**Chapter 2.3.5**

# SUPPORTING THE SPOUSE OF THE RURAL DOCTOR AND INTEGRATING THE LEARNER'S FAMILY INTO RURAL SETTINGS

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The "*nature of medical work is inherently stressful – uncertainty, high personal responsibility, negative outcomes ...*"
Resilience *is 'the ability to succeed, to live, and to develop in a positive way ... despite stress or adversity that would normally involve the real possibility of a negative outcome'.*

Professor Amanda Howe,
Keynote address at the Wonca World Conference, Prague, 26 June 2013.

I believe a book on rural medical education should include a chapter on the rural medical family. Why? It's simple. The love and support of a family is a basic human need – and it is this which gives many a rural doctor the strength and resilience to stay in a rural town providing much-needed health care to its population. It is these same doctors who provide rich medical experience and education for medical students and doctors in training. But it takes both the doctor and the family to be happy in order to stay in a rural area.

## Why a focus on supporting the rural medical family?

Rural medical practice is very much 'a family concern' (1). Surveys of rural and urban spouses suggest that levels of commitment and direct contribution to their partners' practices are higher in rural practices (2, 3).

Qualifications and occupations of rural medical spouses often result in value being added to communities in areas such as nursing, allied health, education, the arts and management. In addition, a high percentage of spouses are directly involved in the operational tasks of the private practice, as well as working in their specific fields of training (3).

'The rural doctor's spouse often holds a pivotal position between the practice, the family and the community,' (4)

'Rural medical spouses often work long hours with little recognition,' (3)

'What must be recognised by government, health authorities and communities is that the rural medical family is vital and unique,' (5)

The role of the rural doctor's spouse is complex as seen in the figure on page 3 below.

### *A unique opportunity*

It is when one has lived the life of a rural medical spouse that one truly understands Prof Max Kamien's quote above, about rural practice being a family concern (1). Living and working in rural communities provides a unique opportunity for the doctor and his/her family to be part of the 'health' of that community.

It also puts them in direct contact with medical students, doctors-in-training and their families as they join the practice and community for their rural placements and education. They provide opportunities for these medical students, doctors-in-training and their families to become involved in community events and facilitate their understanding of the socio-economic factors contributing to the health and structure of the community.

And rural practice provides medical students and registrars[1] with the opportunity of seeing and managing the lives of patients from birth to death – an experience not easily accessed in urban areas - and to learn the art of medicine from experienced doctors.

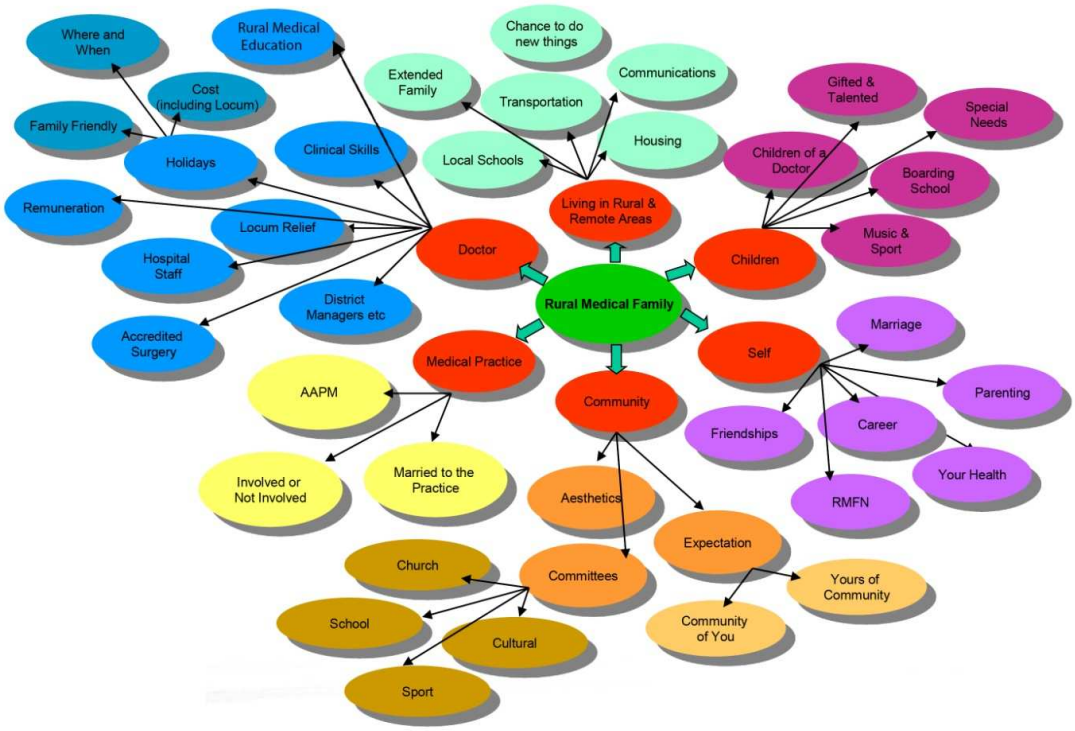
[1] A registrar - also called a postgraduate resident or vocational trainee – is a qualified doctor who is part of a structured training programme.

## What keeps an experienced doctor in a rural community?

Recruiting doctors to rural areas is the easy part. Retaining them often proves more difficult.

Doctors in rural areas – be they established or in training - who have a well-equipped practice, who are well remunerated and who are able to carry out clinical work are more likely to stay in that area (6). A dissatisfied, unfulfilled spouse who seeks a different life elsewhere, however, may result in a doctor leaving. Assisting and supporting the spouse and family to feel fulfilled and part of the community may contribute to their satisfaction and their desire to stay in a rural setting.

### **The rural medical family – a complex picture** (7)



### *Support networks, services and programmes*

Support can be provided by spouse-directed organisations such as the Rural Medical Family Networks of Australia (RMFN). These networks are state-based, working within rural health workforce agencies funded by the Australian Federal Government. Each state network has a spouse president and committee with an employed dedicated project officer responsible for providing the programmes and services put forward by the RMFN committee.

RMFNs provide that ounce of prevention in supporting rural medical families - which is better than a pound of cure.

Examples of services and programmes supporting the (Australian) rural medical family include the following:

- Orientation manuals – an A to Z of living in a rural setting, including cultural and language sections specific to families of doctors trained overseas moving to rural areas.
- Educational opportunities e.g. practice management, self development.
- Websites e.g. www.rmfnq.com.au.
- A quarterly magazine, including a kids' club section.
- Spouse bursaries – aimed at assisting financially in retraining a spouse should they require a new set of skills to find a job or role of their choice.
- Specific spouse and children's programmes at rural doctor conferences, encouraging the participation of doctors at these conferences.
- Mentoring – volunteers from the RMFN available for telephone chats.
- Partnerships with other organisations – such as counselling services, practice management advice, rural women's networks, financial advice, career advice for spouse and family members, boarding school associations and education advocacy for children.
- Recognition of rural medical spouses through awards.
- Friendship and fellowship through conferences, social gatherings, or social media e.g. Facebook.

## Pearls for rural medical families

- If you wish to work outside the home, the position may be quite different to what you have done in the past.
- Make the most of opportunities that living in rural areas can provide – e.g. learning new skills or having the time to retrain for a new career, starting your own business, designing or writing.
- Take advantage of the many sporting opportunities that rural communities and contexts offer.
- Rural communities have many people with hidden talents, particularly in the realm of the arts. You'd be surprised what talents lie quietly within a rural community.
- Be part of the practice in which your spouse works, if you can. This will give a very good insight into what your doctor spouse copes with in a day.
- Have standard responses and answers at the ready in case you are asked about a private matter or a patient.
- Become involved with the community – they have so much to teach you.
- Embrace the sense of community a rural town can give.
- Be prepared to be touched by the exposure to whatever traumatic incidents occur in the community. This will inevitably involve friends and people known to you. Support your doctor spouse through these times, if they need it.
- The more a community sees you involved and the more they will come to trust you, the more you will belong.
- Develop strategies to manage the burden of community expectations to be all things to all people nearly all the time - and the ensuing lack of anonymity that comes from living in a (small) rural community.
- Know your limitations and take on what you can. It's okay to say 'no' when you need to.
- Understand that you may be seen as a privileged person in the eyes of some, and that the privileged are not expected to have problems.

- Give your children strategies for being the children of the local doctor. Talk to children about the role of the doctor; medical emergencies; why their mum or dad can't always be home at a certain time; why other children might tease them about being 'rich' or 'lucky'; why some children/adults think they should be smart because they are the children of a doctor whilst keeping things in perspective.
- Boarding schools – will we or won't we send our children away to school? A decision only you and your family can make.
- Have two cars so as to be independent of medical emergencies.
- Put the answering machine on at dinner times.
- Doctors need to prioritise patients and illness, but they always love their families.
- If possible, block off appointment times so doctors can slip out to see their children blow out their birthday cake candles. (An advantage of a small town is that generally it is not far to slip home.)
- Block off time in advance for special events e.g. ballet concerts, soccer finals, school concerts or awards nights.
- If you want to go to an event (like a performance) in the city, then get organised and do it.
- Plan time away and holidays – and book locums early.
- When sick, see your doctor!
- If your doctor is also your spouse, put on your patient hat, make an appointment to be seen at the surgery and have a proper consultation. Your doctor would want this. Stick to the agreement you and your doctor have agreed to regarding your health management and care.
- When children are sick and need to see the doctor, make an appointment, take off any family hats and have a thorough consultation.
- Become involved with organisations such as Rural Medical Family Networks or the Rural Women's Network.
- Find another rural medical spouse you can trust so as you can 'sound off' without it going any further.

- Go to rural medical conferences and participate in the family programmes – a great way to meet people just like you.
- Become a mentor for other rural medical spouses – you will have much to offer someone else.
- Embrace medical students and doctors-in-training and their families. If nothing else, they are our future.
- If life is not what you think it should be, talk to your spouse, talk to others you can trust, seek outside support. The bush is not always to blame.
- Take into account what makes it good, what makes it bad!
- Be yourself.

## Assisting medical students, training doctors and their families

The following is a 'do' list of things that the rural medical family can do to make medical students, training doctors and their families who are in town for a block or limited period feel welcome and included:

- Include them in social and sporting events at the family and community level.
- Include them in service club activities and meetings.
- Allow students to pay their own way to social and sporting events.
- Arrange work with people in the community who have disabilities or special needs.
- Organise visits to historical sites, national parks.
- Organise visits to local agricultural enterprises, local industry and mines.
- Organise time with indigenous health workers, aged care workers, home and community care personnel, emergency services personnel.
- Encourage presentations to school students on health care topics and careers in health.
- Support them through tough times associated with tough clinical situations (as you can't escape them as easily in rural communities). Inform training providers if necessary and assist in arranging a debriefing session.

- Encourage local service groups to take advantage of programmes such as HUGS (Working Holidays for Undergraduate Students - an initiative of the New South Wales Rural Medical Family Network and the Australian College of Rural and Remote Medicine's John Flynn programme to expose potential rural medical students and doctors to rural areas).
- Try for long-term students, rather than a constant stream of short-term students.
- Encourage the rural medical practice to sponsor students to rural medical conferences.

But also

- Share the load of assisting them between established doctors, doctor's families and community groups.
- Have a break from assisting medical students, training doctors and their families at all levels – practice, family, community.
- Living it beats reading about it!

### *An illustrative anecdote / case study*

The male spouse of a doctor-in-training applied for a rural medical family bursary to study for a real estate licence. Achieving this licence meant that the spouse started his own real estate business. This business gave him his own identity and sense of worth within the community as well as provided the town with a new business and service. Something as simple as this bursary meant that the doctor is still in the rural town, the doctor's spouse is fulfilled and the town has benefited from a business which employs locals and provides a service for the town

## Discussion

In a co-ordinated strategy to support the recruitment and retention of doctors in rural areas, the support of the spouse and family plays a vital role, and should be considered at all levels - from medical students, to doctors-in-training, residents and established rural doctors.

### *Being informed*

State medical service providers should be made aware of the issues faced by new doctors (3). Medical students, doctors-in-training and their families need to be presented with information that will better prepare them with realistic expectations of rural practice, to assist them in having a more positive experience. Medical education must remember to include such discussion points as having a spouse who is able to adapt to rural settings when considering rural practice as a future career path.

### *Broader applicability and implementation*

Having travelled to many countries and spoken with dozens of rural medical spouses and families, it is my opinion that rural medical families require recognition of, and support for, the roles they play in the retention of rural doctors and in assisting with the care of medical students, doctors-in-training the their families within the community.

Countries where governments can afford such recognition through funded organisations such as the RMFN of Australia are well resourced and would be only too happy to share and help other countries to establish such support networks. A few provinces in Canada have also started rural physician family networks which provide similar support to that of the Australian networks. I believe the framework of such networks, with information appropriate to each context, would be of great benefit in the preparation of doctors and their families venturing to remote areas in developing countries.

## Conclusion

The rural medical spouse (and their family) often has a multi-facetted role in the rural community and in supporting their doctor-spouse in areas outside clinical practice, such as rural medical education. This is a taxing and often invisible role and one that deserves recognition and support. Feeling valued motivates people to go the extra mile, and would ensure that medical students and doctors-in-training and their families experience the enjoyment the rural context can offer.

Just as experienced doctors have much to pass onto medical students and doctors-in-training, so too does the rural medical spouse/family have much to offer in strategies that make for a fulfilling  rural experience.

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### *Further reading*


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