



# Briefing Note

## Community Involvement in the Recruitment and Retention of the Rural Health Workforce

*March 2019*

To: British Columbia Ministry of Health & Health Authority Decision-Makers

From: Rural Evidence Review Project, Centre for Rural Health Research

Subject: Community Involvement in the Recruitment and Retention of the Rural Health Workforce

### The Issue

The recruitment and retention of the rural health care workforce are well-documented and persistent challenges in British Columbia and globally. At present, there are 75 rural and remote communities across B.C. that are actively recruiting for a total of 384 health care providers, including 185 physician opportunities and 134 available nursing positions, and with demand for occupational therapists (n = 14), physiotherapists (n = 26) and other provider types. The significant role for rural communities to attract and sustain rural health care providers must be considered.

### Background

To mitigate the challenges of rural recruitment and retention in British Columbia, an array of system-level interventions have been employed, including financial and professional incentives to practice in rural settings (e.g., the Recruitment Incentive Fund, the Rural Retention Program, and Rural Continuing Medical Education), as well as the University of British Columbia's distributed medical education program, which aims to enhance the representation of rural and Indigenous individuals in medicine and to enable medical education in rural and underserved communities. Where evaluated, the data has demonstrated variable results with regard to the efficacy of the system-level strategies.

Alongside system-level initiatives and in response to the vulnerabilities that rural citizen-patients experience where local health services do not exist or are inadequate (e.g., worse health outcomes and poor social infrastructure), many rural Canadian communities are



actively engaged in recruitment and retention processes . Increasingly, researchers have recognized the importance of community involvement to the success of recruitment and retention processes, as well as the importance of supporting and legitimizing community participation at a system-level.

The recruitment and retention of the rural health care workforce is a complex challenge. There is not a singular solution due to the unique contextual realities of individual communities, including their geographical location, their demographics, the nature of the local health services, and the compliment of local health care providers and communities. An effective strategy toward rural recruitment and retention requires a thoughtful combination of a variety of approaches by both system- and local-level actors (i.e., the Ministry of Health, the Health Authorities, relevant professional associations, educational institutions and rural and remote communities).

***The recruitment and retention of the rural health care workforce is a complex challenge. There is not a singular solution ...***

## Community Participation

A scoping review of the literature explored community-level strategies for rural recruitment and retention. This is not to imply that effective recruitment and retention are community-level issues, nor that significant system-level challenges do not exist. We also caution that several authors noted the potential for community activism to widen the disparities between the rural communities with the resources and social capital to engage and those that lack such resources. Within this context, the scoping review yielded the following community-level strategies that are important to the success of recruitment and retention processes:

**Community development activities.** This included activities to promote supportive and vibrant communities for the success of recruitment and retention processes. The areas for development might include community revitalization and leadership, transportation, housing, educational opportunities, health care, recreational assets, tourism and historical preservation.

**Incentives.** The included literature reported local efforts to provide financial incentives (e.g., repayment options for student loans) and housing inducements (e.g., to provide accommodation) to the incoming and existing health care providers, and support for the local health facilities (e.g., to build or upgrade the local health centre) to enhance the recruitment and retention of the rural health care workforce.

**The intentional integration of health care providers and their families into the practice community.** This occurred through positive engagement of a provider and their family by the community; by being respectful of their privacy; and by encouraging their participation in local groups and events.

**Support for the provider's family.** The contentment of the health care provider's family is a salient determinant of recruitment and retention to rural and remote settings. This includes the educational, employment, cultural and recreational opportunities available to the family, and is intimately related to attention to the community infrastructure.

**A community audit of local capacity and priorities for recruitment and retention.** The included literature underscored the importance for communities to perform an assessment of local capacity for recruitment and retention and community health needs for their successful involvement in recruitment and retention processes.

**Marketing the community to prospective applicants.** This includes efforts to communicate the benefits of life and practice in the rural community. For instance, a site visit offers the opportunity to highlight the positive features of the community and practice, and in particular those that are relevant to the interests and priorities of a provider and their family.

**The presence of a recruitment coordinator.** The included literature revealed the importance of a recruitment coordinator to facilitate community-level recruitment and in some instances, retention processes. The activities of the recruitment coordinator included to provide direction to the processes; supporting communities to secure funding for recruitment and retention; preparing action plans; and facilitating the integration of health care providers and their families into a community.

## The Health System-Community Interface

Community involvement in health services planning and decision-making is not a novel concept. Despite this, the influence of community participation is not clearly acknowledged in the health policy literature. The growing evidence for the importance of community participation to improve rural recruitment and retention suggests that the Health Authorities and other system-level actors develop formal, effective and integrated mechanisms for community-health system coordination and collaboration. It is important to explore the nature of the interface between community and Health Authority efforts and priorities in order to accomplish this. In particular, it is important to consider and/ or address:

- The structural characteristics of the health system that might disincentivize community involvement, including health system size and bureaucratic barriers.
- The potential for divergent goals and priorities (local versus regional).
- The resource capacities of rural and remote communities for community involvement in recruitment and retention processes.
- The potential for competition between the multiple actors involved.

**“... the influence of community participation is not clearly acknowledged in the health policy literature.”**

## Recommendations

The acute and persistent shortage of rural health care providers, together with the varying success of system-level interventions and the increasing evidence for the importance of community involvement in recruitment and retention processes, indicates a need for an integrated (health system-community) approach.

- I. That the B.C. Ministry of Health, the Regional Health Authorities and other key stakeholders (e.g., UBC Medicine, the Union of B.C. Municipalities) recognize the importance of the involvement of all key stakeholders, including rural and remote communities in British Columbia, in rural recruitment and retention processes.
- II. That rural and remote communities in B.C. be actively engaged in the recruitment and retention of health care providers. This will require:
  - A. System-wide legitimacy and support for community participation in recruitment and retention processes.
  - B. The development of durable mechanisms for consolidating community voice (e.g., the creation of community health boards) and for community involvement in Health Authority and Ministry of Health planning processes.
  - C. Attention to additional resources and processes that might be required in communities with fewer resources and/ or social capital, such that the existing disparities in health and health care are not widened.
- III. That regional planning processes be undertaken in a transparent way, with a clear rationale for resource allocation decisions. This might involve the implementation of a population-based metric for determining the number and type of providers required to meet population needs.
- IV. That the discrete recruitment and retention needs of rural Indigenous communities, as articulated by the communities themselves, be observed, particularly within the legacy of colonial health care and the need to ensure cultural safety and humility.
- V. That all collaborative (community-health system) recruitment and retention efforts be evaluated for effectiveness; costs involved; and lessons learned.
- VI. That communities that achieve their recruitment and retention goals through collaboratively (community-health system) designed and executed processes be recognized and their successes documented, so that they may serve as role models for other communities.

*The full scoping review can be found at: [crhr.med.ubc.ca/resources/reports/](https://crhr.med.ubc.ca/resources/reports/)*

## About the RER

The Rural Evidence Review (RER) project is a four-year initiative, jointly funded by the Rural Coordination Centre of British Columbia and Canada's Strategy for Patient-Oriented Research. The goal of the project is to work with rural community stakeholders in B.C. to provide rural community-relevant evidence for rural health services planning in the province. To achieve this goal, we: (1) engage rural citizens to identify their rural health service priorities, (2) synthesize the international evidence on these priorities, and (3) promote the uptake and use of the research findings into policy and planning discussions in B.C.

## Contact Us



<https://crhr.med.ubc.ca>



@CRHR\_Public



@centre-for-rural-health-research