National Rural Health Association
Issue Paper

Recruitment and Retention Of A Quality Health Workforce in Rural Areas

A series of Policy Papers on The Rural Health Careers Pipeline
Number 14: Issues of Preserving Rural Professional Quality of Life

Introduction and Background

An essential role of health supervisors and administrators is protecting workers' professional quality of life for both volunteer and professional workers. Professional quality of life is part of, but goes beyond, simply recruiting and retaining workers. Supporting the positive effects of care giving and preventing the negative effects such as burnout or symptoms of disorders, such as depression or posttraumatic stress disorder (PTSD), are essential aspects of recruiting and retaining workers as well as protecting workers and their ability to provide quality care. According to two state emergency medical service (EMS) surveys, their greatest need was recruitment and retention of EMS personnel.[1] Similarly, nearly all rural communities suffer with health professions shortages of all types.[2] Because preserving professional quality of life positively effects recruitment and retention, it is part of the overall solution to addressing health professional shortages and sustaining quality of care.

Professional quality of life refers to promoting the positive aspects of providing care and reducing the negative aspects. Risks and protective factors are linked not only to the individual providing care, but also to the institutional support they receive as well as access to the tools that the worker needs to do their job well. Workers who have a good professional quality of life provide better care and are likely to stay in their positions longer than those who have a poor professional quality of life.[3] Rural workers with positive quality of life may be overworked, but if they retain some "zeal" and interest it can feed their ability to do a good job. One project found that increased access to professional resources had a significant protective influence preventing the negative effects of providing care, even when workers work satisfaction was lower than what would be expected for health workers in general.[4] Finally, the quality of care provided comes into question when healthcare professionals are forced to struggle with burnout and quality of life issues. Engaged workers are less likely to make medical/patient care errors or cause adverse events. In addition, they are perceived by patients as nicer, enhancing patients' ability to heal, and in the long run they are more likely to engage in self-education—they want to increase their knowledge.[5]

Highlights of Risk Factors Faced by Various Fields

First Responders

Rural first responders such as EMS, firefighters, or police are most often faced with situations in which they have to assume leadership roles dealing with gruesome mass casualties in highly emotionally volatile situations for which they may have little training and support. Responding to emergencies involving children is particularly difficult.[6] Unexpected responses to the negative effects of helping can lead to responders' learned negative coping, often including substance abuse.[7] Rural EMS-trained first responders may spend hours with a patient transporting them to a care facility. Increasingly, rural first responders—including volunteers—are asked to provide primary care because of an

absence of sufficient primary care professionals.[8] Multiple studies[9] have addressed reducing stress among first responders, finding that the degree of support from their environment, including the department, spouse and community all play a role in their physical and psychological well being. The greater the support, the greater the sense of well being and physical health, less PTSD symptoms, lower anxiety and emotional exhaustion, and less work-related stress.[10]

Physical Health

Rural-based physical health professionals including nurses, physicians, technical health workers, allied health work in somewhat different conditions than first responders, but face many similar problems that challenge their positive professional quality of life. One of the key concerns for health workers is the potential for having to work long hours with little support, thus increasing the potential for burnout. For example, due to changes in healthcare financing policies and workforce shortages, nurses work longer, more difficult shifts, often for less pay.[11] Nurses also deal with the continuous risk of patient death, pressure from physicians, inadequate resources, and stress from dealing with anguished family members. Physicians are not better off, facing responsibility for medical direction, longer shifts, difficulty with getting coverage for time off, and being forced to treat outside their specialty. The potential for having longer, more difficult shifts also exists in the allied health and technical fields. Due to the difficulties in financing care in low-density areas, they may not be able to sustain their practice, be forced to work with less or poorer quality equipment or have fewer opportunities to learn from colleagues.

Mental Health

Mental health professionals, and the "de facto mental health system,"[12] which includes public safety workers, teachers, faith-based groups, and other community helpers, deal with many of the same problems as do other workers, but they also face issues unique to working with patients who experience mental health problems. Often, it is the police who are the front-line mental health workers. Typically, police do not have a great deal of training to deal with mental health emergencies. While any worker can experience negative effects from their work, those who have a history of personal trauma, are new to the field, or have a high sexual trauma caseload are most at risk for the negative effects of caregiving, including burnout and the development of traumatic stress symptoms as a result of their work.[13,14]

Like primary care practitioners, rural mental health professionals can be forced to work outside of their areas of expertise with little support because of a lack of available practitioners. As with other helpers, the lack of confidence and competence can be distressing to the provider and increases the probability of patient care errors. Shortages of mental health professionals can exceed the shortage of physical health professionals. The most recent data indicates that there are no practicing psychiatrists, psychologists, or social workers in 55 percent of the 3075 counties in the US—all of which were rural.[15] Practitioners are often forced to see patients by "circuit riding," spending brief amounts of time in multiple clinics spread over a large geographic area. The provider deals with demoralizing conditions such as exhaustion, poor quality roads, and/or dangerous driving conditions in an attempt to provide services.

Oral Health

While oral health is often overlooked in the primary care safety net, oral health is critically important to the overall health of an individual. There are multiple issues that affect rural people's access to and need for oral healthcare. For example, most rural residents have no dental insurance diminishing the beneficial role of preventive and routine dentistry—rural dentists are left primarily addressing acute dental issues. Improved dental techniques make it more likely that people keep their teeth as they age. With the growing proportion of older adults living in rural areas, dental care professionals increasingly deal with patients who have dementia and other cognitive disorders that make it difficult for them to understand the types of care activities typical to dentistry. Furthermore, people taking psychotropic medications have an increased probability of developing dental caries due to the propensity of the medications to cause dry mouth. This, coupled with un- or

underinsurance, increases the likelihood of routine care expanding into high-stress emergency care.[16]

Pharmacy and Vision Care

There is very little current data on pharmacists or optometrists and professional quality of life although the issue has been raised in optometry.[17] However, these professions struggle with same issues that face rural health workers in general. In addition, particularly in rural areas with few providers, pharmacists are increasingly expected to provide primary care consultations as well as medication counseling.

Issues

Professional Quality of Life and Work Culture

Policymakers and administrators who wish to support professional quality of life—reducing negative and increasing positive effects of care giving—need to increase system support as well as field-specific support. Overall, positive gains in protective factors and reduction of risk factors can be accomplished by reducing overtime, increasing access to tools and information that people need to do their jobs, and normalizing the fact that in the line of duty workers can face difficult situations that leave psychological impacts. Research suggests that different fields present unique stressors and perhaps attract particular personalities. It appears that the workers in various fields, as a group, respond differently to their stress, requiring support uniquely tailored to their field. Police officers appear to experience greater trauma-like symptoms and psychological distress then most first responders.[18] Paramedics seem to evolve an attitude of low empathy and high denial as methods of coping[19] while mental health professionals working with serious mental illnesses have increased emotional exhaustion, increased depersonalization, and reduced health status as compared to norms for the general population.[20] Nurses in general report high levels of burnout, yet those nurses who feel confident in their ability to handle everyday problems reported less burnout.[21] Regardless of field, those with confidence amass the positive aspects of caregiving, yielding better quality of care for their patients.

Workers Need Tools and Information to do Their Work

Access to the tools and information to do one's job is critical. Access to current and complete information is a serious issue for rural professionals that, if resolved, provides one easy solution to easing retention and quality of care problems. With rising print costs, libraries of all types are providing fewer and fewer resources. Rural medical libraries typically underfunded are forced to make do with have generalist and sometimes out-of-date materials. Digital libraries provide one option. In addition, distance delivered (virtual) ongoing new and continuing education provides important benefits such as the opportunity to stay abreast of changes within the field or upgrading credentials (e.g., nurse to nurse practitioner). Supporting new and continuing education for place committed people helps keep rural health professionals in their communities. In addition, virtual access to like-minded colleagues provides appropriate venues to collaborate, commiserate, and communicate and work experiences.

Healthcare Administrative and Safety Net Conditions

While there are many issues related to healthcare administration, one overarching issue in rural and underserved America is the federal safety net (e.g., FQHCs, Critical Access Hospitals [HRSA BPC].) Among other functions, these federal programs supplement costs of training health professionals. The existing programs typically support for physical health care training but have far less support for first responders, mental or oral health—which speaks to sustainability and quality of life. In addition, there is the habit of locating physical, mental, and oral health in different facilities, often making it more difficult to sustain the fiscal health of the facilities.[22] Some collaboration efforts, particularly those involving sharing of equipment or health information technology, run the risk of being penalized for non-competition under the Stark Law.[23]

Recommendations

NRHA supports the following policy recommendations:

Employers and Organizations should Include Recognition of Professional Quality of Life in Work Culture

- Include policy and organizational awareness of need to support workers professional quality of life.

- Normalize the fact that in the line of duty, workers can face difficult situations that leave psychological impacts.

- Decrease overtime by increasing the funding for and size of the workforce.

- Compensate indigenous community workers to facilitate appropriate access to care.[24]

- Provide mechanisms for funding healthcare interventions for workers who develop burnout, depression, or secondary traumatic stress as a result of their work.

Congress and State Governments Should Create Programs to Provide Workers with Tools and Information to do Their Work

- Fund access to tools and information that people need to do their jobs, for example, digital medical libraries.

- Create articulated training programs that have built-in career paths that allow each level of training to build onto the previous level.

- Proliferate the funding and access to tele-consultation and supervision with a coinciding culture change that makes this a positive thing rather than "failure."

- Improve reimbursement for direct patient care and provider-to-provider consultation.

- Reduce technology costs by keeping the Universal Services Rural Discount Program.

- Increase availability of access to continuing education especially on the Internet.

Congress Should Improve Healthcare Administrative and Safety Net Conditions

- Foster opportunities to fund training and supervision for workers in the field.

- Support co-location of different types of healthcare through financial incentives.

- Reduce the potential for being penalized for non-competition under the Stark Law[25] when regional clinics collaborate.

Summary

Workers who feel supported by their administrations and believe they have the appropriate tools and information to do their jobs have better professional quality of life and provide better care. In turn, workers are more likely to stay in their positions. Recruitment is also easier because potential workers perceive that they will be effective in their new positions. Three key policy changes will support improved professional quality of life.

- Include recognition of professional quality of life in work culture.

- Provide workers with tools and information to do their work.

- Improve healthcare administrative and safety net conditions.

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Contributing Authors

This policy paper was prepared for the National Rural Health Association by B. Hudnall Stamm, Ph.D., Institute of Rural Health, Idaho State University