

Mad, maverick or missionary? A framework for studying individual physician's decisions to work in rural areas

Michael Jones¹, John Humphreys²

¹Psychology Department, Macquarie University, ²School of Rural Health, Monash University

Michael Jones is currently an Associate Professor and Deputy Head of the Psychology Department at Macquarie University, Sydney, having finished a term as Head of Department in 2010. His primary training is in biostatistics and he has worked in epidemiology in a number of areas of medical research. Mike is particularly interested in the shortage of medical practitioners in rural areas of Australia and personal as well as structural reasons for the medical workforce shortage. Mike is currently involved in studies of the connections between characteristics of the individual (personality, mood, etc) and rural workforce intentions where probabilistic methods play an important role.

Background

To meet policy needs, workforce research has focused largely on systemic factors enabling and inhibiting rural medical workforce recruitment and retention rather than about individual practitioner characteristics. Yet decisions to work, or not, in a rural/remote location are made by individuals not by a system. As such, decisions about where to practise can be viewed as a special case of individual career choice, about which there is considerable organisational and vocational psychology literature. Given the continuing deficit of general practitioners and health professionals in non-metropolitan areas it is appropriate to investigate the role and significance of individual factors relating to workplace decisions.

Aim

This paper synthesises theoretical and empirical work on career choice and relates it to rural medical workforce recruitment and retention.

Approach

The literature pertaining to career choice and job–person fit was reviewed and several informative models identified. Two empirical studies have commenced, one a retrospective case-control study of personality and temperament in rural and urban general practitioners, and the second a prospective longitudinal study of personality and temperament in medical students.

Results

The Social Cognitive Career Theory (SCCT) proposed by Lent and colleagues provides a model for individual physicians' choices. This model is supported theoretically by Roe's theory of the influence of early life experiences on adult choice and Holland's theory of person–job fit. Limited empirical evidence that rural medical practitioners have a particular temperament and that rural background significantly influences general practitioners' likelihood of practising in rural communities are consistent with SCCT.

Study 1: A retrospective case-control study applied the NEO-FFI five-factor personality scale and the Adjective Check List (ACL) to a sample of over 300 rural GPs and 100 urban GPs. Proxies for longevity in rural were also collected. Data collection is almost complete and will be analysed prior to March 2011.

Study 2: A prospective longitudinal study of incoming medical students commencing in 2011 is being funded under the Medical Schools Outcomes Database project by the Medical Deans Association Australia and New Zealand. This study will administer the NEO and ACL instruments at six Australian universities and follow-up participants until postgraduate year 1 and later if possible.

Conclusions

There is sound theoretical reason to believe that individual factors are significant in doctors' decisions to work in rural and remote areas. These studies will provide empirical validation that may have important implications for rural health workforce recruitment and retention policies.

