PSYCHO-SOCIAL INFLUENCES OF HEALTH CARE PROFESSIONALS IN THE SINGLE INDUSTRY MINING CITY OF THOMPSON, MANITOBA

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ABSTRACT

Reflections on fifteen years as a Family Practitioner in Thompson, Manitoba highlight some of the problems in providing health care to a regional population of 40,000. High turnover rates coupled with little or no prior experience create a constant challenge to the health and social service staff. Unimaginative government administrators and fragmented service structures add unnecessary impediments to quality care—problems which are less noticeable in times of expansion but become critical in times of constraint. Future planning should focus on comprehensive services, on stable administration and on efforts which maximize the positive aspects of "frontier towns."

Over a period of fifteen years, a Family Practitioner in the mining city of Thompson, Manitoba, experiences a wide range of psycho-social impacts, even though the information base be anecdotal.

Thompson, Manitoba is situated near the geographic centre of the Province of Manitoba, some 400 air miles north of Winnipeg. Northern Manitoba is sparsely settled with a total population of about 90,000. Approximately a million people live in the southern half of the province, and two thirds in the immediate vicinity of Winnipeg.

Thompson has a population of about 15,000 people while the Thompson Health Region has a population of about 42,000 of which 14,000 are Treaty Indians living on reserves. Three to four thousand Metis people are scattered throughout various northern communities. Non-Indian people live almost exclusively in the resource communities: either in Thompson, or the small mining communities, or the port community of

Churchill. The area is at least 400 miles in diameter. Geography has a significant influence on the people and on the development and maintenance of health care. Many of the native communities are not accessible by rail. Hence, expensive air travel is the principal transportation mode between communities—or, seasonally, a winter road.

Thompson was established in the late 1950's as a mining community of the International Nickel Company. In the 1960's and early 1970's it grew very rapidly to approximately 22,000. Since that time there has been a steady drop in population, almost entirely due to the economic downturn that has occurred in the world and specifically in the nickel market. In 1971 and 1977, INCO announced cutbacks in the work force and this year there is a prolonged shutdown. Further, Manitoba Hydro electric development has all but ceased in the last five years.

HEALTH CARE SERVICES

Health care developed on a laissez-faire, fragmented model. Provision for acute sickness care depends somewhat on community initiatives, but mostly on the free enterprise entrepreneurial aspects of physician services. Although the Thompson General Hospital is now taking responsibility to hire some doctors, e.g. in anesthesia, internal medicine, and pediatrics, there is little interest and no mandate to provide these services on a regional basis—a serious shortcoming in the provision of a stable, comprehensive health care program. Provincial planning in areas of Public Health, Child and Family Services and Mental Health has been somewhat better.

Acute care resources in the Thompson District include a hospital rated at 105 beds, a cadre of about 15 to 17 physicians usually including obstetricians and surgeons, monthly consultants visiting in the fields of Orthopedics, ENT, Radiology, Psychiatry and Pediatrics. Small outlying hospitals range from holding units to 15 beds in Lynn Lake, Leaf Rapids, Gillam, Churchill and Norway House with one or two physicians in these communities, most of the time. Physicians also travel to the various small communities on an itinerant basis. The Federal Health Department has the responsibility to provide medical care for all the Indian reservations (on a much more formal and structured basis than that of the Province of Manitoba to other communities). To facilitate medical care, the Province has developed a Northern Patient Transportation Program which covers the cost of transportation for persons who have to seek medical care outside of the community—including transportation costs to tertiary centres such as Winnipeg. This program, developed on a regional basis, helps patients and physicians obtain the most appropriate level of care.

THE PEOPLE IN THOMPSON

Two kinds of people live in Thompson, visitors and residents, with visitors far out-

numbering the residents. "Residents" are committed to living in Northern Manitoba, enjoy it, and will likely remain in Thompson for as long as the town exists or as long as they live. Naturally, many residents are native people, whose families were there long before the city was established.

"Visitors" live in Thompson for a short period only, from several months to several years. Usually they have sought employment with a relatively high wage scale to pay for previous debts or to save money for future plans. The visitor's commitment to the community is short term even though many of these people are highly energetic and creative during their stay. The "visitor" never really quite feels that he owns a piece of the action.

During my first ten years in Thompson, the most frequently asked question was "How long are you staying?"—later, "When are you leaving?" These are the first questions asked of new arrivals in the community and they speak to the concerns which influence the quality and extent of every program including health care, as well as the quality of life in this city. Perhaps 90% of the people in Thompson are unsure of their tenure.

OCCUPATIONAL GROUPS

The inhabitants of Thompson fall into several categories.

(1) Blue collar workers tend to be highly mobile, and to invest little in the community unless they break the mold and stay. Some are marginally adjusted and bring problems with them which increase stress on the health care system.

(2) The native group are at home in the surrounding countryside, are often less educated and with fewer skills. Industrial development has affected these people drastically. They must often wish that the mines are only a temporary invasion.

(3) The self-employed small business persons tend to be entrepreneurial with considerable financial investment in the community and are committed to its viability. They are vulnerable to population shifts.

(4) A large professional group includes engineers, geologists, teachers, nurses, health

care professionals, doctors and lawyers, etc. Here again, self-employed individuals will tend to stay longer and be more committed to the ongoing welfare of the community than the salaried professionals who may be here only as a stepping stone to future promotions. Some professionals, particularly social workers and nurses, are here because of their spouses.

Activist newcomers have infused energy and idealism into many aspects of life in Thompson. At the same time newcomers find it difficult to break into social circles of the "old-timers," reinforcing insecurities and the "short stay mentality." Usually it takes a long time before newcomers purchase a home, the ultimate sign of commitment. "If you do not want to be last one out, you had better travel light!"

TURNOVER IN PROFESSIONALS

The short stay of health care professionals presents problems. In the twelve years since 1970, some eighty physicians have been through Thompson. Given an average complement of fifteen, the average length of stay is about three years.

Of the seventeen practising doctors in Thompson today, six, or 35%, have been here less than two years and ten for more than five years. While primary care physician services have stabilized during the last few years, high turnover among specialists continues. Moreover, the seventeen doctors represent seven countries of origin—that in itself presents significant stresses.

The Department of Health and Social Services has fifty-six public health nursing and social work positions in the Thompson Office. Four positions are vacant; nineteen staff have been present less than one year; twelve of the staff one to two years; and only fourteen more than five years. Roughly 50% of the people have been on staff for less than one year.

As of September 1, 1982, there were eighty-eight nursing positions at the Thompson General Hospital. Twenty-four nurses have less than one year service (28%); twenty-five nurses have one to two years' service (30%); only twelve nurses have more

than five years service (14%); and nearly 60% of the nurses have less than two years service.

High turnover is probably the single most acute stress for the entire network of relationships. Almost as much energy has to be spent on continually re-establishing inter-professional relationships as on direct care-giving.

"RAW ROOKIES"

The level of professional training and experience which health care givers bring to the city is another significant influence on the quality of health care. Ironically, the person with minimal training and minimal experience generally lands the job in Thompson, although need is often much more serious than in the more established communities of southern Manitoba.

The incidence of physical and emotional trauma is high because of the nature of the mining community and of many of the smaller native communities. Outlying areas have a relatively high incidence of obstetrical complications. Frequently, large distances separate the ill from the source of treatment, calling for greater medical expertise than is usually required in other areas of the province. The significant social problems of isolation, separation and family breakdown of necessity require highly skilled and experienced care givers in the field of social work and nursing.

Recruitment of staff with sufficient training and experience to meet these needs is the exception rather than the rule. The north is populated with professional rookies. For example, of the eighty physicians who have been through Thompson since 1970, not one came to Thompson with more than two or three years of professional experience and more than 90% of them came directly from internship or residential settings.

Without detracting from the excellent care given by individual physicians, it has been virtually impossible to attract Canadian

trained physicians to Thompson. In all of Northern Manitoba, with a doctor population of approximately seventy, only six to eight of these are Canadian trained.

A high incidence of raw rookies is also prevalent in all of the other areas of health and social services. Five of eight supervisory staff at the Thompson Department of Health and Social Services have been in Thompson less than two years. Of these five new supervisory staff, only one had any prior training or experience in administration.

SUPPORTIVE NETWORKS

Minimal experience and training is a two-edged sword. The professional supports are much less in a community composed largely of other rookies. The supportive role of experienced colleagues is often missing and access to continuing professional education is minimal. Not only are the professional supports minimal, but in general, new people have few social supports, having just left their home communities or universities. Health care professionals must develop their own support systems if they are going to stay for any period of time. Under these circumstances the process of maturing professionally is difficult—many leave before they have given the place a chance.

TIRED ADMINISTRATORS

Besides the rookies attracted to "frontier" towns, there are those who are putting in time, who have little ambition left—with no "vision" for their involvement in health care. All too often, administrative posts that require people with drive, energy, foresight and skill are filled by such people. The combination of an administrator with experience but no plans, and rookie troops with ideals but few skills can be disastrous in a city and region with extreme, diverse, overwhelming problems.

The great number of "rookies" and "visitors" as clients and professionals causes constant, unrelenting turmoil at the profes-

sional, social and personal levels. During Thompson's development, the major stabilizing influence was the economic boom. With large amounts of money to be made, social deficiencies and personal insecurities were pushed into the background.

WHEN THE BOOM IS OVER

During the bust cycle, when economic security vanishes, the defects in programs and planning are particularly noticeable. In many social services, there is a decrease in funding with a concomitant decrease in services, especially to the hinterland.

In the acute health care field, services and planning are even more fragmented. The Thompson Hospital Board has no mandate to serve the whole Thompson region. Ironically, primary care physician services to hinterland communities increase during the prolonged bust cycles since the drop in population in Thompson itself puts an economic squeeze on physicians; they are more willing to travel to provide services.

While services and facilities deteriorate due to a squeeze on health budgets, the health care problems don't go away—only the stress levels increase. During an economic downturn cost becomes the number one priority; service provision and delivery are quite secondary.

Most professionals are quite unprepared for the tremendous variety of stresses which they face on arrival in Thompson and have to develop their own support systems at the personal, social and professional levels. Government agencies at the central level have often allowed a "catch-22" situation to develop—i.e. if you can find the right professional person then government will develop the necessary programs and facilities—but the right person will come only if the programs are in place already.

THE BENEFITS

After this litany of stresses, why would anyone want to relocate to Thompson? The

health care field provides challenges of a kind that many new graduates dream about. Acute illnesses abound waiting to be diagnosed and treated. Prevention can still be credible at such basic levels as the introduction of sewage and good water supplies. With so many young people, the city is alive with activists—you make your own recreation, you make your own entertainment. You try to make your own health care program. To live in Thompson and not to participate is to become "bushed."

Until recently the scope of one's involvement and activities was limited only by one's vision and energy, at both the professional and social levels. The vibrancy of the community has been the key attraction and to a significant extent the infusion of "new blood" by the quick turnover and the economic expansion kept things humming. Thompson is also a place where compassionate idealism is appreciated.

CONCLUSIONS

In planning for resource development towns, several issues assume paramount importance. Matching the professional to the job requirements is essential, as is finding personnel who are able to cope with the

destabilizing influences that abound. Government agencies must provide for stable, long range planning at a regional level, both in social services and in acute health care. Government agencies must also support a mandate to provide comprehensive professional service of quality to the whole region, especially during periods of economic depression. Planners must take advantage of the positive aspects that attract people to a "frontier town" such as Thompson: a freedom to establish one's own professional integrity; a freedom to participate in community affairs without the heavy constraints of cultural and social barriers that are seen in more settled areas; and obviously the freedom to earn higher incomes.

When all things are said and done, most professionals will remain "visitors" in Thompson and in most other remote communities. Thus programs must build in stability and be broad enough to overcome the problem of staff turnover.

A geographical area with a population of some 40,000 should be sufficient to maintain all basic services in the healing arts, if it were dealt with as a single unit. Much more joint planning at all government levels will be required before this can happen.

RÉSUMÉ

Un regard rétrospectif sur quinze années de pratique en médecine familiale à Thompson, Manitoba, fait ressortir certains des problèmes liés à la prestation de soins à une population régionale de 40 000 habitants. Les taux élevés de roulement de personnel jumelés à l'absence d'expérience ou à une expérience insuffisante posent un défi constant au personnel des services sociaux et de santé. Des administrateurs gouvernementaux dénués d'imagination et des structures de services morcellées nuisent inutilement à la prestation de soins de qualité: ces problèmes sont moins manifestes en période d'essor mais deviennent critiques lorsque les temps sont durs. Dans l'avenir, les efforts de planification devraient porter principalement sur la prestation de services complets, sur une administration stable et sur des projets qui font valoir au maximum les aspects positifs des villes pionnières.