Rural Health Shortage & Stress Management

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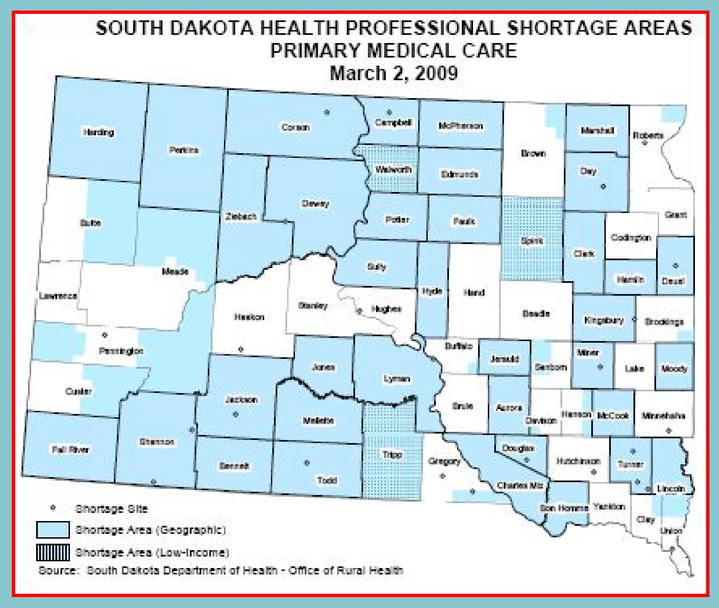
Rural Health Shortage

Workloads are increasing due to growing numbers of patients, expanding case loads, and extended hours (Colwill & Cultice, 2003).

- 25% of Americans live in rural areas (RHP 2010, 2007)
  - 10% of physicians serve this area
- Rural physicians work 6 hrs more and handle 20% more office visits per week than urban (Colwill & Cultice, 2003)
- Healthcare provider need is expected to increase by 25.4% from 2006-2016 (Office of Rural Health, 2008a, 2008b)
  - Rural population expected to grow by 58%
- Stagnant health reimbursements
  - Difficult to remain current with medical technology
  - Higher rates of uninsured patients in rural areas (Isaacs, Jellinak, & Ray, 2009)
- Graduate debt: graduates are driven towards medical specialties (Whelan, 2009)
  - "The lure of lucrative specialties has cut the number of graduates choosing family medicine by 50% since 1997" (Keslar, 2007, p. 16-18).
  - Higher salary in specialties
- Decrease in private practices, both rural and urban
  - Burnout rates of 55-67% due to extremely high stress levels (Williams, Savage, & Linzer, 2006)
  - Most common reasons to close practice are overwork and underpayment (Isaacs, et al., 2009)
  - 1/3 of US physicians will consider retirement in next 20 years (Keslar, 2007)
- SD: In 2008, 62.3% of healthcare related vacancies were in frontier/rural areas (South Dakota Department of Health, 2008c)
  - 12.8% increase from 2007

Professional and Personal Lives

- Difficult separating personal and professional lives leads to high stress levels à chronic state of arousal à burnout (Jensen, Trollope-Kumar, Waters, & Everson, 2008; Riley, 2004)
- 30% of today's physicians would choose alternate career (Davis, 2000)
- 55% of physicians surveyed in Canadian Medical Association claimed that family and personal lives had suffered because of medical career (Jensen, et al., 2008)
  - Pressure to accept calls and patients at home
  - Unable to remove "white coat" at public functions (Miedema, et. al, 2009, p287.e4)
- Attempts to balance includes: (Green & Van Iersel, 2007; Miedema et al., 2009)
  - Reducing practice hours, refusing ED shifts, restricting after-hours work
  - Refusal of rural rotations and primary care by medical residents

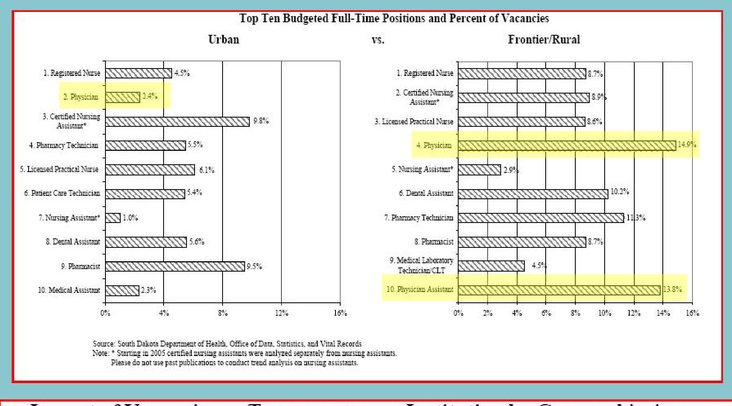


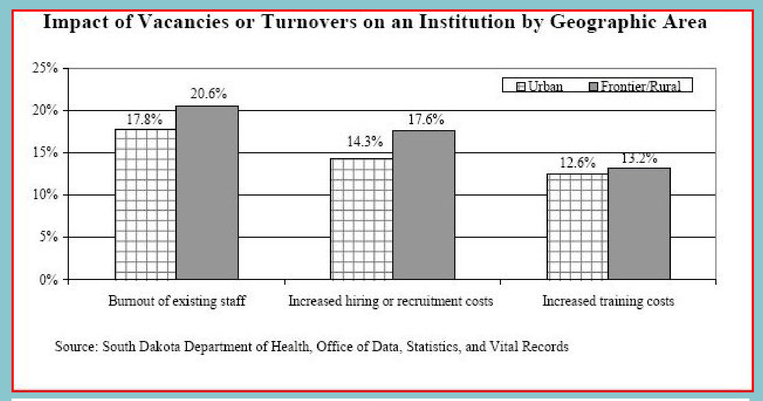
Physicians and Family Life

- Children correlated to: (in both male and female physicians) (Toyry, Kalimo, Aarimaa, et al., 2004)
  - Lower levels of cynicism
  - Reduced sense of personal accomplishment
  - No effect on levels of exhaustion
    - Female physicians reported moderate to severe levels of exhaustion regardless of children

Burnout

- Definition: physical and emotional exhaustion, feelings of decreased accomplishment (Lee, Brown, & Stewart, 2009; Riley, 2004)
  - Associated Symptoms: poor self-esteem, decreased participation at work, decreased attitude towards career (Riley)
  - Generally a result of stress caused by work that is experienced for extended period of time
- What leads to burnout?
  - Decreased providers à high caseloads
    - Less time to take a break and relax
  - Elimination of activities that relieve stress (Pfifferling & Gilley, 2000)





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Stress Management Techniques

- Proactive Management: (Lee, et al., 2009)
  - Acceptance of responsibility for stress management
  - Strategies in place for stress management
  - Allows utilization of healthy occupational strategies
  - Can decrease risk of early retirement or career change due to burnout
  - Ex: provider that exercises regularly and schedules time for friends and family
- Reactive Management: (Lee, et al., 2009)
  - Reaction to stress only after events occur
  - Limited effectiveness
  - Ex: provider under high stress levels compensates by decreasing work hours
    - Increases stress on colleagues and further limits health care resources
    - Worsens provider shortage in his/her community

Stress Management Techniques

- Development of resilience techniques: (Jensen, et al., 2008; Lee, et al., 2009)
  - Creative Practice Management:
    - Schedule time for paperwork, administrative tasks, conscious decision work load
    - Colleagues, office personnel à teamwork, delegation
    - Technology: cell phones, fax machines, beepers, pagers, computers, electronic medical records
    - Helps prevent burnout by preventing overburdening of provider
  - Personal Balance Through Prioritization:
    - Know personal priorities and stick to them, even if it means refusing extra hours, shifts, or duties, or even changing or reducing practice
    - Make time for priorities, such as exercise and vacation
  - Positive Attitude:
    - View of healthcare profession as rewarding, privileging, and an opportunity
    - Maintain interest in career by continuing education – stay interested!
- Adequate Support Network: (Jensen, et al., 2008)
  - Personal health provider: discuss personal health, stress
    - Can be difficult in rural areas à professional isolation
    - Cell phones and email can facilitate
  - Family, friends, colleagues: emotional and professional support

Conclusions

•Increasing workloads lead to decreasing numbers of providers, expanded work hours, and growing numbers of patients

•Graduate debt leads to more medical specialization

•Burnout resulting from growing workloads, extended work hours, and fewer providers leads to high stress levels

•Effective Burnout Prevention relies on development of resilience techniques and proactive stress management

"The goal is to improve the balance and discover sustainable ways of remaining healthy while honouring the demands of the altruistic traditions of our profession. A doctor's career should be experienced as inherently satisfying in response to a meaningful job well done. The prospect of a lifetime of joyless striving is unacceptable" (Riley, 2004, p. 353).