



Rural Physician Spousal Network

Annual Report
2003 – 2004



*This is the first annual report
of the Alberta Rural Physician
Spousal Network (RPSN).*

Grassroots Beginning

The Rural Physician Spousal Network (RPSN) is a voluntary organization dedicated solely to supporting Alberta's rural physician spouses and their families.

The RPSN concept originated at an October 1998 focus group of rural physician spouses hosted by the Alberta Medical Association (AMA). The participants recognized the importance of spousal satisfaction as a factor related to the retention of rural physicians and a Rural Partners Action Committee (RPAC) was formed. The RPAC sought Rural Physician Action Plan (RPAP) support and was funded beginning in the Fall of 1998, as the RPAP Coordinating Committee recognized the importance of spouses and families in decisions related to the recruitment and retention of rural physicians.

The RPAP is one of Canada's only comprehensive, integrated and sustained programs for the education, recruitment and retention of physicians for rural practice. It was established in early 1991 by the Alberta Government to develop a comprehensive action plan for the recruitment and retention of rural physicians to help overcome continuing rural physician shortages.

In 2000, the RPAC changed its name to the Rural Physician Spousal Network (RPSN), and through the RPAP, hired its first Administrator to support the work of the Network and its Advisory Committee.



Mission and Objectives

The mission of the Rural Physician 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 Network was started by a group of rural spouses who experienced the need first-hand and wanted to make a difference. They set the following objectives for the organization:

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

The Network offers:

- Workshops, seminars and other opportunities to learn,
- Networking opportunities,
- Family and spousal events at medical conferences,
- Camaraderie, understanding and support, and
- Opportunities to socialize with other spouses and their families.

Most network activities are free or low-cost, and are available to spouses and life-partners of Alberta rural physicians and residents who live in remote or rural areas within Alberta, including our regional centres of Fort McMurray, Grande Prairie, Red Deer, Lethbridge and Medicine Hat.



Support for Newcomers

An Orientation Guide for physicians and their families is sent by mail to all new spouses (and physicians) by the RPAP. An RPAP Physician Consultant follows up with new physicians to facilitate their transition to rural medicine. As part of the process, the Network also works to match new rural physician families with supportive spouses.

Family Support

Confidential and free, professional counseling or other services are provided to rural physician families 24 hours a day. The Spousal Network works in collaboration with the AMA's Physician and Family Support Program. Many spouses report excellent support from this program for the range of life's issues.

Communication

The RPSN provides information and news to its members four to six times per year:

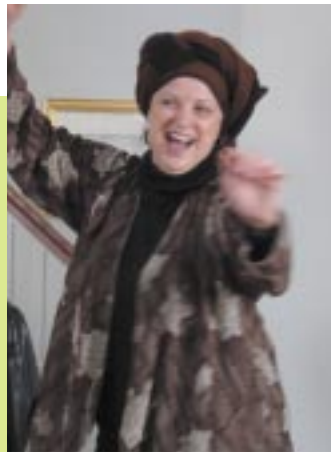
- An **e-mail broadcast list** helps to share information quickly,
- The **Spousal Network Hotsheet** is a newsletter issued approximately quarterly to update members on events and highlights affecting spouses,
- Information of interest to spouses is provided in **RPAP News**, and
- A **telephone network** contacts members to let them know about local events.

2003 – 2004 Highlights - *Events*

The Rural Physician Spousal Network hosts dozens of free or low-cost events throughout the year, all across the province, to give spouses a chance to get together for workshops, seminars, retreats or social get-togethers.

The aim is to get spouses networked with each other – talking about issues that are unique to rural medical families, and learning new skills or ideas to make rural living more satisfying. Whether the spouse is Canadian or from an international family; male or female; with or without children; a stay-at-home spouse or a career professional – the Spousal Network has something for everyone.

The 2003-2004 year brought many spouses together at several events:



Monica Coneys, workshop leader extraordinaire

Rock ‘n Roll for Rural Medicine

This free event for rural physician spouses and their coincided with the 20th Annual Emergency Medicine for Rural Hospitals program through the U of C, January 23 – 25, 2004 at the Banff Park Lodge.

Under the inspiring and hilarious leadership of Monica Coneys, participants made their own native-style drum and then learned how to get into the rhythm and rock! A little music, a parade for the younger kids, and the evening ended with a discussion about how the joy of music-making closely mirrors the joys and challenges of living in a rural medical family.

Spouses and children who accompanied physicians to ***Cabin Fever 2004*** (the RPAP-UofC Family Medicine Faculty Development Workshop) in Kananaskis, Feb. 6 – 8, 2004, were invited to join the Rural Physician Spousal Network for a hot breakfast buffet, followed by two activities:

- *The Joy of Stress* video presentation – this hilarious video from the Harvard Medical School reminded us that laughter is indeed the best medicine when it comes to stress management. Very funny and enlightening for adults and children ages 10 and up!
- *Paper bag puppets* – Children of all ages were invited to create their own puppet or other craft using materials provided by the Spousal Network.



Spousal Network Retreat

The annual Spousal Network Retreat brought together spouses from across the province for a weekend of workshops, entertainment and fun at the Fairmont Hotel Macdonald in Edmonton, November 2003.

“This is the third retreat I’ve attended and the best. Thanks so much. I needed this.”

Roche Emergency Medicine Update

Bears, sheep and other animals came alive at the Roche Emergency Medicine Update in Jasper (September 2003) where Heidi from Thompson Tours taught spouses and children all about animals in Jasper National Park.





Fort McMurray Spouses

Watercolour painting and a few good laughs were on the agenda in the spring as spouses from Ft. McMurray gathered while their children (at least most of them!) enjoyed a day with caregivers.



Kananaskis Retreat

Laughter, great food and relaxation were the order of the day at the spousal network retreat in Kananaskis, March 2003.

"It was a time to relax and enrich myself. It was a great weekend – well planned and enjoyable interaction."

2003 – 2004 Highlights - *Evaluation*

First Evaluation Demonstrates Program Support

For the first time since it began operation in January 1999, the RPSN was evaluated by an external evaluator in 2003 - 2004. This evaluation constituted the major work of the Network over the past year. Through in-depth interviews with 55 spouses across the province – both those who participate in RPSN events and those who don't – the evaluator set out to determine how effectively the Network is meeting its mandate, which program/outreach areas are most valued by spouses, and what challenges and opportunities exist for future programming.

The evaluation focused on providing information related to five key areas: a description of RPSN participants and non-participants; an assessment of the extent to which the RPSN has contributed to satisfaction with rural living and the retention of physicians in rural communities; a determination of what is working well in the RPSN and an identification of any improvements that would help to increase the ability of the Network to achieve its mission; an examination of the role and functions of the Advisory Committee and the RPSN Administrator; and information to assist the RPSN to develop key performance indicators.

Evaluation Results

The following findings resulted from the evaluation:

- The RPSN 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.
- 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 that they meet new people who share common experiences, which provides a degree of support and comfort.
- 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 RPSN to help them work their challenges with rural living.
- In order to enhance the work of the RPSN, it would be more effective to recruit participants through direct one-to-one discussion – either through friends, a Network representative, or another physician's spouse – rather than relying on mailing information about the RPSN or posting information on the website:

- The Internet is not a viable channel of communication for a large segment of the current RPSN participants. Accordingly, the RPSN needs to identify a different channel of communication if it is to retain the current participants and to recruit additional individuals,
- The RPSN needs to find a way of delivering programming which is relevant to male spouses of physicians, and
- The members of the RPSN Advisory Committee share a common view of the RPSN and this helps guide the Committee's decision making.
- 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 meet the needs of their constituents (i.e. physicians' spouses).
- The RPSN Administrator supports the work of the Advisory Committee and is critical to the success of the RPSN.

Details of Findings

Satisfaction with rural living

- 92% reportedly "satisfied" with rural living (69% "very" and 23% "somewhat").
- 67% have jointly (with physician) made a conscious choice to live in a rural setting; 33% are living where the physician alone has chosen to practice.
- 82% had positive expectations about rural living (small town atmosphere; slower pace; safe environment; outdoor activities; ability to make friends)
- 47% had negative expectations about rural living (loneliness; lack of privacy; isolation from extended family; difficulty establishing social networks/friendships; inappropriate housing; travel distances to major centres).
- For 65% of those with negative expectations, one or more of their negative expectations came true.

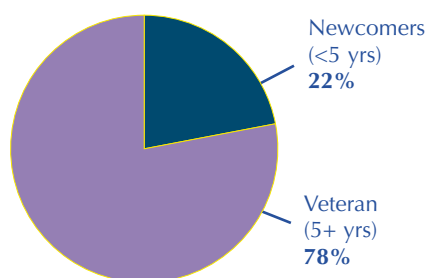
What are the determinants of rural fulfillment and satisfaction?

- Social connectedness and sense of belonging
- Support of family/friends
- harmonious family relationships
- Meaningful employment, hobbies or volunteer pursuits
- Hope for the future
- Feeling values, understood and recognized
- Sense of purpose and direction
- Opportunity to serve others or a cause
- Connection with others who have similar needs or issues
- Opportunity to pursue and achieve desired quality of life

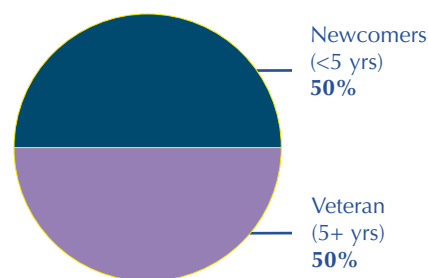
Community/social connectedness

- Majority (75 – 90%) report feeling socially connected to, and accepted within, their communities according to a seven-question scale on social isolation.
- A significant cohort (10 – 25%) report feelings of social isolation; lack of connection to their communities; and/or lack of acceptance or of good/close friendships. A further review of the data will determine whether this particular cohort is predominantly IMG families, newcomers, those with young children, etc.

Newcomers more likely to be socially isolated



Distribution of survey respondents by years living in present community

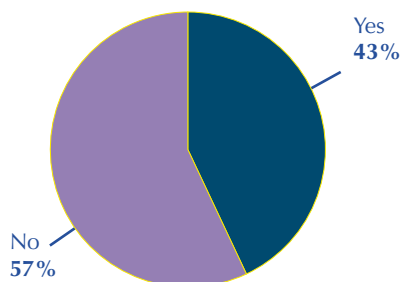


% of respondents reporting tenuous social/community connections

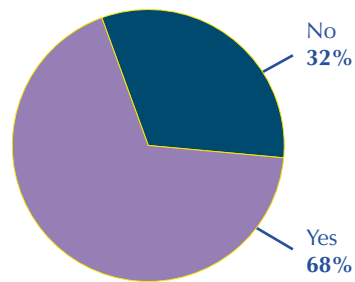
Participation in Spousal Network activities

- Equal participation in Spousal Network activities among spouses of both domestic and international physicians.
- Roughly equal participation from remote, rural and regional areas.
- Participants are predominantly female, aged 40+, with children living at home.

Participation in RPSN Activities



% of respondents who say they participate in RPSN activities



% of respondents who say they benefit from participation in RPSN activities

Spousal Network impact on physician retention

- Of the 57% of spouses who have attended network functions, 43% believe the network helps keep physicians in rural Alberta and 32% believe the network has little impact on retention.

Expectations of spousal network

- A large majority (92%) are already intrinsically satisfied with rural living, so only 37% expect the Spousal Network to help them work through issues/challenges with rural living, and 38% report that the Spousal Network has increased their satisfaction with rural living.
- Of the 57% of spouses who have attended network events, 68% have benefited from their participation and 32% received no benefit from participating.
- Of the spouses who report various social isolation concerns, between 67% and 75% expect the spousal network to help them address concerns about rural living. This is approximately double the expectation rate of those who are satisfied with rural living.



Communicating with spouses

- 43% of participants heard about the Spousal Network through various in-person communication methods (word of mouth, friends, etc.) and 35% of participants heard about the Spousal Network via mail.
- 88% have never visited the RPAP website; a large proportion indicate they are not interested in using computers to access information.

Future considerations

- 39% believe events should be in close proximity to their own community.
- Highest interest expressed in workshops on:
 - Stress, burnout and resiliency (75%)
 - Medical office management, bookkeeping & billing (71%)
- Lowest interest expressed in workshops on:
 - Job search strategies and techniques (35%)
 - Coping with rural life (41%)
- The small number of male respondents (3) made it impossible to draw conclusions about this segment; however, those who did respond indicated the spousal network activities are not relevant to them and/or are not needed. Further exploration of their views will be obtained via one-on-one interviews.

Research Leads to Refinements

Refinements have been made to the RPSN programming as a result of the lessons learned from the evaluation.

The original mission of the RPSN was:

“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 revised RPSN Mission is:

“To promote the recruitment and retention of rural physicians in Alberta through spousal networking, communication, and programs that foster fulfillment and satisfaction with rural living.”

The RPSN’s original objectives were:

- To organize at least one provincial opportunity for networking and education annually,
- To encourage regional get-togethers in Alberta’s rural health regions, and
- To emphasize lifestyle and wellness issues in all programming.

Revised RPSN Objectives are:

- To promote awareness of RPSN, its programs and its services to practising physicians and newly recruited spouses and their families,
- To foster a sense of community and collegiality among rural spouses and their families,
- To help rural spouses achieve, maintain and enhance their level of satisfaction with rural living,
- To identify and support rural spouses who may be at risk of not achieving satisfactory quality of life,
- To encourage the attainment of a balanced and fulfilling life among rural medical families,
- To act as an entry point and conduit for information about services and supports to rural living, and
- To advocate for stable and fulfilled medical families and rural communities.

2004 Key Performance Indicators

Based on the research findings and the organization's refined mission and objectives, the following key performance indicators (KPI) were developed:

- % of rural spouses on mailing list,
- % of spouses on mailing list invited to attend RPSN activities
- % of event participants who report a sense of community/connectedness with other spouses and families,
- % of new rural spouses welcomed by an RPSN member or Advisory Committee member
- # of at-risk spouses identified and contacted by RPSN,
- % of rural spouses who say the RPSN helps them to attain a balanced/fulfilled life,
- % of rural spouses contacting RPSN for information or support, and
- # of RPAP or other initiatives having RPSN participation/input as an advocate.

2004 – 2005 Planned Spousal Activities/Supports

Following are some of the ways that the RPSN will support its members over the coming year:

Making Connections

A strong network of personal connections is key to a successful life for rural medical families. Opportunities will be provided for spouses to get together for fun, education and friendship. While many activities will focus on personal development, participants will also find support through sharing with other physicians' spouses living in rural Alberta.

Connections at Home

At least once each year, local RPSN Advisory Committee members will organize a gathering of medical spouses. Activities can take various forms – from seminars on stress management to yoga or painting classes.

Connections across Alberta

Several times each year, the Network will also bring together spouses from across Alberta to spouses-only retreats. These provide opportunities to get away, relax and recharge batteries. As well, activities and sessions for spouses and families are organized at various medical conferences.

Providing Information

Often the move to a rural community means a move away from family and friends. The RPSN is there to provide support as medical families make the transition to life in a rural community.

New to Alberta

Families who are new to the province may need information about a wide range of things – from immigration and taxation information, to answering more basic questions about day-to-day life in Alberta. The RPAP provides all new rural physicians with a comprehensive orientation guide to issues and information relevant to medical professionals and families new to the province or the country. Personal assistance through the RPSN is provided in areas not covered by the guide.

2003 – 2004 Highlight

New RPSN
Administrator
Hired

Gail Wacko is the RPSN's
new Administrator,
following in the footsteps
of Leah Lechelt and
Terri Taylor.



2003-2004 RPSN Advisory Committee Members

The work of the RPSN is coordinated through a voluntary advisory committee as follows:

Della Marie Woodruff Spousal Network Chair Bow Island, AB Tel: (403) 545-2146 woodrjdm@ta.monarch.net	Gail Wacko Spousal Network Administrator Tel: (780) 435-4679 Fax: (780) 423-9917 RPAP-Spousal@rpap.ab.ca
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