PHYSICIAN SATISFACTION AND RECRUITMENT STRATEGIES AT AGASSIZ MEDICAL CENTRE – A CLOSER LOOK

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Home for the Summer – June to August, 2018
Morden, Manitoba
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Introduction

The issue of physician shortages in rural settings in Canada has been ongoing for decades. According to the Canadian Institute for Health Information (CIHI), in 2004, 21.1% of the Canadian population resided in areas considered rural. Yet, only 9.4% of Canadian physicians practiced in such areas. This number accounts for about 16% of all family physicians (FPs) and only 2.4% of specialists in Canada.[1] In 2016, the corresponding numbers were 8.1% of Canadian physicians, 13.7% of all FPs and 2.3% of specialists.[2] While the numbers may vary slightly from year to year and from one source to another, the big picture remains the same – physician maldistribution remains an important issue in Canadian healthcare today.

Different strategies have been implemented by policy makers and health officials both on the national and provincial levels in order to try and address this issue. Those include the recruitment of IMGs (International Medical Graduates), return of service agreements, financial incentives and technology upgrades, to name a few.[3] Furthermore, medical schools contribute to the efforts by recruiting rural students and increasing curricular exposure to rural medicine.

From the physician's perspective, many factors may play a role in determining whether to practice medicine in a rural setting or not. Some of the factors that may deter physicians from rural practice include social isolation, lack of own and/ or spousal job availability, heavy call-schedule and workload, lack of professional and/ or educational support. On the other hand, rural medicine also proves to be attractive to many. Wide scope of practice, housing affordability, rural lifestyle and community support/ involvement are just a few of the reasons why many choose to practice rural medicine.[4]

The city of Morden is located 90 minutes southwest of Winnipeg. With a population of 8,688, Morden serves as the second largest city in the Pembina Valley Region (PVR), behind the city of Winkler – home to a population of 14,311.[5,6] Altogether, the PVR serves as home to a population of 64,782.[7,8] The population of Morden and surrounding areas are served by Agassiz Medical Centre (AMC), a community owned clinic providing primary care through 20 FPs and 2 nurse practitioners (NPs). Other team members include nurses (clinical, travel health, mental health), a social worker, a clinical pharmacist, administrators, and more. Through its partnership with C.W. Wiebe Medical Centre (CWWMC) and other facilities within the premises, AMC is able to serve as a My Health Team for the area. Similarly to AMC, CWWMC serves the city of Winkler and surrounding communities as a My Health Team, with a team of 30 FPs, 10 surgeons, multiple nurses and other health providers.

Uniquely situated between the cities of Morden and Winkler is Boundary Trails Health Centre (BTHC), a 94- bed acute care regional facility which operates under Southern Health and serves a population greater than 50,000. BTHC operates a 24-hour Emergency Department and

provides many services including, among others: surgical (obstetrics/gynecology, general, orthopaedic), diagnostic, cancer/ chemotherapy, dialysis, rehabilitation and community. In addition, the centre serves as a clinical teaching unit (CTU). Many of the services are provided by FPs.

Due to the ongoing struggles with physician maldistribution in rural communities across Canada, it is evident that more actions need to be taken to see the gap narrowed. This study seeks to investigate how rural practice can become more attractive to physicians. Using AMC physicians and BTHC as a model, the study examines physician satisfaction at AMC in comparison with data from the National Physician Survey (NPS) and CIHI. In addition, the study seeks to understand what qualities are deemed important by primary care providers (including FPs and NPs) in regards to maintaining a rural practice. Concurrently, the study also examines what factors are deemed important by AMC in its recruitment strategies.

Methods

To study physician satisfaction and gain an understanding of factors deemed important by rural physicians in maintaining rural practice, an anonymous survey (see Appendix A) was created using SurveyMonkey. Through the Accuro EMR system, primary care providers at AMC were messaged with a link providing online access to the survey. The recipients of the message were informed of the person conducting the survey and its purpose. Of the 22 surveys distributed, 13 persons responded. Of those responding, there was a 100% completion rate. Respondents had the option to skip questions. None of the responses were linked to a name, email, or other personal data which could reveal a respondent's identity.

The survey contained 34 questions of different types, including multiple choice, select all that apply, rating and open response. Survey questions covered a range of topics including physician origin and upbringing, scope of practice, and satisfaction with different aspects of their career. It is important to note that the survey questions were worded to target physicians, however some of the respondents may have been NPs working at AMC. Due to the qualitative nature of the study, as well as taking into consideration the large overlap of roles played by FPs and NPs as primary care providers in rural areas, NP responses would be included under the category of rural physicians for the purpose of this study and when comparing to data by NPS and CIHI.

The purpose of the study was also discussed with the Executive Director (ED) at AMC, and a short informal interview was conducted. During the interview, the ED discussed recruitment strategies and factors deemed important in recruiting and retaining physicians from the perspective of an ED.

Results

The survey included 34 questions about different aspects of the life and career of a rural family physician. Please see appendix A for the complete survey questions. This section summarizes and highlights a portion of the results collected by the survey as deemed relevant for the purpose of the study, and does not include the results in their entirety.

Physician upbringing

- 6 of 13 respondents **(46%)** grew up in an **urban community**, of which 4 within MB, 2 outside of Canada, and 0 outside MB but in Canada
- 7 of 13 respondents **(54%)** grew up in a **rural community**, of which 2 in the PVR, 3 within MB but outside the PVR, and 2 outside of Canada

Type of work, practice, work setting

- 7 of 13 respondents **(54%)** self-described as family physicians and/or general practitioners **only**
- 6 of 13 respondents **(46%)** self- described as family physicians with a **focused practice**, including anesthesia, low-risk obstetrics, high-risk obstetrics, emergency medicine, hospitalist medicine
- Types of work include: family practice **(12/13)**, walk-in clinic **(10/13)**, healthcare of the elderly **(9/13)** hospital medicine **(9/13)**, emergency medicine **(7/13)**, women's health, maternity and newborn care **(6/13)**, surgical assisting **(5/13)**, others.
- Work settings include: community hospital **(11/13)**, community clinic **(8/13)**, emergency department **(6/13)**, nursing home/ long term care facility **(5/13)**
- 11 of 13 respondents **(85%)** partake in **teaching** responsibilities
- 11 of 13 respondents **(85%)** have **hospital privileges**

Return of service/ financial incentives to set up practice

- 7 of 13 respondents **(54%)** had a return of service provision/ received a financial incentive to set up practice
- 4 of 13 respondents **(31%)** currently or in the future will receive a retention bonus

Employment situation, hours worked, call service, remuneration

- 9 of 13 respondents **(69%)** feel employed in their discipline **to their satisfaction**; 3 of 13 **(23%)** respondents feel **overworked**, 1 of 13 **(8%)** respondents feels **underemployed**
- 10 of 13 respondents **(77%)** provide on call service; of those providing on call services, on average **110 hours** are spent on call per month

- On average, people **work 46 hours per week** excluding call services; of those, on average **30 hours** are spent on direct patient care
- On average, physicians **see 85 patients per week,** excluding call services
- On average, physicians **work 46 out of 52** weeks per year
- 10 of 13 respondents **(77%)** are remunerated mainly by a **Fee-For-Service** system, 2 of 13 respondents **(15%)** are remunerated by a **blended system**, 1 of 13 respondents **(8%)** is remunerated mainly by a **per diem/ sessional/ hourly system**.

Satisfaction with the following aspects:

- Professional life: 10 of 13 respondents (**77%)** are **satisfied,** 3 of 13 respondents **(23%)** are **very satisfied**
- Hours worked: 6 of 13 respondents (**46%)** are **satisfied,** 1 of 13 respondents **(8%)** is **very satisfied**, 5 of 13 respondents (**38%)** are **neutral,** 1 of 13 respondents **(8%)** is **dissatisfied**
- Balance between personal and professional commitments: 8 of 13 respondents (**62%)** are **satisfied,** 1 of 13 respondents **(8%)** is **very satisfied**, 4 of 13 respondents (**30%)** are **neutral**
- Focus/ scope of practice: 10 of 13 respondents (**77%)** are **satisfied,** 3 of 13 respondents **(23%)** are **very satisfied**
- Remuneration model: 10 of 13 respondents (**77%)** are **satisfied,** 1 of 13 respondents **(8%)** is **very satisfied**, 2 of 13 respondents (**15%)** are **neutral**
- Relationship with patients: 10 of 13 respondents (**77%)** are **satisfied,** 3 of 13 respondents **(23%)** are **very satisfied**
- Relationship with hospitals: 7 of 13 respondents (**54%)** are **satisfied,** 3 of 13 respondents **(23%)** is **very satisfied**, 2 of 13 respondents (**15%)** are **neutral,** 1 of 13 respondents **(8%)** is **dissatisfied**
- Relationship with specialist physicians: 9 of 13 respondents (**69%)** are **satisfied,** 3 of 13 respondents **(23%)** are **very satisfied**, 1 of 13 respondents (**8%)** is **neutral**
- Relationship with close colleagues: 5 of 13 respondents (**38%)** are **satisfied,** 8 of 13 respondents **(62%)** are **very satisfied**
- Relationship with non-physician healthcare workers: 7 of 13 respondents (**54%)** are **satisfied,** 6 of 13 respondents **(46%)** are **very satisfied**
- Availability of continued medical education (CME) to meet needs: 6 of 13 respondents (**46%)** are **satisfied,** 5 of 13 respondents **(38%)** are **very satisfied**, 2 of 13 respondents (**15%)** are **neutral**
- Ability to take time off/ find locum tenens coverage: 7 of 13 respondents (**54%)** are **satisfied,** 3 of 13 respondents **(23%)** is **very satisfied**, 2 of 13 respondents (**15%)** are **neutral,** 1 of 13 respondents **(8%)** is **dissatisfied**

Table 1. Factors considered important in decision to maintain practice at AMC/ BTHC. Respondents were able to select all that apply.

ANSWER CHOICES	RESPONSES	
Wide scope of practice/ focused practice	84.62%	11
Family/ connection to the area	46.15%	6
Previous exposures/ training in the region	23.08%	3
Post graduate (i.e. residency) training in the region	7.69%	1
Housing affordability in the region	15.38%	2
Spousal employment	7.69%	1
Relationship with patients	46.15%	6
Relationship with community	46.15%	6
Relationship with colleagues	69.23%	9
Scheduling flexibility	61.54%	8
Group practice model/ setting at AMC	84.62%	11
Total Respondents: 13		

Table 2. Other factors deemed important by respondents in the decision to set up and/or maintain practice at AMC/ BTHC. This was an open response question.

"I grew up rural and spent time here as a student. The proximity to Winnipeg played a role. The collegial atmosphere and patient satisfaction allows me to love my job. There is lots of activities to do in the area... golf, lake, hiking. The clinic is well-run."
"Access to imaging & good relationship with radiologists. Safe community with adequate resources"
"Happiness of my children"
"I came to Canada as this was the first post that I got, I liked it and decided that any problems that I had I would have elsewhere. So I stayed."
"Supportive group of colleagues, not too small (always have back up) but not too large (allowing for large variety in practice), proximity to Winnipeg"
"Minnewasta Golf Course"
"Was my family practise rotation in Morden 30+ years ago that led us here. Maintain was my colleagues, the community, wanting to keep provide care to my patients"

Table 3. Changes to the practice model at AMC/ BTHC/ health region that physicians thought would increase physician satisfaction and/or attraction. This was an open response question.

"Clinical teaching unit helps increase exposure to our clinic and hospital"
"More specialists"
"Lower overhead"
"ER availability is a hold up, at maximum capacity for physicians currently. Call support / funding for low risk obstetrical group. Space and having own clinical office - currently trying to be addressed by clinic"
"Getting more funded hours in ER… Expansion of AMC"

During an interview with the ED of AMC, a number of factors were pointed out as important in the physicians' decision to set up and maintain practice in the region, from the ED's perspective. Table 4 summarizes some of the factors, however the interview will be further discussed in the discussion section of this paper.

Table 4. interview with Executive Director at AMC. The table summarizes important factors in physicians' decision to practice at AMC from an ED's perspective.

General factors	**Recruitment**	**Retention**
Wide scope of practice, willingness of clinic to explore new ideas	"recruiting family/ partners" – not just the physician	"amazing, knowledgeable and supportive staff"
No practice "rules" such as minimum patient numbers, monthly payments etc.	Openness and honesty – "what you see is what you get"	Ability to be a director
Colleague support	No recruitment pressure	Full disclosure of business
Availability of clinical support – admin (billing/scheduling etc), clinical (nurses, My Health Team)	Assigning of mentor during practice start up – source of support and guidance	Vision of clinic/ goal setting
BTHC	Return of service	Connection with families
The community	Lower overhead	Culture of clinic

Discussion

As discussed previously, physician maldistribution remains an important issue in Canadian healthcare today. Despite the availability of BTHC and community clinics such as AMC and CWWMC, physician shortages in the PVR are still evident. For example, waitlist for a family physician at AMC is currently estimated at about 1600. Despite the high demand, it appears as though the region, and AMC in particular, are able to effectively attract and retain physicians. Surveying the physicians at AMC as well as interviewing the ED of AMC reveals a number of important factors that appear to play a vital role in physician attraction and retention. Those include satisfaction with scope of practice, work load and work-life balance, relationship with other colleagues and AMC practice model, and, last but not least, the community.

The scope of practice at AMC seems to play one of the most important roles in attracting and retaining physicians, as reported by 85% of respondents. Almost half of the survey respondents described having a focused family practice. 85% of respondents reported participating in teaching responsibilities and having hospital privileges. Remarkably, different services offered by BTHC, such as anesthesia, emergency medicine, sports medicine, ambulatory care, low and high risk obstetrics, OR assisting, dialysis, chemotherapy, cancer care and palliative therapy, are mostly covered by family physicians working at AMC and CWWMC. Aside from the surgical staff, most of these physicians are family medicine trained with some having additional training. In addition, many of the physicians reported child and adolescent care, walk in clinic, and maternity care as part of their practice. This could explain why 100% of the respondents report being satisfied or very satisfied with their professional life as well as scope of practice, compared to 74% of Canadian rural physicians.[9]

Work load is another aspect that appears to play an important role for physicians. In fact, it was listed as third in the "top 5 improvements to motivate rural FPs to remain in their practice setting", according to the 2013 NPS.[10] Almost 70% of respondents were employed to their satisfaction at AMC, with 23% feeling overworked and 8% feeling underemployed. Physicians at AMC work 46 hours per week on average, compared to 55, the average for Canadian rural physicians. AMC physicians who provide call service typically average about 110 hours per month. Although this number may vary, it is lower than 142, the average for Canadian rural physicians. These factors may help explain why 54% of physicians at AMC report being satisfied or very satisfied with hours worked, 38% being neutral, and 8% being dissatisfied, compared to 48%, 21% and 24% for Canadian rural physicians, respectively. [11] When looking at work-life balance, in contrast to 47% of Canadian rural physicians, 69% of AMC respondents were satisfied or very satisfied, with 31% reporting a neutral position.[12]

Additionally, 85% of respondents reported work setting and model of practice at AMC as an important factor in their decision to maintain practice. Some of the things that contribute to this, according to AMC's ED, are physicians' schedule flexibility and their ability to determine their own practice style with limited rules, for example not having to maintain a certain number of patients per month. Additionally, the presence of knowledgeable colleagues, administrative staff, clinical nurses and other members of My Health Team create for a very supportive environment. New recruits are assigned mentors or "buddies" to which one can turn to for guidance if needed. Such factors could contribute to the reason why 100% of the respondents reported being satisfied or very satisfied with both relationship with close colleagues as well as non-physician healthcare workers.

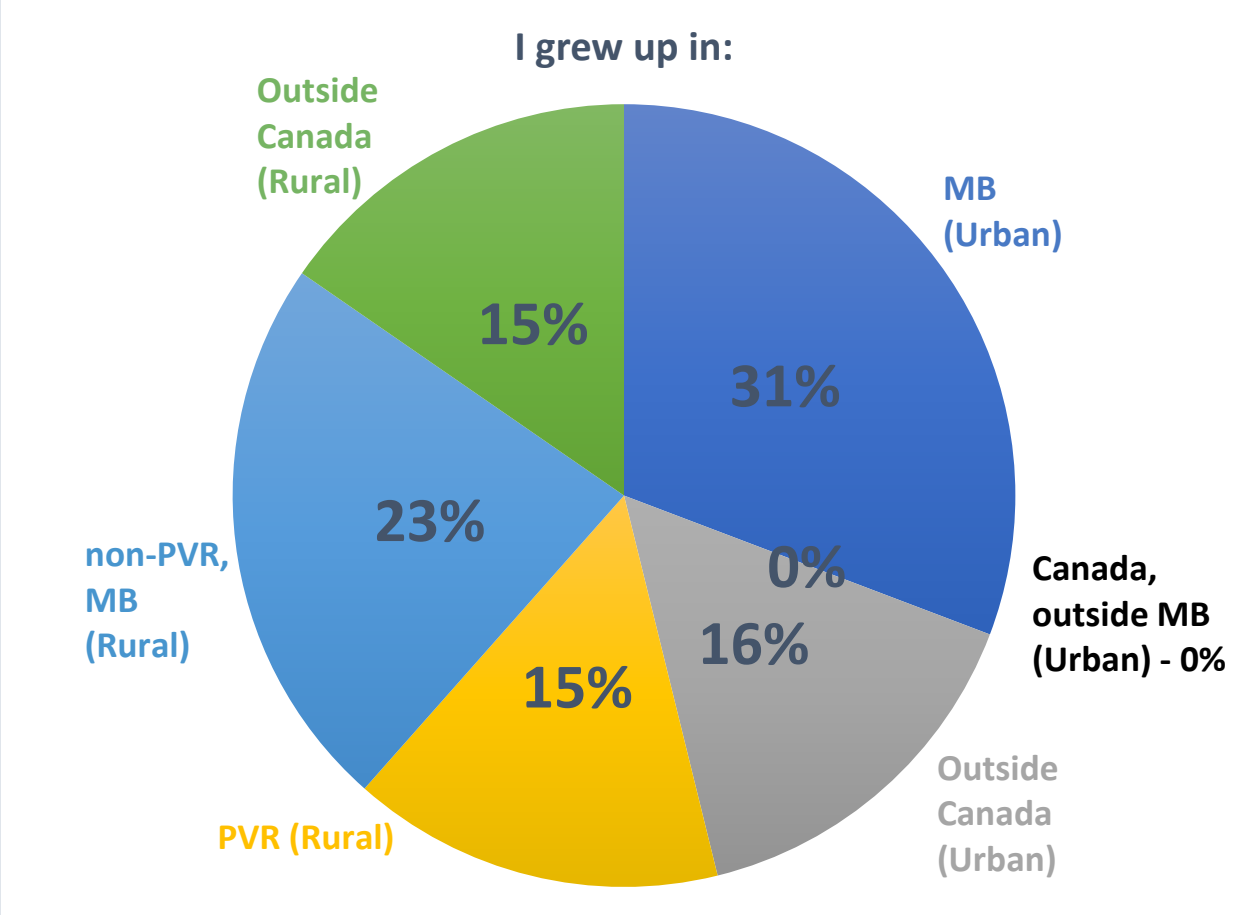

Figure 1. Location of upbringing of survey respondents.

According to Figure 1., almost half of the respondents grew up in an urban community, whether inside or outside Canada. Of the other half, about equal proportions of respondents grew up either rurally within the region, in a different rural region of MB, or in a rural community outside of Canada. 46% of respondents listed family/ connection to the area as an important factor. While it is reasonable to assume that previous connections to the region may play a role in

a physician's decision to set up and maintain practice in a rural area, it appears as though other factors play a role, especially for those with no connections to the region. Those factors include safety of the community, a welcoming atmosphere, and recreational areas and activities. Relationship with the community was listed by 46% of respondents as an important factor. 100% of respondents were satisfied or very satisfied with their relationship with patients. These factors seem to be reinforced during recruitment at AMC by "recruiting the whole family", not just the physician. For example, during the interview, AMC's ED revelated that it is not uncommon for the clinic to directly contact human resources in the area in order to determine whether job listings or positions are available for potential recruit's partners.

Recruitment efforts are targeted at many of the factors discussed above, however, as the ED at AMC explains, the process is centred around "quality, not quantity". Furthermore, as the ED notes, the clinic believes in transparency during recruitment; "what you see is what you get", and does not believe in employing pressure during recruitment. The clinic believes in implementing long term, sustainable actions and as such, despite the ongoing need for physicians in the region, it focuses its efforts onto finding the right person to fit the job, even if that translates into a slower rate of recruitment. New recruits are offered to be Directors at the clinic, allowing them to participate in meetings and decision making. The clinic sets new "visions" once every several years, and physicians are enforced to set yearly goals to help achieve the "visions". The clinic provides full disclosure on different aspects of its running, including financial and business matters.

Finally, according to the 2013 NPS, opportunities for continued medical education and availability of locums were both listed in the top 5 improvements to motivate FPs to remain in their practice setting. 77% of respondents reported being satisfied or very satisfied with their ability to find locum, 15% being neutral and 8% being dissatisfied. In addition, 85% of respondents reported being satisfied or very satisfied, with 15% being neutral. This is in part due to availability of weekly rounds and CTU presentations with residents and medical students.

Conclusion

With the current struggle of the Canadian healthcare system to combat the maldistribution of physicians in many rural areas throughout the country, it is important that continuous steps are taken in attempt to overturn such a trend. One way to increase the attraction of physicians to rural communities is by improving factors traditionally known to deter physicians from rural practice, such as heavy workloads, lack of support and access to continued medical education. The Southern Health Region is able to accommodate the needs of the PVR, in part due to the unique practice models at AMC of Morden, BTHC, and CWWMC of Winkler. It may not be coincidental that many aspects of career and life satisfaction amongst AMC physicians are reported to be superior to those of other rural physicians in Canada, including

satisfaction with workload, call time, relationship with colleagues, physician support, ability to find locum coverage, and access to continued medical education. Therefore, it would not be unreasonable to further explore what role the unique practice model in the region plays in attaining higher rates of physician satisfaction, as well as the role played by both physician satisfaction and the unique regional practice model in affecting the ability of the region to meet the healthcare needs of the population, directly or indirectly.

Limitations

The purpose of the study is to only gain a qualitative understanding of the factors deemed important for rural physician satisfaction and recruitment by physicians and health recruiters alike. As such, very basic methods were used to investigate these factors, including an online survey and an interview. The survey was not conducted in a double-blinded matter, with the respondents knowing the identity of the survey administrator. Moreover, the small sample size of n=13 could have had an influence on the validity of the responses. In addition, the interview had been obtained under informal conditions and the contents discussed were not extensively recorded in their entirety. Therefore, data from this paper should only serve as a starting point in exploring potential associations between the topics studied, and under no circumstances should be used to infer causation. Moreover, physician satisfaction data from the survey should not be used for purposes other than those discussed above.

References

1. Pong RW, Pitblado JR. Geographic distribution of Physicians in Canada: beyond how many and where. *Ottawa Can Inst Heal Inf*. 2005:11. http://scholar.google.com/scholar?hl=en&btnG=Search&q=intitle:Geographic+Distribution+of+Physicians+in+Canada+:+Beyond+How+Many+and+Where#0.

2. *Supply, Distribution and Migration of Physicians in Canada, 2016: Data Tables*.; 2016. https://www.cihi.ca/en/access-data-reports/results?query=physician+migration&Search+Submit=.

3. Witt J. Physician recruitment and retention in Manitoba: results from a survey of physicians' preferences for rural jobs. *Can J Rural Med*. 2017;22(2):43-53. http://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=122914539&site=ehost-live.

4. Manitoba Health. *Rural Physician and Health Services Assiniboine Region*.; 2004. http://www.gov.mb.ca/health/documents/arha.pdf.

5. Statistics Canada. 2017. *Morden, CY [Census subdivision], Manitoba and Manitoba [Province]* (table). *Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. https://www12.statcan.gc.ca/census-recensement/2016/dppd/prof/index.cfm?Lang=E

6. Statistics Canada. 2017. *Winkler [Population centre], Manitoba and Manitoba [Province]* (table). *Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E

7. Statistics Canada. 2017. *Division No. 3, CDR [Census division], Manitoba and Manitoba [Province]* (table). *Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E

8. Statistics Canada. 2017. *Division No. 4, CDR [Census division], Manitoba and Manitoba [Province]* (table). *Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E

9. Buske L. Rural and Urban Practices: Where they differ and where they don't. Canadian Collaborative Centre for Physician Resources. *Canadian Medical Association.* 2014. http://nationalphysiciansurvey.ca/wp-content/uploads/2014/03/Rural-Urban-2013.pdf

10. Lung E, Kobeissi B, Kljujic D, Grava-Gubins I. 2013 National Physician Survey: Employment Issues Among Rural Phyiscians in Canada. *The College of Family Physicians of Canada.* http://nationalphysiciansurvey.ca/wp-content/uploads/2014/05/NPS-Poster-CAHSPR.pdf

11. Lung E, Kobeissi B, Kljujic D, Grava-Gubins I. 2013 National Physician Survey: Employment Issues Among Rural Phyiscians in Canada. *The College of Family Physicians of Canada.* http://nationalphysiciansurvey.ca/wp-content/uploads/2014/05/NPS-Poster-CAHSPR.pdf

12. Buske L. Rural and Urban Practices: Where they differ and where they don't. Canadian Collaborative Centre for Physician Resources. *Canadian Medical Association.* 2014. http://nationalphysiciansurvey.ca/wp-content/uploads/2014/03/Rural-Urban-2013.pdf