

# Perspectives of Female Physicians Practicing in Rural Wisconsin

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## ABSTRACT

**Background:** While approximately 30% of the Wisconsin population lives in rural areas, only 11% of physicians practice in these areas. More women are entering medicine today and some studies have raised concerns that women are less likely to practice in rural areas. The intent of this study was to identify which factors influenced female physicians to enter rural practice and to look at the issues they are confronting.

**Methods:** Ten female physicians practicing in rural Wisconsin towns agreed to participate in 30- to 60-minute semi-structured interviews. Transcripts of the interviews were analyzed to identify common themes in answers to the questions.

**Results:** The physicians had been in practice between 2-26 years, with an average of 13 years. Seven of the 10 had rural backgrounds, which influenced their decisions to practice in rural areas. The physicians cited other factors, such as professional satisfaction, the ability to be engaged with and serve one's community, and having a good place to raise one's family, that made practicing and living in a rural community attractive. However, these physicians also found some drawbacks to rural practice, including too few providers, too much call, and finding a balance between professional and family life. Despite this, all plan to stay in their current practices indefinitely and recommend rural practice to female medical students and residents.

**Conclusions:** These female physicians find the value of being in rural practice overcome the challenges. The participants provided insight into motivating women to enter rural practice, finding a balance between the

challenges and benefits of rural medicine, and promoting the future of rural health care.

## BACKGROUND

While approximately 30% of the Wisconsin population lives in rural areas, only 11% of physicians practice in these areas. The limited number of physicians in rural areas can restrict access to care.<sup>1</sup> This shortage is likely to worsen in the near future, as the aging of America will result in an increased demand for health care services. By 2015, the number of office visits is projected to increase by 13%.<sup>2</sup>

Some studies have suggested the increasing proportion of women entering medicine will exacerbate the shortage of rural physicians. One study found that 26% of urban generalists are women, while only 16% of rural generalists are women.<sup>3</sup> Possible explanations for this disparity have included a desire for part-time or flexible employment, difficulty finding adequate child-care, lack of employment opportunities for spouse, lack of privacy, and difficulty being accepted into the community. However, female physicians have also cited reasons to pursue rural practice, including rural quality of life, good practice relationships, ability to practice a full scope of medicine, and strong ties to rural communities.<sup>1,4-6</sup>

The intent of this study was to identify factors that influenced female physicians to enter rural practice and the issues they are confronting in their practices.

## METHODS

A semi-structured interview of 16 questions was developed and piloted (Table 1). Approval of the protocol was obtained from the University of Wisconsin School of Medicine Internal Review Board.

Prospective candidates were female MDs or DOs who practice in Wisconsin communities of less than 16,000 people. Nineteen physicians were selected from a list obtained from the Wisconsin Office of Rural Health and personal contacts of the authors. Selection was designed to provide diversity in community size

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and location, as well as medical specialty. Letters of introduction and an invitation to participate were sent to candidates. These were followed by a telephone call 1-2 weeks later. If the candidate chose to participate, an interview date was arranged.

Interviews were 30-75 minutes in length and were conducted at the physician's practice location. Interviews were recorded on an audiotape and later transcribed. The authors analyzed the transcripts independently, identifying common issues and themes. The authors then compiled these into a single list.

## RESULTS

Of the 19 physicians contacted, 10 agreed to be interviewed. These included a general surgeon, pediatrician, internist, and 7 family physicians. All participants practiced in towns of <10,000 people, with the exception of 1 participant who practiced in a city of 16,000 (Figure 1). Nine of 10 practiced at a Critical Access Hospital, a federal designation given to small (<25 bed) hospitals that provide federal cost-based reimbursement rather than prospective payment.

The physicians had been in practice from 2 to 26 years, with an average of 13.5 years. Seven of 10 completed medical school, residency, or both in Wisconsin. Half of the physicians had practiced at their current location their entire careers. The others had practiced at other locations for an average of 3 years before moving to their current site. Five of the 7 family physicians include obstetrics in their practice (71%).

### *Motivation to Enter Rural Practice*

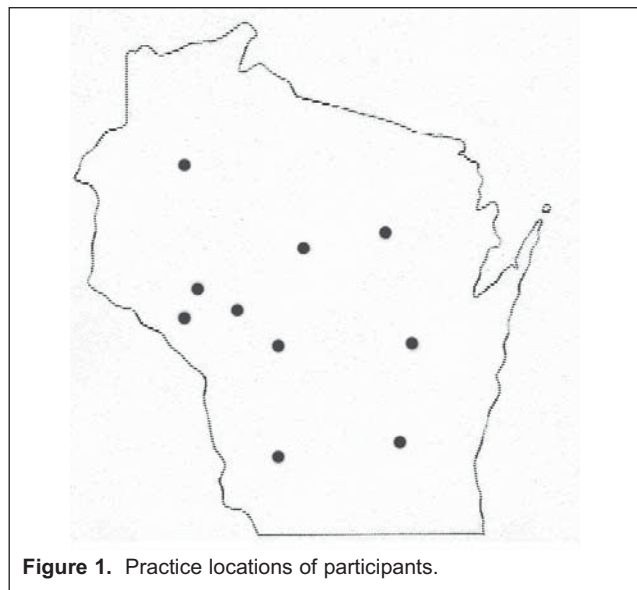
The most common reason motivating the physicians to enter rural practice was a rural background (70%). Six of 10 said that they were "always" interested in rural practice. Two stated that their medical schools had encouraged rural practice, while 4 stated that rural practice and family medicine, in general, was discouraged. Four others stated that no specific specialty or practice location was emphasized at their medical schools.

### *Determining Practice Location*

Reasons for choosing their current practice location included proximity to family or a personal connection to the area (60%), liking the community (60%), good access to specialist backup (20%), and the ability to have a full scope of practice (10%). Six of 10 physicians stated that family obligations did not influence their decision to practice in the community. Family obligations, including proximity to extended family (10%) and spouse's job location (30%), influenced the rest of the participants.

**Table 1.** Interview Questions

- How long have you been practicing in rural areas?
- Where else have you practiced prior to moving here?
- On a scale of 1 to 10 (with 10 being the happiest), how happy are you with rural practice?
- What advice would you give a female medical student or resident interested in rural practice?
- Do you foresee a growth or a decline in the number of female physicians committing their careers to rural health? Why?
- Is there a most memorable event or unusual case you have experienced in your practice?
- When did you first become interested in rural medicine?
- How did you begin your journey in rural health care?
- Did the medical school that you attended actively encourage rural practice?
- How did you decide to practice in this community?
- Did family obligations influence your decision to practice here? Why or why not?
- What have been some of the biggest challenges that you have faced in your practice?
- Do you have concerns about being in rural practice?
- Do you see yourself continuing in rural practice throughout your career? Why or why not?
- What challenges have you faced in combining a family and/or a two-career marriage with a rural practice?



**Figure 1.** Practice locations of participants.

### *Challenges of Rural Practice*

The physicians did identify challenges of rural practice. The major concerns were excessive call (70%) and inability to balance professional and family life (60%). Other challenges included too few providers (30%), being held to a high standard of care (30%), navigating referral networks (30%), lack of immediate specialist

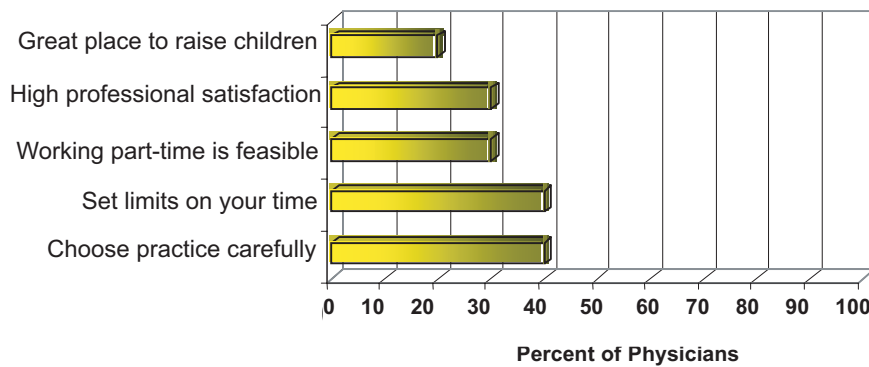


Figure 2. Advice to female medical students.

back up (20%), and paperwork (20%). Participants also faced challenges unique to their specialty. The general surgeon stated that she knew how to perform only 3 of the 10 most common surgical procedures when she finished residency. None of the participants were currently concerned with professional isolation. However, 2 had previously worked in solo practice and professional isolation was a major concern during those times.

*Benefits of Rural Practice*

Physicians referred to several common benefits throughout the interviews. These were professional satisfaction, engagement with one’s community, serving the community, and a good environment for child rearing. On a scale of 1-10, the participants happiness with rural practice ranged from 7 to 10, with an average of 7.8 (n=9).

*The Future of Rural Practice*

When asked if they foresaw a growth or decline in the number of women entering rural practice, the participants gave a variety of answers. Half of the respondents said that the number would increase because more women are entering medicine and primary care fields, the ability to practice obstetrics, the ability of spouses to work from home, and having a good environment to raise children. The other respondents thought the number of women in rural practice would decrease. The major reasons were the high number of hours worked, low compensation, and the decreasing number of students entering family practice.

All of the participants encouraged female medical students and residents to consider rural practice. Advice offered is listed in Figure 2.

**DISCUSSION**

This research project was designed to identify factors that encouraged female physicians to enter rural prac-

tice and the challenges they are currently facing. Several common themes were identified throughout the interviews.

*Motivation to Enter Rural Practice*

Students who enter rural practice are characteristically male, Caucasian, have a rural background or interests, and favor primary care early in their medical training.<sup>7</sup> These were consistent with the backgrounds of the women of this study. Many also had strong personal or professional ties to the communities in which they chose to practice, consistent with the findings of others.<sup>8</sup>

Rural experiences during medical school or residency and family practice role models have also been found to be important.<sup>9,10</sup> None of the physicians in this study mentioned specific role models and many felt they did not receive strong support from their medical schools to practice in rural areas. However, some provided examples of rural rotations during medical school and residency that emphasized rural medicine. The participants felt that further cultivating personal and professional relationships with rural communities among high school and college age women could increase the number of women entering rural practice.

*Balancing the Challenges and Benefits of Rural Practice*

While meeting the needs of the community is a satisfying aspect of rural practice, the acuity of care, lack of immediate specialist back up, and demands on time are challenging for physicians in this study and others.<sup>6</sup> These challenges were met by adjusting practices to meet personal needs. Flexible scheduling was also important to balance personal and professional responsibilities.<sup>4,5,11</sup> While other studies have cited lack of adequate childcare as a detractor, several physicians in this study felt that it was easier to raise children in rural communities.<sup>1,4-6</sup>

The experiences of these physicians illustrate the

need to identify the challenges and benefits of rural practice to women interested in the field. Discussions of rural medicine, including part-time practice, childcare options, and the scope of practice should emphasize the availability of unique solutions to these challenges. Most importantly, the participants emphasized that to be content and successful in rural practice, the physician must truly want to live in a rural community.

### *The Future of Rural Practice*

The participants' main concern was that in the future the number of providers would not keep pace with the need for medical care in their communities, as fewer students are entering family practice, and that the workload relative to compensation will be seen as excessive. However, others felt that the benefits of living in a rural community and ability to practice a full scope of medicine would attract more women to rural medicine.

### **LIMITATIONS**

Although participants chosen represented a diverse cross-section of rural practice in Wisconsin, participation was optional. The sample likely represented physicians who were happy and enthusiastic about rural practice. The sample size was small, which makes generalization of these findings difficult. In addition, no comparisons were made to female physicians practicing in suburban or urban areas. Furthermore, the interviewer was a female medical student raising the possibility of the answers being less negative and less candid than if a professional interviewer obtained the information.

### **CONCLUSIONS**

The female physicians participating in this study all find the benefits of rural practice outweigh the challenges and plan to continue in rural practice indefinitely. Predictors of rural practice include rural background, positive experiences during medical school and/or residency in rural communities, and practice settings that are supportive of unique arrangements to provide the desired balance between personal and professional activities. With women representing a greater proportion of the physician work force, more research in this area will better determine the optimal work force for the future.

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