Influences on the choice of health professionals to practise in rural areas

The shortage of health care professionals in rural areas is a global problem that poses a serious challenge to equitable health care delivery. Both developed and developing countries report geographically skewed distributions of health care professionals, favouring urban and wealthy areas, despite the fact that people in rural communities experience more health-related problems.[1] This spatial maldistribution of health workers means that those who have the greatest need have the poorest services, thus fulfilling Hart's 'inverse care law'.[2] It has been suggested that a country's ability to recruit and retain health care professionals in under-served communities ultimately depends upon the provision of a stable, rewarding and fulfilling personal and professional environment,[3] but the provision of such an environment continues to elude most countries, particularly those in the developing world. Across the globe, countries have recognised the need to address the health care needs of rural populations, but it seems to have been more successful in North America and Australia than in Africa and Europe. The success is demonstrated by a range of education, workforce and service model initiatives that appear to be effective in providing a better-prepared and supported health care workforce in rural communities, and in providing services through specifically developed delivery models, all with the aim of improving the quality of health care for rural people. The reasons for the differences between nations with lesser and those with greater success appear not simply to be a matter of resources, but often relate to the absence of a clear understanding of the health issues associated with rurality and a rural health strategy arising from this. As a result, although very similar rural health issues are frequently present in Africa and Europe, even though to differing degrees, governments in Africa are not particularly supportive of initiatives aimed specifically at rural health, with the result that rural medical education is much less well developed.[4] At the heart of the rural health education agenda is that rural people have different health care needs and reduced access to services.[5] Recruitment, training and retention of health care professionals are essential to addressing this.

In this edition of *SAMJ* Couper and colleagues[6] present the results of qualitative individual interviews with 15 health care professionals working in rural areas in South Africa (SA), addressing the important question of influences on the choice of health practitioners to live and work in rural communities. Their research forms part of the work done by the Collaboration for Health Equity through Education and Research (CHEER), which involves representatives from nine health sciences faculties in SA and has played an important role in co-ordinating research in rural health education.[7]

Couper and colleagues[6] identified several themes including personal, facilitating, contextual, staying and reinforcing factors. They found that personal attributes of the health care professionals such as rural origin and/or their value system resulted in practising in a rural area and that the decision to 'go rural' was facilitated by exposure to rural practice during training, an understanding of rural needs and exposure to rural role models. The observation that rurally practising health professionals remained in rural areas because of the context and nature of their work and the environment in which they worked, supported by the role of family and friends, ongoing training and development and the style of health service management, is important for any retention strategies. According to their study personal motivation was reinforced by a positive relationship with the community, and by being an advocate and role model for the local community.

Interestingly, Couper and colleagues' research[6] suggests that educational factors may work against practising in rural areas. This seems to contradict the positive results experienced internationally in this regard. It is likely that this might have to do with the timing and duration of the rural experience.[8] The perceived quality of a rural educational experience is apparently associated with an increased interest in a rural career,[9] so it is possible that the South African practitioners who were interviewed for this study have simply not been provided experiences of sufficient significance or quality to make an impact. Internationally it has been found that where learners are randomly assigned to various training programmes, no curriculum effect is found, at least for the typical 1- or 2-month primary care and rural rotation, or simple structural features of schools such as the presence of a family medicine department.[10] Longitudinal, multi-faceted training programmes are generally considered more effective.[11,12] Most controlled studies suggest that the experiences students have in medical school and especially residency training have a significant role in their decisions to practise or remain in rural areas.[13] It is nevertheless of concern that Couper and colleagues found that educational experiences might mitigate against a decision to practise rurally, and the possibility that exposure to rural practice may even discourage students needs to be considered seriously. The only way to demonstrate educational effects on career or choice of practice location is to conduct controlled trials with students randomly assigned as programme participants or non-participants, although this may be difficult in an education setting.

The findings of Couper and colleagues[6] with regard to the role of personal values and place of origin seem to be important and accord with previous studies demonstrating that

students of rural origin are more likely to practise in rural areas and that personal attributes are relevant.[8] Their interviewees found that religious beliefs, 'traditional values', socio-political convictions and role models were important motivators for working in rural practice.

The study emphasises that there are positive and negative factors that affect recruitment and retention of rural health professionals, necessitating a multi-dimensional approach. It is a complex problem which requires a range of educational and systemic interventions.

Helmuth Reuter

Ukwanda Centre for Rural Health
Faculty of Health Sciences
Stellenbosch University
Tygerberg, W Cape

Ian Couper

Division of Rural Health
Faculty of Health Sciences
University of the Witwatersrand
Johannesburg

Corresponding author: *I Couper (couperid@medicine.wits.ac.za)*

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