

Building the rural healthcare workforce: benefits and incentives of working in a rural area.

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There are multiple macro and micro challenges to sustaining a rural healthcare workforce and improving rural health (1,2,3)

Studies report that rural healthcare workers experience benefits over city workers like better job satisfaction and fewer stressors (4)

Successful strategies to improve the rural healthcare workforce include improving healthcare systems and working conditions (5).

Limited attention has been given to those already working in rural healthcare and what they think could be done to build the rural healthcare workforce.

Promoting the benefits of working in rural areas, alongside incentivising the move to rural areas may help build a stronger rural healthcare workforce.

Method: Participants n=52 rural healthcare workers from 21 countries who have completed an MSc in Public Health at USW. Themed analysis of four questions from a larger rural health study. Interviews (n=14) and semi-structured questionnaires (n=38) from 2018-2022. Results show four main benefits and a range of incentive ideas

+More career & skill opportunities

'Can be creative', 'get experience quicker', 'have to think differently'

+Better work-life balance

'rural life is less hassled', 'more peaceful', 'enjoy nature', 'you can better your lifestyle'.

+Good job satisfaction

'where you can do the most good', 'there is real demand for your skills', 'serve people that really need me'

+Stronger communities & sense of belonging

'I know people better', 'strong community spirit', 'feel I belong here'

Employers could provide...

- Professional support networks or buddy schemes
- 'Train the trainer' & skill exchanges
- Recognition schemes
- Childcare support
- Relocation allowances
- Recruitment materials that show benefits

Institutions* could provide...

- Better transport networks
- Affordable, decent housing
- Quality schools/colleges
- Monetary incentives
- Stronger measures to improve safety i.e. lone work
- low cost, low-tech solutions for healthcare practice
- More rural content in curriculums

* Includes Government, councils, organisations, businesses, universities etc.

References:
(1) Liu et al. (2015) Analysis of context factors in compulsory and incentive strategies for improving attraction and retention of health workers in rural and remote areas: a systematic review. Hum Resour Health. 13 (61) available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4508764/>. (2) UCLan (2022) A tale of two countrysides: Rural and remote health and medicine. Available at <https://www.uclan.ac.uk/assets/pdf/rural-medicine-and-health-report.pdf>. (3) Terry, D et al. (2021) Factors contributing to the recruitment and retention of rural pharmacist workforce: A systematic review. BMC Health Serv. Res 21 1052 available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8493699/>. (4) Eaton-Hart J et al. (2022) How do the working lives of general practitioners in rural areas compare with those elsewhere in Scotland? Cross-sectional analysis of the Scottish School of Primary Care National GP Survey. Rural and Remote Health 22 (3) available at <https://www.rrh.org.au/journal/article/7270>. (5) Zhu et al. (2019) Analysis of strategies to attract and retain rural health workers in Cambodia, China, and Vietnam and context influencing their outcomes - available at <https://pubmed.ncbi.nlm.nih.gov/30612573/>. Photographs top, Brecon Beacons by Nova Corcoran. Bottom, left to right: Rural Wales by Jimbowen0306 licenced under CC available at <https://wordpress.org/openverse/?referrer=creativecommons.org>, and Views from the Valleys', Ben Scott, used with permission.

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