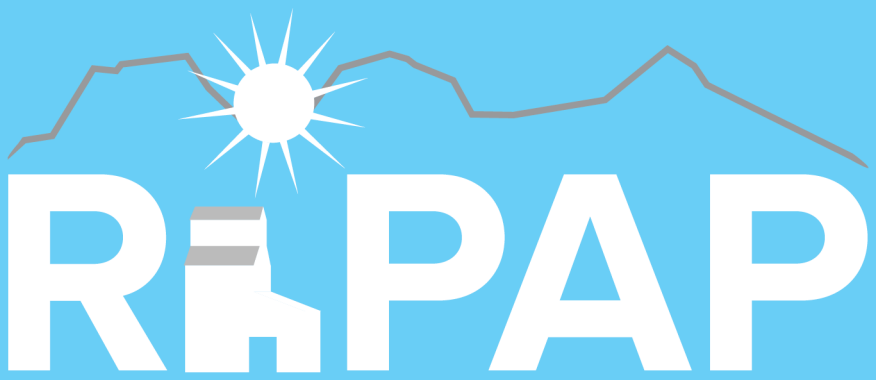

Building on Success: A study of Rural Alberta Communities' Success Strategies in Attracting and Retaining Health Professionals

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Contents

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Summary

Undersupply of health services in rural Canada remains an ongoing concern. As a result, much time, effort, and funding are being invested in targeted strategies to attract and retain physicians and other health-care providers to rural areas. This study investigated successful strategies that rural communities in Alberta use to attract and retain physicians and other health-care providers. A conceptual framework (Cameron, Este & Worthington, 2012) was adapted and used to guide the study. The framework outlines factors relevant for retention across three domains – community, professional and family.

Twelve rural Alberta communities participated (six in the North Zone, four in the Central Zone, and two in the South Zone), selected based on their successful attraction and retention history over the past three years. A total of 91 interviews were conducted with physicians (n=23), community members (n=36), health-care providers (n=13), health-care administrators (n=8) and physician partners/spouses (n=11). Participants also completed a survey in which they had to rank 11 factors for their perceived importance for attraction and retention of physicians and other health-care providers. Sixty-nine participants returned the scale.

Health-care infrastructure, professional integration, connections with the community and partner/spouse integration were ranked as the most important factors for attraction. Community infrastructure, work-life balance, work satisfaction and partner/spouse integration were ranked highest for retention.

The most common strategies that communities use for attraction and retention are:

- Community domain: hosting community welcome tours for physicians and their partners/ spouses; showcasing community infrastructure; securing funding for new health-care equipment; organizing events to attract local talent and to recognize health-care providers
- Professional domain: developing collaborative practice models and strategies to enhance work-life balance and mutual support (e.g. flexible on-call scheduling, mentoring for new recruits); creating opportunities for broad scope of practice, research and continuing education
- Family domain: connecting newcomers to people and resources, offering housing support, connecting partners/spouses with jobs and volunteer opportunities

Strategies in the community and family domains are typically led by rural attraction & retention committees. While many strategies are firmly established, some attraction and retention gaps emerged. In particular, more attention could be paid to strategies focused on other health-care providers and partners/spouses and how to facilitate their integration in the community. Also,

there are opportunities to exploit more consistently local talent as a future source of rural health-care providers.

In summary, communities use a wide range of attraction and retention strategies across the three domains. Using a theoretical retention framework was useful in uncovering strategies in the different domains and highlighting strengths and gaps in current strategies.

Key Messages

- Communities use a wide range of strategies across all three domains of community, professional and family to attract and retain physicians, and to some extent, other health-care providers.
- Many of the strategies are firmly established and have been successfully implemented over some time (e.g. physician welcome visits, health-care provider appreciation events, collaborative practice models, fundraising for health-care equipment).
- Rural attraction & retention committees are instrumental in initiating and executing many of the strategies. Having political members, physicians, other health-care providers, and the business community represented on these committees is essential for developing a broad range of attraction and retention strategies.
- Creating successful strategies in the professional domain remains critical for retention of physicians and other health-care providers, with professional integration, work-life balance and work satisfaction cited as the most important professional factors.
- Strategies targeted to health-care providers other than physicians are still limited and warrant further attention. Connecting these providers to like-minded people or helping with arrangements of daily living (e.g., accessing child care) would accelerate integration and potentially encourage their long-term retention.
- Fit with rural community and lifestyle is an important factor for retention. Screening for fit beyond rural background (e.g., lifestyle, culture, personal interest) remains challenging.
- A partner/spouse can significantly influence a health-care provider's decision to choose and remain in a rural community. While communities have strategies to welcome partners/spouses and help with the initial settling-in period, more follow-up strategies are needed to secure long-term integration of partners/spouses. This could be accomplished through a community coordinator role as implemented by one community.
- Strategies that target local talent (e.g. skills weekends for high-school and undergraduate students, tracking of local medical and health sciences students) have great potential to create a pool of interested and skilled rural practitioners. There is a need to track the success of these programs.
- Medical teaching facilities/medical residency programs can be successful recruitment strategies; locums and residencies offer opportunities to screen for fit.

Introduction

Attracting and retaining health-care providers, including physicians, remains an enduring challenge for rural communities internationally (American Academy of Family Physicians, 2002; Campbell, McAllister & Ely, 2012; Cameron, Este & Worthington, 2008; Fleming & Sinnot, 2018; MacLeod et al., 2017). However, access to high quality health services is essential for the health of rural populations. There are ongoing concerns that health services in rural and remote Canada are insufficient to meet communities' needs (Picard, 2017; CMA, 2000). Previous research has identified a number of factors contributing to attraction and retention challenges including practice conditions, lack of continuing education opportunities and amount of required on-call time (Office of Rural and Northern Health, 2004). Other studies highlighted the importance of professionally and socially integrating health-care providers and their families into communities to promote long-term tenure (Cameron, Este & Worthington, 2008; Campbell, Ely & McAllister, 2016; MacLeod et al., 2017). Recognizing that the factors attracting health professional to rural areas may not be the same ones that retain them (Chauhan, Jong & Buske, 2010; MacLeod et al., 2017), diversified attraction and retention strategies are required.

The Alberta Context

Rural Alberta continues to face challenges in attracting physicians and other health-care providers to their communities and retaining them. This is particularly apparent in the Northern part of the province. Alberta's Rural Health Profession Action Plan (RhPAP) has a comprehensive set of strategies to support rural communities in attracting and retaining qualified health professionals. RhPAP's Rural Community Consultants support the development and enhancement of local health-care provider attraction and retention (A&R) committees. These A&R committees facilitate integration of health professionals into the community by connecting them and their families to community networks and support systems (RhPAP, 2016). There is anecdotal evidence that some communities are successful in attracting and retaining physicians and other health-care professionals.

RhPAP, the College of Physicians & Surgeons, Alberta (CPSA) and the University of Calgary, Faculty of Medicine (UofC) collaborated to study communities that have been successful in attracting and retaining health professionals to and in rural areas to understand what makes them successful. Leaning on a "positive deviance" approach (Lawton, Taylor, Clay-Williams & Braithwaite, 2014), the goal was to highlight solutions that can help other communities in rural Alberta to successfully attract and retain physicians and other health-care providers.

Objectives

1. Select about ten rural communities in Alberta that have been successful in attracting and retaining rural health-care providers.
2. Analyze what is working well, why, and what it takes for the community to achieve this.
3. Develop a report that will help any rural community be more successful in attracting and retaining health-care providers.

This project builds on previous work conducted by RhPAP, in particular the "Retention and Recruitment Story Collection Project" conducted in 2007/08 (RhPAP, 2008). That project responded to rural communities' desire to learn from other rural A&R committees about the challenges and successes of physician recruitment. Stories were collected from ten communities across Alberta involved in attraction and retention activities in some manner. RhPAP used the findings to better support communities in their attraction and retention efforts. The current study complements and expands on the story collection by focusing on other health-care providers as well as physicians and their partners/spouses, and by using a theoretical framework to guide the exploration.

Summary of the Literature

Attraction and Retention of Physicians to Rural Areas

Much time, effort, and funding has been invested of late in attracting and retaining mainly physicians to live and practise in rural and remote areas of Canada, with some communities resorting to creative strategies. Anecdotal evidence from news clips suggest that communities are willing to try anything from postings on Facebook to care packages with local dried fish. Recognizing the importance of community infrastructure, one community aimed high and fundraised $6M to build a new fitness complex, library, and health centre. Another one opened a new health centre, entirely financed by the community. Many communities try to entice potential candidates through carefully orchestrated weekends to showcase all the community has to offer including their stunning outdoor and recreational assets (CBC News, February 2018).

Beyond anecdotal evidence on successful attraction and retention strategies, there is increasing research in this area. Much of the research to date focuses on physicians and the factors that influence their interest in practicing in rural and remote areas. Rural lifestyle factors, the ability to practise autonomously and to full scope, diverse caseloads as well as a range of monetary and non-monetary incentives tend to positively influence decisions to practise rurally (Chauhan, Jong & Buske, 2010; Fleming & Sinnot, 2018; Wasko, Jenkins & Meili, 2014). The most common deterrents are high workloads, insufficient staffing that results in frequent on-call service and an inability to take time off (Cameron, Este & Worthington, 2012; Fleming & Sinnot, 2018; Nestman, 1998).

Factors that motivate physicians to enter rural practice differ from the ones that keep them in rural practice in the long term. There is increasing evidence that physician background, in particular rural upbringing and specializing in rural family medicine, are related to choosing rural practice (American Academy of Family Physicians, 2002; Fleming & Sinnot, 2018; Mitra, Gowans, Wright et al., 2018; Pathman et al., 2004; Wasko, Jenkins & Meili, 2014).

Mitra and colleagues (2018) conducted a Canadian longitudinal physician study linking first year medical student data with practice information ten years down the road. They found that stated interest in rural family medicine at entry into medical schools was the strongest predictor for rural practice; students stating that rural family medicine was their first choice were ten times as likely to practise in rural areas (Mitra, Gowans, Wright et al., 2018). Other predictors for rural practice found in their study were rural schooling, older age, being in a relationship, having a societal orientation and desiring varied scope (Mitra, Gowans, Wright et al., 2018). These factors are similar to those found in the 2008/09 Canadian Physician survey (Chauhan, Jong & Buske, 2010) that listed desire for full scope of practice, rural experience in training and preference for rural practice to be the most important factors for choosing rural practice.

Retention of physicians in rural areas seems strongly linked to modifiable characteristics of work (Pathman et al 2004) that impact work-life balance and work satisfaction. In the survey by Witt (2017), job satisfaction was related to income, hours worked and on-call duties. Other factors mentioned in the literature are practice set-up, opportunities for continuing education and leadership, housing availability and recreational lifestyle (Chauhan, Jong & Buske, 2010; Pathman et al., 2004; Witt, 2017). Also, for physicians and their families feeling well integrated and appreciated by the community contributed to work satisfaction and the intention to stay (Cameron, Este & Worthington, 2010; Fleming & Sinnot, 2018; Wasko, Jenkins & Meili, 2014).

Based on a case study with physicians in Alberta, Cameron, Este & Worthington (2010, 2012) proposed that retention factors span three domains, the professional domain, the family domain and the community domain. In their framework, the professional domain encompassed many of the aspects discussed above related to the work environment and the nature of practice. The family domain included a physician's desire to practise in the rural area and the fit with the community and rural lifestyle. Lastly, the community domain covered aspects of integration and community connection and appreciation, as well as infrastructure and recreational assets. The authors argue that these domains are intricately linked and all aspects need to be considered in the creation of retention strategies (Cameron, Este & Worthington, 2012).

There is increasing recognition of the role that partners/spouses play in physician attraction and retention. Partners/spouses are known to influence career choice and partner/spousal satisfaction is essential for retention (Myroniuk et al., 2016). Several authors talk to the need for partner/spousal support and community integration in order to retain a physician in the long term (Cameron, Este & Worthington, 2012; Fleming & Sinnot, 2018; Myroniuk et al., 2016; Wasko, Jenkins & Meili, 2014; Witt, 2017).

Attraction and Retention of Other Health-care Providers to Rural Areas

Similar to the physician situation, nurses and other health professionals are also underrepresented in rural areas, with a relatively small number of professionals caring for a large rural population (MacLeod et al., 2017). High turnover rates are prevalent (Campbell, McAllister & Ely, 2012) in remote areas in particular (De Valpine, 2014). There are a few studies that focus on the attractors and deterrents to rural practice as perceived by nurses and allied health professionals; what studies there are suggest that the factors mostly echo the ones identified for physicians. For example, initial reasons for nurses to choose rural practice were interest in the rural community, a strong sense of adventure, access to advanced practice opportunities and having grown up in a rural area (Bragg & Bonner, 2014; De Valpine, 2014; Lea & Cruickshank, 2005; MacLeod et al., 2017). Exposure to rural practice during education also seems to increase the probability of a nurse choosing rural practice (Lea & Cruickshank, 2005).

The findings were similar for other allied health professionals. Personal characteristics, such as desire for adventure and outdoor activities, community mindedness, and a rural background or rural exposure made it more likely that a health professional would choose rural practice (Hill, Raftis & Wakewich, 2017; Manahan, Hardy & MacLeod, 2009). Professional factors that influenced the decision to practise in a rural community were opportunities for career advancement, peer support, interprofessional teamwork, welcoming employers and work diversity for those interested in a more diverse practice (Manahan, Hardy & MacLeod, 2009).

Professional and community factors were most commonly cited by nurses for reasons to leave. These factors included a lack of work satisfaction due to a stressful work environment, workload scheduling, a lack of autonomy, and a misalignment of personal nursing values and organizational values (Nowrouzi et al., 2015; Bragg & Bonner, 2014). Good community integration and positive lifestyle factors seems to promote longer tenure (De Valpine, 2014; Nowrouzi et al., 2015; MacLeod et al., 2017). An Australian study of allied health professionals similarly found that professional factors such as poor access to continuing education, professional isolation and insufficient supervision negatively influenced job satisfaction and encouraged the likelihood that a professional would leave. In contrast, rural lifestyle, diverse caseloads, autonomy and community connectedness were noted as positive factors (Campbell, McAllister & Ely, 2012).

The importance of rural background and rural training experiences for medical and health sciences students when it comes to their future choice to practice rurally has prompted a number of up-stream strategies. For example, some medical schools and health sciences programs have established programs with a northern focus that work closely with rural communities as education sites (Manahan, Hardy & MacLeod, 2009; Mian et al., 2017). Rural rotations and training opportunities are now embedded in most medical and health professions programs (Hill, Raftis & Wakewich, 2017; Lea et al., 2008). Such rural experiences can enhance students' awareness of rural practice, increase their confidence (Chauhan, Jong & Buske, 2010;

Lea et al., 2008; Mader et al., 2016), and ultimately influence their decision to go into rural practice. Some have argued that there is a need for a rural pipeline, i.e. programs that more specifically target students from rural areas to enter health sciences training and rural based education and professional training programs (American Academy of Family Physicians, 2002; Lea et al., 2008).

In summary, attracting and retaining physicians and other health-care providers to rural areas is complex, with different family, professional and community factors influencing the initial desire to practise and the decision to remain in rural practice. As such, both attraction and retention strategies that target these different areas are necessary (Fleming & Sinnot, 2018).

Methods

Study Questions

The key questions to answer were:

- What makes rural communities successful in attracting and retaining health-care providers?
- What are the socio-political factors that make certain communities successful in their attraction and retention efforts?
- What are the essential personal factors of health-care providers and their spouses/partners that enable attraction and retention success?

Methodology

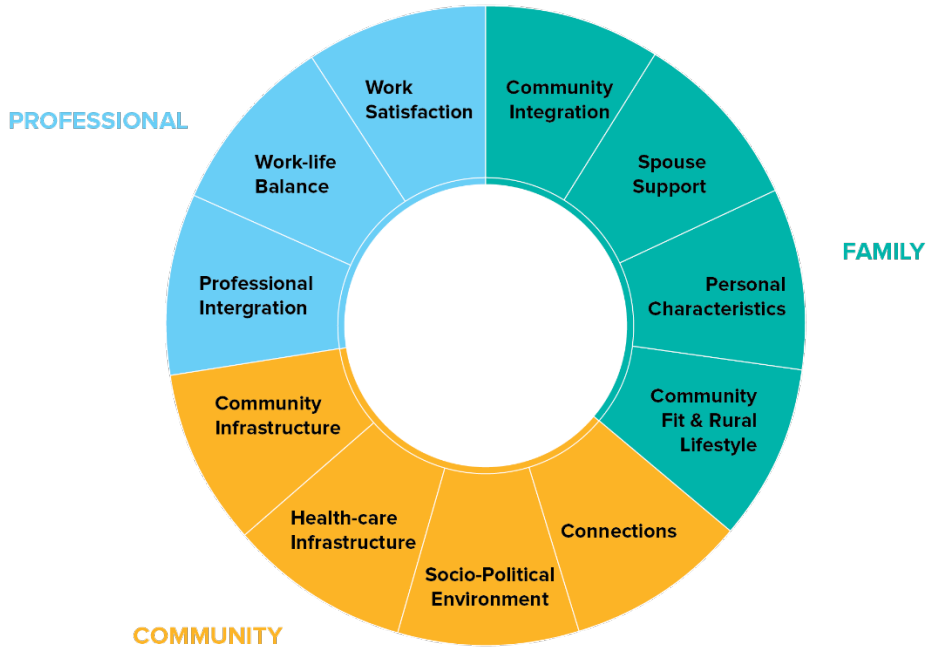
We used a mixed-method, evaluative case study approach (Keen, 1995) to garner an in-depth understanding of the factors contributing to a community's attraction and retention success.

Framework guiding the study: Cameron, Este & Worthington (2012) developed a conceptual framework of factors influencing physician retention based on interviews with physicians, staff, and community members in four communities in Alberta. From the interview data, three domains emerged: Professional domain, family domain and community domain. Under the **Professional domain** fell factors such as adequate physician supply to share the work load; work environment such as team dynamics, space and administrative management; ability to practise to full scope with opportunity to develop areas of expertise or participate in innovation; and financial and workload issues. The **Family domain** included factors such as fit of the physician with the community; how well a physician is able to attain professional and personal fulfillment; and spousal and family support. Examples of factors within the **Community domain** are appreciation through gestures from the community; connection to the people, and physical and

recreation assets.

We adapted the framework for our study based on a review of the broader literature and used it to guide our interview questions about potential attraction and retention strategies at a rural community level for all health-care providers. Based on the themes emerging from the interview data, we further refined the framework (Figure 1).

Figure 1. Framework of rural health-care provider attraction and retention factors (adapted from Cameron, Este & Worthington, 2012)



Community involvement: The team worked with RhPAP's Rural Community Consultants to identify rural communities to participate in this study. The primary selection criteria were high attraction and retention rates over the previous three years as established by RhPAP, and innovative A&R work as evidenced by being a past recipient of the RhPAP Community Attraction and Retention Award. In addition, we aimed for diversity in terms of geographical location, size of the rural community and difference in length of tenure of the A&R committees. The selection was validated with the RhPAP Board and leadership team.

The Rural Community Consultants made initial contact with the chair of the A&R committee or another key community member to discuss the project. These members further vetted the project with key people involved in attraction and retention and confirmed the interest of the

community in participating. Together with the RCCs, they then identified community members, physicians, other health-care providers and partners/spouses to be interviewed and approached them about participating. If the person consented to participate, their contact information was sent to the lead researcher for follow-up. The lead researcher contacted each individual to explain the study in more detail and to schedule a suitable interview time.

In-depth interviews: Two researchers conducted in-depth individual interviews with the individuals identified by the communities. In preparation for the interview, the participants received an email confirming the interview time, purpose of the study, a visual of the guiding framework and a consent form. All interviews were conducted by phone and audio-recorded. The interviewers also took notes during the interviews. At the beginning of the interviews, the interviewers solicited verbal informed consent by explaining the purpose of the interviews, how the data will be used and the rights of the participants to confidentiality and study withdrawal. Participants were also asked if they would be willing to take part in a brief video interview in the following months. Then the interviewer completed a brief demographic form that included participants' community, role in the community, age range, gender, if they had a rural background, years living in the community, and, for health-care providers, if they were foreign trained.

The interviews were semi-structured using a series of questions and prompts around the guiding framework. Physicians, health-care providers and partners/spouses were asked to look at the guiding framework and speak to the factors considered most important in their decision to move to the community and what they thought the community did really well to attract and retain them. Committee members were asked to speak to their community's assets and their most successful strategies for attraction and retention. All participants were asked to provide specific examples if possible. Interviews lasted on average between 20 and 40 minutes.

Interview analysis: The research lead developed an analysis template based on the guiding framework. Two researchers conducted the analysis by listening carefully to the audio recordings. Relevant comments on success strategies were written down into the template under the appropriate factor. Quotes considered relevant for illustrating certain points were noted verbatim in the template. Once all the interviews were processed, the data was synthesized by collating similar points and organizing the data around emerging themes and sub-themes. This collation was an iterative process involving two researchers checking for consistency. The final step was to summarize each theme and support the key points with quotations provided by the participants.

Factors rating scale: Based on the guiding framework, the project team created a scale containing 11 factors known to influence attraction and retention. Participants were asked to rank the factors in terms of their importance. Since the literature suggests that factors for attraction and retention may differ, rankings were completed separately for attraction and

retention. Participants were asked to complete the scale before the interview or send it right after the interview was completed. The interviewers sent two email reminders to those who had not returned the completed scale.

Analysis of the demographic data and rating scale: Demographic data and factor ratings were entered into an excel spreadsheet. Data was cleaned and coded and exported into SPSS (version 25). Descriptive analysis was performed using SPSS (frequencies, median, mode) and graphs were created.

Site visits: The lead researcher and a RhPAP marketing and communication specialist visited ten out of the 12 communities to conduct brief video interviews with some of the key study participants. The goal is to produce three videos (one for each of the framework domains) focused on the key success strategies for attraction and retention. The format of the video interviews was similar to the phone interviews; however, each participant only answered a few questions, those found to be the most relevant based on answers provided in the initial phone interview. The focus was on recurring themes across communities as well as exemplary innovations. The video interviews typically lasted ten minutes. These videos will be available to all rural communities to support their attraction and retention efforts in conjunction with other printed materials.

Results

Participating Communities

Based on the selection criteria, 12 communities were identified; all agreed to participate in the study (Figure 2). Four of these communities have not yet been recipients of an RhPAP Award (Peace River, Smoky River, Slave Lake, Swan Hills), but were identified as noteworthy based on the following: acknowledgement by other communities (and within RhPAP) for their A&R work; showcasing a regional approach to A&R work (which is shown through best practices to strengthen efforts and ensure success); and/or operating within a collaborative model between not only multiple municipalities, but also across cultural differences/diversity.In consideration of these factors, these four communities were included in the study as a means to further enhance the identification of the key factors that contribute to the successful attraction and retention of health-care providers to rural communities.

Interviewers completed between six and eleven interviews in each of the 12 communities for a total of 91 interviews. The majority of interviewees were female (61.5%) and over 45 years of age (60.7%). Many had lived in the community for over ten years (57.3%).

Figure 2: Breakdown of communities and interview participants

Figures 3 and 4 illustrate the age range of interviewees and their length of residence in their community.

Figure 3: Age distribution of interview participants

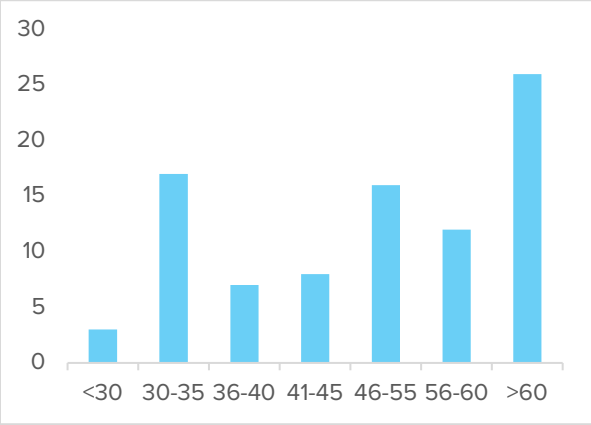
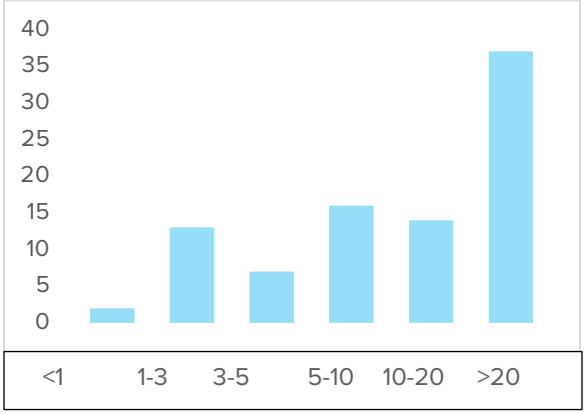


Figure 3: Distribution of years lived in the community of interview participants



Most of the interviewees were also current and past A&R committee members and included mayors (7), reeves (2), council members (2), health board/foundation members (3) and other key community members (15); Figure 5. Figure 6 shows the occupations of the health professionals interviewed. Of these professionals, 13 physicians and one health-care provider were foreign trained and 11 physicians and seven health-care providers came from a rural background. Health-care administrators consisted of current and former site or clinic managers.

Figure 5: Breakdown of the roles of the attraction and retention committee members interviewed

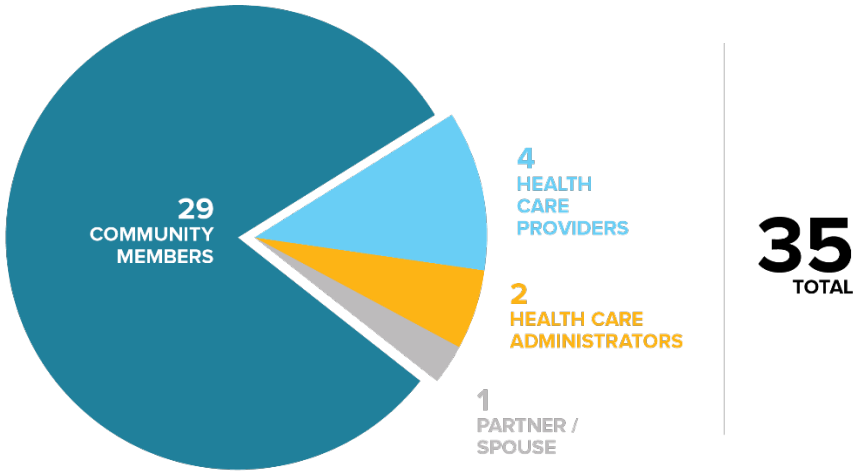
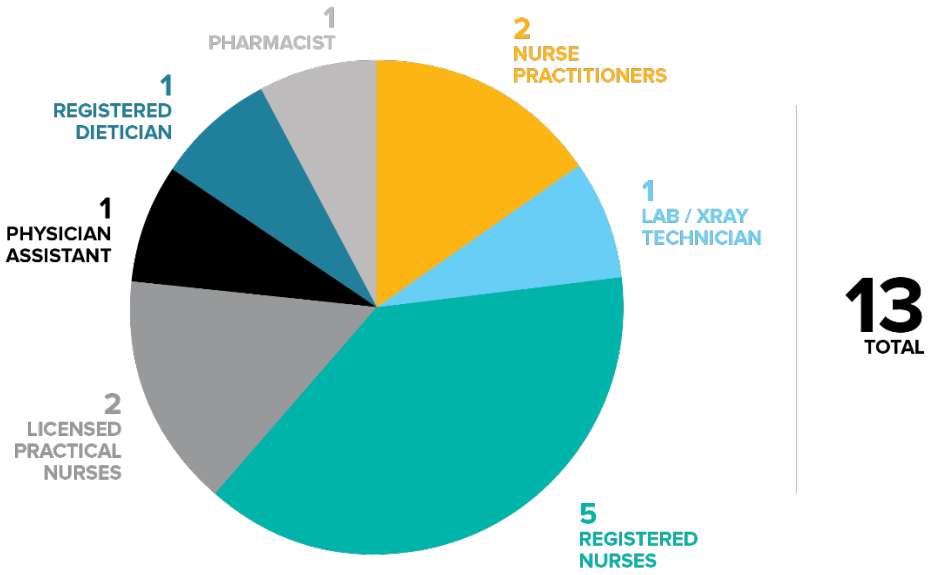


Figure 6: Breakdown of the occupations of the health professionals interviewed



Interview Findings

The following section describes the key attraction and retention strategies under the three domains of community, professional and family that emerged from the interviews.

Key Points: Community Infrastructure

- ***Community infrastructure is important for retention, particularly from spouses' perspectives. If they don't find the infrastructure they are looking for (e.g. schools, after-school programs, day-care centers), it can be challenging to keep the family and the health professional in the community.***
- ***Some communities have gone through great efforts to establish day-care centres and/or build attractive multi-purpose facilities.***
- ***What communities lack in infrastructure, they often make up for through community events and programming. It is important to offer a balanced range of activities and events for all age groups and interests.***
- ***Beautiful surroundings and opportunities for outdoor activities are great community assets and should be showcased accordingly.***

I. COMMUNITY

Community Infrastructure

Most interviewees agreed that the infrastructure a community has to offer, such as schools, recreation facilities, etc., plays a role in attracting and retaining physicians. The sense was that the community had to be "big enough" (DR)[1] and offer basic amenities. Some rated infrastructure more important for attraction than retention; once the physicians and their families have arrived, they often "make do with what they have" (C).

"Once someone gets to know the community, they don't think 'oh, the school is really small,' they think, 'oh, the teachers are really amazing'." (C)

A lack of infrastructure was deemed to be a deterrent by some interviewees, especially partners/spouses (HC). Proximity to a bigger city helps overcome this lack of infrastructure by allowing health-care providers and their families to more easily escape and get their fill of shopping and entertainment outside the community. Out-of-province or out-of-country recruits considered a near-by international airport essential.

Most important on the list of desirable community infrastructure were:

- Recreational facilities;
- Schools at different levels including colleges and French schools; and
- Child care.

[1] Interview citations include references to the role: C=Community member, DR=Physician, HC=Health-care provider, P/S=Partner/Spouse.

Many of the communities participating in the study boast state of the art recreational facilities that have been built or upgraded in recent years. Arenas with ice rinks, fitness centres and swimming pools were all thought to enhance the attraction and retention potential of a community. Equally important was having a choice of schools at all levels, including French schools (P/S; C). Access to a near-by college was seen as a plus (C). Physicians, health-care providers, partners/spouses and community members all attested to the importance of good child-care facilities and after-school programs. Two of the communities were recipients of government-sponsored day-care programs, awarded based on demonstrated needs (C, P/S). One community invested in a new multiplex facility that houses a day-care centre, performing arts facilities and a community hall (C). The community proudly showcases this facility during physician visits.

What communities lack in infrastructure, they often make up for through community events and programming. Activities range from mums and tod's programs and after-school activities, organized sports to educational programs offered by community colleges. Only a few communities focus strongly on arts and culture and saw this focus as a real draw given based on their assumption that health-care providers tend to be interested in arts and culture, because of their extensive education (C, HC). Community events are diverse and include air shows, rodeos, activities associated with historical sites, theatre, weekly markets, and fundraising galas, amongst others. Many of these activities are organized by volunteers and offer opportunities for family engagement. The key priority seemed to be offering a balanced range of activities and events for all age groups and interests that can interest and engage health professionals and their families.

All communities highlighted their beautiful surroundings as important assets. There are different year-round opportunities to enjoy the outdoors in each community. Communities go to great lengths to showcase these opportunities and offer visiting physicians and their families a taste of the great outdoors.

Lastly, a number of people mentioned that they value a safe community, where their children can freely explore their surroundings. This was particularly important for physicians from South Africa (C).

Health-care Infrastructure

Having new health-care facilities was considered very important, but was rarely a deciding factor for doctors and other health-care providers in choosing a community in which to practise. "The facility would not bring you, and it would not hold you… It is our [community] infrastructure and sense of community that draws people and keeps them here" (C).

As long as the health-care facility included adequate equipment and space, other health-care infrastructure factors weighed more heavily in choosing a community:

- Clinic size: larger clinics appear to be more attractive workplaces as they offer more support and better work-life balance due to larger numbers of physicians and other health-care providers. One community recognized this attractiveness and merged two smaller clinics into one larger one, a move that has positively impacted staff retention.
- "One-clinic town": having all physicians practicing out of one clinic facilitates communication and collaboration.
- Range of health-care providers and support staff: the broader the range of health professionals in the community, the more attractive the community is generally considered to be.
- Clinic proximity to local hospital: given that most physicians work in the clinic as well as hospital/ER, only having to walk a short distance is an attractive feature as it supports better working arrangements.

Key Points: Health-care Infrastructure

- ***Having new health-care facilities was considered important, but was rarely a deciding factor for physicians and other health-care providers in choosing a particular community.***
- ***A number of health-care infrastructure related factors were deemed more relevant in the choice of practice community: clinic size (larger clinics offer better support and work-life balance); the range of health-care providers and support staff to work with, and proximity of clinic to the hospital.***
- ***"Plug and play" practice arrangements, where physicians can join a fully staffed practice with established patient panels and enter a rent/lease agreement instead of having to buy in to a practice, is attractive to many physicians, in particular new graduates and international medical graduates.***

Practice arrangement: One of the most important attraction and retention factors mentioned by interviewees was the "plug and play" practice arrangement. In many places, the community bought the clinic or it is run by Alberta Health Services, and physicians join a "turn key" operation. There are rent/cost share agreements, but there is no need for physicians to buy into the clinic. This type of practice is fully staffed (health-care providers and support staff) and offers established patient panels. In some clinics, physicians are salaried. These arrangements, which require less upfront work and financial investment, are attractive to many physicians, in particular new and international medical graduates.

> *"I really didn't want to have to mess around with having a business." (DR)*
>
> *"Physicians don't have to establish a practice; it is already established, and they will be busy from day one; this eliminates the uncertainty of how long it takes to establish a practice and guarantees a decent income." (HC)*

Socio-Political Environment

Health-care provider attraction and retention can be viewed as a political endeavor that occurs within a broader community context. The socio-political environment domain captures community strategies that reflect social attitudes (for example the importance a community put on attraction and retention) as well as political structures (e.g. committees, programs related to attraction and retention).

Hospital/health foundations and women's auxiliaries

Most communities have an active hospital or health foundation or a women's auxiliary (such auxiliaries may also be referred to as "friends of [organization's name]") that plays a key role in fundraising money to buy state-of-the-art equipment for health facilities. They typically hold annual fundraising galas that often bring in astonishing amounts of money given the population base amongst whom they work. Physicians and facility managers usually work with the foundation boards to identify equipment needs. Past purchases of some of these groups have included Bili blankets for jaundiced babies, baby warmers, fetal monitoring equipment, endoscopy equipment, Holter monitors and stress test equipment, bedside ultrasound and portable ultrasound for ER, vein viewer and IV pumps.

For physicians and health-care providers, being able to put forward equipment requests and having them met was seen as an important retention factor that makes up for the lack of new facilities in many of these communities. Some interviewees were concerned about the growing trend of buying equipment through fundraising, rather than having Alberta Health Services provide it; they noted that this trend makes it easier for the health authority to avoid investing in equipment and might create difficult situations if the volunteers that do the fundraising no longer exist (C).

Attraction & retention (A&R) committees

Many interviewees mentioned that having a formal body dedicated to attraction and retention was essential. Most of the communities had an A&R Committee, many formed in response to a crisis (C, DR, C). In some instances, attraction and retention work is embedded in other health-care-related committees:

> *"Communities go through phases when it comes to attraction and retention. [This work] usually is initiated by crisis. People don't think there is a need to attract and retain physicians until they get into a manpower crisis. Once the crisis has passed, the best way to avoid it happening ever again is to always be a little bit in permanent attraction mode, to keep the [A&R] committee engaged so they can be activated." (056SU-DR)*

Having diverse representation was seen as a key factor for viable A&R committees and successful attraction and retention efforts:

- Physicians and other health-care providers: they help the committee focus on what is important to physicians/health-care providers and better identify barriers to attraction

and retention: "Lots of communities miss the boat; they think that money is important, but lifestyle and work environment is the most important thing" (DR). They also keep the community abreast of emerging health-care issues and opportunities.

- Community members: political members (Mayor, Reeve, MLAs, Councilors) understand bureaucracy and can take issues forward to be addressed; real estate agents, bankers and community members at large can support newcomers in different ways and connect them to the right people and resources. All community members can help showcase the community during physician visits.

  "Of all the committees I sat on, I always felt this [A&R committee] was the most rewarding; we saw things happening and changing and I really felt we made a difference." (C)

The roles of A&R committees were diverse; these committees:

- Build partnerships with key stakeholders such as Alberta Health Services' recruiters, RhPAP Community Consultants, representatives from neighbouring municipalities, Primary Care Networks, and other health committees. Working collectively, allows for better ideas and connections: "It takes a whole community to recruit health-care professionals" (C).
- Lobby and advocate: "We used the A&R committee as a vehicle for health-care issues for the community itself; it has been a very successful way to collaborate" (DR).
- Provide financial support for attraction and retention incentive programs.
- Introduce physicians and their families to the community and acting as the "go-to person" for newcomers. One community realized the essential need of ensuring an ongoing connection with new families and hired a part-time coordinator, jointly financed by five municipalities. The main role of this coordinator is to check in with families on a regular basis, connect them to the people and resources they need and offer support when necessary. The coordinator also helps the families understand Canadian culture and traditions and greatly eases integration challenges into the community (C).
- Build strong relationships with the medical community. Community members and physicians alike spoke to the importance of building strong relationships between physicians and the community and creating a climate of communication and cooperation (Cs, DR). These relationships help the community to stay attuned to physicians' needs and to anticipate upcoming attrition. Ongoing dialogue and open-door policies are helpful in this respect. Many communities also host specific events or regular meetings to discuss health-care challenges and opportunities.

Key Points: Socio-political Environment

- ***Hospital foundations or women's auxiliaries can play a key role in fundraising for state-of-the-art equipment for local health facilities. This equipment can make up for the lack of new facilities in many of the communities.***
- ***To be most effective, A&R committees need to involve diverse membership including physicians and other health-care providers, political and business members and community members at large.***
- ***A&R committees have a number of roles that constantly evolve: Building strong relationships with the health-care community; lobbying for community health-care needs; providing financial support for attraction and retention incentive programs; and connecting newcomers to the community.***
- ***Although many communities recognize the need to expand A&R strategies to other health-care providers, few offered specific strategies.***
- ***Many communities create opportunities for high school or graduate students to experience what rural practice looks like (high school skills days, health-care students' skills weekends). These events are seen as important and, at least anecdotally, seem to pay off. There is, however, a need to evaluate the long-term outcomes.***
- ***Many communities have implemented very successful resident and locum programs and for some communities, residents and locums are now the main source of physician recruitment.***

Many interviewees spoke to the need for A&R committees to constantly evolve. Having been successful in creating stable medical communities, some A&R Committees have changed their focus to retention, sharing the attraction role with physicians and Alberta Health Services. Recognizing the growing need for other health-care providers, some committees have started to include other health professions in their strategies. However, the central focus of these committee remains physicians in most communities, with limited funds and lack of champions cited as the main reasons for not branching out to other health professionals.

Growing and attracting local talent

Communities are acutely aware of the need to attract and retain local talent and are investing in diverse strategies. One innovative physician hosts an annual clinic and hospital visit for kindergarten kids:

"Kindergarten kids come once a year to our clinic and spend a morning here. We have them wear doctor coats, stethoscopes and name tags with "Dr. Sara." They feel like they are a doctor for the day. We take them to the hospital for a tour of the urology lab, ambulance etc. Everybody gets involved. It makes the kids [less] afraid to go to a doctor and it plants a seed for medical training." (C)

High school students: Some communities host health-care skills days for high school students. For these events, the A&R committees work with the local high school, the medical community and other essential services to set up a day where students can perform various health-care skills at different stations followed by lunch during which local health-care providers speak to their career and community experiences. In one community, the A&R committee worked with the RCMP and family counselling services to run an accident simulation for Grade 8 and 9 students. Many of the health-centre staff and physicians participated in the simulation that was attended by 200 students. The students went to the accident scene, then the ER and

morgue, followed by a debrief session with the pastoral care team (C). Other communities host shadow days or bring a student to work days. This experience opens students' eyes to some of what rural Alberta has to offer in terms of careers and what it might feel like to be a health-care provider in rural Alberta (HC, C).

University students: Communities increasingly organize skills days targeted at health sciences and medical students from Alberta's universities and technical schools. As part of these events, students get to tour the health facilities and practise hands-on health-care skills at a number of stations. The A&R Committees work closely with RhPAP in making these skills events happen. The events include plenty of fun activities within the community (BBQs, Skeet shooting, horseback riding, etc.) to give the students a good sense of rural living. While there is some anecdotal evidence that these weekends might prompt more rural clinical placement requests and health-care providers returning to work in communities where they attended a skills event as a student, there is currently no evidence of the long-term impact of these programs. More research is required.

"Know Your Own" and "Hometown Proud" programs for medical students: Communities focus increasingly on local students that are in the medical program or are applying to medical school as a pool of future physician recruits (Cs, HC, DR). Physicians, with the help of the A&R Committee, track local medical students and connect with them throughout the year. "We send them little notes, 'congratulations, we are interested in your career' – just so we acknowledge that we are always interested in staff and people that are born and raised in the area" (DR). Physicians also offer a range of supports such as research project opportunities to help beef up students' resumes, preceptorship opportunities or education grants.

Many of these programs hinge on one individual's passion and are seldom formalized. As one physician stated, "We could be more proactive in getting people thinking about coming back here in medical school; the community could give financial assistance in form of a bursary; it is a missed opportunity not doing that" (DR). Also, while some physicians reported that students have come back to do a residence or clinical rotations, there is a need to track the longer-term success of these programs.

Nursing student employment: Alberta Health Services runs an Undergraduate Nursing Employee (UNE) and a Transitional Graduate Nurse Recruitment Program (TGNRP) that offer employment opportunities to undergraduate nursing students and newly graduated nursing students, respectively. Some facility managers take advantage of these programs and offer UNE positions to local nursing students. These programs are seen as a good way for the students to get to know the unit and staff. One community reported being successful in transitioning a UNE position into a Graduate Nurse position and, eventually, a permanent staff position (C).

The Northern Alberta Development Council and some bilingual programs at colleges and universities offer small bursaries to students that choose rural practice and/or carry out part of

their education in a rural setting. Communities can promote these bursaries with potential recruits to attract them to their communities.

Residents and Locums: Several communities have recognized that medical residents and locums are a great source for physician recruitment for long-term positions and the communities run very successful medical residency programs. Physicians invest time and energy teaching medical residents and showing them the challenges and rewards of rural practice. Some physicians make sure to take each resident out for supper to have a good chat about "what it would be like to work here" (C). The community, often prompted by the A&R committee, also gets residents involved in all kinds of activities (e.g., community clean up, BBQ) to expose them to the community and connect them to key community members. Medical residents are encouraged to bring their families along to these events.

For some communities, residents and locums are now the main source of recruitment for vacant positions. As one physician explained, she returned to the community because of the strong community connections that had been fostered there during clerkships and then maintained after she left and continued her training; it was the strong mentors and great support that made her want to come back.

Connections

Connections describes strategies for potential recruits and their families to meet the community and for the community to show their appreciation for the health-care providers.

Site visits

Site visits and tours are common for potential physician recruits and these visits naturally include introductions to health-care facilities and current physicians and health practitioners (DR, Cs). These visits allow current staff to get to know potential recruits and to share information and community-specific issues with them (C). Many communities pride themselves on doing a really good job and going out of their way to make recruits feel welcome.

Site visits are typically initiated by the rural A&R committees. One of the more popular examples of communities "rolling out the red carpet" (DR) for recruits and their partners/spouses was a helicopter ride touring the community from the air. This ride gives them a better idea of the area and conveys a sense of the population demographics as the tour covers nearby indigenous land and Hutterite colonies (DRs, HC, C).

During site visits, local physicians often host a dinner or informal BBQ to welcome potential recruits and their families and to begin establishing rapport between future colleagues. This meal is also an opportunity to initiate social contacts within the community (HC, DRs, HC, Cs). These social occasions could include key members of the community, from local politicians to councillors, county reeves, church leaders, and business people. Broader involvement of the community in these events fosters across-the-board support for professionals in the community

and enhances the sense of welcome potential recruits are likely to experience (Cs, HCs, DR, P/S).

Communities are very aware of the importance of hiring for fit and site visits offer an opportunity to ensure a sustainable fit (DR). By moving site visits beyond the professional realm and into the heart of community, it is easier for both the potential recruit and community members to see how the health professional and his/her family might fit in the community (DRs, Cs). Many of these tours take place over two or three days to allow recruits to really be immersed within the community (C, HC).

Tailoring site visits specifically to each recruit and his/her family, should they have one, was seen as a must in order to give them a chance to see themselves as part of the community "unit" (P/S). A&R committees gather information on the recruit and his/her family though a questionnaire completed ahead of the visit which asks about personal and recreational interests, family situation, faith orientation, schools, etc. This information allows the committee to target the tour to the situation and interests of their visitors (Cs, P/S, HC, DR). Some site visits partnered potential recruits with a real estate agent to give them a better sense of where they might live (C). Other examples of how a tour might be tailored included adding child-care facilities, schools, and family-oriented places including recreational facilities into tours for young families (Cs).

Although helicopter tours are an extravagant example of rolling out the red carpet, most interviewees agreed that showcasing the communities' best assets was a key factor in attracting new staff and retaining them down the line (C). Focusing on these assets helps sell the community as a home and a place to live rather than just a workplace (Cs, DR). Communities included all sorts of activities on their tours: snowmobile outings, quad all-terrain vehicle tours, rodeos, farm visits, oil field tours, fishing, etc. (Cs, HCs, DRs). These activities are aimed at highlighting the best of rural life (DR) and also serve to remove any illusion of similarity to urban living. Recruits need to be aware up front of what they are getting into, especially if they are new to a rural lifestyle.

Often, partners/spouses are included in these tours, recognizing the importance that partner/spouse happiness plays in attraction and long-term retention of physicians. Partners/spouses commented how important it was for them to be recognized and welcomed by the community; regarding a successful site visit, one partner/spouse noted that "[t]he big things that stuck out for us was the community, … they treated us as a unit. They are not just getting the doctor, they are getting a doctor and a spouse, they treated us as a family unit" (P/S). Some

Key Points: Connections

- ***All communities try hard to showcase their community during the physician/family visit and to connect them with key people; "roll out the red carpet".***
- ***Site visits should be tailored to the recruits' interests and needs. For example, showcase schools, child-care and recreational facilities and highlight many of the available outdoor activities – this helps the recruits to see how they fit into the community.***
- ***Including spouses in site tours and making them feel welcome can be a deciding factor for choosing a community and enhance long-term retention.***
- ***Welcome baskets at arrival and help with settling in are much appreciated gestures.***
- ***Communities host various health-care provider and staff appreciation events during the year.***
- ***Site visits and welcome gifts are typically restricted to physician recruits but would be much appreciated by other health-care providers.***

communities even host separate tours for partners/spouses while the physician is meeting up with future colleagues. As an example, one spouse was given a ride on a tractor during a site visit, and he now hires himself out to combine during the harvest season (C). Understanding that the partner/spouse needs to be as sold on the rural lifestyle as the physician-recruit in order to retain the family in the long run seems to be a key opportunity for A&R committees.

There are no formal strategies to welcome and tour non-physician health professionals before they start working in the community. Nonetheless, some of these health professionals commented that they felt welcome by the community and their colleagues: "I am very spoilt here, because everybody is so welcoming and I feel like I am just part of the team; it will be hard to work anywhere else" (HC). Other health-care providers indicated that they would have appreciated an official welcome as a sign that the community cares about and values the whole health-care community.

Welcome gestures on arrival

Upon the arrival of successful recruited physicians, welcome gestures were highlighted as a retention opportunity. Some communities throw welcome parties to celebrate the arrival of new physicians (C, DRs). Welcome baskets were noted by most interviewees as a means of greeting new recruits (DR, HCs, Cs). These baskets seemed especially appreciated when they were personalised - either made up of products and coupons for services from local businesses or tailored to the family of the physician (DR, HC, Cs).

Interviewees further cited stocking up the kitchen of new arrivals with groceries or assisting them with furnishing rental units, as beneficial ways to welcome new physicians and demonstrate from their first days in the community that they are appreciated and valued (C, DR). In some cases, community members helped with unpacking (P/S) and welcoming committees arranged initial meetings with accountants or banks to help the new community members to set up their financial accounts (Cs, DR). These tangible gestures went a long way in helping to ease the health professionals' and their families' transition into a rural lifestyle and drove home the value of the genuinely close-knit communities they were joining (DR):

"When we came here, it was more difficult than expected…a lot of things were very troublesome from the beginning, but the community made us feel very welcome." (021BV-DR)

Long-term appreciation events

Interviewees noted a number of events hosted to appreciate physicians or health-care staff, including picnics, BBQs and seasonal potlucks (DRs, HCs, Cs). These events were often described as successful ways to bring community members together to socialise. Often these social events coincided with recognition weeks such as National Nursing Week or National Physicians' Week (Cs, P/S) and included staff breakfasts or luncheons. Christmas appreciation events were also popular (Cs, HC). Many of these events were seen a chance to engage the community as a whole and to acknowledge the hard work of not only physicians, but residents, other health-care providers and support staff and (C, DR). Public acknowledgement through excellence awards, retirement functions and so on, allowed for further community engagement around physicians and health-care providers (Cs, DR, HC).

Appreciation and recognition were mentioned frequently by interviewees as an important retention factor. Letting physicians and health-care providers know that they are valued is key to supporting work satisfaction and a sense of place within the community (HC).

II. Professional

All study participants spoke to the importance of creating a positive work environment for attracting and retaining physicians and other health-care providers (e.g., DRs, HCs,). Many interviewees stated that they work very hard to create and maintain a positive culture and welcoming atmosphere towards new team members. This atmosphere has helped to create stable medical communities and makes it easier for new health-care providers to join and stay in the long run (DR). It was thought that a positive workplace culture where everyone gets along has the additional benefit of enhancing the quality of patient care. Professional integration was seen as key to creating a positive work environment.

Professional Integration

Professional integration describes a collaborative practice environment where everybody is part of the team. All participants mentioned that this integration was critical to their practice and important for attraction and retention: "doctors really wanted to work together and wanted to do what's best for the team and the community" (C). Interviewees listed various strategies that support professional integration such as interprofessional collaboration, mutual support, good fit and fostering connections.

Interprofessional collaboration

Being able to work with a range of health-care providers was highlighted as an attractive practice feature. Typically, rural clinics in these communities are set up based on

interprofessional practice models where physicians work very closely with nurse practitioners, pharmacists, nurses and other health-care professionals alongside billing and referral staff: "being in a small facility, we know all the nursing staff and all the physicians by first name; you are really able to collaborate with other professionals; people actually know who you are and know a little bit about you" (HC). The strong working relationships between physicians and nurses were often highlighted. Some mentioned that in particular younger physicians want to work as part of a team with good culture and team dynamics and that they receive regular feedback from locums and residents that they appreciate the collegial work environment (C).

Strong interprofessional collaboration was seen to have a range of benefits:

- The ability to work to full scope of practice by delegating to appropriate providers;
- Less isolation and more social interaction; and
- The ability to quickly access others for questions and support and to jointly plan care.

Open communication was thought to greatly contribute to work climate and collaboration. Many participants stated that a single clinic approach fostered greater collaboration. Other important aspects that encouraged communication were a non-hierarchical approach (HC), confidence and trust in the team and its members and understanding and appreciating each other's skill level (HC). Many communities also have mechanisms in place where administrative leads meet regularly with all health-care providers to ensure emerging issues are addressed and to explore improvement opportunities.

Mutual support

Collaboration was closely linked to support. Support amongst physicians, but also from other professionals such as nurse practitioners and physician assistants was deemed an integral part of collaborative work environments (DRs, HCs).

> *"As an NP [nurse practitioner], being part of a great physician team is attractive for new physicians because there is a lot of support." (HC)*

> *"Physician assistants… make doctors happy - we are there for them, that's our job, but in contrast to a resident, we don't go away; this creates continuity." (HC)*

Being able to consult with others on difficult cases or call somebody in the middle of the night to assist with an emergency was considered critical, in particular for international medical graduates, residents and locums:

Key Points: Professional Integration

- ***A positive work environment where everybody gets along is key for attracting and retaining physicians and other health-care providers.***
- ***Professional integration describes a collaborative practice environment where everybody is part of the team; it has a number of attributes:***

  - Collaboration between all health care providers and support staff;

  - Mutual support – the broad scope of practice can be intimidating for new and international medical graduates and peer support and mentoring strategies can go a long way to addressing practice anxieties; and

  - People fit in professionally because they share the same practice philosophy.
- ***Having personal connections makes professional integration easier - many sites have social programs that connect physicians, health-care providers and their families for outdoor events and joint social activities.***

"Give residents the reassurance that if they are in trouble, they have support. No physician should feel like they have to handle an emergency on their own. If they need help, they get help; somebody's got your back – this is paramount to keeping physicians practicing and not feeling like they are walking on eggshells all the time." (DR)

A few of the communities mentioned that they get frequent requests from residents and locums and they attributed it to the excellent team environment and support that the clinics offer (DRs).

Many clinics have introduced mentoring systems where new physicians are buddied with a senior physician as a "go to" person during their first year. "This [buddy system] enables them to ask questions and get directions - not just medical but also 'where do I get a car, a cell phone, what do you do when your basement floods'; it also helps them with their practice and orientation towards the work" (DR). At some sites, physicians take turns to do ER shifts and on-call with a new physician to help him/her learn the system (DR).

This support was considered very important, especially by international medical graduates, "because things are done differently at home; I would recommend having a mentor for a year for a new physician. It's a big learning curve; not just medically, but learning all the paperwork and legalities" (DR). This physician also suggested that having a foreign-trained physician act as a buddy for new international medical graduates might be a good strategy, because that physician knows exactly what the new physician is going through (DR).

Some clinics are very strategic about encouraging intra-professional collaboration through workplace design. In one clinic, all physicians, nurses and learners work at one communal desk all day. This set up was intentionally established to encourage a collaborative, mutually supportive culture where no questions are off limits and the expectation is "you help me this time and I help you next time" (DR).

Personal relationships

Existing personal relationships were considered important for professional integration as well as community integration. Some communities have a history of attracting international medical

graduates from South Africa. In those communities, new physicians from South Africa already knew some of the physicians that were in the community as they had trained at the same university. "This makes a big difference to how well they settle in; personal connections can tip the balance and make someone stay" (DR). In other communities, new staff build their own support network as was the case with three new nurses (HC). At all the sites, existing staff, and in some cases their partners/spouses, help the newcomers to settle in and help connect them to the community.

"At work, we work well as a team. After hours, we are also friends." (DR)

Many sites have social programs that bring physicians and other health-care providers and their families together for outdoor events and joint social activities. Some examples of these social activities included "walk to New York" exercise challenge, bowling and movie nights, and outdoor activities. These social programs were thought to go a long way towards knitting the medical community together and enhancing the retention of its members.

Professional fit

Many referred to the importance of professional fit in creating and maintaining a positive and collaborative work environment. Fit related to many aspects:

- Sharing the values and culture of the medical community being joined;
- Embracing the rural lifestyle and rural practice;
- Practising a broad range of skills and thriving on a broad scope of practice;
- Holding the same philosophy on how to run the practice and work-life balance;
- Being willing to fill existing knowledge gaps and learn from the team; and
- Remaining a team player.

It was evident that screening for fit was really important (Cs, DRs), but many acknowledged that it is not always easy to find the right person based on the limited interaction communities tend to have with potential recruits. Identifying new recruits through personal connections in the community can help to screen for fit. Hiring former residents and locums is a particularly successful strategy for some communities (DRs, HC): during their rural locums and rotations, "we get to know who they are, they get to know who we are, and they get a taste of what rural work life is like" (HC). In this way, "medical students and residents become your future pool of physicians; that's how we do most of our screening when they are in the learning phase" (DR).

Work-Life Balance

There was agreement amongst interviewees that enabling physicians and health care providers to maintain a good work-life balance is a significant factor in attracting and retaining them (C, P/Ss, HC, DR). New recruits confirmed that the prospect of having a good work-life balance was influential in their choice of community (P/S). They noted the importance of being able to take time off to visit family and reenergize, or being able to start a family and having adequate time to spend with their spouse and children. New physicians seem to be at risk of taking on too much work in the beginning, because financial goals are really important (DR). It may be difficult to scale back once a patient panel is fully established.

Some medical communities actively promote a healthy work-life balance and encourage physicians to keep check on each other (DR, C). Covering for each other to make it possible to take time off was important (DR). The overall verdict on the quality of work-life balance was mixed - some participants stated that the work-life balance was great (DR, P/Ss, C,), others found it to be an ongoing challenge (HC, P/S). All agreed that it requires ongoing effort to maintain, in particular in communities with fewer staff (HC).

Key Points: Work-life Balance

- ***Many health care providers move to rural areas because they like the lifestyle and hope to find a better work-life balance; it is key for long-term retention.***
- ***How successful people are in maintaining a healthy work-life balance depends a great deal on having adequate staffing levels of physicians, other health care providers and support staff.***
- ***Communities that only have one clinic might have an advantage as it is easier to organize shifts.***
- ***Finding ways to create flexible schedules and to accommodate individual needs is helpful.***
- ***One community implemented a hospitalist program, where one physician covers all in-patients for a week; this allows other physicians to take time off and/or focus on their clinic.***

There were a number of strategies that support a good work-life balance:

Adequate numbers of physicians and support staff

Hiring enough physicians for the community's population base clearly allows for a better work-life balance. In communities with fewer health professionals, physicians may quickly burn out due to taxing rotations and on-call schedules (C). Locum coverage might help, but relying on locums can affect care continuity (HC). Having adequate numbers of physicians enables more flexible call schedules and working hours.

Being able to rely on sufficient support staff also contributes to a better work-life balance. When physicians take time off, other health professionals are very integral in keeping the continuity of care. In one community, the nurse practitioners run the after-hour walk-in clinic, allowing physicians to work regular business hours.

Flexible on-call scheduling and hospitalist programs

While the number of physicians and staff is the key factor influencing on-call schedules, some medical communities have found ways to build flexibility into their schedules (DRs, C). Allowing physicians and other health-care providers have some input into the scheduling process to accommodate individual needs and preferences encourages a system that better meets patient and provider needs (DR, DR).

To better align the health-care delivery schedule with provider needs while still maintaining quality patient care, one community created a hospitalist program where one physician is on call for seven days. The physician rounds with the pharmacist, physiotherapist, and nurses and covers all in-patients, including the ones from the other physicians. Previously, all physicians were expected to be on call for their patients. The hospital also introduced shorter emergency shifts (three shifts per day instead of two). These measures have created lighter rotation schedules for the physicians and allowed a better work-life balance:

> *"Work-life balance is not just about how much time you get off, but also about how much uninterrupted time you get; the hospitalist program really helped." (075BV-HC)*

> *"All those accommodations to rural physician scheduling allow us to have more free time; it requires more staff, but allows for sustainability." (010BV-DR)*

Work Satisfaction

Many of the factors discussed above such as turn-key ready practices, positive work environments, collaborative workplaces with mutual support and good work-life balance were mentioned as contributing to work satisfaction and long-term retention. Additional factors mentioned in relation to work satisfaction were a good earning potential and a sense of community. One health-care provider insisted that "in small communities, you are not a worker, you are a person. You are part of their family, and what we do, we all do it together" (HC).

Nevertheless, the most important factor for work satisfaction was the ability to practise to full scope with opportunities for additional specialization:

Scope of practice and opportunity to specialize

It was quite evident that physicians and other health-care providers alike love the diversity that rural practice offers (e.g., HCs, DRs): "You don't get pigeonholed into one area, but have lots of diverse opportunities" (HC). For many health professionals, this diversity was the main reason for choosing rural practice. Having an opportunity to do everything and practise to their full scope (e.g. in-patient, out-patient, clinic, long-term care, emergency, etc.) was seen as vital by physicians. Similarly, rural communities offer a wide range of practice for nurses including mental health, public health, obstetrics and surgery. Many professionals stated that they trained extensively and that they wanted to maintain and also expand their skills (HCs, DRs). Not having a full-service hospital (e.g., no obstetrics or surgery) was seen as a deterrent (P/S). Some

professionals also noted the opportunity for specialization that their practice environment offered: "The opportunity to specialize was attractive, there is lots of room to move in the career" (DR).

At the same time, it was recognized that the wide range of practice offered in some rural communities can be overwhelming, in particular for new graduates, and could create retention issues:

> *"It is not necessarily hard to recruit, but harder to retain nurses; new grads are often overwhelmed by the breadth of scope. They have to become good at many things vs. being an expert in certain areas. Nurses from urban sites are used to supports from other disciplines (e.g., respiratory) that they don't find here; they are responsible for so much more - how do we help them through this transition experience?" (HC)*

Coming from an urban environment where family physicians are taught to refer patients to specialists, having to provide that care themselves can create anxiety. Attraction and recruitment efforts need to recognize both the uncertainty and opportunity a broader scope of practice represents.

Teaching facility

Many of the sites were teaching facilities for medical and nursing students and very proud of this status (e.g. HCs, DRs). Despite the significant work that teaching entails, clinical staff were passionate about teaching and the rewards it offers: "Having residents keeps physicians on their toes; they don't want young physicians telling them what to do; they are hungry for education" (HC). Using the clinic as a teaching facility has also turned into an excellent recruitment strategy in some communities (Cs, DR).

> *"We made it so attractive that even Canadian doctors want to come; we don't need to rely on international recruitment." (DR)*

Key Points: Work Satisfaction

- ***A broad range of scope of practice is important to all health-care providers and the main attraction of rural practice; physicians want opportunities to do clinic, emergency, surgery and deliveries; other health-care providers also value the opportunity to branch out.***
- ***Physicians and health-care providers want to be able to specialize and bring forward new ideas (for programs, process improvements, etc.).***
- ***Collaborative practice environment, turn-key ready practices, good work-life balance all contribute to work satisfaction and long-term health professional retention.***
- ***Many physicians and other health-care providers appreciate the opportunity to work in a teaching clinic and have graduate students and residents that keep them on their toes.***
- ***Physicians and other health-care providers value educational opportunities and specialty training.***
- ***Being involved in research or able to implement innovative programs is attractive to many physicians and health-care providers.***

Professional development and growth

Physicians and health-care providers highlighted the importance of continuing professional development to stay current and to develop areas of interest. Professional development can be a challenge for rural professionals as they often have to travel longer and consequently take more time and pay more for these opportunities. Many interviewees mentioned having taken courses and training. Some examples were an endoscopy program for nurses, staff training for advanced labour and delivery, ultrasound for physicians, and wound care training. Some of these courses were sponsored by the community, RhPAP, the local Primary Care Network and the Health Foundation (DRs).

Research and innovation

Being able to initiate new programs and participate in research was considered an important incentive and also a factor that greatly contributes to work satisfaction and long-term retention (C). The ability to propose new programs and quickly implement them is rewarding and often not possible in bigger cities. In rural communities, "Physicians have areas of interest and have developed their own specialty clinics, for example, aboriginal care. They do special clinics out on the reserve" (DR). Some health professionals noted that there is a greater ability to be creative at rural sites, because there is not as much technology as in bigger places, which forces you to think outside the box (HC). Being able to bring forward innovation was also thought to create a greater sense of ownership over the care provided (C).

> *"I started a few programs here, and, wow, what kind of response I got. I was amazed. Everybody is there for you. You just talk to them and tell them, hey, I want to do that. And guess what? Next moment we are doing that thing. These are the benefits of a small town." (054SH-HC)*

Some of the physicians and health-care providers have university affiliations and consider it an essential part of their work to continue with academic research. One pharmacist became involved in a research study for which she won an award. She "felt quite proud that [she] was able to provide such good care" (HC).

III. Family

Family Integration into the Community

All communities realized that, after the initial welcome, newcomers still need support in settling into their new environment. This need is particularly true for physicians and their families moving from a different country and culture. A number of people commented that a community can be very tight knit and sometimes that closeness can make it difficult for an outsider to break in to. Communities use a number of strategies to help new families through the first few months in their new communities.

Linking to people and resources

Community members, mainly through the auspices of the local A&R committee, connect new physicians and their families to people with similar interests. They also introduce them to the managers of facilities (e.g., fitness centre, arts centre). Some stated that the strategies need to be different for every couple/family based on their needs (DR). Often, the local churches play an important role in welcoming the family and helping them to settle in to the community (HC, DR).

In places with a history of hiring international medical graduates from other countries, being able to connect with fellow country people was a big deciding factor for new physicians when choosing the community; the family knew that it would make integration into the community easier (DR). As one spouse stated: "Having people from the same background that have the same concerns really helped; you long for your language and culture and they immediately pull you in and help" (P/S). Canadian-trained health-care providers often return to a community where they have family ties. These ties were seen as beneficial as they have a social network already in place (DR).

Engagement and invitations

One strategy to engaging new arrivals in the community is to ensure that they are aware of and invited to activities and events. Some communities provide the family with a binder or newsletter with community activities (Cs, HC). They are also very intentional about ensuring invitations to specific community events are extended. In some communities, the A&R committee hosts dinner parties or BBQs for the newcomers to better connect them to other community members.

Interviewees agreed that families with school-aged children integrate more easily into the community (Cs, P/S, HC). Some couples made a point in registering their children in sports activities right away to expose them to other children and different activities. That way, the children quickly became part of the

Key Points: Family Integration into the Community

- ***Family integration into the community is important for long-term health professional retention.***
- ***Communities (mainly through A&R Committee members) reach out to newcomers, connect them to people and resources and engage them in events and activities; this is mainly done for physicians although other health-care providers could greatly benefit from connections to like-minded people.***
- ***Some communities help physicians secure interest free loans to ease the transition cost; nurses can access a student loan forgiveness program.***
- ***Many communities help newcomers find housing or connect them to real estate agents; some communities and, in some cases, Alberta Health Services own property and offer it rent free or at a low rental cost for the first months of employment; nurses and others can also get housing support in some communities.***
- ***It is important to have longer-term follow up with the newcomers. One community has a paid coordinator who helps families during the first year and beyond to settle in.***

community. It also helped the parents to get connected (P/S, HC). Integrating children into the community was thought to result in better physician and health-care provider retention: "if kids are well adjusted and make friends and are settled in, it's harder to move because children are happy in the school" (P/S). Families with very small children were thought to have a harder time integrating and sometimes felt isolated (C).

Until recently, efforts to connect and engage have not extended beyond physicians to other health-care providers. This limitation seems like a missed opportunity as other newcomers would undoubtedly benefit from those strategies:

> *"It would have been helpful if they [the A&R Committee] could have taken what our interests are and lined us up with people in the community; it took us a few years before we found those key connectors in the community who have the same interests." (HC)*

Loans

Many communities work with banks and car dealers to offer newcomers some sort of low or no interest loan (HC, DRs). The loans run from one to three years, and are primarily offered to physicians. One community mentioned a student loan forgiveness program for nurses that was considered attractive (HC).

Housing support

Most communities offer some form of housing support. Often the municipality or Alberta Health Services owns or rents a furnished home (trailer, condo or house) that is move-in ready and available to newcomers and their families. The arrangements vary, but, typically, the newcomers can occupy the home for three to six months. These properties are often offered for a low rental cost or even rent free for that introductory period: "That little bit of respite they can have, where they can live in the community, get their feet on the ground and look for housing, it's a big deal" (C). Housing support in some communities also extends to nurses, physiotherapists, locums and residents, allowing them to live in the condos/houses rent free or at a reduced rate.

In one community, physicians were able to buy the house provided as housing support when they decided to stay (C); another community offered a free building lot (C). "After their original sign up for three years, we are hoping they stay; if they want to buy that house, then we know that it is more of a long-term commitment, and we're gonna say, sure, go ahead" (C). Housing is one opportunity that exists to help make the transition to a new community easier.

Long-term follow up

After the initial orientation period, continued engagement remains important, but often forgotten. Some newcomers mentioned that the community follow up was pretty good: "we had dinner invites pretty much for the first year; after a year, you kind of lose the shine…" (P/S). Others also recognized that activities and effort fizzled out over time, often sooner rather than later: "lots of fuss is made when you are trying to recruit somebody, but once you got them signed up and get

them here, not so much" (DR). There is increasing recognition of the importance of longer-term follow-up:

> *"A new physician, it's like someone gets married, there is a honeymoon period, you are with this family for the first month every day almost or every week, and all of a sudden, in three months or six months they don't hear from you and that's when they are starting to feel homesick." (C)*

One community has assigned a dedicated person to check in with the families over a longer time period (C). In the community with the paid coordinator, the coordinator becomes the family support and checks in with the family on a regular basis (C).

Partner/Spouse Support

Partner/spouse integration into the community was seen as a critical factor for long-term retention of health professionals (DRs, C). Many communities recognized that they currently lack specific strategies and that more work could be done to help partners/spouses settle in (HCs, P/S).

> *"We found that often the spouse had a bigger role to play, because the physician is absorbed in the work and the spouse [is] going 'what am I going to do the rest of the time'?" (C)*

Jobs for partners/spouses

Many participants stated that the best way to help partners/spouses integrate in the community is by finding them a suitable job: "integration is a lot easier if the spouse works, because that is a natural way to make their own contacts in the community" (DR). Others commented on the challenge of finding suitable jobs for very educated professional partners/spouses (C). Partners/ spouses not finding a job was often cited as a reason for physicians choosing to leave (C).

Key Points: Partner/spouse Support

- ***Partner/spouse integration into the community is seen as critical for long-term retention of health professionals.***
- ***Many communities recognized that they did not focus enough on partners/spouses beyond the initial welcome phase.***
- ***Having a designated coordinator to look after the partners/spouses would facilitate their long-term integration.***
- ***Some communities help partners/ spouses find work, but depending on their profession, that is not always easy; however, many success stories emerged where partners/spouses have been matched up with suitable jobs or started their own businesses with support of the community.***
- ***Partners/spouses that are foreign trained health-care providers (e.g. foreign trained nurse practitioners, registered nurses, physiotherapists) have typically experienced great frustration, because credentialing issues prevent them from working in their profession or at their professional level.***
- ***Alerting partners/spouses about opportunities to get engaged in volunteer opportunities is helpful.***

The A&R committee plays a critical role in helping partners/spouses find work. They often check in with partners/spouses before they move to the community to understand their needs and interests. This information helps them line up visits to local businesses and potentially negotiate

job opportunities for the partners/spouses (Cs). In some cases, A&R committee members had initial conversations with partners/spouses during their site visit. In one instance, "the spouse was an environmental engineer, so during the site visit, we set up a tour through the local mill, toured the facility and talked about different job opportunities to reassure the spouse that there are opportunities in the community" (C).

Key Points: Personal Characteristics

- ***An extroverted, open mindset seems to facilitate connections and community integration.***
- ***Successful integration requires a conscious effort by the new families to make it work.***
- ***Many successfully integrated families confirmed that they "went out there and joined the community" by signing up to activities and community events.***

If the partner/spouse is also a health-care provider, this fact can pose a different set of challenges. For Canadian-trained health-care providers, many communities were successful in securing them jobs in the local health centre or nursing home (C, DR, HC). Foreign-trained health-care provider partners/spouses experienced more challenges as their degrees are often not recognized, which prevents them from working in their professional field or at their professional level. This limitation has led to much frustration amongst these partners/spouses. Some partners/spouses assist their physician partners in the medical clinic (e.g. as clinic managers), thus finding a meaningful role.

Communities had varying success in connecting partners/spouses with suitable work. Many shared stories where they landed partners/spouses jobs in local companies (Cs, DR); some partners/spouses have set up their own businesses, supported by the community and the Chamber of Commerce (HC, P/Ss). Volunteer or paid employment can significantly influence the partner/spouses' happiness and the likelihood that they will want to stay in the community.

Volunteer opportunities

For partners/spouses that are unable to find work or choose not to work, the community tries to connect them to suitable volunteer opportunities. In the past, partners/spouses volunteered for the fire department, children's programs, the local church and library, the arts community and many more. This engagement helped them to get connected and increased the likelihood that families would stay (P/S, C). Some partners/spouses commented that advertising volunteer opportunities to new arrivals would be helpful (P/S).

Role of the A&R committee in supporting partners/spouses

In most communities, the A&R committee was significantly involved in helping partners/spouses settle in and connecting them to work and volunteer opportunities. Committee members also check in with partners/spouses on a regular basis and make them feel welcome. Many committee members consider this function as an important role of the A&R committee.

Personal Characteristics

While many attested to the important role the community has in helping new families integrate, physicians, health-care providers, partners/spouses and community members alike commented that successful integration requires a conscious effort on the part of the new families to make it work:

> *"You have to be the one stretching your hand out, they [the community] are not going to do that, they don't know what kind of social life you like." (DR)*
>
> *"We realized we were here for the long run so we did whatever we could to fit into the community." (P/S)*
>
> *"We made a point of trying integrating ourselves into the community. We didn't just sit back and say, ok, what are those people offering us; we are like, ok, what is available." (P/S)*

Some interviewees commented that it helps to have an extroverted disposition, in particular for the partners/spouses. "If they're not outgoing, it's really hard for partners/spouses to get involved in the community - so there's a sense of accountability there, the community can only do so much to welcome and include, and the rest is on the shoulders of the physician and their spouse to make an effort" (C). Many successfully integrated families confirmed that they made intentional efforts to get out there and join the community: "our policy was, we decided to say yes to everything once, and you can kind of make a decision based on how it went" (P/S). "When people invite you, you go; when there are functions, you go; when there is volunteer work, you volunteer; you have to put yourself out there so you try from your side to adapt to your best ability to the community" (P/S). Many joined a lot of recreation opportunities or local committees, but noted that fitting into the community was not always easy.

Fit with Community and Rural Lifestyle

Another factor for successful family integration that consistently emerged was fit with the community and the rural lifestyle. It was seen as important to share the values and lifestyle of the rural community: "they have to love the outdoors and small community values; otherwise, they won't stay. You know your neighbours, they are your backup system and people have to be comfortable with that. If you are a very private person that won't work and they won't integrate" (P/S). Many felt that having grown up in rural communities make for a better fit as candidates know what to expect from rural life.

Key Points: Fit with Community and Rural Lifestyle

- ***Fit with the community and rural life style (e.g. appreciating the outdoors) is important for long-term retention of health professionals.***
- ***Recruits with rural background tend to be more likely to stay as they have realistic expectations about rural life.***
- ***Physicians that are single when they move to the community were less likely to stay as it can be difficult to find a partner in a small community.***
- ***International medical graduates can have a challenging time integrating into small-town Canadian culture due to the lack of diversity and/or lack of faith community.***
- ***Screening for fit is not always easy; in some communities, physicians start out on a three-month locum that helps to assess fit.***

invest in a practice or a house.

Fit was further described in terms of language, culture, faith group and personal interests. Some communities described cases where physicians and health-care providers left quickly because of the lack of fit and mismatched expectations: "if you can't integrate into the community because what you need is not here or people are not accepting (in terms of culture), it's not going to last long" (C).

"Shopping - we knew the minute we saw the spouses and the way they were dressed that this isn't going to work..." (C)

Some interviewees commented on the challenges that international medical graduates face fitting into small-town Canadian culture, particularly in communities that lack diversity. Physicians that are single when they move to the community were seen as less likely to stay as it can be difficult to find a partner in a small community. There was a strong belief that successful integration required openness and a willingness to adapt on both sides, the newcomers and the communities.

Many stated that they screen for fit, but that this screening is not always easy: "somebody who really believes in rural practice, and is suited to it, and knows what it entails – how do we screen for fit?" (DR). Some individuals try to probe during interviews and site visits. In some communities, physicians start out on a three-month locum basis: "there is nothing better than working with somebody for a few months to know if they are a good fit" (DR). This locum period also offers the physician a chance to see if they like the community before they

Results from Factors Ranking Scale

As part of this study, 69 interview participants returned the factor ranking scale (76% response rate). The scale was completed by 25 community members, 18 physicians, 9 health-care providers, 7 health-care administrators and 10 partners/spouses.

Health-care infrastructure, professional integration, connections and spouse integration were ranked as the most important factors for attraction (Table 1). Community infrastructure, work-life balance, work satisfaction and spouse integration were ranked highest for retention Table 2). Socio-political environment and personal characteristics were ranked of lowest importance for both, attraction and retention.

Breaking down the rankings by participant groups (community members, physicians, health-care providers/administrators, and partners/spouses) showed some interesting nuances. Health-care infrastructure was ranked as the most important factor for attraction by all participant groups. This finding was echoed in the interviews, but participants noted that, despite its relative importance, it was rarely a deciding factor for choosing a particular community. Health-care infrastructure was considered less important as a retention factor by all groups except health-care providers and administrators. Spouse integration was ranked as highly important for retention by most groups, notably by the partners/spouses themselves. Physicians ranked spouse integration somewhat lower than the other three groups.

Physicians and health-care providers/administrators ranked the factors in the professional domain (professional integration, work-life balance and work satisfaction) as the most important for retention of health professionals. Both groups rated incentives as only moderately important for attraction and not important at all for retention. They rated connections in the community (physicians) and professional integration (health-care providers/administrators) as more important for attraction. Only community members gave incentives a high rating for attraction.

Partners/spouses ranked community infrastructure highest of all groups for the retention of health professionals. They also considered work-life balance and work satisfaction as important retention factors.

None of the observed differences in ranking were statistically significant, likely owing to the small sample sizes of each group.

Table 1: Ranking of importance of factors for attraction (n=69)

Values show the mode (most frequent ranking) on a scale from 11 (most important) to 1 (least important).

ATTRACTION FACTORS

Rank	Factor	Overall	Community Members	Physicians	Providers & Admins	Partners / Spouses
1	Health Care Infrastructure	11	11	11	11	11
2	Partner Integration	11	9	5	5	4
3	Professional Integration	10	5	4	9	4
4	Connections	9	2	9	4	8
5	Work-Life Balance	7	7	7	4	7
6	Work Satisfaction	6	5	6	6	7
7	Community Infrastructure	5	7	2	5	2
8	Community Integration	3	2	3	3	5
9	Incentives	2	10	7	4	2
10	Personal Characteristics	1	1	3	2	4
11	Socio-Political	1	1	1	1	1

Table 2: Ranking of importance of factors for retention (n=69)

Values show the mode (most frequent ranking) on a scale from 11 (most important) to 1 (least important).

RETENTION FACTORS

Rank	Factor	Overall	Community Members	Physicians	Providers & Admins	Partners / Spouses
1	Work-Life Balance	10	8	10	10	9
2	Work Satisfaction	10	7	10	9	10
3	Community Infrastructure	10	4	5	6	7
4	Partner Integration	9	9	7	9	9
5	Health Care Infrastructure	8	5	8	11	8
6	Professional Integration	8	5	9	8	4
7	Community Integration	5	7	4	6	6
8	Personal Characteristics	4	4	1	4	2
9	Connections	3	4	3	3	3
10	Socio-Political	1	3	2	2	1
11	Incentives	1	1	1	1	1

Discussion

What Makes Rural Communities Successful in Attracting and Retaining Health-care Providers?

The present study examined 12 rural Alberta communities to determine the strategies they use to successfully attract and retain physicians and other health-care providers. A conceptual framework adapted from earlier Alberta research (Cameron, Este & Worthington 2012) guided this examination. The framework highlights three key domains (community, professional, family) that influence a health-care provider's decision to practise and remain in a rural area.

Based on 91 interviews with community members, physicians, other health-care providers, health-care administrators and partners/spouses, we were able to confirm the general validity of the framework, and expand and refine some of the domains. Table 3 summarizes the sub-factors and prevalent themes that emerged under each domain. Comments from interviewees highlight that community factors, professional environment and family characteristics are intricately linked.

In general, the A&R committees are most actively involved in strategies in the community domain, in particular strategies targeting the socio-political environment (e.g. health care equipment fundraising, student skills days) and connecting newcomers to the community. They further play a leading role in strategies targeting the family domain (family integration and partner/ spousal support). The medical community leads strategies related to the Professional domain. In order to succeed at attracting and retaining health professionals to a rural area, communities need to pay equal attention to all three domains. While some areas require careful long-term planning and substantial financial investment (e.g., infrastructure improvements), other strategies can often be executed by enthusiastic volunteers with little strain on resources (e.g., building connections for newcomers and their families or hosting welcoming and appreciation events).

Table 3: Summary of key domains and emerging themes

Factors	Sub-Factors	Themes
Community	Community infrastructure	Schools, recreation facilities, child care, library, housing, community programming and events, beautiful outdoors
	Health-care infrastructure	Health centre/medical facilities, state-of-the-art equipment, clinic size, support staff, proximity to hospital, "plug and play" practice arrangements
	Socio-political environment	Health-care equipment fundraising, A&R Committees with diverse membership and roles, strategies to grow and retain local talent
	Connections with the community	Site visits to showcase community assets and meet community, welcome gestures, long-term appreciation of physicians and other health-care providers
Professional	Professional integration	Collaboration with all health-care providers, mutual support, personal relationships, professional fit
	Work-life balance	Adequate staffing (physicians, other health-care providers and support staff) that allows taking time off, flexible scheduling, hospitalist program
	Work satisfaction	Broad scope of practice, opportunity to build expertise, collaborative practice, work-life balance, turn-key ready practice, teaching facility, continuing education and research opportunities
Family	Integration into community	Outreach to newcomers, linking to people and resources, interest-free loans, housing support, longer-term follow-up
	Partner/spouse support	Connect partners/spouses with jobs and volunteer opportunities, engage in events
	Personal characteristics	Extroverted and open mindset of newcomers
	Fit with community and rural lifestyle	Growing up in rural area, community minded, outdoorsy, realistic expectations of rural life

What Are the Socio-Political Factors that Make Certain Communities Successful?

Many of the factors uncovered in our study are not new and have been well-discussed in the literature (Bragg & Bonner, 2014; Cameron, Este & Worthington, 2012; Chauhan, Jong & Buske, 2010; Fleming and Sinnot, 2018; MacLeod et al., 2017; Nowrouzi et al., 2015; Wasko, Jenkins & Meili, 2014). In the following section, we highlight some areas that we consider most relevant and promising to advance successful community attraction and retention efforts.

Flexible, Context-specific Approach

From the interviews, it became clear that each community uses a unique, context-dependent approach to attraction and retention. Recruitment efforts go through cycles of stretch and fold, depending whether it is a period of crisis or stability. However, successful communities never entirely abandon their attraction and retention efforts and stay aware of what is happening so activity can be quickly ramped up when needed. Having an A&R committee facilitates this process. In fact, many of the strategies in the community and family domains were initiated and led by rural A&R committees. For example, A&R committees were typically responsible for planning the community and social components of the site visits and the skills days to attract local talent. Committee members were also the individuals who reached out to the families of health professionals to help them settle in. Without a dedicated group to assume responsibility, coordinating these attraction and retention initiatives might be more challenging.

Although many of the participating communities had such a dedicated committee, no two were exactly the same in terms of composition or roles. Many attested to the necessity of having all key players (political members, physicians and other health-care providers, business members) involved in the committee and the need to constantly evolve. Furthermore, successful communities have managed to build strong partnerships with the medical community, Alberta Health Services' recruiters, RhPAP community consultants, representatives from neighbouring municipalities, and health foundations and are using these relationships to lobby and advocate for their community's health-care needs. Noteworthy is the important role that hospital/health foundations and women's auxiliaries play in most communities in raising funds for major medical equipment.

Although communities are unique in their approach, we discovered many similarities. For example, participants across all communities spoke passionately about the importance of the site visits they host for potential recruits and their families as well as recognition events for physicians and other health-care providers. These strategies are well in hand and essential in helping potential candidates see how they might fit into a community and ensuring that health professionals feel valued.

The Professional Realm Remains Important

Creating successful strategies in the professional domain remains critical for retention (Chauhan, Jong & Buske, 2010; Fleming & Sinnot, 2018; Wasko, Jenkins & Meili, 2014). Professional integration, work-life balance and work satisfaction are cited as the most important retention factors within this realm. Many of the communities have innovative collaborative practice models that extensively use the collective expertise of other health-care providers including nurse practitioners, physician assistants, different types of nurses, allied health providers as well as administrative support staff. Some communities have implemented mentoring programs for new recruits, flexible scheduling or a hospitalist program, all aimed at encouraging the supportive nature of the workplace and better work-life balance. These strategies are typically designed and implemented by the health-care providers and support health professional retention efforts.

Aligned with evidence in the literature (Bragg & Bonner 2014; Mitra, Gowans, Wright et al., 2018), physicians as well as other health-care providers noted a broad range of scope as the most important factor affecting work satisfaction. Being able to offer health-care providers a full range of practice with opportunities to specialize or pursue personal areas of interest creates a distinct advantage for communities. Similarly, having teaching facility status was important to many physicians as it allows them to stay up to date. Many clinics have implemented successful medical resident and locum programs which have turned into a source of physician recruitment for some communities.

Looking Upstream

Many of the communities have started to focus on up-stream strategies, working with high schools and universities to create rural practice experiences. Most of these events combine hands-on skills training with opportunities to socialize with the local community. These events offer students some insight into rural lifestyle and practice (Chauhan, Jong & Buske, 2010; Lea et al., 2008; Mader et al., 2016). Others proactively connect with current medical undergraduate students from their communities to lend support and remind them of future work opportunities back home. These strategies have great potential to create a pool of interested and skilled rural practitioners (American Academy of Family Physicians 2002; Lea et al., 2008). Although anecdotal evidence attests to the popularity and success of these skills events, their long-term impact needs to be formally evaluated. Furthermore, the strategies involving local medical and health sciences students would benefit from a more standardized approach.

What Are the Essential Personal Factors of Health-care Providers and their Spouses/Partners that Enable Success?

The Need for Fit

The need for fit between health professional and community to secure long-term integration emerged repeatedly throughout the study. Fit relates to the rural lifestyle as well as language, culture, faith orientation and personal interests. Participants highlighted the positive aspects of rural living (recreational outdoor opportunities, better work-life balance), but also the potential drawbacks (the lack of infrastructure, culture and entertainment, the close-knit community whose members have often known each other since birth that can make it difficult to feel accepted). There is growing evidence that having a rural background or rural training experiences during the education process may predispose some graduates for successful rural practice (American Academy of Family Physicians 2002; Bragg & Bonner 2014; De Valpine 2014; Fleming & Sinnot, 2018; Lea & Cruickshank, 2005; MacLeod et al., 2017; Mitra, Gowans, Wright et al., 2018; Pathman et al., 2004; Wasko, Jenkins & Meili, 2014). Although growing up in a rural area may promote more realistic expectations of rural life, setting up a practice in a rural area requires openness and adaptability from the health-care provider and their family as well as the community. Assessing for fit beyond rural background remains difficult; locum programs and rural residency rotations have been used by some communities to screen for fit.

Partners/Spouses Can Make or Break a Deal

There is increasing recognition of the importance of the partners/spouses in physician retention (Cameron, Este & Worthington, 2012; Fleming & Sinnot, 2018; Myroniuk et al., 2016; Wasko, Jenkins & Meili, 2014; Witt, 2017). Many newcomers and partners/spouses mentioned that an extroverted mindset helps with the integration process and that they really put themselves out there. An extroverted mindset seems to be particularly important for partners/spouses, who otherwise might be at risk of isolation. Some amazing stories of successful partner/spouse integration into the community emerged; some partners/spouses established their own businesses and became an integral part of the community. Partner/ spouse support was ranked as highly important for both attraction and retention. The community has an important role to play in facilitating the integration of the partners/spouses. Many participants saw partner/spouse integration as an area for further improvement and for more targeted long-term strategies. They recognized that support often seems to "fizzle out" after the initial orientation period. Investing in a paid coordinator to support families over a longer period of time is one strategy that could be adopted by other communities.

A Note on Attraction and Retention Strategies for Other Health-care Providers

Much of the existing literature has focused on attraction and retention of physicians to rural areas, although similar shortages are evident for nurses and other health-care professionals (MacLeod et al., 2017). It is evident that having an appropriate supply of other health-care providers is essential to create stable medical communities. Our study examined the strategies communities use to attract and retain providers other than physicians and also interviewed health-care providers about their attraction and retention needs. A few communities offer housing support or small bursaries to other health-care providers.

Although there was general consensus that more attention on other health-care providers is required and some of that work is in process, current strategies are still heavily focused on physicians. Lack of funds and capacity were cited as the main reason for not broadening the attraction and retention focus. A&R committee members noted that while they are well aware of upcoming physician vacancies, they are not always informed of health-care provider vacancies or new hires in their health centres.

The health-care providers interviewed made it clear that they would greatly appreciate and benefit from targeted support, in particular during the orientation period at a new health centre/ in a new community. This desired support included help with connecting to like-minded people, arrangements for daily living (e.g., getting child care) and general information about the community. Many of these supports could be provided by volunteers and would not require financial resources. Providing these supports should be an area of future focus. Obtaining timely communication about the upcoming vacancies of health-care providers would be a helpful first step.

In summary, the study revealed that communities use a wide range of strategies to attract and retain physicians, and to some extent, other health-care providers. Strategies covered the three domains of community, professional and family, although there was a complex interplay between these domains. Adapting a retention framework from the literature (Cameron, Este & Worthington, 2012) was useful in guiding this study and exploring strategies in each of the different domains.

While many of the strategies are firmly established and have been successfully implemented over time (e.g. physician welcome visits, health-care provider appreciation events, collaborative practice models, dedicated A&R committees), some opportunities for future investment emerged. In particular, more attention could be paid to other health-care providers and partners/spouses and their integration into the community. Opportunities to exploit more consistently local talent as a future source of rural health-care providers also exist.

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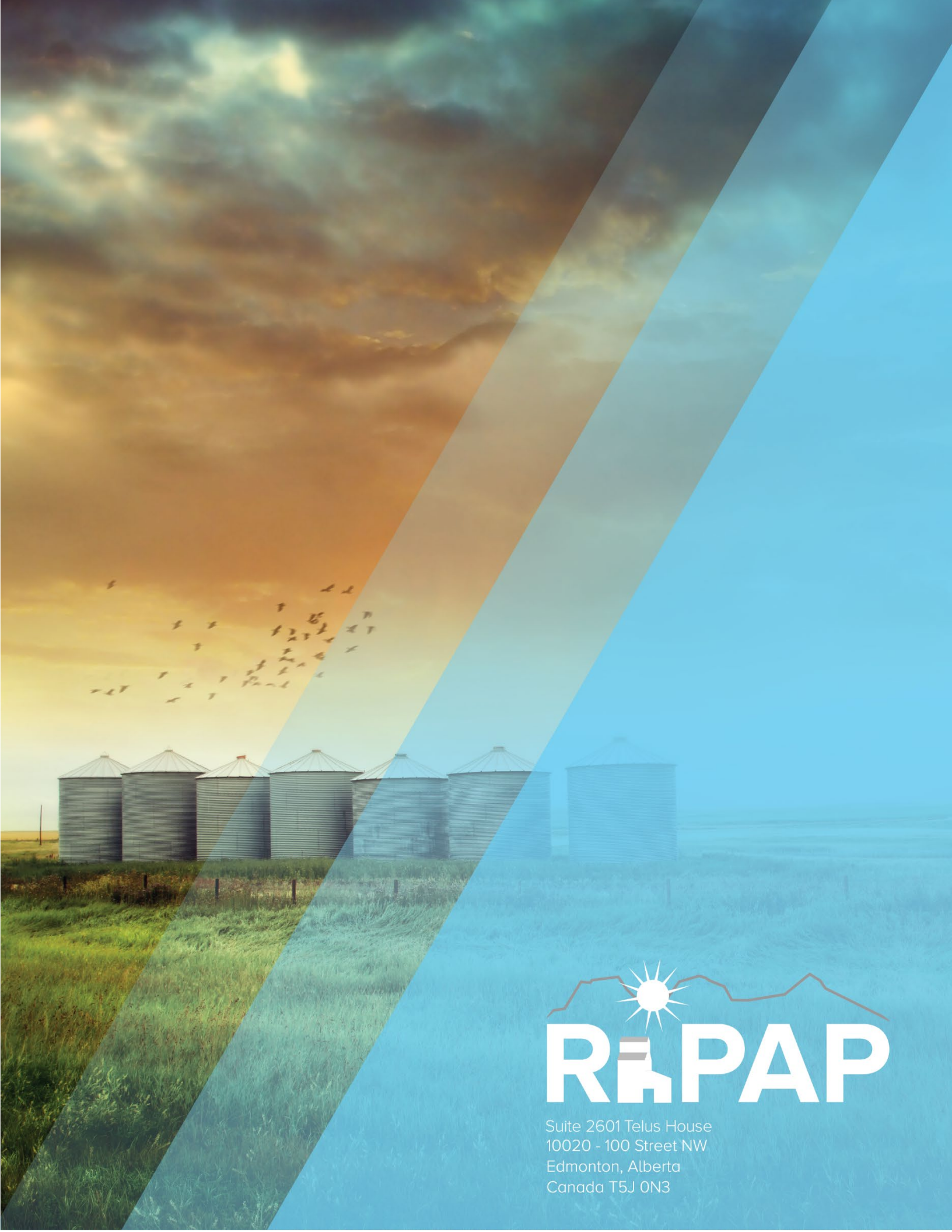

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