3RNet Conference
Scottsdale, AZ
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What influences rural retention? Answers from studies over 25 years

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Goal

- Review principles of *retaining* rural clinicians
  - First I call on your expertise
  - Then we review the data from studies of 25 years
  - Identify the underlying principles

Those at 2011 3RNet conf, go take an early break

Why not to believe me

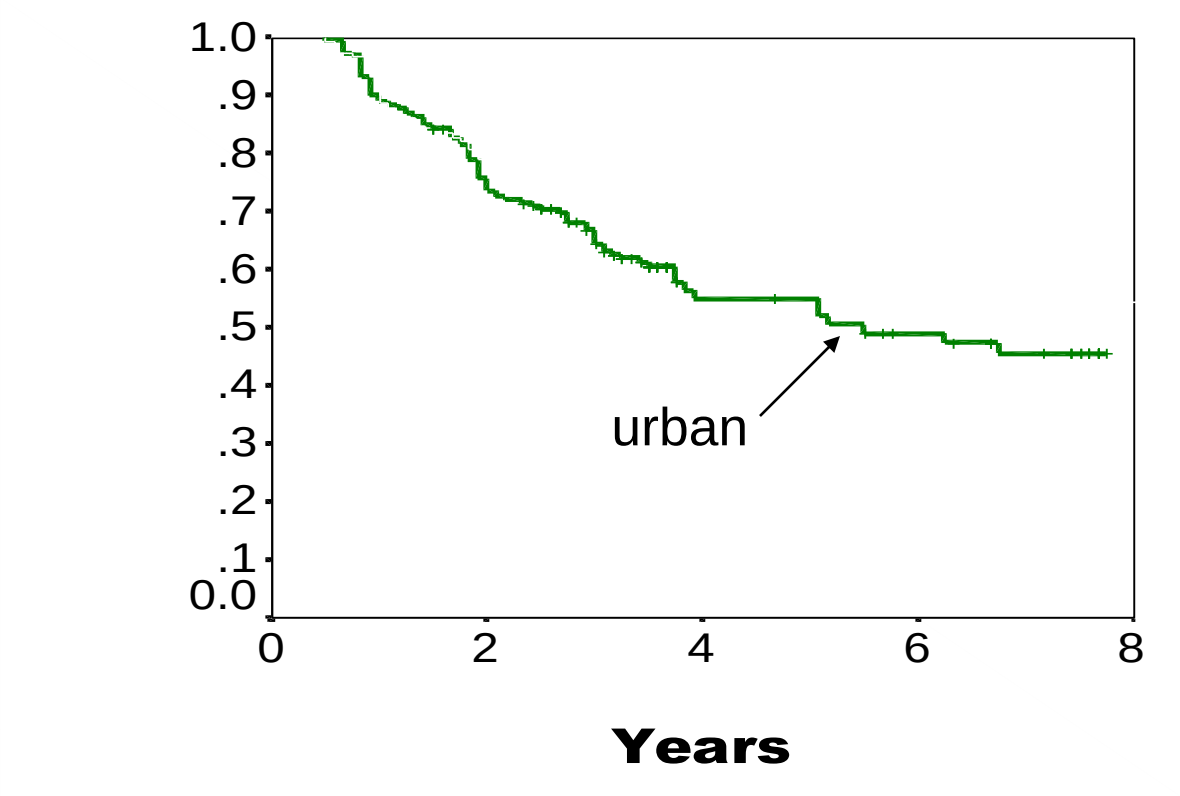
- From Los Angeles
- Trained in West Philly and Chapel Hill
- Sporting a new fuzzy beard

Credentials

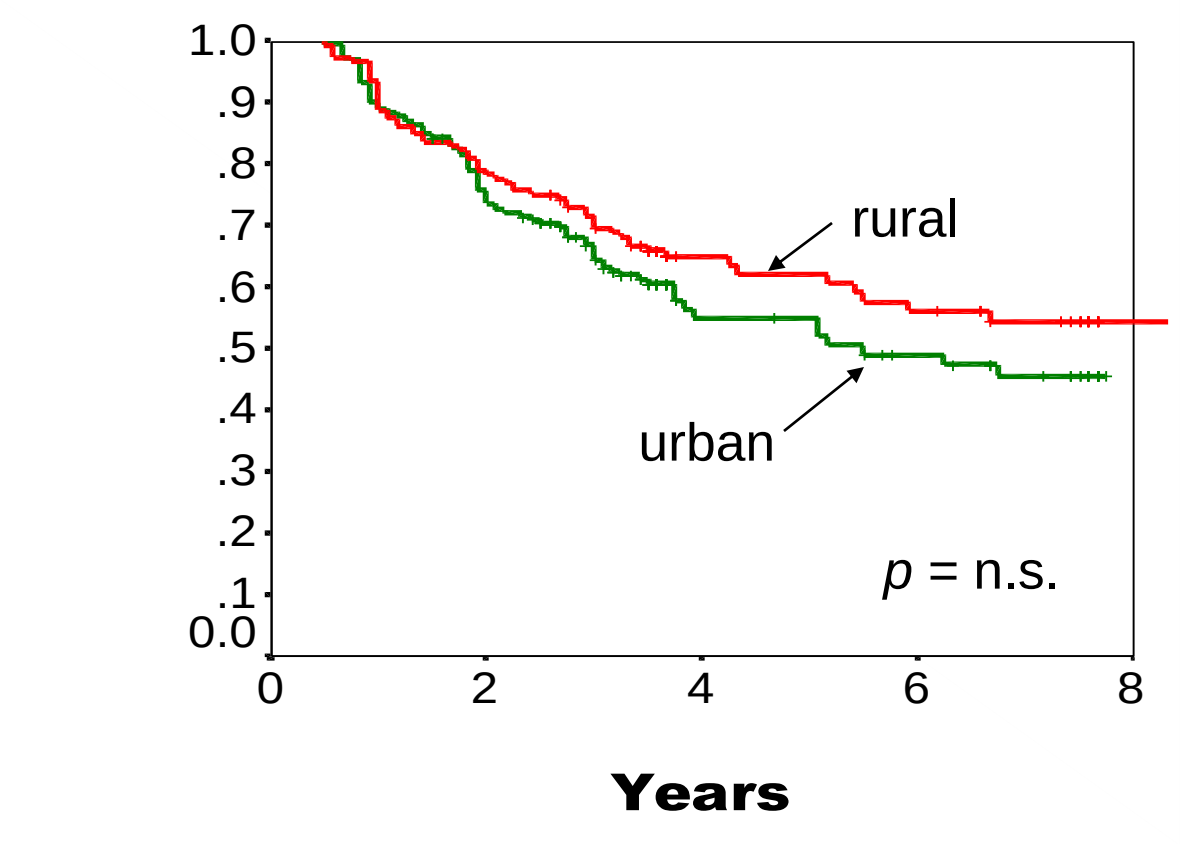
- Ex-NHSC Scholar in Eastport ME
- Published 50+ rural workforce papers over 28 years
- Hang with good folks:
  - 19-state retention collaborative (Practice Sights)
  - 3RNet
  - ORHP, NHSC
  - FOT & FOM

Retention: rural vs. urban location

355 rural and urban generalists (moved to practices 1988-91)
Surveyed in 1991; resurveyed 1997

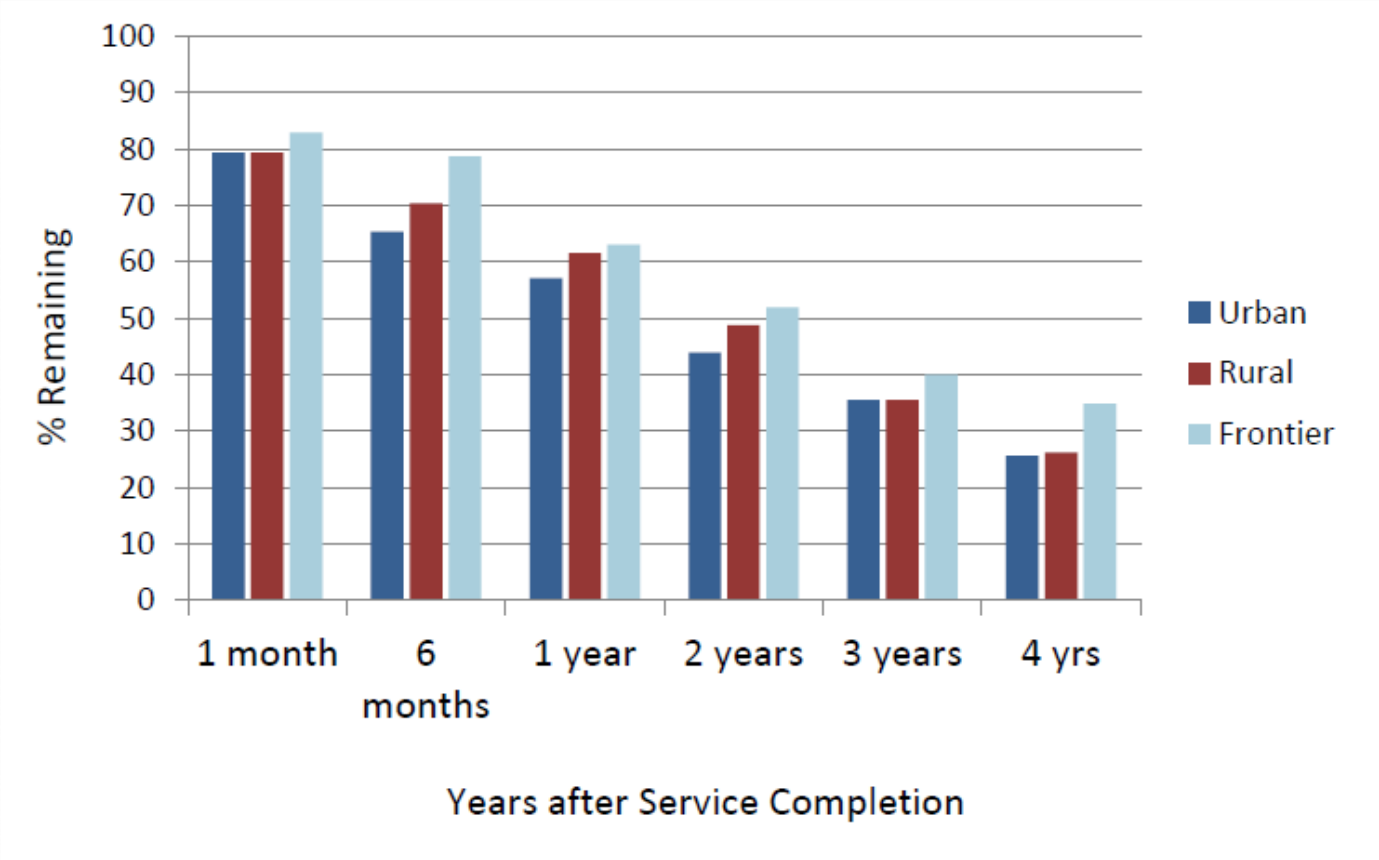


Retention: rural vs. urban location



Site retention after NHSC contract: rural vs. urban vs. frontier

1,412 NHSC clinicians from 1998; clinicians of all types



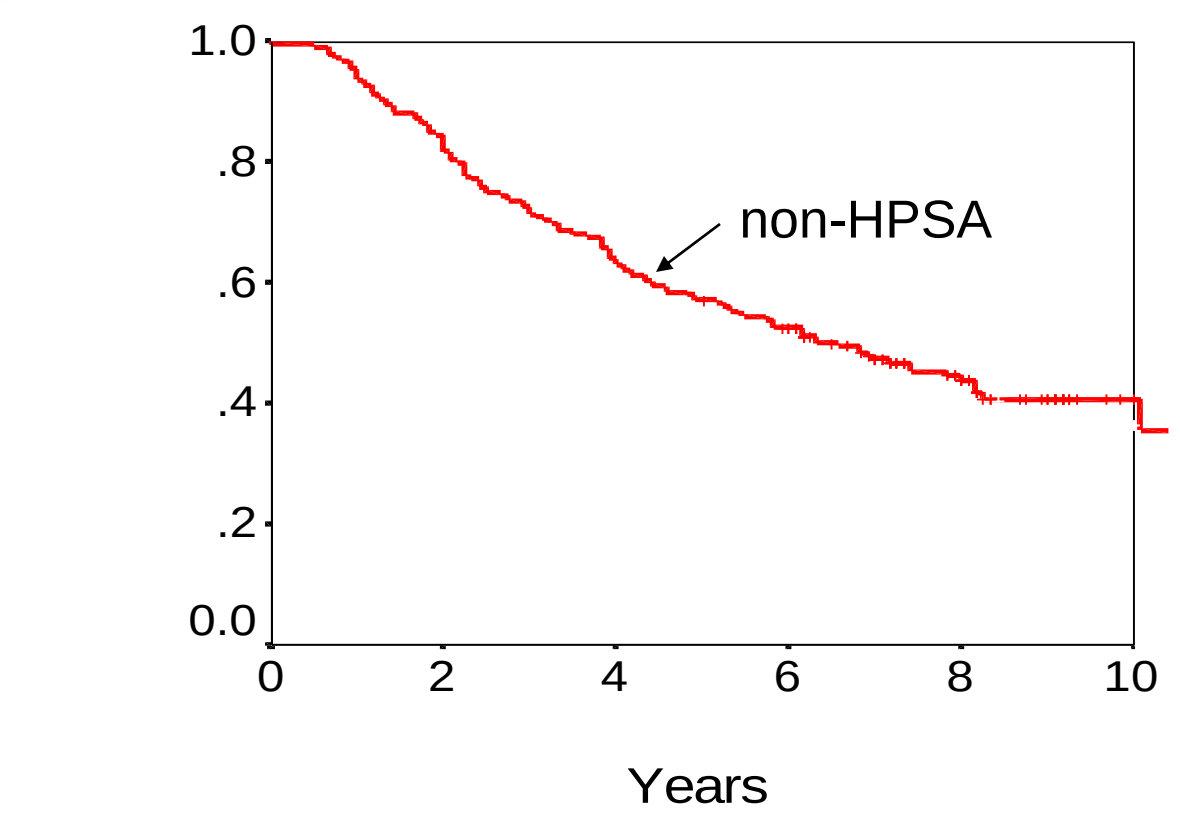
Site *anticipated* retention 2 years+ after NHSC contract: rural vs. urban location

NHSC LRP clinicians completing 2015-16 in16 PS states

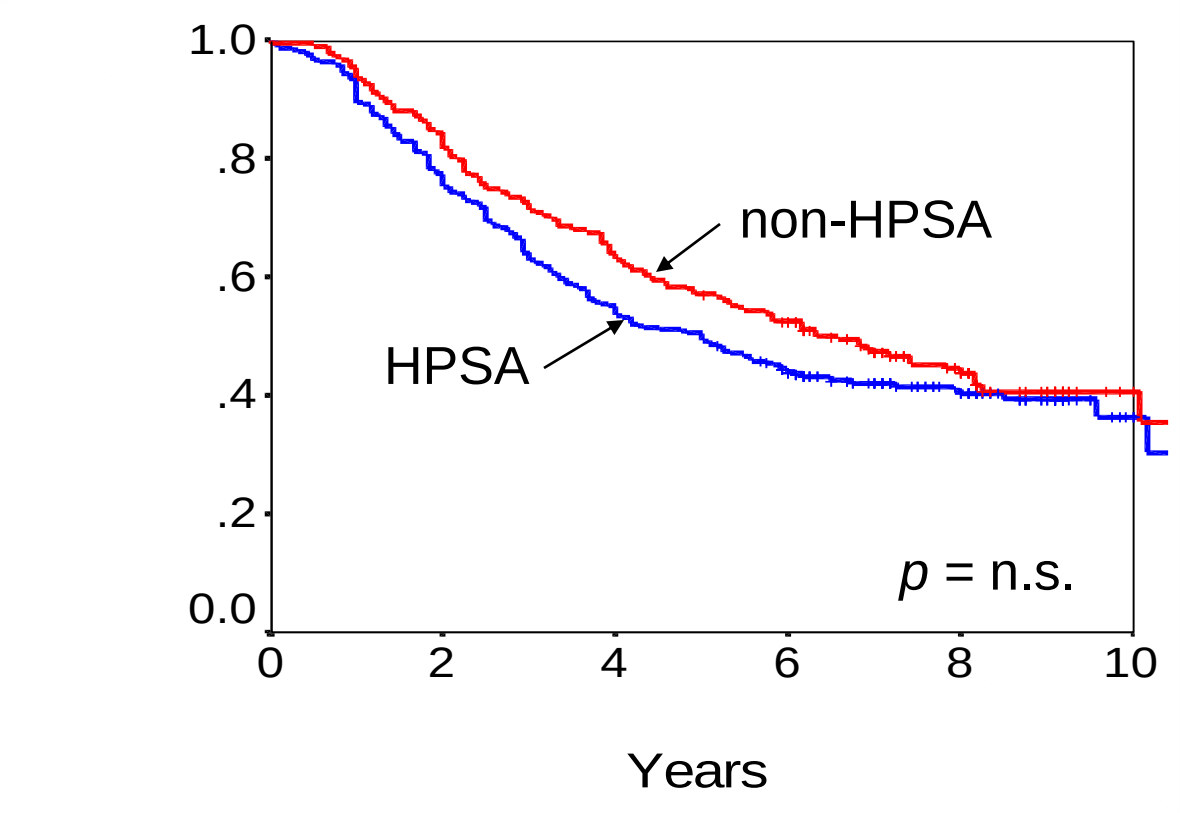
	#	Rural	Urban
MD/DO	284	82%	77%
PA	159	69%	77%
NP	236	80%	71%
Dentist	178	78%	77%
Psychologist	134	81%	89%
Lic Prof Counselor	155	84%	76%
Clinical Social Worker	114	77%	77%
Total	**1260**	**79%**	**77%**

Rural HPSA vs. rural non-HPSA locations

587 rural generalists,1990s

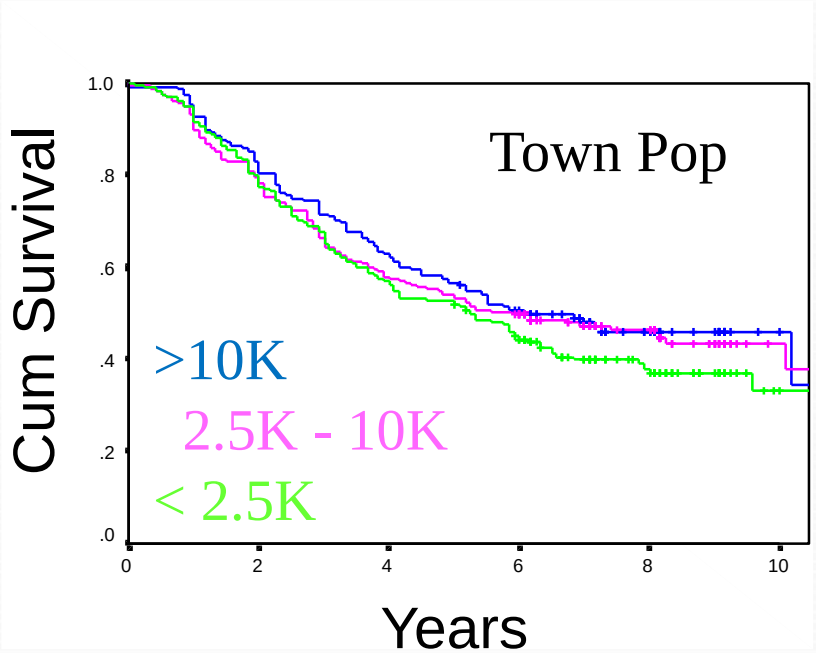


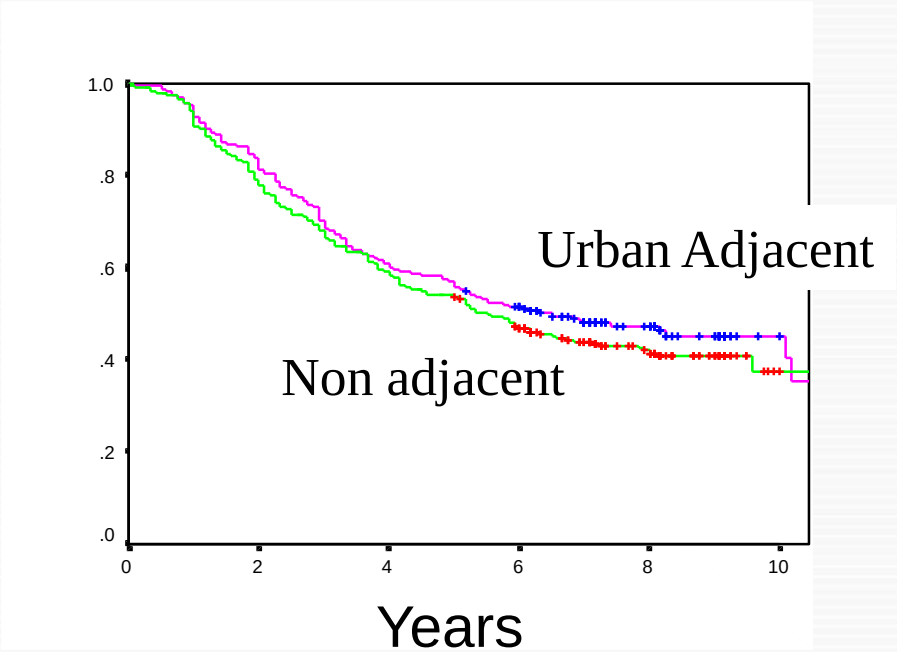
Rural HPSA vs. rural non-HPSA locations



Other community characteristics

587 rural generalists, 1990s





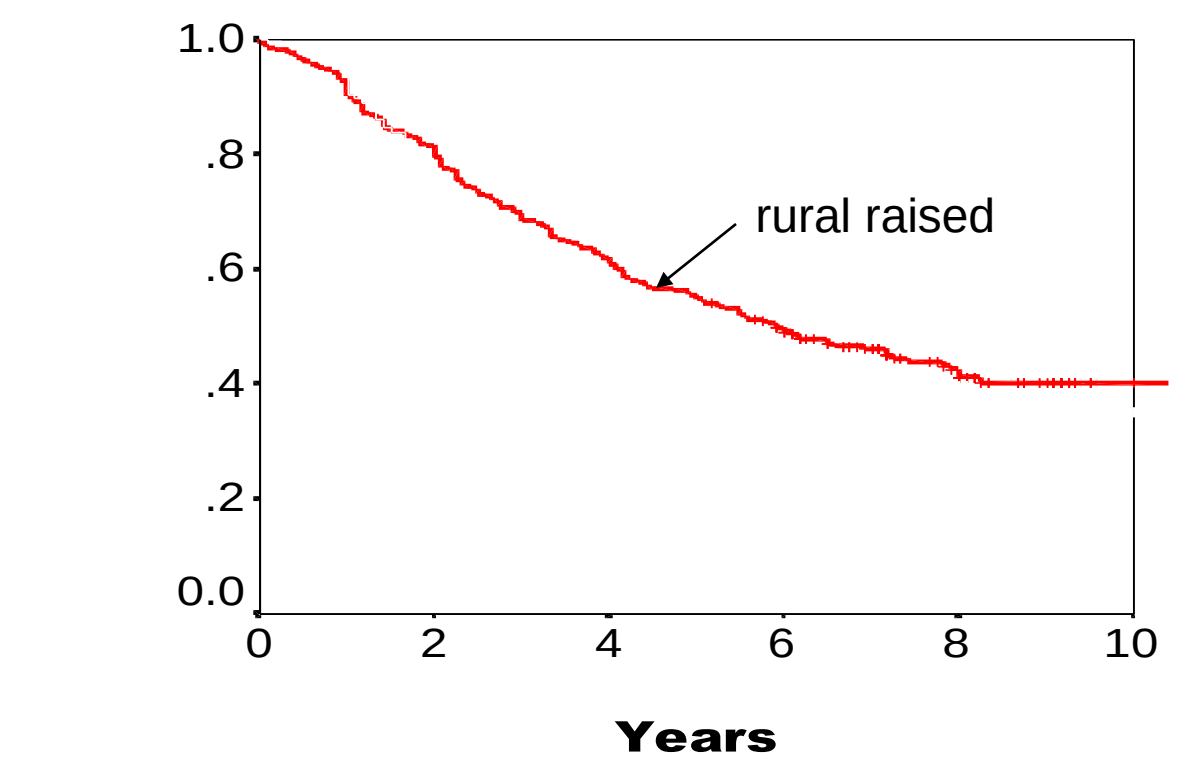
Retention principles?

Retention principle

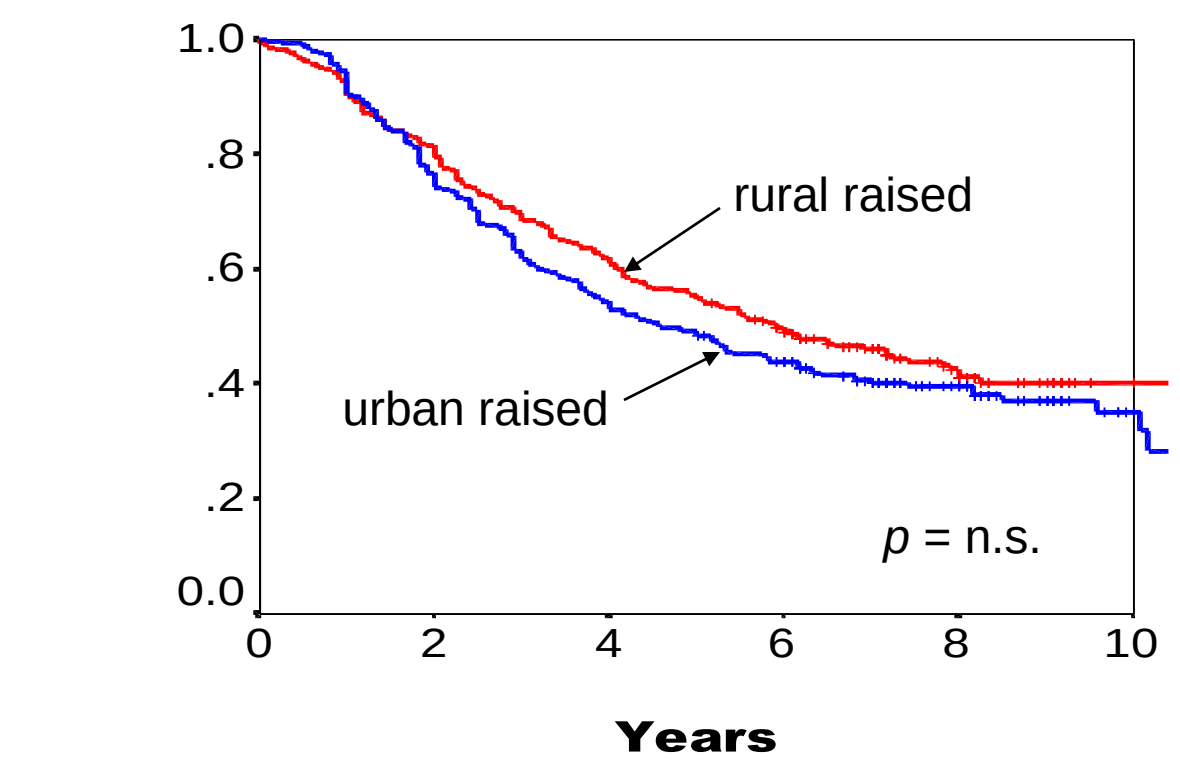
1. Retention success is possible in any geographic location
2. Retention factors ≠ recruitment factors

Rural vs. urban raised

587 rural PC physicians, 1990s

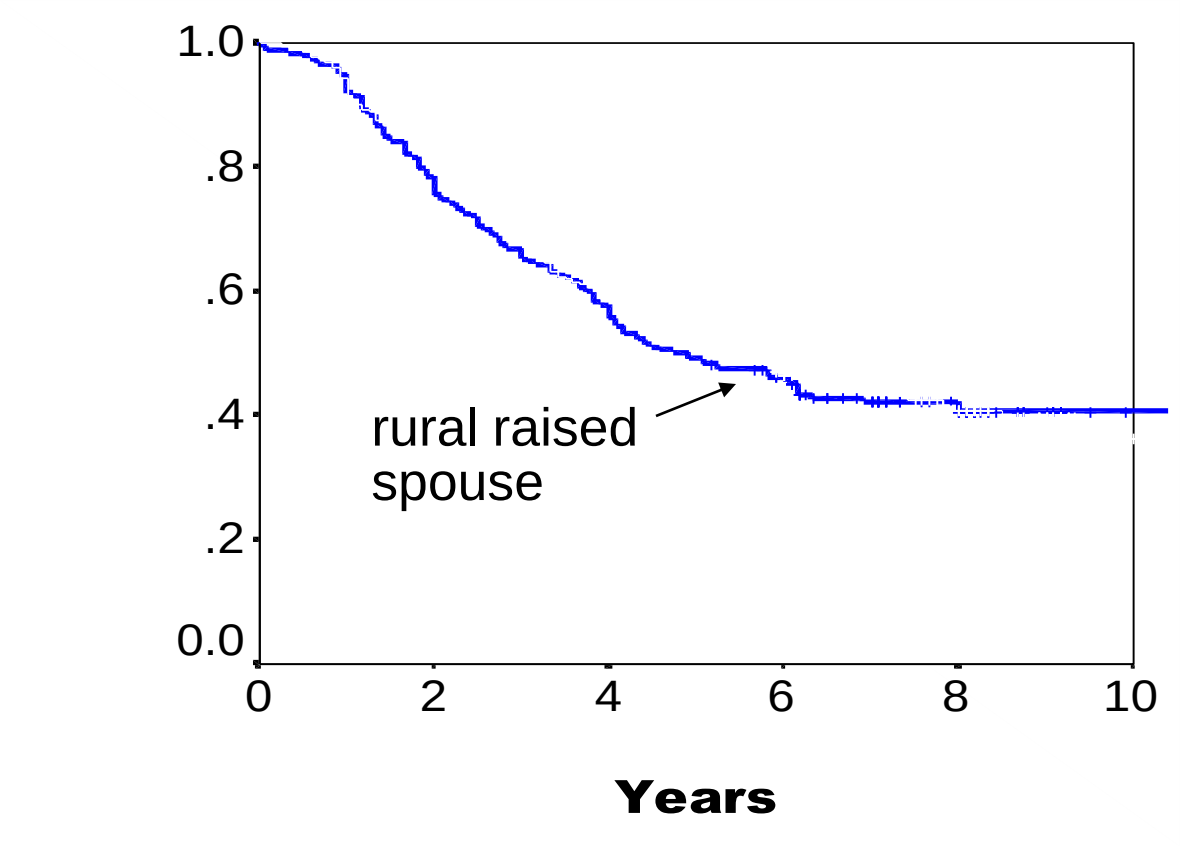


Rural vs. urban raised

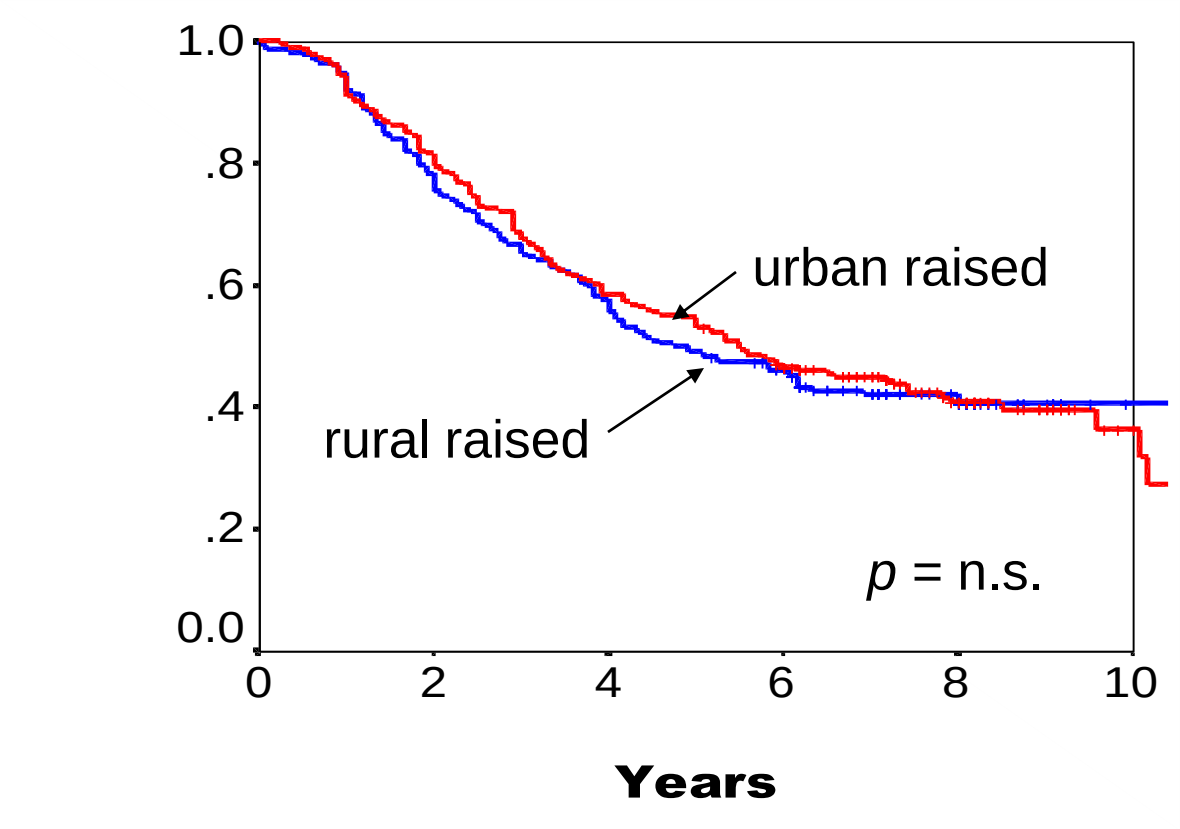


Rural vs. urban raised *spouse*

466 married rural PC physicians, 1990s



Rural vs. urban raised *spouse*



Other demographics

For better retention, do you recruit:

i. female or male clinician?

ii. married or single?

iii. with kids or without kids?

Anticipated site retention 2 years+ after NHSC LRP contract:

566 rural NHSC clinicians (all types) completing LRP 2015-16

	% remaining 2+ years	P-value
Gender		
Female	79%	.70
Male	80%	

Anticipated site retention 2 years+ after NHSC LRP contract:

566 rural NHSC clinicians (all types) completing LRP 2015-16

	% remaining 2+ years	P-value
Gender		
Female	79%	.70
Male	80%	
Married		
Yes	80%	.19
No	75%	

Anticipated site retention 2 years+ after NHSC LRP contract:

566 rural NHSC clinicians (all types) completing LRP 2015-16

	% remaining 2+ years	P-value
Gender		
Female	79%	.70
Male	80%	
Married		
Yes	80%	.19
No	75%	
Has children		
Yes	82%	.03
No	74%	

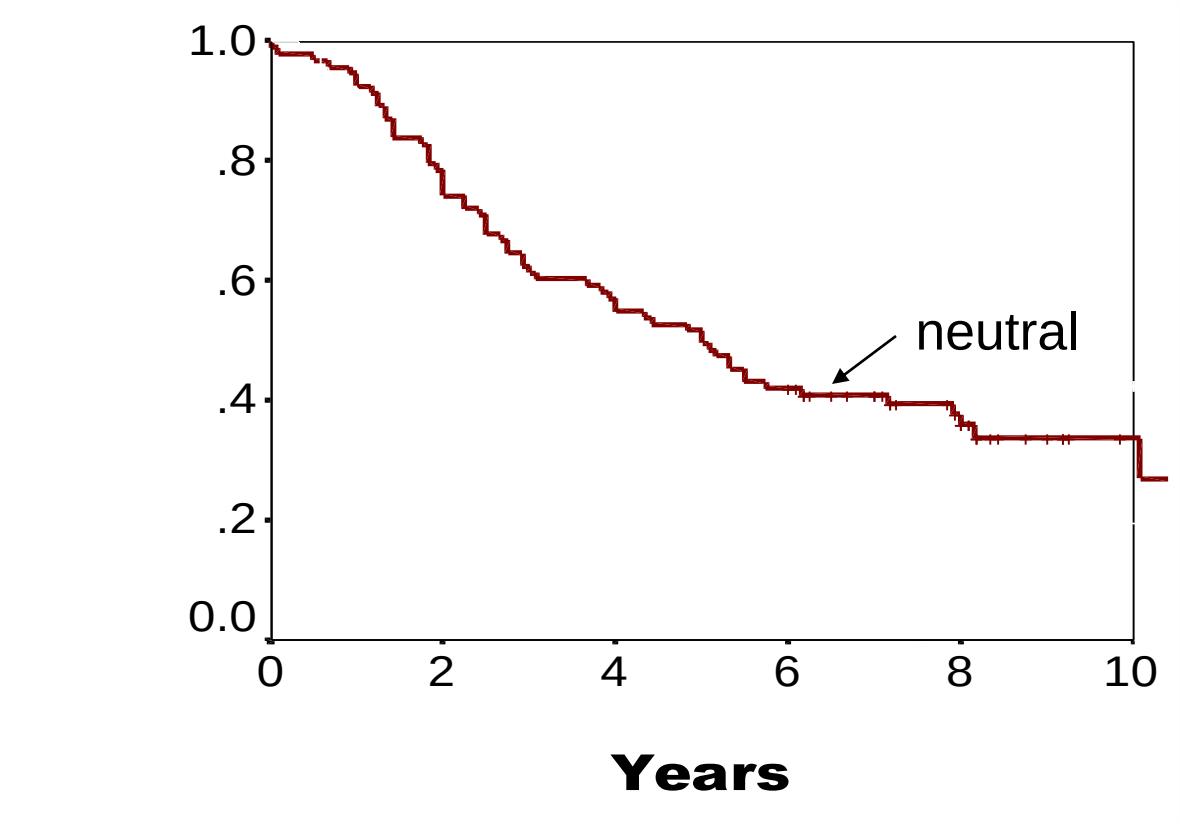
Retention principles?

Retention principles

1. Retention success is possible in any geographic location
2. Retention factors ≠ recruitment factors
3. Retention success is *generally* not about selecting clinicians with rural backgrounds and other “right” demographics (but kids help)

Prepared to live in the community

587 rural PC physicians, 1990s



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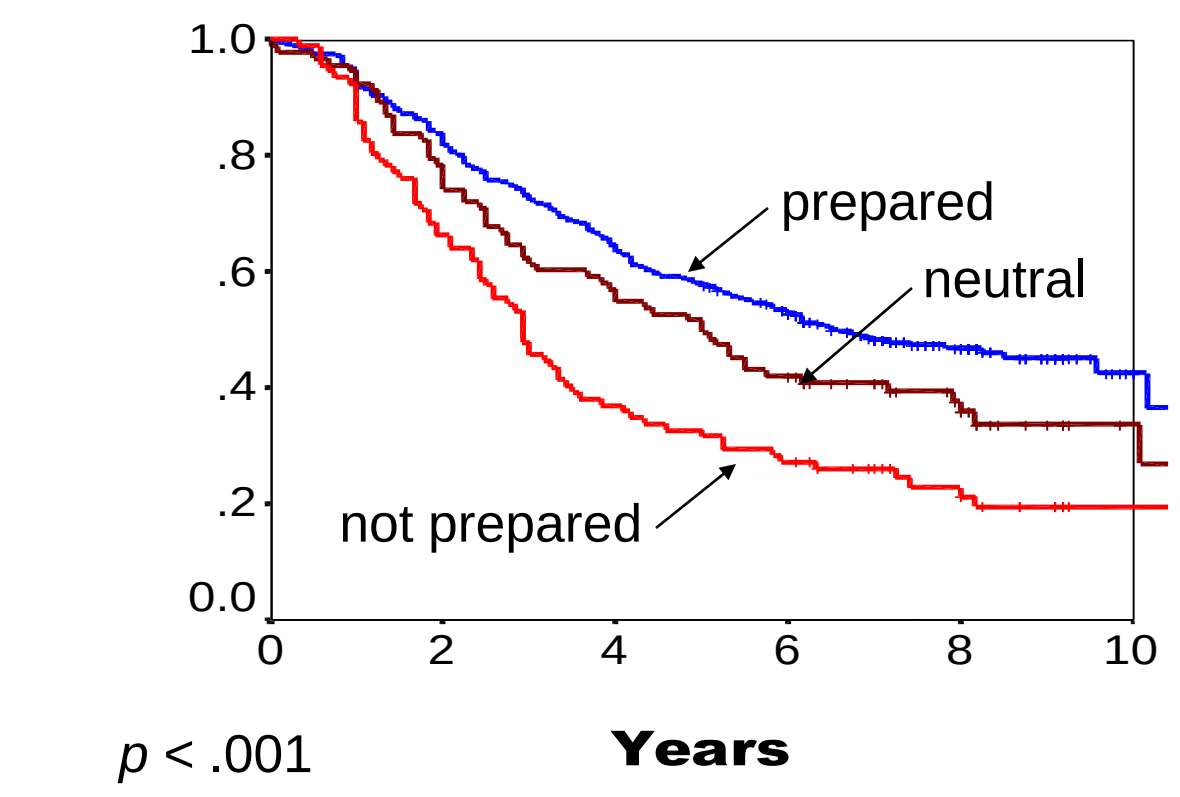
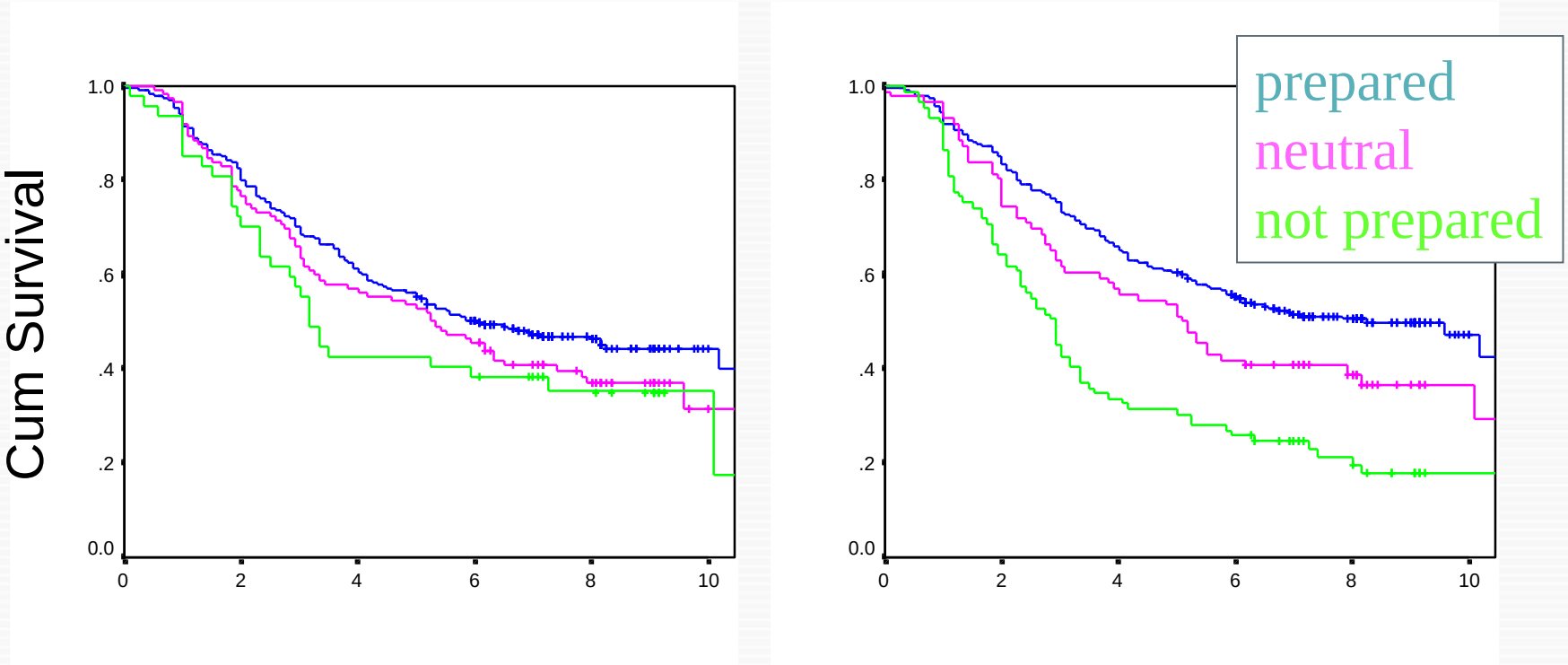


$p < .001$

Work vs. community preparation

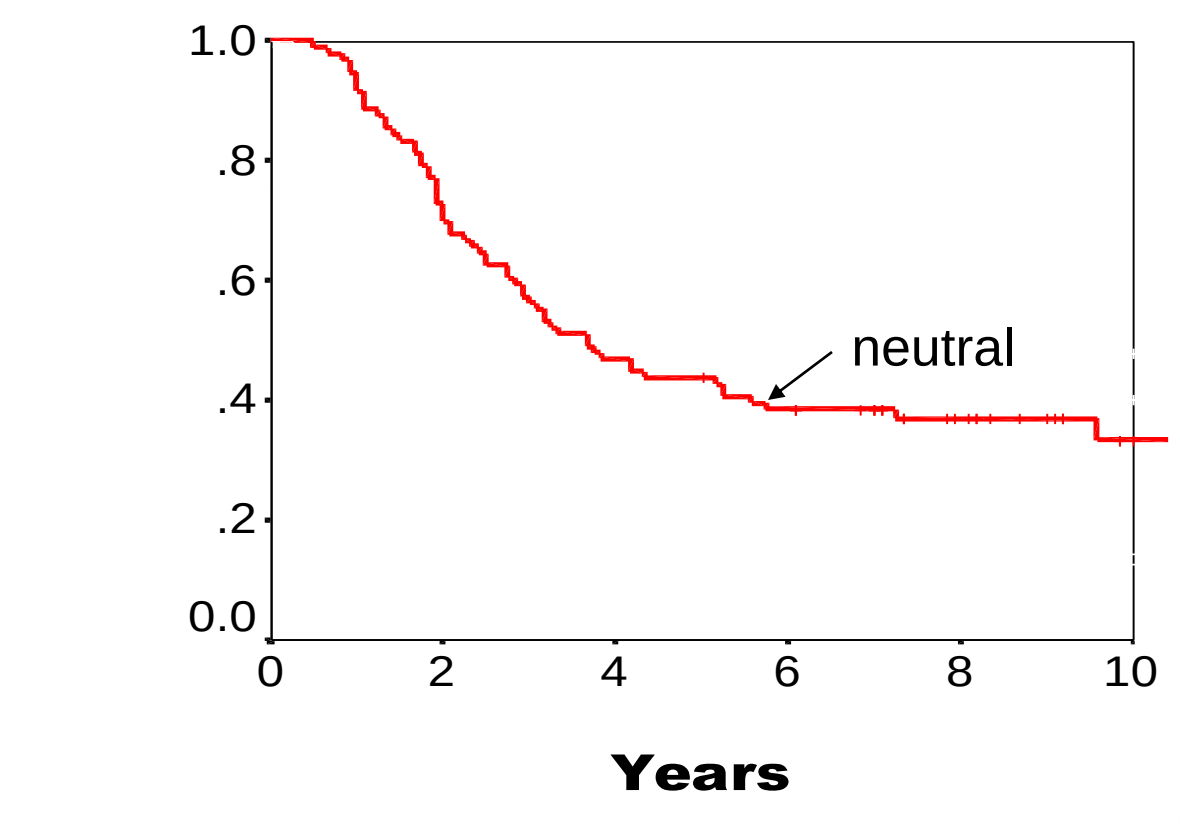
Work

Community

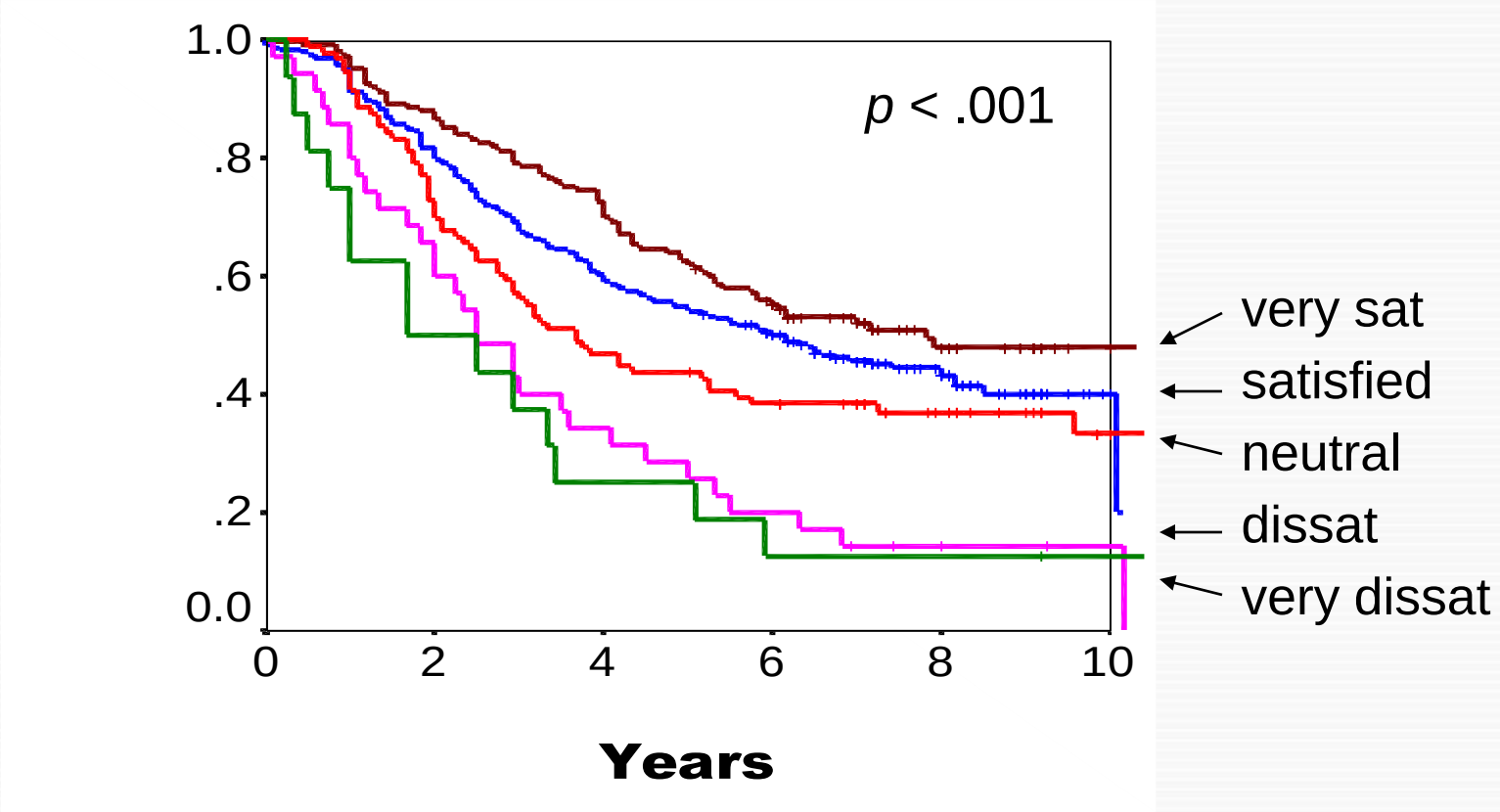


Physician satisfaction with the community

587 rural PC physicians, 1990s



Satisfaction with the community



Anticipated site retention 2 years^{+} after NHSC LRP contract:

566 rural NHSC clinicians (all types) completing LRP 2015-16

	% remaining	P-value
Spouse is happy in community		
Strongly agree	68%	<.001
Agree	56%	
Neutral	35%	
Disagree	33%	
Strongly disagree	13%	

Anticipated site retention 2 years^{+} after NHSC LRP contract:

566 rural NHSC clinicians (all types) completing LRP 2015-16

	% remaining	P-value
Clinician and/or spouse grew up or clinician trained in state		
Yes	80%	<.001
No	71%	
Extended family close		
Yes	82%	.03
No	71%	

Retention principles?

Retention principles

1. Retention success is possible in any geographic location
2. Retention factors ≠ recruitment factors
3. Retention success is *generally* not about selecting clinicians with rural backgrounds and other demographics (but kids help)
4. Retention is about a good fit and good relationship between clinicians and communities
    a. Think global: recruit local

Anticipated site retention 2 years+ after NHSC LRP contract:

566 rural NHSC clinicians (all types) completing LRP 2015-16

	% remaining	P-value
Overall satisfaction with the practice		
Strongly agree	52%	<.001
Agree	45%	
Neutral	33%	
Disagree	9%	
Strongly disagree	0%	

Areas of satisfaction—assoc. w/ 2 year retention

499 clinicians completing service obligations

- Strong personal connection to my patients
- Had good clinical back-up from senior/supervising clinicians
- Relationship with administrator
- Support from other clinicians
- Felt work did not encroach on personal time
- Agrees administrator is effective
- Agrees s/he is doing important work
- Financial stability of the practice
- Satisfied with salary/income
- Mission and goals of practice
- Access to specialist consultants
- Able to practice full scope of services

Areas of satisfaction—assoc. w/ 2 year retention

499 clinicians completing service obligations

- Strong personal connection to my patients
- Had good clinical back-up from senior/supervising clinicians
- Relationship with administrator
- Support from other clinicians
- Felt work did not encroach on personal time
- Agrees administrator is effective
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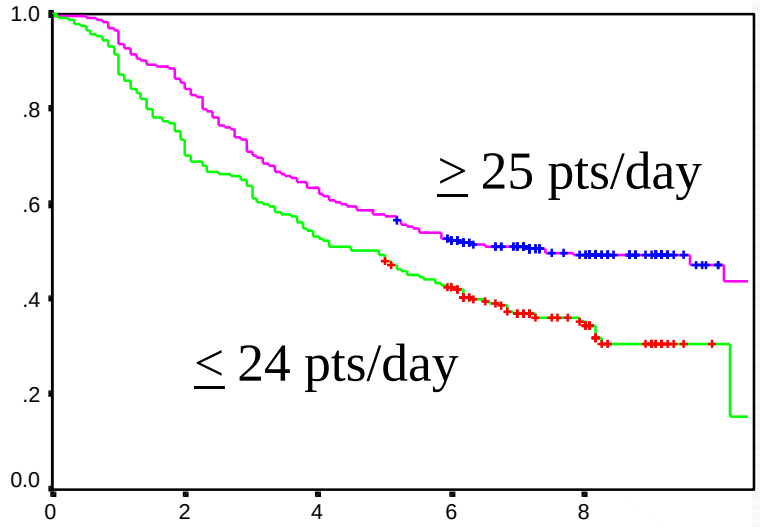
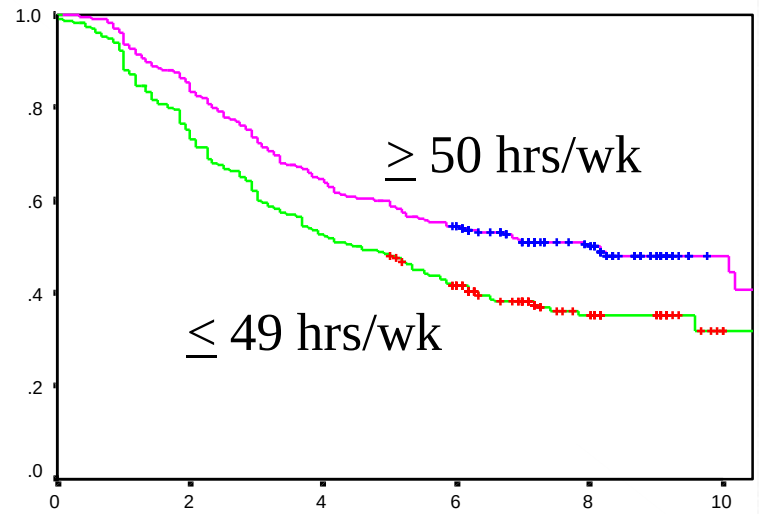
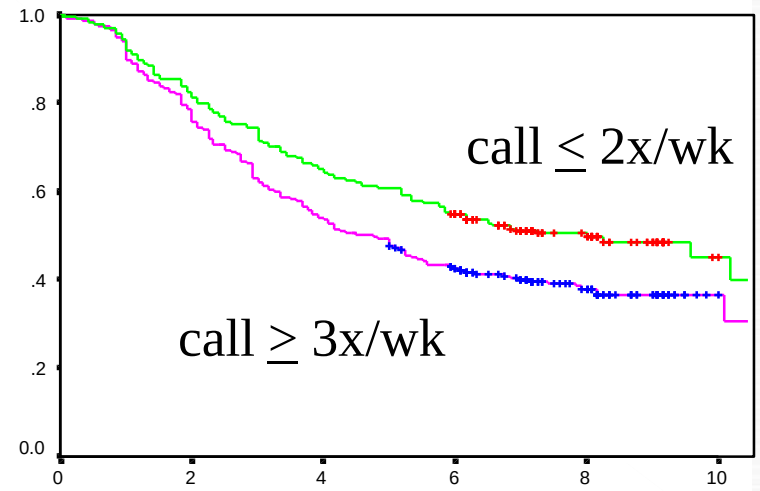
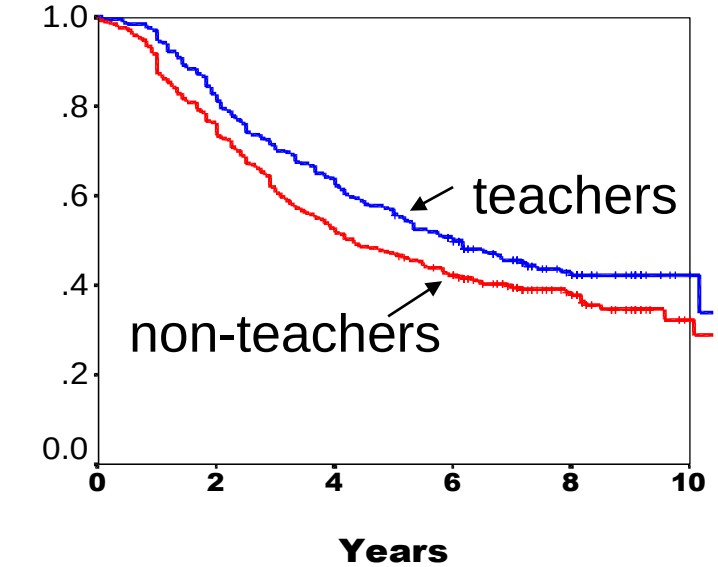
*statistically independently related to retention @ 2 years

587 rural PC physicians, 1990s









Retention principles

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2. Retention factors ≠ recruitment factors
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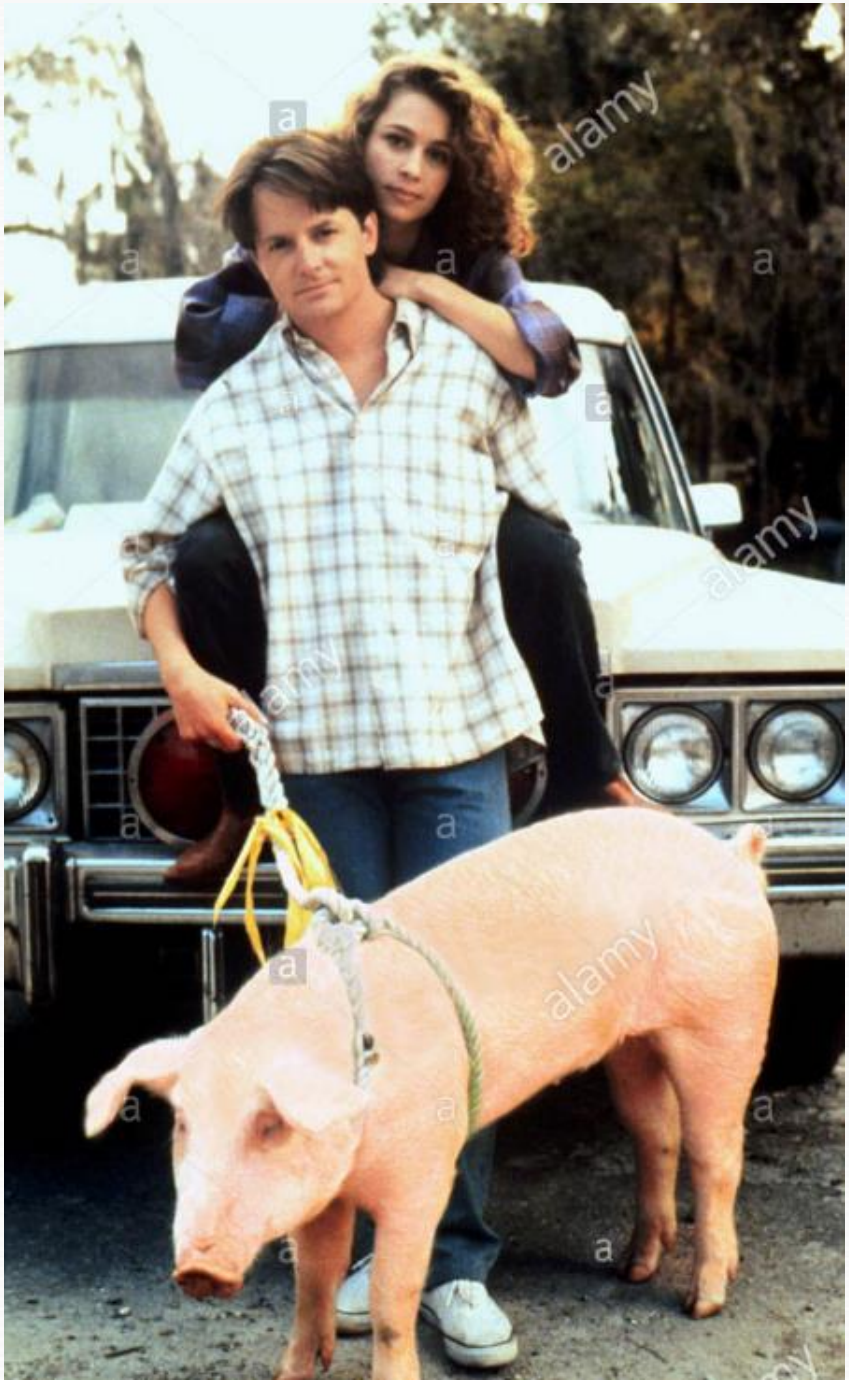
4. Retention is about a good fit and good relationship between clinicians and communities
   a. Think global: recruit local
5. No one stays in a bad job. Good administration and good relationships are key.

Key recommendations

1. Develop separate retention and recruitment strategies
2. Recruit for the community-clinician match
3. Any community and practice *can* keep clinicians (no excuses!)
   a. Create jobs that foster satisfaction, fulfillment and empowerment. Administration is key.
   b. Communities should warmly embrace clinicians and entire family. Everyone go see “Doc Hollywood.”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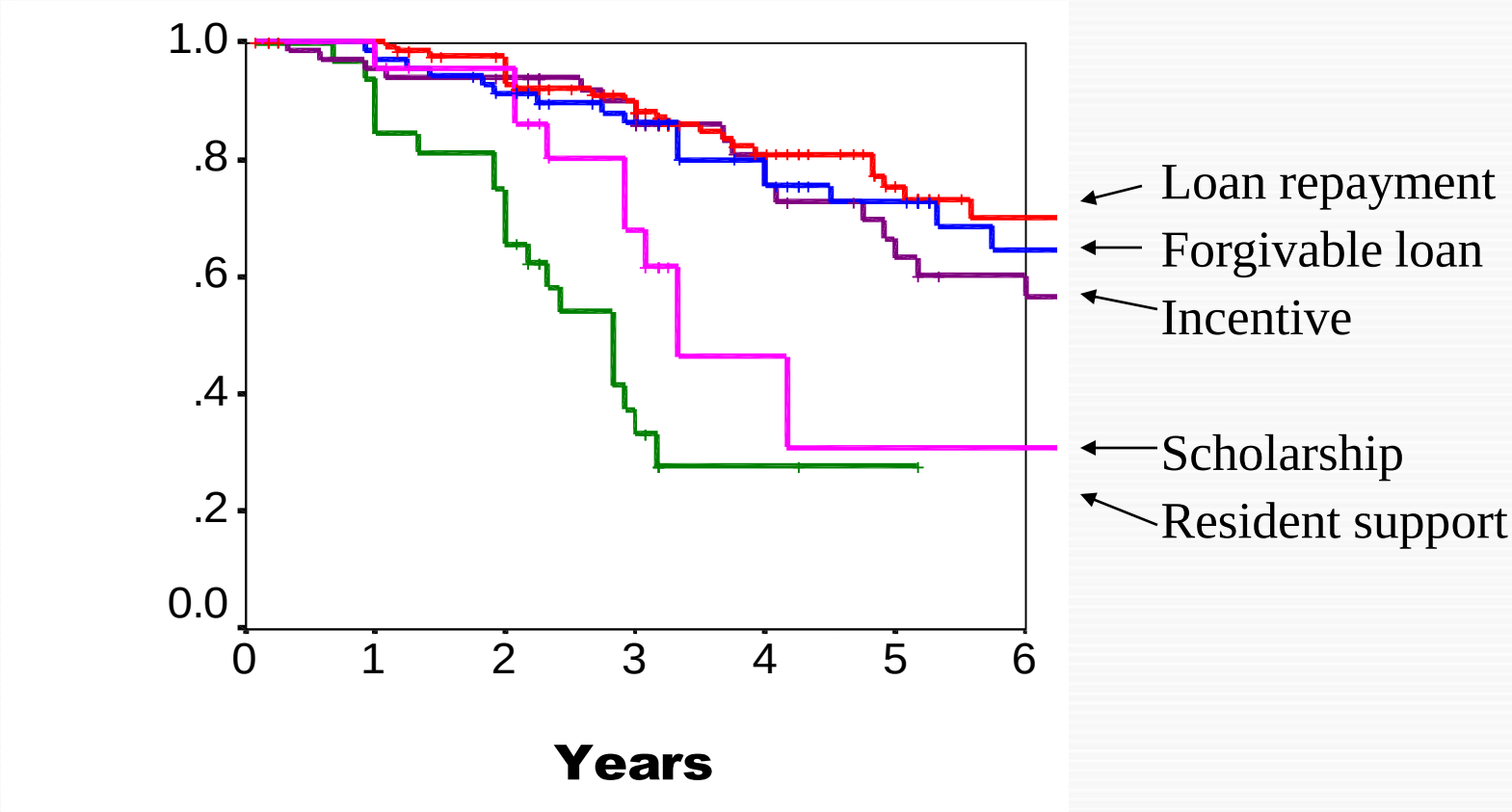
Do not use the phrase “recruitment and retention”;

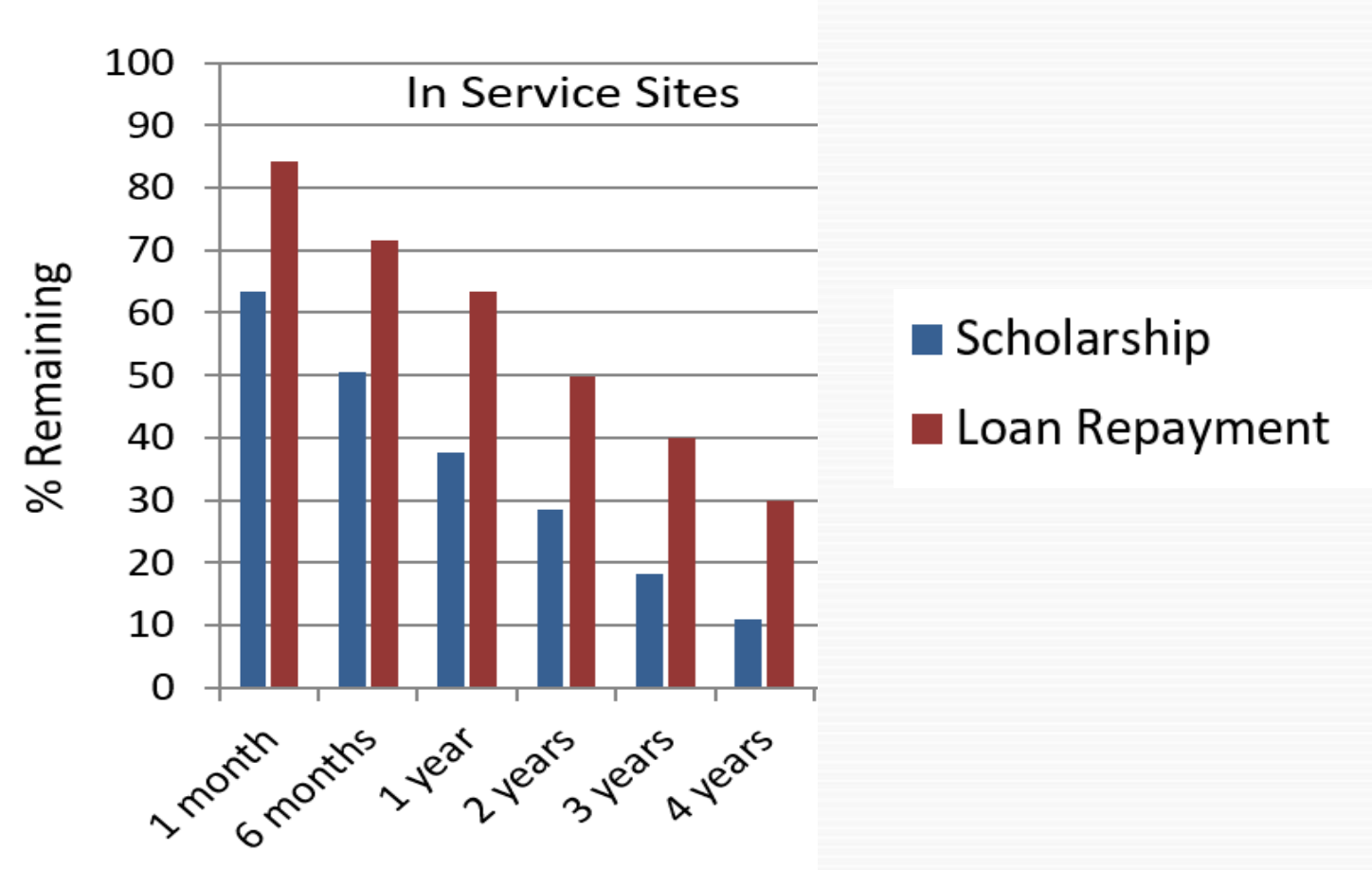
it misleads people to think they are the same thing.

Retention by type of *state* service program

353 obligated PC physicians



Principles: Physicians need to feel satisfied.
The physician-community match is key.

Retention in service sites after NHSC LRP vs. Schol.

830 NHSC clinicians (all types, rural and urban) serving 2006