

Report

Recruitment and retention of rural physicians

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What is known?

- Recruitment and retention initiatives for rural physicians can address health inequities in rural and remote communities.
- Recruitment and retention initiatives have thus far been insufficient.

What does this study add?

- There are consistent barriers and facilitators for recruitment and retention of rural physicians.
- Various conceptual models for efficient RnR in rural communities are examined.
- Future directions for RnR initiatives are explored.

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BACKGROUND

Rural and remote communities comprise around 32% and 22% of Australia's and Canada's population. However, only 14% and 16% of family physicians in Australia and Canada, respectively, practice in these communities, resulting in a disproportion in access as compared with urban areas. An erosion of health services occurs when the number of physicians and other health care providers in a region is insufficient or these professionals are non-existent. Even when existing in a rural and remote region, providers are often overburdened. Inaccessibility to services in rural and remote communities' results in poor health outcomes for all involved.

In Canada, 1 in 7 physicians will leave rural practice within two years. Strategies to address these turnover rates and the lessening interest in entering rural practice have focused on supporting recruitment and retention initiatives (RnR) to first bring physicians into rural practice and then encourage physicians to continue in rural practice beyond the short-term.

These programs have so far been insufficient or ineffective to address the lack of physicians in rural and remote areas. A review of recent literature related to RnR initiatives focused on rural physicians in Australia and Canada was conducted to investigate the strengths and limitations of initiatives. Further, this review critically examines the short and long-term feasibility of initiatives and develops a conceptual framework for designing or examining RnR initiatives.

KEY FINDINGS



Recruitment based on rural origin alone is insufficient

Being a medical student with rural origin is no longer the strongest predictor of future rural practice. Future strategies may consider alternatively targeting rural secondary students.



Rural exposure is identified as key for increasing RnR

Rural exposure has been shown to increase interest in future rural practice and can help shift urban-born perspectives on rural practice or lifestyle.



Remuneration as an RnR strategy must be reevaluated

Rural GPs report willingness to receive lower salary in exchange for better administrative support, discouraging programs focusing on monetary compensation.



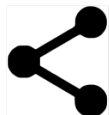
More attention should be paid to social dimensions

Spousal influence, resources for the physician's child(ren), and rural lifestyle may be important influences on both retention and departure from rural practice.



Strong community support and appreciation encourages retention

Community support may aid in physician transition from urban setting and provide tangible support.



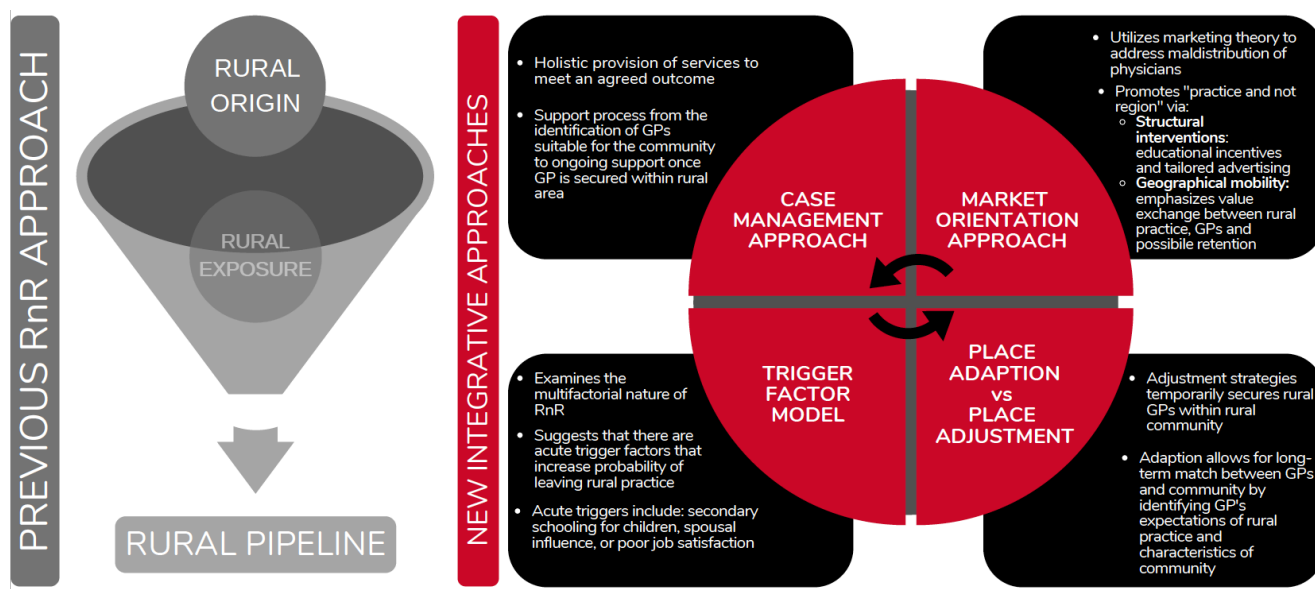
Multiple RnR methods can be implemented and adapted

Given that previous initiatives are ineffective, innovative RnR methods may be adapted and could be informed from multiple frameworks.

INTEGRATING STRATEGIES

Given that many previous RnR initiatives follow similar strategies that are all largely unsuccessful, it is paramount that new methods of RnR for rural physicians are investigated and trialed. Findings in this review, such as the fact that remuneration must be re-evaluated, further emphasize the need to shift previous conceptualizations of RnR initiatives. 4 main conceptual frameworks used in RnR initiatives for rural physicians were identified in this review:

- 1) A **Case Management Approach** values the individual that is being recruited into practice in a rural community, through both in depth selection of a suitable individual and emphasizing support for this individual once they begin practice in the community.
- 2) The **Market Orientation Strategy** utilizes elements from marketing theory to effectively advertise to physicians considering entering rural practice. This strategy values the “promotion of practice and not region” in an effort to highlight the community one is considering practicing in.
- 3) The **Trigger Factor Model** attempts to examine the key trigger factors that encourage leaving rural practice and thus allow decision makers to address these influences in an appropriate manner.
- 4) Lastly, **Place Adaption vs Place Adjustment** considerations should be made when attempting to form a “place attachment” between the incoming physician and the rural area or community at large. This strategy encourages incoming rural physicians to adjust rather than adapt, as adjustment is seen as a better predictor of long-term practice in a rural or remote community.



No conceptual RnR strategy identified in this review is superior to another, as each strategy encourages prioritization of different influences on bringing in and keeping physicians in rural communities. Rural and remote communities in Australia and Canada should be encouraged to consider their unique needs in order to select a model that fits best with satisfying those needs.

Communities should be empowered to select elements from various models that best fit the overall objective of community. Rural communities with characteristics of strong social support and high

appreciation, mentioned previously as important retention factors for rural physicians in Australia and Canada, may select a marketing approach through a video that emphasizes these characteristics. Once a suitable physician has been recruited, the community may select elements from a case-management approach that focuses on addressing trigger factors with the physician, such as a concern of the lack of secondary schooling for their child in the new setting.

FUTURE DIRECTIONS

Progression towards effective, robust RnR of rural physicians requires embodying an interdisciplinary approach to studying these strategies, with a view towards later use by decision makers. Participatory Action Research could use extensive community surveillance and engagement to further identify factors that each community values. The findings from participatory action in these communities could then lead to more effective use of the Market Orientation Approach, in which more targeted initiatives can be created as informed by the community's unique values. Additionally, findings from PAR may be able to inform the incoming physician and guide the next steps of determining the level of support needed from allied health professionals or the community at large.

The marketing approach and participatory action research combination may further benefit from Dirt Research, a form of ethnographic research in which findings are enhanced by engaging with community members in various social settings to understand the lived experience of these people. Dirt Research may provide the findings needed to incorporate the case management approach, so that additional needed training is provided and physician concerns in transition are addressed.

Lastly, effective knowledge translation that addresses the lack of physicians and ongoing RnR initiatives should be a point of emphasis in the future. Leveraging mentioned strategies through emphasizing emerging rural practice technologies (eHealth) and dispelling myths about rural living may result in more effective RnR and ultimately better health outcomes.

METHODS

A structured scoping review was undertaken to identify and categorize literature regarding recruitment and retention of general practice physicians into rural and remote Australia and Canada. Searches were conducted in Scopus and PubMed. Keywords included a combination of physician, doctor, "health workforce", recruitment, retention, rural, remote, Australia, and Canada. Results were limited from 1999 to 2018, inclusive. The articles underwent a step-wise screening process, following the framework developed by Arksey and O'Malley. The stages were as follows: identifying the research question, identifying relevant studies, study selection, data charging, and gathering, reporting, and analyzing results (Arksey and O'Malley, 2005). The scoping review identified 40 primary sourced articles that met inclusion criteria. Using thematic analysis, categories based on location, study design, study population (general practitioner vs medical students) and initiative (recruitment, retention, both). All included articles were coded by DistillerSR according to the overall theme of the article (themes which included rural origin and interest, remuneration, workload distribution, and community factors, among others).

REFERENCES

- Canadian Institute for Health Information. Supply, Distribution and Migration of Physicians in Canada, 2016: Methodological Notes. 2017. 1–46 p.
- Chauhan TS, Jong M, Buske L. Original Article Article original Recruitment trumps retention : results of the 2008 / 09 CMA Rural Practice Survey. *Can J Rural Med.* 2010;15(3):101–8.
- Barclay L, Phillips A, Lyle D. Rural and remote health research: Does the investment match the need? *Aust J Rural Health.* 2018;26(2):74–9.
- Grzybowski S. Sustaining the Health Care Services of Rural Communities: The Role of the University. *Ubcmj.* 2011;2(2):9–11.
- Hays RB, Veitch PC, Cheers B, Crossland L. Why doctors leave rural practice. *Aust J Rural Health.* 1997;5(4):198–203.
- C.C. B. A healthier future for all Australians: An overview of the final report of the National Health and Hospitals Reform Commission. *Med J Aust [Internet].* 2009;191(7):383–7. Available from: http://www.embase.com/search/results?subaction=viewrecord&from=export&id=L358818280%0Ahttp://www.mja.com.au/public/issues/191_07_051009/ben10926_fm.pdf
- Maclsaac P, Snowdon T, Thompson R, Crossland L, Veitch C. General practitioners leaving rural practice in Western Victoria. *Aust J Rural Health.* 2000;8(2):68–72.
- Cosgrave C, Maple M, Hussain R. Factors affecting job satisfaction of Aboriginal mental health workers working in community mental health in rural and remote New South Wales. *Aust Heal Rev [Internet].* 2017;41(6):707–11. Available from: <https://doi.org/10.1071/AH16128>
- Clark TR, Freedman SB, Croft AJ, Dalton HE, Luscombe GM, Brown AM, et al. Medical graduates becoming rural doctors: Rural background versus extended rural placement. *Med J Aust.* 2013;199(11):779–82.
- Landry M, Schofield A, Bordage R, Bélanger M. Improving the recruitment and retention of doctors by training medical students locally. *Med Educ.* 2011;45(11):1121–9.
- Kelley M Lou, Kuluski K, Brownlee K, Snow S. Physician satisfaction and practice intentions in Northwestern Ontario. *Can J Rural Med [Internet].* 2008;13(3):129–35. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/18796258>
- Witt J. Physician recruitment and retention in Manitoba: results from a survey of physicians' preferences for rural jobs. *Can J Rural Med [Internet].* 2017;22(2):43–53. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28441127>

- Marchand C, Peckham S. Addressing the crisis of GP recruitment and retention: A systematic review. *Br J Gen Pract.* 2017;67(657):e227–37.
- Catherine C. Work challenges negatively affecting the job satisfaction of early career community mental health professionals working in rural Australia: findings from a qualitative study. Myfanwy M, editor. *J Ment Heal Training, Educ Pract [Internet].* 2018 Jan 1;13(3):173–86. Available from: <https://doi.org/10.1108/JMHTEP-02-2017-0008>
- Baum F, MacDougall C, Smith D. Participatory action research. *J Epidemiol Community Health.* 2006;60(10):854–7.
- Peters P, Carson D, Porter R, Vuin A, Carson D, Ensign P. My Village Is Dying? Integrating Methods from the Inside Out. *Can Rev Sociol.* 2018;55(3):451–75.
- Hage E, Roo JP, Offenbeek MAG Van, Boonstra A. Implementation factors and their effect on e-Health service service adoption in rural communities: a systematic literature review. *BMC Health Serv Res.* 2013;13(19):1–16.
- Larouche C. Physician perceptions of recruitment and retention factors in an area with a regional medical campus. *Can Med Educ J.* 2018;9(1).
- Eley D, Baker P. Does recruitment lead to retention? - Rural Clinical School training experiences and subsequent intern choices. *Rural Remote Health.* 2001;6(511):1–11.
- Dixit SK, Sambasivan M. A review of the Australian healthcare system: A policy perspective. *SAGE Open Med.* 2018;6:205031211876921.
- Davies JM, Priddy RE. Rural health care in Canada and Australia. *C Can Med Assoc J = J l'Association medicale Can.* 1994;151(5):515.
- Rural practice. | Resources | Resources | The College of Family Physicians Canada. Available at: <https://www.cfpc.ca/ProjectAssets/Templates/Resource.aspx?id=1601>. (Accessed: 11th April 2019)
- Canada - OECD. Available at: <http://www.oecd.org/canada/>. (Accessed: 25th March 2019)
- Demography. *ruralhealth.org.au* (2015). Available at: <https://ruralhealth.org.au/book/demography>. (Accessed: 16th April 2019)

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