



An Examination of Canadian Forces Spouses' Access to a Family Physician

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Abstract

Given a national concern about family physician access in Canada, this study examined Canadian Forces (CF) spouses' access to a family physician. Using data from the 08/09 Quality of Life Among Military Families survey, responses from 2084 spouses were analyzed. It was found that 27% of CF spouses who responded to the survey reported not having a family physician, and that this percentage had increased slightly from the preceding survey year (05/06). There were also differences across environments, with the percentage of spouses without a family physician being the lowest in the Navy. Rank differences were confined to the Navy, with spouses of senior NCMs being the least affected. Posting turbulence, examined in terms of the number of postings and time in current location, might explain some of the obtained results as those without a family physician were found to have spent less time in their current location and reported more postings compared to those with a family physician. While these findings provide some insight into family physician access among CF spouses, further research is required to fully understand the underlying reasons for not having a family physician.

Résumé

Vu l'intérêt national concernant l'accès aux médecins de famille au Canada, la présente étude a examiné le phénomène chez les conjoints des membres des Forces canadiennes (FC). Les réponses de 2 084 répondants ont été analysées en utilisant les données du Sondage sur la qualité de vie des familles militaires 2008-2009. On a constaté que 27 p. 100 des conjoints ayant répondu au sondage ont admis ne pas avoir d'omnipraticien et que cette proportion a augmenté légèrement depuis l'année d'enquête précédente (2005-2006). Par ailleurs, il semble y avoir des différences entre les éléments puisque la Marine enregistre la plus faible proportion de conjoints sans médecin de famille. Les distinctions entre les grades sont également limitées à cette branche militaire où les conjoints de MR supérieurs sont les moins touchés. Les perturbations résultant des affectations, c'est-à-dire le nombre d'affectations et le temps passé à l'actuel emplacement, pourraient expliquer en partie les résultats obtenus. En effet, on a observé que les conjoints n'ayant pas de médecin ont passé moins de temps à leur emplacement actuel et comptent plus d'affectations à leur actif que ceux en ayant un. Bien que ces résultats donnent un bon aperçu de l'accès dont jouissent ou non les conjoints de militaires à un médecin de famille, une recherche plus approfondie s'avère nécessaire pour bien comprendre les raisons sous-jacentes au phénomène.

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Executive summary

An Examination of Canadian Forces Spouses' Access to a Family Physician:

Wendy Darr; Brandy Doan; DGMPPRA TM 2011-011; Defence R&D Canada – DGMPPRA; June 2011.

Canada is currently experiencing a national problem in health care with respect to an individual's access to a family physician. Over a million Canadians are without a family physician (Statistics Canada, 2010). According to the *2005/06 Perstempo Survey of Canadian Forces Spouses* (Dursun & Sudom, 2009), 23% of spouses reported they did not have a family physician. The current study explored the possibility that frequent relocations (herein referred to as 'posting turbulence') exacerbate the physician shortage problem for CF Families.

Using data from the *08/09 Quality of Life Among Military Families* survey, a paper-based survey intended to help understand the consequences of military service for the spouses and families of the CF, findings suggest that between 23% (05/06) and 27% (08/09) of CF spouses are without a family physician. There also appeared to be differences across environments, with the percentage of spouses without a family physician being lowest in the Navy. Rank differences in the percentage of spouses without a family physician appear to be confined to the Navy as well.

These findings are partially explained in terms of posting turbulence. Overall, it was found that spouses with a family physician were found to have lived in their current location longer and had slightly fewer postings than those who did not have a family physician. While these findings provide preliminary evidence for a link between moving and access to a family physician, a lack of information on the underlying reasons for not having a family physician preclude a full understanding of this issue.

Future research is required to fully understand the issue and to guide suggestions for appropriate remedial solutions to facilitate family physician access among CF spouses.

Sommaire

An Examination of Canadian Forces Spouses' Access to a Family Physician:

Wendy Darr; Brandy Doan; DGMPRA TM 2011-011; R & D pour la défense Canada – DRASPM; Juin 2011.

L'accès aux médecins de famille est actuellement un problème national pour le Canada dans le domaine de la santé. En effet, plus d'un million de Canadiens n'y ont pas recours (Statistiques Canada, 2004). Selon le *Sondage PERSTEMPO auprès des conjoints des membres des Forces canadiennes 2005-2006* (Dursun & Sudom, 2009; Sudom, 2008), 23 p. 100 des conjoints ont affirmé ne pas avoir de médecin. La présente étude a donc exploré la possibilité que les fréquents déménagements (ici appelés « perturbations résultant des affectations ») exacerbent les problèmes de pénurie de médecins pour les familles des FC.

Les résultats obtenus en utilisant les données du *Sondage sur la qualité de vie des familles militaires 2008-2009*, un sondage sur support papier destiné à étudier les conséquences du service militaire pour les conjoints et familles des FC, suggèrent qu'entre 23 p. 100 (*Sondage PERSTEMPO 2005-2006*) et 27 p. 100 (*Sondage PERSTEMPO 2008-2009*) des conjoints de militaires n'ont pas de médecin de famille. Il semble y avoir des différences entre les éléments puisque la Marine enregistre la plus faible proportion de conjoints sans omnipraticien. Finalement, les distinctions entre les grades paraissent également limitées à cette branche militaire.

Ces résultats s'expliquent en partie par les perturbations résultant des affectations. De façon générale, on a observé que les conjoints ayant un médecin de famille vivent depuis plus longtemps à leur emplacement actuel et ont connu légèrement moins d'affectations que ceux n'en ayant pas. Bien que ces résultats constituent des preuves préliminaires pouvant servir à établir un lien entre les déménagements et l'accès à un médecin, le manque d'information sur les raisons sous-jacentes au phénomène en empêche sa pleine compréhension.

Des recherches plus approfondies seront nécessaires pour bien comprendre le problème et proposer des solutions qui permettront d'offrir aux conjoints de militaires un meilleur accès aux médecins de famille.

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1 Introduction

Esmail (2006) describes the current situation with respect to family physician access in Canada as “Canada’s Physician Shortage” (p.1). He notes that, in 2002, Canada had fewer family physicians per capita than most other developed nations that have universal access to health care insurance programs. According to Statistics Canada (2010), only 84% of Canadians over the age of 12 reported having a family physician. Rural residents were only slightly more likely than urban residents to have a regular physician (86% versus 84%). Among the 16% who did not have a regular physician, 56% reported that they had not looked for one, while 43% (roughly equivalent to 1.9 million Canadians) reported that they could not find a physician. When needing medical attention, 58% reported going to a walk-in clinic, 15% went to the Emergency room at a local hospital, and 9% went to a community health care center (Statistics Canada, 2010). Consequently, there appears to be an overall shortage of family physicians across Canada.

Given this context, it is important to examine if spouses of CF personnel are similarly affected with respect to accessing a family physician.¹ This issue is of significance because of the frequent mobility of CF families. It is not unusual for CF families to move ten times within a 20 year career (Browne, 2009). Frequent moves and postings (otherwise referred to as ‘posting turbulence’) has been found to influence several areas of life, such as resettling children into new schools, finding employment for spouses, and the re-establishment of medical services (Dursun & Sodom, 2009).

The mandate of the Directorate of Military Family Services (DMFS) is to recognize and honour the commitment, contributions and sacrifices of CF families in support of Canada. DMFS is responsible for the management of the Military Family Services Program (MFSP) on behalf of the Department of National Defence (DND) and the CF. The DMFS exists to resource, promote and sustain the excellence, relevance and accountability of the MFSP. The DMFS program model outlines support for personal development and community integration recognizing the fact that mobility is an inherent part of the military lifestyle.

The DMFS requested the Conditions of Service Team within the Director Research, Personnel and Family Support (DRPFS) to determine if posting turbulence has an impact on CF spouses’ ability to attain and maintain a family physician. Consequently, the goals of this study are as follows:

- a. To examine data from the 08/09 *Quality of Life Among Military Families* survey in order to determine the level of access to a family physician among CF spouses;
- b. To compare the data from the 05/06 to the data of the 08/09 Spousal Surveys in order to determine if there are any changes in family physician access for CF spouses over time;
- c. To determine where in Canada CF members and their spouses are posted in order to determine if certain areas of Canada are at a particular disadvantage; and
- d. To determine if moving frequently (posting turbulence) has a negative impact on access to a regular family physician.

¹ The CF is mandated to provide medical services to members only, not their spouses or families.

2 Method

2.1 Measures

2.1.1 The 08/09 Quality of Life Among Military Families Survey

The primary source of data for this study was the 08/09 Quality of Life Among Military Families survey (referred to henceforth as the spousal survey). The spousal survey is a paper-based survey intended to help understand the consequences of military service for the spouses and families of the CF. The spousal survey elucidates some of the stressors experienced by military families, potential individual, family, and organizational outcomes of such stress, as well as some factors that may serve to exacerbate or mitigate such outcomes (Dursun & Sudom, 2009). For the present study, spouses' responses to the question, "Do you have a family physician?" in the 08/09 spousal survey were used to obtain insight into family physician access. There were 2018 (98.5%) spouses who answered the question, and 31 (1.5%) who did not.

It should be noted that the wording of this particular item is such that dual interpretation is possible, which in turn affects the unit of measurement. For example, spouses could possibly be responding in reference to themselves (i.e., "I do not have a family physician."), or in reference to themselves and their children if they had any (i.e., "My family does not have a family physician."). In other words, the referent in the item could be the spouse (i.e., individual as the unit of measurement) or the family (i.e., family as the unit of measurement). According to Dorland's Medical Dictionary for Health Consumers (2007), family physician is defined as "a medical specialist who plans and provides the comprehensive healthcare of all members of a family, regardless of age or sex, on a continuous basis." If respondents' understanding of the term "family physician" is consistent with this definition, then it can be assumed that this item was interpreted to include spouses and children as having a family physician. For the purposes of this report and consistent with the original intent of the item and the definition provided above, the results are discussed in reference to the military family (i.e., spouses and their children) as having a family doctor. Nevertheless, some caution is recommended in the interpretation of the data.

2.1.2 Data from the Human Resources Information Management System (HRMS)

The second source of data used for this study was obtained from the CF's Human Resources Information Management System (HRMS). It was used to determine the number of married/common law Regular Force CF members as of January 2009, and their location across Canada. This information was used to estimate the percentage of CF families across provinces that are possibly without a family physician (based on the distribution of responses obtained in the present survey).

2.2 Data Weighting

Although the 08/09 spousal survey data was subject to a weighting procedure for all analyses to account for differentials in rank and environment, the results were not influenced by the use of weighted data (see Sudom, 2010). Consequently, the following results are based on unweighted data as it utilizes the same 08/09 spousal survey data. In addition, no differences were observed for tests of significance based on unweighted or weighted data.

2.3 Participants

As described in Sudom (2010), about 2,084 completed surveys out of 10,592 were returned for an overall response rate of 21.3. Table 1 illustrates the demographic data of the CF spouses from the 08/09 spousal survey. As seen in the table, the vast majority of spouses were female with an average age of 38 years. They had an average of two children on a full-time basis, and spoke English as their first language. Table 2 demonstrates the environment and rank of the CF member as reported by spouses. The majority of spousal respondents reported that their partners belonged to the Army environment, and were currently at the Junior Non-Commissioned member rank.

Table 1: Demographics of CF Spouses from the 08/09 Spousal Survey

Variable (n = 2084)	Frequency (n)	Percentage
Sex	Female: (n = 1806)	86.7%
	Male: (n = 276)	13.3%
Age Range: 19 – 88 years old Mean: 38	> 30 (n = 372)	17.9%
	30 – 39 (n = 789)	37.9%
	40 – 49 (n = 719)	34.5%
	50 + (n = 192)	9.2%
Education	Less than High school (n = 114)	5.5%
	High school diploma (n = 228)	10.9%
	Some college (CEGEP) (n = 230)	11.0%
	College or CEGEP diploma (n = 487)	23.4%
	Some university (n = 247)	11.9%
	University degree (n = 534)	25.6%
	Some graduate school (n = 71)	3.4%
	Graduate degree (n = 160)	7.7%
Language	French (n = 319)	15.3%
	English (n = 1765)	84.7%
Number of Children Average number of children in household: 1.8	Children (full-time in household, n = 1379)	66.1%
	Children (part-time in household, n = 513)	25.0%

Table 2: Data Regarding their CF Regular Force Partner as Reported by the Spouses in the 08/09 Spousal Survey²

Environment	Land (<i>n</i> = 803)	38.5%
	Air (<i>n</i> = 710)	34.1%
	Sea (<i>n</i> = 545)	26.2%
Rank	Junior NCM (<i>n</i> = 701)	33.6%
	Senior NCM (<i>n</i> = 597)	28.6%
	Junior Officer (<i>n</i> = 338)	16.2%
	Senior Officer (<i>n</i> = 420)	20.2%

² Respondents in the Spousal Surveys were asked to indicate what environmental uniform their spouses wear; Land, Sea, or Air. For the purposes of this document, environment refers to Land (Army), Sea (Navy) or Air (Air Force).

3 Results

This section reports primarily on the results of those who responded to the 08/09 spousal survey item about having a family physician. For comparative purposes, results from the 05/06 survey based on Sudom (2008) or Dursun and Sudom (2009) are presented and discussed, whenever relevant.

3.1 Comparisons of CF Spouses' Access to Family Physicians from 05/06 and 08/09 Spousal Surveys

Based on the 08/09 survey, 27% of spouses reported not having a family physician, a 4% increase from the 05/06 survey in which 23% of respondents reported that they did not have a family physician. Comparisons by province across the two survey years could not be conducted, as sampling was not stratified by province in either survey. In other words, some provinces could be under-sampled in one survey and over-sampled in another, resulting in inappropriate comparisons.

3.2 Access to a Family Physician and CF Members' Location by Province

In order to determine a link between family physician access and location of CF families across Canada, the percentage of spouses without a family physician across province is presented in Table 3. For these particular analyses, spouses who reported that their CF partner was on IR³ and who were not co-located in the same province as their CF partner ($n = 65$, representing about 50% of those on IR) were excluded from the analysis, along with 7 of the 130 IR cases that failed to provide adequate information that allowed for the determination of their location. Respondents located internationally were also left out of these analyses.

The findings in this section are presented for the sake of comparison with similar results from the 05/06 survey reported in Sudom (2008). However, some caution in interpretation is recommended, as the survey was not stratified by province. Consequently, as seen in column 3 of Table 3, the percentage of respondents representing each province varies across province, being higher or lower than the percentage of married/common-law CF personnel represented by the total survey sample (i.e., 5.3%).

³ Imposed Restriction (IR) is the delay of the move of the spouse, dependants, and household goods at the request of the service member when being posted to a new place of duty. When a CF member is posted to a new location and it is determined by the member that moving his dependants and household goods and effects will not be in the best interest of his or her family, the military member may be authorized by his or her career manager to move to the new place of duty on an imposed restriction or otherwise, unaccompanied.

As seen in Table 3, the percentage of spouses without a family physician is highest in PEI (66.7%), but the actual number of married/common-law CF personnel residing in this province is negligible ($n = 16$) compared to the other provinces. The percentage of spouses without a family physician was also high in Quebec (35.2%), Manitoba (28.6%), and Ontario (28%). However, given the actual number of married/common-law CF members residing in these provinces (see column 1), the number of spouses without a family physician is likely to be highest in Ontario followed by Quebec.

Table 3: Distribution of Married/Common-law CF Personnel and Spouses without a Family Physician across Provinces

Province	Number of Married/Common-Law CF Members (DHRIM, January 2009)	Representation of Respondents per province* (08/09 Spousal Survey)	Percentage of Spouses without a Family Physician (08/09 Spousal Survey)
ON	14372	4.6%	28.0% ($n = 182$)
QC	5977	3.6%	35.2% ($n = 76$)
NS	5606	5.4%	11.8% ($n = 34$)
AB	4017	3.8%	23.7% ($n = 36$)
BC	3025	7.0%	20.0% ($n = 42$)
NB	2780	2.8%	25.3% ($n = 19$)
MB	1760	4.8%	28.6% ($n = 24$)
SK	344	6.1%	19.0% ($n = 4$)
NL	260	6.5%	23.5% ($n = 4$)
PEI	16	18.8%	66.7% ($n = 2$)
North	103	3.9%	25.0% ($n = 1$)

* calculated as (# respondents in province) / (# married/common-law CF members in province) as of January 2009

3.3 Access to Family Physician by CF Partner's Environment and Rank

Figure 1 shows the percentage of spouses without a family physician according to their reported CF partner's environment. Within the 08/09 survey, there are significant differences across environments in the percent of spouses who reported not having a physician, $\chi^2(2, 2022) = 30.48$, $p < .01$, with the percentage of spouses without a physician being lowest in the Navy. Data from the 05/06 survey is presented as well. It shows a slight increase (between 4-5%) across surveys in the percentage of spouses who reported not having a family physician. This increase appears to be consistent across all environments.

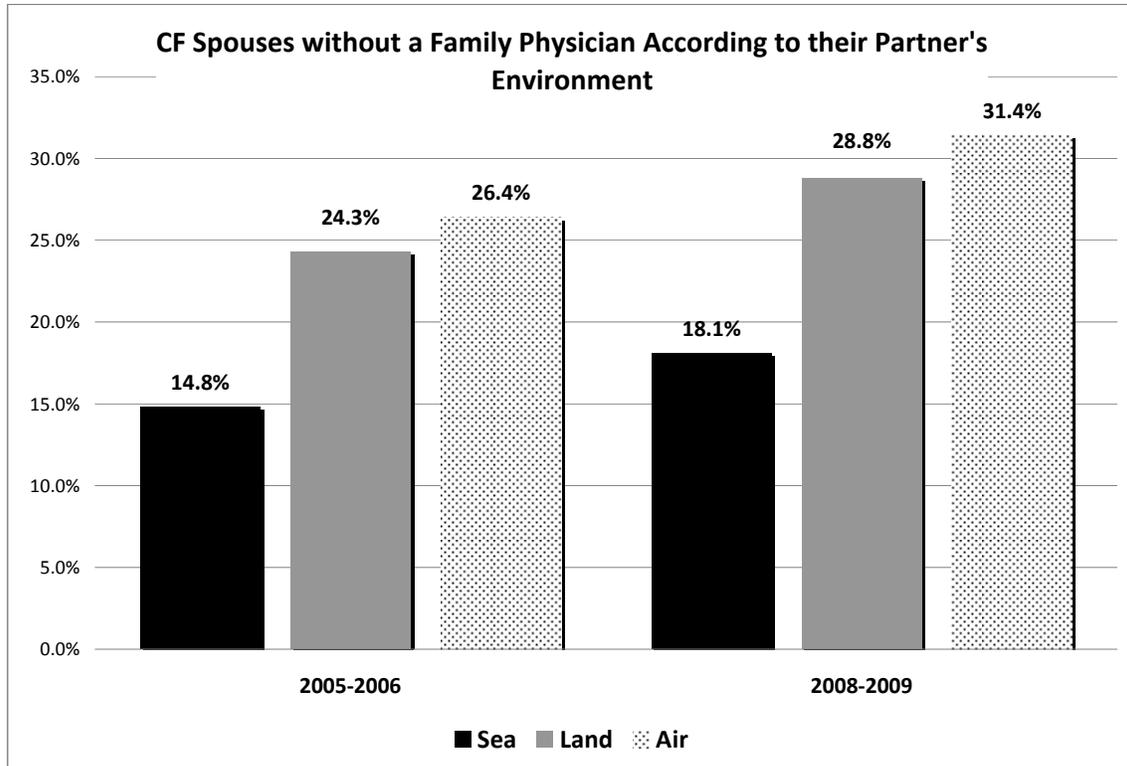


Figure 1: CF Spouses without a Family Physician according to their Partner's Environment

When responses are examined by the rank of spouses' CF partner (see Table 4), there appear to be no observed differences across rank groups overall, $\chi^2(3, 2020) = 10.44, p > .01$. However, when this analysis is repeated separately for each environment, there appear to be rank differences, but only within the Navy, $\chi^2(3, 523) = 14.43, p > .01$. Possible factors contributing to this difference are explored in section 3.4. As seen in Figure 2, within the Navy, the percentage of spouses without a physician is lowest for those whose CF partners belong to the Senior NCM rank group.

Table 4: Member Rank and Percentage of CF Spouses without a Family Physician

Rank Group	Percentage without a Family Physician (08/09 Spousal Survey)
Junior NCM	27.0%
Senior NCM	22.4%
Junior Officer	31.5%
Senior Officer	28.9%

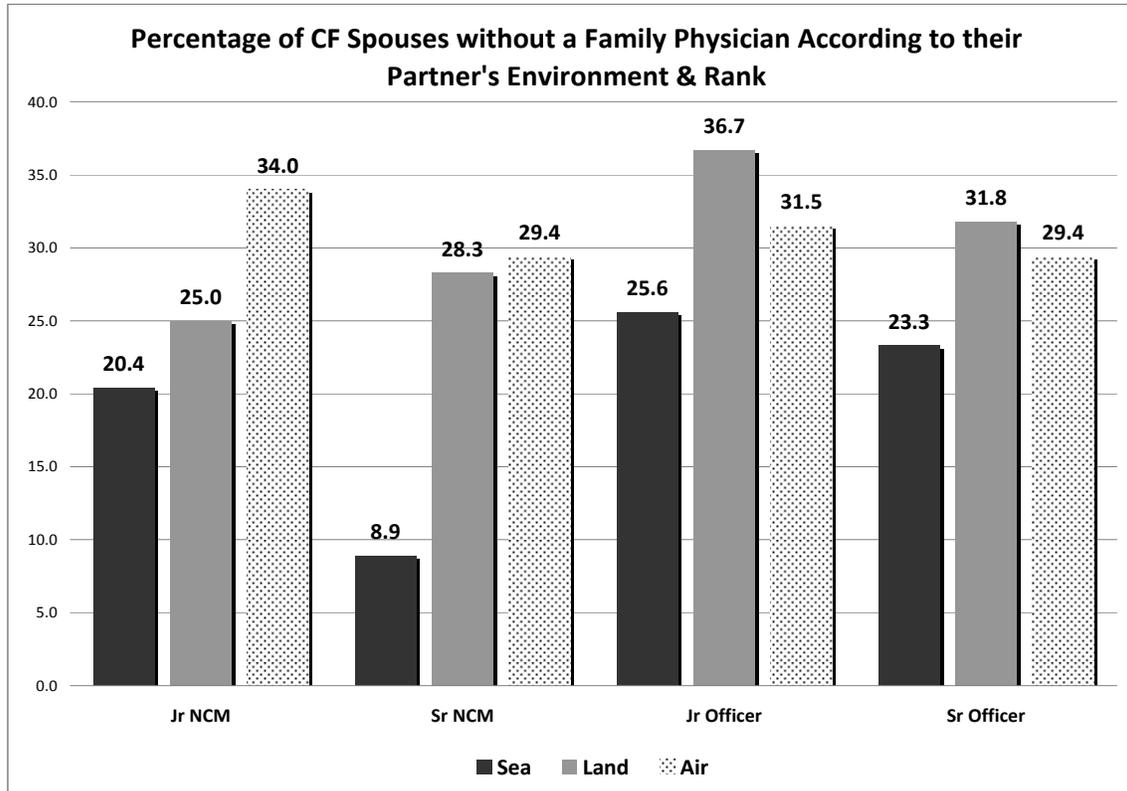


Figure 2: Percentage of CF Spouses without a Family Physician according to their Partner's Environment and Rank

3.4 Posting Turbulence and Access to Family Physicians

In order to determine if posting turbulence played a role in family physician access, a series of analyses with respect to number of postings and time in location was conducted.

3.4.1 Time in Current Location and Number of Postings

As presented in Table 5, respondents who had a family physician had lived in their current location longer on average ($M = 4.9$ years) compared to those without a family physician ($M = 2.7$ years), $t(1160) = 11.14, p < .01$. Furthermore, spouses who had a family physician reported moving slightly less due to their partner's postings ($M = 2.5$ times) compared to those spouses who reported that they did not have a family physician ($M = 2.9$ times), $t(1915) = -3.25, p < .01$. However, the size of this difference is not very large.

Table 5: Length of Time in Current Location and having a Family Physician

Length of Time in Current Location	Mean (SD) in Years
Have a Physician ($N = 1297$)	4.9 (4.87)
Without a Physician ($N = 415$)	2.7 (2.61)
Number of Times Moved Due to Partner's Postings	
Have a Physician ($N = 1360$)	2.5 (2.39)
Without a Physician ($N = 515$)	2.9 (2.70)

3.4.2 Time in Current Location and Number of Postings by Rank and Environment

Time in current location tended to depend on the environment of the spouses' CF partner (see Table 6), $F(2, 1471) = 28.30, p < .01$. Tukey's HSD post-hoc test revealed spouses whose CF partners are in the Navy, $M = 5.6$, 95% CI [5.26, 6.46], lived in their current location significantly longer compared to the Army or Air Force. There was no significant difference between Army and the Air Force in the length of time in current location.

Table 6: Length of Time in Current Location according to Environment

Environment	Mean (SD) in Years
Sea (Navy) $N = 385$	5.6 (5.99)
Land (Army) $N = 572$	3.9 (3.62)
Air (Air Force) $N = 514$	3.9 (3.92)

Time in current location was also related to rank, $F(3, 1467) = 22.25, p < .01$ (Table 7). Tukey's HSD post hoc tests revealed that spouses of Senior NCMs, $M = 5.8$ years, 95% CI [5.23, 6.26] lived in their current location the longest compared to other groups. Spouses of junior NCMs were also found to live in their location significantly longer, about a year on average, $M = 4.3$ years, 95% CI [3.90, 4.62], compared to those of junior Officers, $M = 3.3$ years, 95% CI [2.85, 3.73].

Table 7: Length of Time Living in Current Location according to Rank

Rank	Mean (SD) years
Junior NCM ($N = 475$)	4.3 (4.04)
Senior NCM ($N = 445$)	5.8 (5.56)
Junior Officer ($N = 239$)	3.3 (3.45)
Senior Officer ($N = 309$)	3.6 (3.55)

3.4.3 Family Physician Access and Difficulty Re-establishing Areas of Life Following a Move

The 08/09 spousal survey contained items which asked about the difficulty experienced in relation to establishing life following a move. When these items were examined across access to family physician, no significant differences were evident. However, the difficulty establishing medical services was found to be significantly related to difficulties re-establishing life in some other areas (see Table 8). These findings suggest that, although moves do not directly influence access to a family physician, moves are associated with difficulties in re-establishing various areas of life, including medical services. Further information is required to ascertain whether the difficulties associated with establishing medical services refer to difficulties accessing a family physician or specialized medical care.

Table 8: Pearson Correlations between Difficulty Re-establishing Medical Services and Other Areas Related to Moving

Re-establishing Areas of Life Following a Move	Pearson <i>r</i>
Access to support your family's special needs	.45*
Seniority at work	.33*
Employment	.33*
Childcare	.33*
Support network and social contacts	.32*
Family day to day routines	.29*
Professional certification	.28*
Education requirements	.28*
Schooling	.26*
Housing	.25*
Access to transportation	.21*

* $p < .05$

4 Discussion

4.1 Summary of Findings

The results of this study found that 27% of CF spouses who responded to the 08/09 spousal survey reported not having a family physician, and that this percentage increased slightly from the preceding survey year (05/06). It also appears that family physician access does vary across province.

There also differences across environment, with the percentage of spouses without a family physician being lowest in the Navy. These findings are partially explained in terms of posting turbulence. Overall, it was found that spouses with a family physician were found to have lived in their current location longer than those who did not have a family physician. In addition, those with a CF partner in the Navy tended to spend more time in their current location compared to those in the Army or the Air Force, suggesting that posting turbulence is least disruptive to family physician access in the Navy because they tend to reside in a single location for longer. However, these findings may also be attributed to the fact that Navy personnel and their families tend to be concentrated at two major bases on the East (i.e., Nova Scotia) and West Coast (British Columbia) of Canada. Both these provinces were among those with the lowest percentages of spouses without a family physician.

Rank differences in the percentage of spouses without a family physician appear to be confined to the Navy as well. The percentage of spouses without a family physician was about the same across all rank groups, except in the Navy where spouses of senior NCMs were least likely to report not having a physician. As this group was also found to live in their current location the longest, this finding might be explained by posting turbulence as well. Those who reported having difficulty re-establishing various areas in their life following a move also reporting having difficulty establishing medical services.

Together, these findings provide preliminary evidence for a link between moving and access to a family physician. However, the underlying reasons for not having a family physician could not be determined from this study, which limits the generation of appropriate remedial solutions to facilitate family physician access. For example, it is unknown whether spouses without a family physician made any effort to seek out a family physician. However, it is quite clear that moves can disrupt the re-establishment of medical services. Whether or not these services include access to a family physician or specialized medical care is not clear. Regardless, additional support could be provided to moving families to assist them with the re-establishment of such services. This suggestion is not novel; Dursun and Sodom (2009) also discussed the need for continued enhanced support, policies, and programs for families of CF members. According to the 2005-2008 CF Exit Survey, postings and family-related aspects were among the most influential reasons for CF personnel's decision to release from the Regular Force (Michaud, 2011).

The DMFS acknowledged that Canada has a problem with family physician shortages and that this could be impacting CF families. While this report provides estimates of family physician access among CF spouses, there is no direct comparison against the estimates (i.e., 16%) reported in Statistics Canada (2010), as this source includes, in their sample, anyone over the age of 12 years. Consequently, it is unclear whether the obtained findings for the present sample of CF spouses and their children reflects the estimates of family physician access for a similar group in the Canadian population. Clearly, additional research is required to provide some insight into this issue.

4.2 Future Research Directions

Future research should directly examine the underlying reasons for not having a family physician. Obtaining insight into whether individuals made any attempt to seek a family physician (and or how many facilities they contacted) might determine whether, in fact, there is a shortage of family physicians. Knowing about the presence of family members requiring specialized medical care within the household might also provide insight into difficulties re-establishing medical services. In addition, future surveys might include questions about the influence of posting turbulence on the difficulties obtaining a family physician (e.g., “how long did it take to access a family physician following your last move?”) to more fully explore it as a potential factor in family physician access.

As discussed in Section 2.1.1, there is also need to clearly define what is meant by the term “family physician” within the actual survey, to ensure that respondents use the same frame of reference (i.e., individual versus family) when responding to this item. It is also recommended that future studies examine the kinds of services that families utilize in lieu of a regular family physician, as this may present ideas of interim medical services that could be suggested to families who are experiencing difficulties accessing a family physician. Including a Comments section within the survey might also allow for richer information and insight into the issue through qualitative thematic analyses.

4.3 Limitations

This study had several limitations. The low response rate (21%), although typical for surveys of this length, might include only those respondents who may have had a positive or negative experience with the CF. Hence, the results might not be representative of all CF spouses. However, this is a potential challenge for all CF surveys.

In addition, the lack of a stratified sample by province may have resulted in the under- or over-sampling of respondents from certain provinces. Consequently, the findings limit the extent to which those provinces most or least affected in terms of family physician access can be identified. Provinces with a low number of respondents may also give the appearance of a high percentage of spouses without a family physician (as in the case of PEI). Consequently, some caution must be exercised in the interpretation of these results.

Another limitation pertains to the use of existing data sources. Secondary use of existing sources of data is an efficient use of available information, but often lacks additional information necessary to fully understand or address the nature of the issue. Consequently, the underlying reasons for not having a family physician could not be uncovered in this research.

The use of a single item, “Do you have a family physician?” to examine a potentially complex issue also places limitations on the extent to which useful information can be gained on the issue. In addition, various interpretations of the term “family physician” (see section 2.1.1.) blur the target group (CF spouses alone versus CF spouses and their children) to which the obtained findings might be generalized.

The cross-sectional nature of the spousal survey also limits the extent to which causal inferences can be made about the factors influencing family physician access. For example, to determine the causal influence of posting turbulence in family physician access, it might be best to conduct a longitudinal examination to determine whether recent moves influence family physician access. Longitudinal designs also facilitate the examination of trends with respect to family physician access among spouses of CF members. Alternatively, surveying a sample of those who have recently moved versus those who haven’t might provide more insight into posting turbulence as a potential predictor of family physician access.

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Given a national concern about family physician access in Canada, this study examined Canadian Forces (CF) spouses' access to a family physician. Using data from the 08/09 Quality of Life Among Military Families survey, responses from 2084 spouses were analyzed. It was found that 27% of CF spouses who responded to the survey reported not having a family physician, and that this percentage had increased slightly from the preceding survey year (05/06). There were also differences across environments, with the percentage of spouses without a family physician being the lowest in the Navy. Rank differences were confined to the Navy, with spouses of senior NCMs being the least affected. Posting turbulence, examined in terms of the number of postings and time in current location, might explain some of the obtained results as those without a family physician were found to have spent less time in their current location and reported more postings compared to those with a family physician. While these findings provide some insight into family physician access among CF spouses, further research is required to fully understand the underlying reasons for not having a family physician.

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