

# Challenges for rural communities in recruiting and retaining physicians

*A fictional tale helps examine the issues*

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In the 2003 Québécois movie *Seducing Dr Lewis*,<sup>1</sup> the island of Sainte-Marie-la-Mauderne in Quebec is in decline, with many of its residents unemployed. A company offers the island's citizens hope for a more prosperous future when it considers building a factory on the island; however, there is one catch: the community must have a permanent family physician. The community's recruitment attempts for a physician have failed for 15 years. Then, through nefarious means, a young doctor, Christopher Lewis, is exiled to the island for a month. Now the community's only hope is to seduce Dr Lewis to stay.

This movie offers a number of issues for discussion about the recruitment and retention of family physicians to rural and remote areas. In this commentary, we use the movie to present some of the challenges for rural communities during these processes. The literature on this topic often highlights the perspectives of physicians but not those of communities. It is important to consider the perspectives of communities, as research establishes that they are key to determining why physicians choose some places to practise over others.<sup>2-6</sup> Additionally, as some physicians participate in community recruitment processes, it might be helpful to understand the viewpoints of communities in more depth.

## No doctor, no village

The quote "No doctor, no village"<sup>1</sup> from *Seducing Dr Lewis* highlights that for some rural communities, the lack of a doctor means a struggle to survive. Having a physician might encourage people to stay in the community, attract new residents, and ensure the sustainability of a valued way of life. As more churches and schools are being closed in rural areas, physicians might become the centre of these communities (whether the physicians want to or not, or even recognize it).

This being the case, one can understand the high level of investment by communities—emotional, financial, etc.—in the recruitment process. In the film, the community's leader, Germain, despairs after receiving no response from his mail-out to every physician in Quebec. This scene introduces a discussion on the challenges that accompany community-led recruitment processes. The first challenge is the possible financial effect on communities. Many communities, but not all, receive some (variable) level of support in

their recruitment efforts from local hospitals, health authorities, or provincial or state health departments. However, Sainte-Marie-la-Mauderne received no support. As most island residents relied on social security, the mail-out was a substantial investment that strained the community's resources. Even in more prosperous and stable communities, receiving some support, the financial implications of recruitment processes should not be underestimated.<sup>7</sup> The obvious costs include advertising the position and bringing potential recruits to the community; less-obvious costs include the amount of time and energy "donated" by community members. Some communities use recruitment agencies, which incurs even more cost.

The second challenge is the extent of emotional investment, particularly when so much is at stake. The degree of financial and emotional investment by communities can create vulnerabilities that could be exploited, intentionally or not, by physicians seeking a position. For example, is it appropriate for a physician to visit several rural communities at the communities' cost, if this person is already relatively sure about where he or she wants to practise? While it is legitimate for physicians to seek both good financial remuneration and good working conditions, there is a fine balance between legitimate self-interest and exploitation of the vulnerable—something that should raise ethical questions for physicians.<sup>8</sup>

## Stop looking and find one

A scene in the film shows Quebec doctors smiling derisively, laughing, and throwing the mail-outs in the garbage. Clearly the gap in understanding between physicians and fishermen about what motivates a physician to move to a community is important. With the golden opportunity for community employment at hand, by fair means or foul, the citizens of Sainte-Marie-la-Mauderne must find a physician and "seduce" that person to stay. But how?

Communities that cannot, do not, or will not use recruitment agencies, or have no access to similar

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expertise, might face considerable challenges. Where and how do communities learn to recruit well? Some communities, as noted earlier, might receive support in this endeavour; however, this might vary. If physicians respond only to “professional” recruitment strategies, what does this mean for the health and well-being of communities that are unable to undertake professional recruitment processes? While it is not the responsibility of individual physicians to address these problems, we suggest that this dynamic needs to be appreciated by physicians looking for positions in rural areas.

The desperation of the island’s citizens is evident when they accept a cocaine-using plastic surgeon, Dr Lewis, who is prepared to stay for 1 month after being blackmailed by a former island resident, now a provincial police officer. Dr Lewis becomes the focus of the community, and its citizens make it their mission to know everything about him and to seduce him to stay—beginning with a general community clean-up and progressing, as can only happen in a movie, to tapping his telephone line, exploiting his emotional vulnerabilities (eg, not having had a father), changing the environment to suit his preferences (eg, serving his favourite foods in the restaurant, purporting to be cricket fans, listening to fusion jazz), and accentuating his favourable feelings for the community through things like scuba-diver-assisted fishing expeditions.

While we hope no communities go to these extremes, we suggest that communities do struggle with how far to go or how much to do in terms of “selling” their communities. The process of devising a “sales pitch” for a community might bring it together or pull it apart, exposing divisions about the community’s nature and its values and needs.<sup>8</sup> The need for a doctor might put pressure on community members to conform to the picture that most of the community wants to present to the potential recruit.<sup>8</sup> Some within the community might question whether they can challenge the course of the recruitment process. This dynamic might affect the community’s response to the newly recruited physician. For example, minority factions might seek to undermine the new physician to justify their position by magnifying the sort of problems that are bound to occur as the physician adjusts to the new community, practice, and patients.

There is often a “deficit” perception of rural health—that rural areas are problematic and therefore should expect second-class services and health professionals.<sup>8</sup> The film, in some sense, reinforces this perception when the community members accept a physician who was a recreational cocaine user because they need someone—anyone. The reality is that many communities confront the question of whether it is better to have any doctor, irrespective of whether that doctor shares their values

or has the “ideal” background, or no doctor and reduced health services.

However, the film also illustrates the strengths of rural practice, which can provide a practice environment and lifestyle that some physicians might find deeply satisfying but that are not necessarily leveraged effectively in recruitment processes.<sup>8</sup>

### When the initial courting is over

Once a community recruits a physician, its focus at some point will naturally shift to determining how to keep the physician. In the film, the island’s citizens recognize how much of a life change this experience has been for Dr Lewis, and what it means for the community to continue its false representation. They are overjoyed when the telephone tap reveals that his romantic relationship has ended, seeing only how this might benefit their interests. It is only later that Germain considers the physician’s feelings. It is to be expected that communities will prioritize their needs, but a potential consequence of this is that the “courted” physician might become a means to an end, rather than an individual whose needs are important.

As recruitment shifts to retention, physicians might cease being a means (“any doctor will do”) to being an end in and of themselves (“we want this doctor”). This points to the importance of the relationships between the physician, community members, and the community; relationships that are central to the “success” of the process.<sup>2-6</sup> We suggest that it is critical that the physician and the community are open and honest about who they might be (as individuals and as a community) and what the respective expectations are around the physician and his or her involvement in the community, as this relates to health outcomes and the physician’s role in achieving other community goals (such as a factory in the film). Relationships are sustained on trust—not deception.<sup>8</sup>

Having a physician “sign on” with a community is a form of external validation that the community is both “successful” and “sustainable.” This desire for external validation can make a community vulnerable to hearing what it wants to hear. In the film, when the doctor says, “This is a wonderful place,” his comment is taken as an indication that he will stay; however, reality is more complex. One can think a place is wonderful, but not want to live there for an extended period. This is an area where there might be a mismatch between community expectations, traditionally of a physician for life, and the changing reality of modern working conditions, work-life balance, and professional and personal development; a physician might be willing to practise for a contained period of time in a rural community but not for their entire professional career. Again, we would suggest that communication is a key part of expectation management.

## Conclusion

*Seducing Dr Lewis*<sup>1</sup> provides a framework to examine the issues confronting rural communities engaged in the recruitment and retention of physicians. If the respective parties to these processes understand each other's needs, expectations, and motivations, it can make a difference to the quality of the relationships that are created or established, as well as to the potential mutual benefit of each party. 

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None declared

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