Deal	A Bit	Not Much	Not At All	Don't Know or Not Sure	Total Respondents
Extent of interest in the following workshops or sessions	A Great Deal	A Bit	Not Much	Not At All	Don't Know or Not Sure	Total Respondents
Coping with rural life	9 (18.4%)	11 (22.4%)	7 (14.3%)	22 (44.9%)	0 (0.0%)	49 (100.0%)
Job search strategies and techniques	9 (18.4%)	8 (16.3%)	5 (10.2%)	27 (55.1%)	0 (0.0%)	49 (100.0%)
Medical office management and/or bookkeeping and/or billing	20 (40.8%)	15 (30.6%)	3 (6.1%)	11 (22.4%)	0 (0.0%)	49 (100.0%)
Community fundraising	8 (16.3%)	17 (34.7%)	8 (16.3%)	16 (32.7%)	0 (0.0%)	49 (100.0%)
Stress, burnout and resiliency	17 (34.7%)	20 (40.8%)	3 (6.1%)	8 (16.3%)	1 (2.0%)	49 (100.0%)
	A Great Deal	A Bit	Not Much	Not At All	Don't Know or Not Sure	Total Respondents
Extent of interest in obtaining an 'Educational or Training' Bursary For Spouses	20 (40.8%)	7 (14.3%)	5 (10.2%)	17 (34.7%)	0 (0.0%)	49 (100.0%)

2.3.2 Conclusion: Enhancing the Work of the Rural Physician Spousal Network

The data shows that in order to enhance the work of the Rural Physician Spousal Network it is more effective to recruit participants through direct one-to-one discussion—either through friends, a Network representative, or another physician's spouse—than relying on mailing information about the RPSN or posting information on the web site. The internet is not a viable channel of communication for a large segment of the current Network participants. Accordingly, the RPSN needs to identify a different channel of communication if it is to retain the current participants and recruit additional individuals.

2.4 ROLE OF THE RPSN ADVISORY COMMITTEE AND THE RPSN ADMINISTRATOR

2.4.1 Findings: Role of the Rural Physician Spousal Network Advisory Committee and the RPSN Administrator

The Rural Physician Spousal Network reflects the RPAP's community development model for retention through its process of seeking local involvement, empowering volunteers and building on communities' strengths. Accordingly, in January 2001, six volunteers from the north, central and south areas of the province became the first members of the Spousal Network Advisory Committee (one male and five females). Representatives reflect the mix within rural Alberta—long-term Canadians, newcomers from South Africa and long-term International Medical Graduates.

Currently the Advisory Committee consists of 12 members. The ***Position Description*** for the Chair of the Advisory Committee notes the Chair:

- provides vision for the Spousal Network;
- ensures processes are in place to help the Network grow and meet the diverse needs of spouses;
- represents the Spousal Network in an official capacity; and
- oversees the performance of the Network's Administrator.

In addition to these roles, the ***Position Description*** specifies some key responsibilities for the Chair of the Advisory Committee. These include fostering an atmosphere of team work, and providing input to the RPSN Administrator to assist in development of an annual plan and specific activities.

The ***Position Description*** for the members of the Advisory Committee indicates they provide input and feedback to guide the growth of the RPSN. They also act as representatives for their specific areas (north, central, or south) to ensure needs are understood and met. Some of the key responsibilities of the members of the Advisory Committee include:

- participating in meetings;
- monitoring wants/needs of spouses in their respective areas;
- assisting the Administrator to organize and promote events; and
- engaging volunteers when necessary.

During our interviews with eight of the ten Advisory Committee members we asked them to identify their roles and major areas of responsibility. The responses indicate a significant congruence with the roles and key responsibilities noted in the Position Description. For example, during interviews the Advisory Committees stated their major roles include:

- identifying the needs of physician spouses in the rural communities;
- planning and organizing events to meet those identified needs; and
- communicating with physician spouses regarding their needs and resources offered by the RPSN.

Five of the eight members of the Advisory Committee stated that the Committee's roles should not change in the future because they are sufficiently broad—thereby enabling the Advisory Committee to meet the changing needs of spouses. Another Committee member indicated the role should be expanded to include urban areas since the need is the same as in rural areas. However, two Committee members were unsure whether the role of the Advisory Committee should be altered.

Many organizations strive to establish a common view of the purpose of the enterprise. Having a common vision helps to guide the work of an organization and provides direction for its members. It is interesting to point out that most of the RPSN Advisory Committee members (6 of 8) share the same view of the Network. They believe the two primary goals of the RPSN are to reduce isolation among spouses of physicians living in rural Alberta, and to provide support to assist spouses to address personal and family issues.

The members of the Advisory Committee stated they develop a shared view by participating in the Committee's regular teleconferences and attending occasional conferences or retreats. These individuals noted that since Committee members are in different stages of the lifecycle, they bring forward a diversity of opinion respecting ways of meeting the needs of rural spouses.

The Position Description for the RPSN Administrator notes that the Administrator is accountable for:

- supporting the work of the RPSN;
- representing the rural physician spousal needs of local communities;
- facilitating Network initiatives with rural physician spouses within and outside their local communities;
- implementing RPSN initiatives based on a community development model to ensure sufficient involvement of spouses; and
- promoting RPSN initiatives to build awareness among spouses, rural physicians and other rural medicine stakeholders.

There is a significant congruence between the roles of the RPSN Administrator specified in the Position Description and those identified by the members of the Advisory Committee. The Advisory Committee believes the most beneficial roles of the RPSN Administrator are: (1) to focus the Committee's attention on the province as a whole; and (2) to coordinate the delivery of programs and services to meet the needs of physician's spouses in rural Alberta.

Generally the Advisory Committee members are satisfied with the way the committee functions. However, they did identify the following areas of improvement:

- more frequent meetings, possibly though videoconferencing;
- identifying methods to keep the spouses connected;
- having more males on the Advisory Committee; and
- making full use of the skills of the members on the Committee.

Half of the Advisory Committee members we interviewed (4 of 8) stated they believe the Spousal Network is helping to retain rural physicians. Specifically, they noted:

- more people know about RPAP and are encouraged by the regular retreats, recognizing that it is an individual's own preference if he/she does not attend an event;
- the Spousal network is a resource if people use it;
- the Network helps to encourage retention by helping to make friendships; and
- for those people who need support, it helps them and therefore retains them in a rural community longer.

Only one of the Advisory Committee members stated that the RPSN does not have an impact on retaining rural physicians, while the remaining three members were uncertain.

During our interviews the Advisory Committee members they stated they believe that the best things about the Network for physician spouses of rural Alberta are the provision of support services and social contact to reduce isolation. These perspectives are congruent with the views expressed by spouses who have participated in RPSN activities/events (see section 2.2.1).

2.4.2 Conclusion: Role of the Rural Physician Spousal Network Advisory Committee and the RPSN Administrator

The data show that the members of the Advisory Committee share a common view the Rural Physician Spousal Network. This helps guide the Committee's decision making. Moreover, the Advisory Committee's view of the role of the Network is congruent with participants' perspectives—thereby ensuring that Network activities planned by the Advisory Committee will meet the needs of their constituents (i.e., physicians' spouses).
The data also show that the RPSN Administrator supports the work of the Advisory Committee and is critical to the success of the Rural Physician Spousal Network.

FUTURE DIRECTIONS:

POINTS TO PONDER

KEY PERFORMANCE INDICATORS

3.0 FUTURE DIRECTIONS: POINTS TO PONDER

3.1 Lessons Learned

The following lessons have been learned through the evaluation:

1. The Rural Physician Spousal Network serves individuals whose spouses are graduates of Canadian medical schools (CMG) as well as those whose spouses attended medical school outside of Canada (IMG).

2. Although the RPSN attracts spouses from all types of communities—rural, remote, and regional, a greater proportion of participants have children living at home (particularly children <18 years of age). Concomitantly, most non-participants tend to be 40 years of age and older.

3. Most of the respondents are 'satisfied' living in rural Alberta and most of the spouses feel well connected in their respective communities. Accordingly, only a small proportion of respondents believe the RPSN should be helping them to work through issues/concerns/challenges with rural living. However, individuals attending RPSN activities/events find they meet new people who share common experiences, which provide a degree of support and comfort.

4. Notwithstanding that most respondents have a significant affiliation with their community, there is a small group of individuals whose connection to their community is somewhat tenuous and they expect the Rural Physician Spousal Network to help them work through their challenges with rural living.

5. In order to enhance the work of the Rural Physician Spousal Network it is more effective to recruit participants through direct one-to-one discussion—either through friends, a Network representative, or another physician's spouse—than relying on mailing information about the RPSN or posting information on the web site.

6. The internet is not a viable channel of communication for a large segment of the current Network participants. Accordingly, the RPSN needs to identify a different channel of communication if it is to retain the current participants and recruit additional individuals.

7. The RPSN needs to find a way of delivering programming which is relevant to male spouses of physicians.

8. The members of the Advisory Committee share a common view the Rural Physician Spousal Network and this helps guide the Committee's decision making.

9. The Advisory Committee's view of the role of the Network is congruent with participants' perspectives—thereby ensuring that Network activities planned by the Advisory Committee will meet the needs of their constituents (i.e., physicians' spouses).

10. The RPSN Administrator supports the work of the Advisory Committee and is critical to the success of the Rural Physician Spousal Network.