

Principles of Retaining Rural Physicians: Lessons from UNC's Studies of the Past 10 Years

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1st Principle: Long-term retention is a realistic goal for rural physicians in virtually every location. Median rural retention duration is six years.

2nd Principle: Recruiting and retaining rural physicians are different goals that require different initiatives.

Corollary A: The phrase “recruitment and retention” should be avoided, if it keeps us from recognizing that separate initiatives are needed for each.

3rd Principle: When it comes to retention, rural primary care physicians demonstrate that they are “locals” at heart. Rural physicians should be approached as a local (within-state) labor force, not as national. (“Think globally, recruit locally.”)

4th Principle: Retention is not a matter of selecting the right type of individual or right type of community and practice, but is a matter of making a good match between an individual and a community and practice.

5th Principle: Physicians who choose rural practice are not typical of physicians as a whole (think of them as “deviants”). Retention initiatives should attend to rural physicians’ greater value in independence, lower attachment to technology, greater altruism and greater need to feel their impact on their community.

Corollary B: Don’t listen to what urban physicians – and especially academics – say about satisfying and retaining rural physicians, unless they have rural practice experience or speak from solid data. Urban physicians project their own needs on rural physicians.

Corollary C: Community attachment may be the single most important factor in retaining rural physicians [see the movie “Doc Hollywood”].

6th Principle: Retention is affected most by what physicians encounter in their rural practices and communities.

Corollary D: Although explicit rural training during residency promotes preparedness and retention, no upbringing or training will prepare or insulate a physician from a bad situation.

7th Principle: The role of rural practices in retention is to offer a job situation that makes physicians feel satisfied, respected, valued, professionally fulfilled and is a viable long-term employment option.

Corollary E: Physicians are no more likely than any other human to remain in a job with stress, conflict, disrespectful coworkers, or inordinately low pay and benefits.

Corollary F: Retention is bolstered by avoiding physician dissatisfaction, not by increasing levels of satisfaction.

8th Principle: Rural physicians are human. Addressing physicians' human needs is more important to retention than providing professional supports.

Corollary G: Professional supports, such as CAT scanners, telecommunication linkages and easy access to consultants, may augment the quality of care of rural physicians but they do not promote their retention ... a mistaken belief of urban physicians.