

Doctors' sense of mission, self-identity key factors in choice to work in underserved areas

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Medical schools and clinics could boost the number of primary care physicians in medically underserved areas by selecting and encouraging students from these communities, who often exhibit a strong sense of responsibility for and identification with the people there, according to a new study by UCLA researchers and colleagues published in the current issue of the American Journal of Public Health.

Training these students in underserved settings during medical school and their residencies could also increase the likelihood they would continue serving those populations, the researchers found. Physicians-intraining who are not from underserved populations or who do not train in such areas are unlikely to work for any length in these communities.

The findings highlight the importance of identifying doctors who are motivated by mission-based values such as a sense of responsibility to a particular community or patient population early in medical training, said Dr. Kara Odom Walker, who led the study while in the Robert Wood Johnson Foundation Clinical Scholars program at the David Geffen School of Medicine at UCLA.

"In the current health care reform debate, if health insurance coverage increases, residents in areas with an inadequate physician supply will have greater difficulty receiving timely and appropriate clinical care, and this could create poorer population health indicators," said Walker, now



an assistant clinical professor of family and community medicine at the University of California, San Francisco.

In their findings, which were based on in-depth interviews with 42 Los Angeles County African American, Hispanic and non-Hispanic white primary care physicians in both underserved and non-underserved areas, the researchers noted three themes that emerged to explain physicians' choice of practice location: personal motivators, career motivators and clinic support.

Physicians who worked in underserved areas were more likely to cite motivators such as personal mission and self-identity as reasons for their choice, compared with physicians who didn't work in those areas. Physicians who had never worked in or had left underserved areas, by contrast, cited factors such as work hours and lifestyle in their choice of practice location.

The authors noted that incentives such as loan-repayment reform for primary care medical students and more medical education opportunities for minorities and immigrants could help draw more physicians to critically underserved areas, which have been particularly hard hit, given the overall national shortage of primary care physicians.

"By using enlightened and informed recruitment strategies that seek out and develop a corps of motivated, mission-driven and committed primary care physicians and retaining them by employing strategies to improve work-life balance, we can meet the challenge of disparities in care among the underserved," the authors conclude. "The current health care reform debate provides unique opportunities to develop and implement such strategies."

The study has some limitations, the researchers noted. Despite using some strategies to reduce potential bias, the themes that emerged during



the interviews were still subject to the researchers' interpretation. Also, the researchers found their interview subjects through referrals from a seven-member community advisory board, so the opinions expressed by the the surveyed physicians may not be representative of those from other areas.

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More information: ajph.aphapublications.org/cgi/ ... ent/full/100/11/2168

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