

# A sense of belonging: what makes health workers want to practise rurally?<sup>1</sup>

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In the face of significant medical workforce shortages in rural areas (or rather, a relative maldistribution between city and country), countries with expansive geography and sparsely scattered populations have invested heavily in trying to increase the number of medical graduates who go on to practise rurally. Some industrialised Commonwealth countries (Australia, Canada, New Zealand) and the USA have been particularly active in this field, and their stakeholders have been very keen for any evidence that these strategies are working. One strategy that has become quite widespread, and on the face of it carries a lot of validity, involves moving students out from hospital placements in big cities and immersing them in smaller rural communities, where they stay for up to a year. Rather than being marched through a series of brief specialty rotations, the students engage in an integrated and longitudinal curriculum.

## Listening to student voices

Current understandings of the impact or the outcomes of such initiatives are largely based on quantitative studies analysing relationships between student education outcomes, career intentions and a range of personal characteristics and background variables. However, concerns have been raised that this type of research uses a reductionist view of the career trajectories of medical students. What is needed is a richer interpretive understanding of the complex factors underpinning student intentions towards rural medical practice to inform the future planning of rural education programmes.

My colleagues and I have studied the rural practice intentions of ten senior medical students from three different universities, who spent between 6 and 12 months in longitudinal placements. Their base was in Broken Hill, an isolated silver mining town of 20,000 residents in the far west of outback New South Wales, Australia, 13 hours by train from Sydney and 8.5 hours from Adelaide. The Broken Hill Extended Clinical Placement Programme (BHECPP) is an innovative, integrated multi-university programme in rural and remote medicine aimed at senior medical students in the last two years of medical school. The programme is hosted by the local University of Sydney Department of Rural Health (UDRH), which also provides an academic centre for education programmes in undergraduate nursing and allied health.

The students were asked questions on their backgrounds, their expectations of longitudinal rural placements, the barriers they perceived to living and working in the country, the personal and social resources they made use of while away from home, and their

rural career intentions. Each student was interviewed at the beginning of the placement and again towards the end. The research team conducted similar interviews with the students' multidisciplinary clinical teachers and also held focus groups.

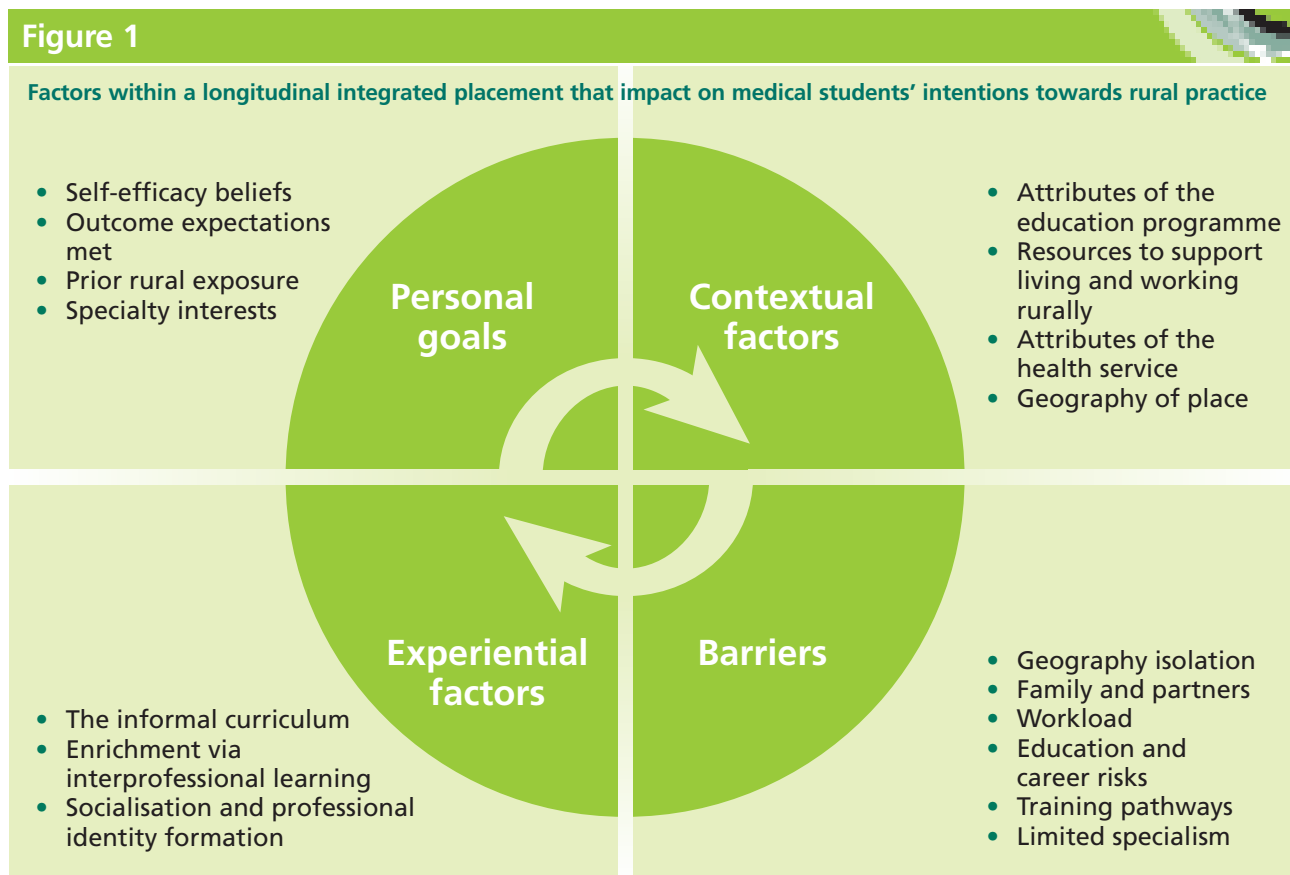
## Impartiality

Following institutional ethics approval, participants were recruited by email and verbal invitations by a researcher who was not involved in student teaching, assessment or programme planning. Data collection was carried out by four of the authors with whom participants did not have dependent relationships. Written consent was sought before participation in the study. To protect anonymity and confidentiality, all data were de-identified before analysis and reporting. Interview and focus group data were transcribed verbatim and analysed using framework analysis, which involves several distinct yet inter-related stages, including familiarisation, the identification of a thematic framework, indexing, charting and, finally, mapping and interpretation.

## Results

Using social cognitive career theory to better understand the development of students' personal agency during their placement, we were able to demonstrate the students' enhanced feelings of being able to succeed in rural practice as their longitudinal placements progressed and their confidence grew. Self-reliance and resilience were identified as significant factors in this development of confidence. It is important to ensure that students' expectations of rural practice are realistic before they begin their placement. One student had an overly romantic view of the role of rural general practitioners (GPs), and was disappointed to find that it was not always as breakneck exciting as had been expected.

Those who had spent time in rural areas earlier in life had a more realistic perspective of the everyday work of the rural GP. Many factors served to attract students to a longitudinal rural placement. On the formal side of the curriculum, students were keen for a richer clinical experience and the opportunity to have more autonomy and responsibility for patient care. On the informal side, students truly valued the more multifaceted and meaningful relationships that developed over time with the community in which they were immersed, including with their clinical teachers. Negative aspects included the disruption of family and supportive social networks while away from home, and lack of opportunities for co-ordinated, rurally based vocational training.



### Conclusions

The major message in our paper is that socialising a student into the rural community has a significant impact in directing their career choice, even more so than the learning activities they undertake. Finding the desire to become a rural practitioner does not happen overnight, but longitudinal integrated placements can help students to confirm and consolidate their plans.

The richness of the informal curriculum in a longitudinal rural placement powerfully influenced students' intentions to practise rurally. It provided an important context for learning and evolving notions of professionalism and rural professional identity. Formal curricula using educational activities based around service-led and interprofessional learning could reinforce this. To overcome the contextual barriers, the rural workforce development model needs to focus on socialising medical students into rural and remote medicine. More generic issues include student selection, further expansion of structured vocational training pathways that vertically integrate with longitudinal rural placements, and the maintenance of rurally focused support throughout postgraduate training.

### Endnote

<sup>1</sup> This article was developed from two previously published articles: Roberts, C., Daly, M., Kumar, K., Perkins, D., Richards, D. and Garne, D. (2012), 'A Longitudinal Integrated Placement', *Med Educ*, 46: 179–191, and 'Medical Students' Intentions to Practise Rurally', *The Clinical Teacher*, 2012; 9: 127–130

### Box 1

#### Students' comments

- *I think I've got the confidence to know that I can deal with things without my support network. I've had to solve – not a lot of problems but solve everyday problems. I feel that I can now do that just by myself.*
- *The GPs don't have any input into the hospital-type stuff and the hospitals don't have much input into GP land so the two are like two completely different entities. There's no real... I don't feel there is really much cross-communication between the two...*
- *You've got to be open to all sorts of communities, be nonjudgemental, be prepared to get involved, be prepared to put up with some fairly adverse environmental factors – heat, dust storms, cars breaking down, whatever – so you've just got to be prepared to put up your hand and roll your sleeves up and engage with the challenges as they arise.*

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