



More Bilingual Doctors are Needed in Atlantic Canada: Exploring the Challenges of Practicing Medicine in Rural Communities and Potential Solutions

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Date Submitted: September 2, 2024

Date Accepted: November 23, 2024

Date Published: December 9, 2025

DOI: <https://doi.org/10.18192/UOJM.V15i2.7276>

Keywords: *maritime healthcare; bilingual doctors; rural medicine*

ABSTRACT

This commentary explores the complex and multifaceted issue of physician supply and retention in rural Atlantic Canada, with a particular focus on bilingual physicians. Rural communities face significant challenges, including professional isolation, overwhelming workload, housing shortages, and difficulties in maintaining work-life balance. Bilingual physicians encounter additional pressures, particularly in serving French-speaking patients, compounded by a lack of targeted support programs. These, however, can be offset through strategic solutions that include improved access to continuous education, supportive work environments, and the use of other healthcare professionals such as nurse practitioners (NPs) and physician assistants (PAs). We also want to emphasize the potential for both partnership models, such as those in Quebec, and for locum opportunities to promote physician commitment to rural practice. Additionally, international recruitment, combined with financial benefits like student loan forgiveness, is discussed as one of the viable strategies for physician recruitment and retention. By implementing these measures, Atlantic Canada could achieve the objective of having a more resilient health care system—that supports physicians professionally and provides quality care for rural and bilingual communities. The commentary indeed stresses the need for an approach based on wide grounds to ensure equal medical care to all residents irrespective of geography.

RÉSUMÉ

Cette analyse se penche sur la question complexe et à multiples facettes de l'offre et de la rétention des médecins dans les régions rurales du Canada atlantique, avec un accent particulier sur les médecins bilingues. Les communautés rurales sont confrontées à des défis importants, nota-

mmement l'isolement professionnel, une charge de travail écrasante, une pénurie de logements et des difficultés à maintenir un équilibre travail–vie personnelle. Les médecins bilingues sont confrontés à des pressions supplémentaires, liées notamment à l'accueil de patients francophones, aggravées par l'absence de programmes de soutien ciblés. Ces obstacles peuvent toutefois être compensés par des solutions stratégiques comprenant un meilleur accès à la formation continue, des environnements de travail favorables et le recours à d'autres professionnels de la santé tels que les infirmiers et infirmières praticien(ne)s (IP) et les adjoint(e)s au médecin (AM). Nous souhaitons également souligner le potentiel des modèles de partenariat, tels que ceux du Québec, et des possibilités de remplacement pour promouvoir l'engagement des médecins dans la pratique rurale. En outre, le recrutement international, conjugué à des avantages financiers tels que l'annulation des prêts étudiants, est considéré comme l'une des stratégies viables pour le recrutement et la fidélisation des médecins. Par la mise en œuvre de ces mesures, le Canada atlantique pourrait atteindre l'objectif d'un système de soins de santé plus résilient, qui soutienne les médecins sur le plan professionnel et fournisse des soins de qualité aux communautés rurales et bilingues. Ce commentaire souligne en effet la nécessité d'une approche fondée sur une large base pour garantir l'égalité des soins médicaux à tous les résidents, indépendamment de leur situation géographique.

INTRODUCTION

Major barriers to accessing health care extend across rural areas in Canada. Whereas 18% of Canadians live in rural communities, only 8% of the total physician workforce serves these regions.¹ More specifically, in the maritime provinces, almost half of its population lives in a non-urban region, and access to primary care continues to be a major concern.² Among those, a few French-speaking minority communities are found to have insufficient access to health care services in their own language, especially in New Brunswick.³ For instance, 30% of New Brunswick residents report French as their first language, with 21% of provincial residents without a primary care provider.^{4,5} The concordance of language between patients and physicians facilitates patient-oriented practice and minority language-speaking populations have reduced treatment adherence and poorer health outcomes.⁶ Therefore, deeper analyses of contemporary barriers to rural physician retention and potential solutions could improve healthcare delivery for linguistic minorities in Atlantic Canada.

CHALLENGES FACING BILINGUAL RURAL DOCTORS

Rural communities in Atlantic Canada have a difficult time attracting and retaining physicians.¹ For bilingual physicians, the situation is even more complex. It is multi-factorial, with personal and professional challenges that reflect unfavorably on rural practice.

Professional Isolation and Limited Opportunities for Career Advancement

Feelings of isolation are a major professional challenge that rural physicians experience.⁷ Contrary to their urban colleagues, a rural doctor could feel lonely working in a setting with limited peer support and fewer opportunities for

professional growth.⁸ This isolation can be devastating for bilingual physicians as they may have fewer opportunities to interact with colleagues who speak the same language or share the same cultural background. Limited career development opportunities serve as a significant deterrent as rural physicians typically have reduced access to continuing education programs and specialized training, causing stagnation.⁸ This renders it difficult to remain informed about recent developments in the field of medicine and sustain interest in their work.⁸

Large Patient Rosters and Lack of Support

High workloads have been cited as a major contributor to exhaustion and burnout among rural physicians nationally.⁹ Notably, previous studies have identified that rural northern physicians work on average 50.82 hours per week, while their urban southern counterparts report an average work week of 38.56 hours.¹⁰ High workloads are further amplified by a lack of cross-sectional support for health professionals, including nurses, specialists and administrative personnel.¹¹ In fact, the problem of high staff turnover further exacerbates this challenge; rural healthcare facilities struggle to maintain a stable workforce.^{4,12} As a result, physicians in rural areas are stretched too thin most of the time, whereby there is hardly enough time to attend to patients in need, let alone for professional development and personal care.^{8,9} This could pose additional challenges for bilingual physicians who may be asked to serve an even larger patient population including French-speaking ones, adding more to their volume of work.

Housing Shortage and Social Isolation

Adding to the physicians' decision to move or not to rural areas is the issue of housing shortage.^{4,13} Finding a place to live may be one of the biggest barriers, especially for

physicians with families.^{8,14} Lack of available and affordable housing can prevent physicians from accepting positions in rural areas or contribute to dissatisfaction and an early departure among those who do. Social isolation is another significant factor.⁴ Rural communities often lack the social amenities and cultural activities that many physicians and their families seek, making their personal life less satisfying. For a bilingual physician, it may mean social isolation due to a lack of community with whom one can share their language and cultural background.

Difficulty in Maintaining Professional Boundaries

The multidimensional role of a physician frequently puts doctors in situations that stretch professional boundaries to their limits within small and closely knit communities.¹⁵ Many physicians often report a need to negotiate multiple relationships, sometimes simultaneously-including physician-patient but also community and social relationships. This can blur the lines of traditional boundaries and raise ethical dilemmas that make it increasingly difficult to establish and maintain appropriate professional distance.¹⁵ This challenge is heightened for the bilingual physician in smaller communities where they might be one of the few French-speaking medical professionals. It is just this closeness that heightens the difficulty of separating one's roles and therefore increases the chance of boundary issues and conflicts of interest. These issues must be addressed to uphold professional boundaries.

Burnout and Work-Life Balance

A major issue for rural doctors is the challenge to achieve a balance that could successfully maintain both their professional responsibilities and personal life. Rural medical practices often tend to be extremely demanding in nature, requiring long work hours, heavy workloads, and limited access to support from fellow professionals.⁸ These factors all combine to favor a particularly increased risk of burnout among rural practitioners.⁹ Furthermore, most general practitioners from these settings report that they cannot work part-time or have regular, scheduled breaks, which increases their levels of stress and overall dissatisfaction with their job. This is even more important in the case of bilingual physicians since their ability to communicate with French-speaking patients can raise even greater pressure on them to meet the needs of a diverse patient population. With increased demand for their services, their workload and stress increases, making the balance of life and work very difficult.

EXPLORING SOLUTIONS FOR PHYSICIAN RECRUITMENT AND RETENTION IN RURAL ATLANTIC CANADA

Addressing the challenge of physician recruitment and retention in rural regions, especially bilingual physicians, requires a multi-pronged approach. This has been highlighted by several strategies that have shown promise in improving physician retention and ensuring that rural communities get the healthcare they need.

Continuing Professional Education and Development

One of the most practical physician retention strategies in rural communities is continuing education and professional development.⁸ Professional isolation in rural communities often spawns stagnation and burnout.^{8,9} The option for ongoing learning through online courses or regional conferences may alleviate this problem. Reimbursement of travel expenses associated with these educational opportunities further incentivizes participation.⁸ For rural physicians, the ability to stay updated on medical advancements and expand their skill capacity is important.

Collegial Support and Positive Work Environments

Another important factor is creating a positive and supportive work environment for doctors in rural areas. Regular professional gatherings, mentorship programs, and virtual networks provides collegial support and connects rural physicians with their colleagues based elsewhere.⁸ An enabling work environment includes adequate staffing, which can be ensured through the recruitment of nurse practitioners and physician assistants to help share the workload.^{16,17} These health professionals will relieve the workload from physicians and allow them to focus on complicated cases thus improving job satisfaction.

Partnership Programs and Locum Opportunities

Programs such as those offered in Quebec, where medical students are matched early in their career with rural communities, have had success in increasing physician interest in pursuing rural practices.¹⁸ Recently, the New Brunswick provincial government has added four additional seats for medical students at Centre de formation médicale du Nouveau-Brunswick a Université de Sherbrooke medical education site, further highlighting a pressing need to train providers who can serve the Francophone community.¹⁹ Expanding such initiatives into Atlantic Canada may be a way of creating the next generation of bilingual physicians committed to rural practice.²⁰ Similarly, providing opportunities for locum practice allows physicians to test rural prac-

tice on a temporary basis, often eventually extending this to long-term commitment as they experience the community and its needs.²⁰ International physician recruitment would also allow these underserved communities to acquire additional care. These physicians often are well-experienced and more likely to stay if provided with support in the form of a student loan forgiveness or repayment programs.²⁰ These financial incentives give rural practice a more attractive opportunity, especially to those well-endowed with educational debt.

CONCLUSION

The issue of low supply and retention of physicians, especially bilingual physicians in rural areas of Atlantic Canada, is complex and multilayered. The professional isolation is very high in these communities, with unbearable workloads, social limitations, housing shortages, and issues related to work-life balance. These challenges can deter bilingual physicians as they cope with the added pressure for service provision to their French speaking patients and practically non-existing focused support programs. However, these are surmountable challenges with appropriate strategic solutions in place. Although housing shortages and reduced access to cultural activities may deter rural practise, there are tangible solutions and policies that academic centres and the provincial government can implement to encourage physicians to serve rural communities. Better access to opportunities for continuing education and professional development, supportive practice environments, and the employment of health professionals such as NPs and PAs can greatly alleviate the stresses facing rural physicians. Partnership models, such as those that are thriving in Quebec, and availability of locums can also facilitate greater physician investment in rural practices. Further, international recruitment combined with other financial incentives like student loan forgiveness could help attract and retain physicians willing to serve these areas. By implementing these solutions, Atlantic Canada can develop a more resilient health system-one that not only attracts physicians but also supports them in providing higher-quality care to rural and bilingual communities. This broad-based approach is important to ensure that residents, irrespective of their place of residence, get the medical attention they need and deserve.

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Acknowledgements

The author would like to express their gratitude to the UOJM editors, and all the researchers at the University of Ottawa who are striving for dissemination of accurate and significant research through their remarkable contributions to this society.

Conflicts of Interest Disclosure

There are no conflicts of interest to declare.