Key lessons in implementing a rural GP spouse mentoring program

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Introduction
The retention of general practitioners (GPs) in rural and remote New South Wales (NSW) is an ongoing issue. While there are programs that focus on retaining the GP themselves, very few focus on their life partners (known as spouses for the purpose of this paper) and families. This is despite the fact that research confirms that spouse orientation to rural life plays a major part in GP decisions to remain in rural practice. The old adage ‘Happy spouse, happy house’ is very much in play.

To redress this imbalance, the NSW Rural Doctors Network (RDN) and Rural Medical Family Network (RMFN) are implementing a program targeting spouse orientation. This paper will identify and discuss the key learnings harvested to date.

Bush Friends Mentoring Program
To investigate the retention potential of this largely unexplored group, in 2011 the RMFN established the Bush Friends Mentoring Program.

The program concept derived from a GP spouse who was heavily involved in supporting GP families in rural NSW and who had benefited greatly from a mentoring relationship when she first moved to a rural location. RDN was very interested in the idea and made a small amount of funding available to develop the concept.

While there is a small body of research on identifying the challenges and subsequent support needs of rural GP families¹, there is an even smaller pool of information about programs to address these needs.² The challenges of spouses and families identified in the literature are those that had already been identified anecdotally. These include:

- integrating into a new community
- accessing appropriate childcare
- loss of identity (being seen only as the GPs spouse)
- lack of spouse employment opportunities
- reduced ability to meet people outside of the GP partners practice context
- GP partner spending little time with the family due to work pressures
- lack of privacy in a small town, and
- reduced education choices.

All these issues can have a great negative impact on the ability of a spouse and family to settle into a new community.

The Bush Friends program aims to match individual GP spouses newly arrived in rural NSW with experienced rural spouse “mentors”. The program utilises a previously untapped resource (experienced rural GP spouses), and targets a largely forgotten group (newly arrived rural GP spouses) with the aim of easing the transition to their new rural life and ultimately extending retention of the family and GP. The “mentor” extends a hand of friendship to a new arrival and may be able to offer unique information and support as they were in a similar position once and understand first hand, some of the challenges that may arise.
The *Bush Friends* approach while largely new, is constantly evolving, delivering critical methodology lessons on the way.

**Method and hurdles**

With no prior programs to model upon, *Bush Friends* adopted an action research approach where consistent monitoring and program participant feedback is utilised to refine the program model over time.

The program began in November 2011 based on a traditional business style, mentoring program. It included formal structures for

- developing and implementing the mentor role
- matching mentors and mentees outside of close geographic locations
- establishing communication between mentor and mentee via phone contact
- ensuring on-going mentor training and de-briefing
- identifying potential mentees
- matching mentees with a trained mentor from the first contact.

It wasn’t long before hurdles appeared to challenge the program design and implementation strategies.

**Hurdle 1:** Even though the mentor training workshops were seen as ‘excellent, very enjoyable and useful’, there were serious limitations to the pool of mentors that could attend. Although the project team had identified long-term GP spouses that would make great mentors, few could attend the training. It was also not viable for potential mentees to attend, so the traditional structure of formally introducing mentors and mentees to each other as well as to the concept of mentoring, was not a possibility.

**Hurdle 2:** Communication between mentors and mentees was based on phone conversation, and this was proving difficult because so many spouses new to rural NSW, did not have English as their first language, and the project team had underestimated how difficult communication would be without visual cues.

**Hurdle 3:** The project team had assumed that mentors would quickly initiate contact with identified new spouses but this was not usually the case. Subsequent feedback indicated some new spouses had not been contacted at all. At June 2012, 6 months into the program, only 64% of new spouses had been contacted by their allocated mentor. Reasons for this poor contact ranged from phone calls or emails not being returned by the mentee, and work, family commitments and holidays causing delays in follow up calls.

**Hurdle 4:** The project team assumed that all selected mentees would welcome contact from the mentors. However, as most of the mentees had already been in their new locations for a number of months, the phone ‘friendships’ offered did not seem as attractive or useful as they may have been when they first arrived in their town. Mentors were disappointed because they couldn’t persuade many new spouses to ‘sign up’ for mentoring. Mentors saw the program as quite rigid and the term ‘mentor’ was perceived as intimidating.

**Hurdle 5:** At June 2012, feedback from mentors and mentees indicated that they would all prefer face to face contact. With the small pool of 15 trained mentors across the state this posed new logistical hurdles to match mentors to mentees based on geographic location.
Each of these hurdles appeared at different times in the implementation of the program and each was addressed by keeping the program aims and experience of participants as the main drivers for methodological change.

**Overcoming hurdles**

Hurdle 1: The project team reassessed the requirement for mentors to attend face to face training prior to taking on a mentoring role, and replaced the formal course with the project co-ordinator working with the individual mentors to ensure they were well prepared for their mentoring role. This has allowed potential Mentors to be approached on an as needs basis, which ensures that new GP spouses who really want and need the friendship and support from another spouse are able to receive that within weeks of requesting assistance.

Hurdle 2: If phone conversation was difficult, could email be used for initial contact, or possibly face to face? To test this theory, the project team matched a mentor with a mentee from the same town, both of whom had young children. The spouses and children met in the local park and a great friendship started. Clearly face to face contact and close geographical proximity, as well as common interests, support a good relationship.

Hurdle 3: Because making initial contact with new spouses soon after their arrival in rural NSW is an important factor in developing a supportive relationship, and given that mentors often could not make that contact in good time, the project co-ordinator took over this step, and consequently, the personalised contact with newly arrived spouses has risen from 64% to a pleasing 98% of all arrivals.

Hurdle 4: Through the project co-ordinator making the initial contact with newly arrived spouses, she was able to 'triage' their interest in a mentoring relationship. In addition, “mentoring” was dropped from the program name, reverting to the more simple and friendly name of ‘Bush Friends’. Therefore, all ‘bush friend’ relationships were the result of a genuine interest on the part of the mentee and required no persuasion to participate.

Hurdle 5: While making contact by phone or email is the way of the modern world, this clearly does not always suit how we develop trusting and supportive relationships. However, with a pool of only 15 mentors across NSW and in excess of 200 rural medical towns, how would the program match mentors and mentees within a reasonable geographic distance? The project team concluded that identifying and drawing on localised community resources was the way to tackle this hurdle. In this case, existing relationships between RDN and the Medicare Locals meant RDN could ask Medicare Local staff to help identify potential mentors for new spouses in their area. This has resulted in vastly improved capacity to match within a 100km radius and very quickly introduce new spouses to a local who has been through a similar relocation experience. This working relationship with the Medicare Locals has also facilitated matching ‘bush friends’ based on cultural similarities. This has provided immense comfort to many overseas mentees, who have since been introduced to members of their local community or communities nearby who share or understand their beliefs and practices.

**Key lessons**

Just one year after inception, it is not yet possible to demonstrate a link between a successful ‘transition to rural life’ and the mentoring received through this program, nor a longer term influence on GP retention.

However, alterations in methodology have produced remarkable benefits for program uptake by both mentors and mentees, as well as benefits for all program participants.

Key lesson 1: A traditionally structured mentoring program successful in industry does not transplant to a community setting where potential participants are so geographically diverse. The initial structured method of recruiting and training mentors was based largely on approaches popular in industry that were both effective to implement and evaluate. But participants wanted something more ‘friendly’ and
fluid than what industry could offer and the random nature of the location of mentees meant that it was impossible to have a ‘trained’ mentor available in each location that a mentee appeared in.

Key lesson 2: Focus must be on the key element of relationship building: effective communication. What is effective must also be measured by the experience of users, not by what appears to be efficient.

Key lesson 3: Use language that is appropriate for program participants, rather than terms that are useful for program implementers. The terms ‘mentor’, ‘mentee’ and ‘mentoring relationship’ are useful for organisational description of a program, but do not encourage participation among people who are already in a new and sometimes quite different environment to their old home. The way we publicly describe such a program needs to be warm, friendly, inviting and offering unconditional support. The “Bush Friends” Mentoring Program is the new name of the program, and mentors are now known as “Bush Friends”.

Key lesson 4: As paid workers implementing a program, we need to recognise that project priorities, such as quickly contacting a newly arrived GP spouses, may not be the priority of volunteers. Identifying the importance of timely and multiple initial contacts with new spouses was identified as a key to the success of the program, and ensuring the project co-ordinator took on that role, was a critical step for the team.

Key lesson 5: There are others that have a vested interest in the outcome of your program who can add value to its success. Working through the Medicare Local staff has allowed the Bush Friends program to more quickly and successfully identify local people who are either already great mentors or would make great mentors, and who may be from a culturally similar background. Through this collaboration, not only has the overall experience of both the mentor and mentee improved, but RDN’s relationship with Medicare Locals has been enhanced.

Key lesson 6: Be flexible and adaptable to meet the needs of program participants.

Conclusion
Australian rural GP spouses continue to influence GP retention rates across the nation. Anecdotal evidence illustrates that the happiness and level of integration into a community that is experienced by the spouses and families of rural health professionals, does have a significant effect on GP retention rates. Well designed and implemented programs targeting spouse retention may hold a previously unexplored key. Albeit in its infancy, this program shows enormous potential in NSW, and with changes to suit different environments, offers that potential to other states and territories.

Bush Friends continues into its second year in a highly modified form, aiming for contact with 100% of newly relocated spouses, and face to face contact for those who desire this. It will continue to grow and evolve methodologically as the team faces new hurdles. The key to successful longer term outcomes lies in using an action research approach and continually refining strategies as they evolve with experience.

References
