



## Quality of Life Impacts the Recruitment and Retention of Rural Health Care Providers

*“A person’s ability to access health services has a profound effect on every aspect of their health, yet one in five uninsured Americans lives in a rural area”<sup>1</sup>*

Rural Americans have less access to health care than their urban counterparts. This is due in part to many rural residents having no health insurance or being under-insured. The enactment of the Affordable Care Act (ACA) offered the possibility of health insurance to millions of Americans living in rural areas. However, having health insurance does not equal having access to care.

The ACA provides an important opportunity to more than 7.8 million rural Americans.<sup>2</sup> However, the U.S. rural health care system is already strained. Currently, 25% of the U.S. residents live in rural areas with only 10% of physicians practicing in rural America.<sup>3</sup> This leads to 40.1 physicians per 100,000 rural residents as opposed to 134.1 per 100,000 in urban areas. To increase the number of rural practitioners, recruitment, professional quality of life, and retention for all rural healthcare providers needs to be addressed.

### Recruitment

Many factors are related to the recruitment of healthcare providers to rural area.<sup>4</sup> Prominent reasons for accepting a position in a rural setting include, a) having a rural background, b) participating in a rural training program, and c) a desire to serve rural community needs. Nurse Practitioners interviewed about their rural practice spoke of their excitement in returning to their community of origin.<sup>5</sup> This reinforces the need for community outreach programs to recruit healthcare providers from rural areas. Students who enter programs with an understanding of rural areas and the health needs of their community are more likely to return to their hometown. Completion of a rural practicum has also been associated with accepting a position in a rural practice. In a recent study, 72% of the NPs practicing in a rural setting

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<sup>1</sup> Healthy People 2020, retrieved on May 15, 2014 from <http://www.healthypeople.gov/2020/LHI/accessCare.aspx>

<sup>2</sup> National Advisory Committee on Rural Health and Human Services, Rural Implications of the Affordable Care Act Outreach, Education, and Enrollment, Policy Brief January 2014 retrieved December 11, 2014 from <http://www.hrsa.gov/advisorycommittees/rural/publications/ruralimplications.pdf>

<sup>3</sup> National Rural Health Association, retrieved on May 15, 2014 from <http://www.cfah.org/hbns/2014/gap-in-life-expectancy-between-rural-and-urban-residents-is-growing>

<sup>4</sup> Daniels ZM, VanLeit BJ, Skipper BJ, Sanders ML, Rhyne RL. Factors in recruiting and retaining health professional for rural factors. *National Rural Health Association*, 2007:23(1), 62-71.

<sup>5</sup> Sharp DB. Factors related to the recruitment and retention of nurse practitioners in rural areas. *ETD Collection for University of Texas, El Paso*. (January 1, 2010). Paper AAI3409167, <http://digitalcommons.utep.edu/dissertations/AAI3409167>

completed at least one practicum in a rural setting, supporting the importance of rural training as an effective strategy in recruiting rural healthcare providers.<sup>6</sup>

Area Health Education Centers (AHECs) are leaders in health education and healthcare workforce development in rural areas. AHECs develop community health education and health provider training programs in severely underserved areas. In 2007-2008, AHECs worked with 17,530 community-based training sites, educating 44,675 physicians and 4,155 advanced practice nurses and physician assistants.<sup>7</sup>

The University of Missouri developed the Rural Track Pipeline Program (MU-RTPP) offering rural medical training for undergraduate and medical students.<sup>8</sup> The program offers students from rural areas of Missouri the opportunity to train in rural areas along with scholarships to offset the high cost of medical school. Since the inception of the program over half of the students have chosen to practice in rural Missouri. The Rural Physician Associate Program and the Rural Medical Education Program report over sixty percent of the students remained in a rural family practice.<sup>9</sup> Success has also been noted with interprofessional students including pharmacy and medical students.<sup>10</sup>

### **Professional Quality of Life**

Preserving professional quality of life has a positive effect on recruitment and retention. Professional quality of life includes promoting positive aspects of providing care and reducing negative aspects. Negative aspects include healthcare provider stress and burnout. The negative consequences of stress and burnout place delicate rural health care systems at particular risk. Stress affects rural healthcare as job performance, patient satisfaction, and intentions of healthcare providers to leave the rural setting impacts the cost of recruiting and training.

Supporting a positive quality of life is essential for recruiting and retaining healthcare providers in rural areas.<sup>11</sup> Increased access to professional resources can have a significant protective influence in increasing healthcare providers work satisfaction. Additionally, the quality of healthcare can improve as engaged workers are less likely to make medical/patient care errors or cause adverse events.

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<sup>6</sup> Sharp DB. Factors related to the recruitment and retention of nurse practitioners in rural areas. *ETD Collection for University of Texas, El Paso*. (January 1, 2010). Paper AAI3409167, <http://digitalcommons.utep.edu/dissertations/AAI3409167>

<sup>7</sup> National Area Health Education Center Organization. (2009). Retrieved from <http://www.nationalahec.org/home/index.asp>

<sup>8</sup> Quinn KJ, Kane KY, Stevermer JJ, Webb WD, Portner JL, Williamson HA. Influencing residency choice and practice location through a longitudinal rural pipeline program. *Acad Med*. 2011;86(11), 1-11.

<sup>9</sup> Soliman SR, MacDowell M, Schriever AE, Glasser M., Schoen MD. Instructional design and assessment: An interprofessional rural health education program. *American Journal of Pharmaceutical Education*. 2012;76(10).

<sup>10</sup> Stamm, BH. Recruitment and retention of a quality health workforce in rural areas, *National Rural Health Association Issue Paper*. May, 2006

<sup>11</sup> Stamm, B. H. Recruitment and retention of a quality health workforce in rural areas, *National Rural Health Association Issue Paper* (May, 2006).

One of the key concerns for providers with the enactment of the ACA is the potential for having to work long hours with little support. For example, due to changes in the number of rural residents with access to insurance, current healthcare providers will be responsible for caring for additional patients. Providers may face longer shifts, less time off, and be forced to treat outside their specialty. The professional quality of life for health care providers needs to be supported. Supporting a positive quality of life is essential for recruiting and retaining healthcare providers in rural areas.<sup>12</sup>

## Retention

Retention among health professions is inevitable in the health care field as the need for workers is immense and continues to increase. Demand for services of health care professionals has increased as the country's population has aged, rates of chronic diseases like cancer and diabetes have increased, and public budgets have declined, making it more difficult for many facilities to hire and train more personnel. More than 10% of Americans live in federally designated health professional shortage areas with limited or nonexistent health care services. The shortages apply to physicians, nurses, nurse practitioners, physician assistants (PAs), dentists, pharmacists, and many other allied health professionals. Generally, the smaller, more isolated, and poorer the community, the worse the shortage problem becomes.<sup>13</sup>

Inclusive, ever-advancing medical technologies mean the current health care work force needs to continuously maintain their skills. The result is a health care system facing crisis-level demands. Decision makers in health care organizations find themselves in a difficult position. Failing to meet increasing service demands literally means putting not only patients at risk of death, but also pushing existing staff to take on expanded duties leading to burnout and mistakes.

Previous studies have shown the following factors to increase healthcare provider recruitment to rural practice: rural background, family practice specialty, rural training, rural-oriented medical curriculum, having family in the rural area, professional opportunities, economic incentives, practice relief, interest in working with underserved populations, and opportunities for family members (spousal employment, good schools for children, etc.).<sup>14, 15, 16</sup> Rural background and specialty preference have been found to be associated with recruitment to rural locations; medical school rural curriculum focus and rural training opportunities have been found to be associated with retention.<sup>17</sup> Interestingly, women are less likely to practice medicine in rural areas than men.<sup>18</sup>

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<sup>12</sup> Ibid.

<sup>13</sup> Committee on the Future of Rural Health Care, Board of Health Care Services, Institute of Medicine. *Quality Through Collaboration: The Future of Rural Health Care*. Washington, DC: The National Academies Press; 2005:1-18.

<sup>14</sup> Curran V, Rourke J. The role of medical education in the recruitment and retention of rural physicians. *Med Teach*. 2004; 26:265-272.

<sup>15</sup> Hart LG, Salsberg E, Phillips DM, Lishner DM. Rural health care providers in the United States. *J Rural Health*. 2002; 18(suppl):211-232.

<sup>16</sup> Geyman JP, Hart LG, Norris TE, Coombs JB, Lisher DM. *Physician Education and Rural Location: A Critical Review*. Seattle, Wash. WWAM Rural Health Research Center, 1999.

<sup>17</sup> Ibid.

<sup>18</sup> Ibid.

Loan forgiveness programs, rural training programs and practicum experiences, as well as competitive salaries and professional opportunities support successful recruitment. Retention efforts must focus on the provision of economic incentives, such as earnings potential and promotion opportunity, professional development, and community appeal. In response to the limited amount of primary care providers offering care to rural residents, the government established the National Health Service Corps (NHSC) and Area Health Education Centers (AHECs). In the 1950s and 1960s, rural physicians retired or moved, leaving many areas of the rural U.S. without essential healthcare. The NHSC offers both educational scholarships and educational loan repayment in exchange for a healthcare provider's commitment to practice in a rural or underserved area. Since NHSC's inception, more than 30,000 primary care physicians, NPs, certified nurse midwives, PAs, dentists, dental hygienists, and mental health professionals have served in the NHSC. According to the National Area Health Education Center Organization (2009), the NHSC had 3500 clinicians caring for approximately 4 million people in underserved areas. About 80% of NHSC clinicians continued to work in rural or underserved areas beyond their initial commitment, with 70% staying at least five years and about 50% caring for underserved people their entire career.<sup>19</sup>

## **Recommendations**

In addition to the work of the National Health Service Corps and Area Health Education Centers, supporting policy approaches could help achieve these goals in a timely manner. Carrier, Yee & Stark (2011) suggest a two prong approach to compliment the efforts of the NHSC and AHECs and increase effectiveness, through Advanced Practice Nurse (APN) scope of practice and payment policies for team-based care.

First, allowing APN full practice authority is state-level policy that varies greatly across the nation. Federal lawmakers can be pivotal in this recommendation by offering more direct funding to states that allow full scope of practice for APNs.<sup>15</sup> The policy implications could include reduced demand on rural physicians during the time of increased demand. Additionally, Accountable Care Organizations already recognize APNs as primary care practitioners and reimburse them accordingly if the state does not prohibit independent scope of practice.<sup>15</sup> Second, the payment methods can have immediate and lasting effect on health care organizations, shifting the way care teams are utilized.<sup>15</sup> For example, capitated payments promote shared responsibilities of patient care across the health team.

## **The Replication of Recruitment and Retention Programs**

The Recruitment and Retention Activities (RRA) initiative was created through a statewide partnership between the Connecticut Department of Public Health's Primary Care Office and Eastern Connecticut Area Health Education Center with funding by the Department

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<sup>19</sup> Carrier, E., Yee, T., Stark, L. (2011). Matching supply to demand: Addressing the U.S. primary care workforce shortage. *National Institute for Health Care Reform, Dec (7)*.

of Health.<sup>20</sup> Utilizing quantitative and qualitative assessments, the major objectives of this initiative were developed. The RRA created a tool kit to assist sites with comprehensive recruitment and retention of NHSC providers. This tool kit includes many different resources and guides, such as a mentorship program, recognition activities, family guide and provider feedback. All of this information, including the detailed assessments, are available through the RRA website and the tool kit can be downloaded free of charge.

Together, this initiative aims: to increase the number of NHSC providers who remain at their site after completion of commitment; foster a positive perception of the NHSC program for health providers; and improve workplace morale for rural health organization, providers and their families.<sup>16</sup> The RRA initiative is a pilot program that could be easily replicated across states, with interchangeable partnerships between state entities.

## **Summary**

Rural Americans have less access to health care than their urban counterparts. With the enactment of the ACA millions of rural residents will have access to healthcare. Yet, even with insurance rural residents will not have access due to limited health care providers in rural areas. Thus recruitment and retention of rural providers must be enhanced. By recognizing quality of life as a factor, in addition to professional support and advancement, rural health organizations have greater power to recruit and retain quality rural providers. This paper offers recommendations to include the number of rural healthcare providers including policy changes and pilot programs.

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<sup>20</sup> Recruitment and Retention Activities Initiative, (n.d.). Retrieved November 12, 2014. <http://www.rrinitiative.org/>.

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