

Factors Influencing Rural Physician Assistant Practice

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Abstract. Introduction: In the 1960s, it was discovered that there was a significant need for more physicians to serve the U.S. population, especially in rural and medically underserved communities. The Physician Assistant profession was built with the hope of being an extension to physicians to help meet these needs. However, there continues to be large numbers of communities in every state that lack access to health care. The purpose of this study was to explore the factors influencing Physician Assistant practice location choice. Methodology: A retrospective cross-sectional study of PA student records in a mid-western rural-focused physician assistant program was conducted. Application data from PA graduates in 2003, 2004, and 2005 were evaluated for desired community size of practice location at the time of application compared to actual job placement and community size after graduation. A written survey was mailed to the same classes of graduates to assess factors that influenced selection of their first and current practice location. Data were analyzed using frequency counts and chi-square tests. Results: There was a 44% response rate from the 126 eligible to participate in the survey. It was noted that 60% of applicants listed their preference specialty as family practice; however, less than one-third of graduates were currently working in the family practice specialty. Similarly, applicants noted a preference to work in rural areas, but upon graduation for their first job and current job they tended to work in urban areas by a large percentage. There were five different factors with significant relationships in regard to PA practice location: Significant others support of location, quality of life, employment opportunities for the significant other, scope of practice and recreation. A significant others support of the location appeared to be most important. Conclusion: Choice of employment at the time of application compared to graduation was markedly different. Choice of practice location did not appear to be a decision made by the graduate physician assistant alone, but also in conjunction with their significant other.

1. Introduction

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2. Experiment, Results, Discussion, and Significance

A cross-sectional study was conducted through a mid-western, rural-focused physician assistant program and included the graduate classes of 2003, 2004, and 2005. Application data was evaluated for desired community size of practice location at the time of application compared to actual job placement and community size after graduation. A written survey consisting of 27 questions of multiple and Likert scale questions was sent to the same graduate classes. There was a 44% response rate from the 126 surveys mailed. Graduate subjects were asked a series of general demographic questions about their employment followed by questions designed to assess the factors most important in choosing their first employment situation. The responses were rated on a Likert scale of 1-5, with 1 being equivalent to "extremely important" and 5 being equivalent to "not important at all."

It was noted that 60% of applicants listed their preference specialty as family practice; however, less than one-third of graduates were currently working in the family practice specialty (Table 1). Likewise, applicant preference versus actual job placement tended to move into the specialty fields. Similarly, applicants noted a preference to work in rural areas, but upon graduation for their first job and current job they tended to work in urban areas by a large percentage. There were five different factors with significant relationships in regard to PA practice location: Significant others support of location ($p<0.05$), quality of life ($p<0.05$), employment opportunities for the significant other ($p<0.05$), scope of practice ($p<0.05$), and recreation. ($p<0.05$). A significant others support of the location was most important.

3. Conclusions

The question should be raised: “Are we really getting to the root issue of what calls graduate physician assistants to urban areas over rural areas with such magnitude?” This study has attempted to address some of the elements underlying this ongoing problem. It has been found that “graduates who study in an educational setting with a mission-driven commitment to rural health, care for these populations in their professional practice.”[1] However, it appeared in this research that choice of practice location was not a decision made by the graduate physician assistant alone, but also in conjunction with their significant other, which seemed to be more influential than any other factor alone. Further research will be required to determine whether the findings of this study can be generalized to the physician assistant profession as a whole.

4. Acknowledgements

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[1] Edwards, J., *Practice Locations of Graduates of Family Physician Residency and Nurse Practitioner Programs: Considerations Within the Context of Institutional Culture and Curricular Innovation Through Titles VII and VIII.* Journal of Rural Health, 2006. 22(1).

Table 1.

Demographic Characteristics of Applicants and Graduates

	Applicants (n=126)	Graduates (n=55)
Specialty		
Family Practice	60	30.9
Emergency Medicine	1.8	9.1
Internal Medicine	3.6	10.9
Obstetrics/Gynecology	5.5	3.6
Orthopedics	9.1	18.2
Pediatrics	1.8	0
Other	18.2	27.3
Current Community Size Preference/Practice*		
Urban	19.6	57.6
Rural	80.4	42.2
First Employment Community Size Preference/Practice+		
Urban	19.6	55.6
Rural	80.4	44.4

*Current community size for applicants=their preference on application
+First employment community size for applicants=their preference on application