The experiences of overseas-trained medical doctors in adjusting to the Australian rural context

Submitted by

Aye Aye Gyi, PhD, MMed Sc, MBBS

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Thesis declaration

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Abstract

Background

Due to difficulties attracting Australian trained medical practitioners to work outside metropolitan areas, many rural communities are recruiting OTDs to provide medical services. Consequently, health services in rural and remote areas are heavily dependent on OTDs to maintain their complement of medical practitioners. The experience of overseas trained medical doctors working in rural areas may be culturally and professionally highly challenging with wide-ranging implications for personal, familial and social life.

Objectives

The objective of this review was to identify the experiences, views, attitudes, and perceptions of OTDs or international medical graduates (IMGs) towards working and living in an Australian rural context.

Search strategy and selection criteria

Published studies from the electronic databases such as PubMed, CINAHL, JBI Library of Systematic Reviews, ERIC, AUSTROM, ProQuest, Scopus, Current Contents, PsychINFO and unpublished studies from Dissertation Abstract International, and Australian Government/Rural and Remote Professional bodies or association web sites were searched between 1990-2010. Qualitative studies examining OTDs’ experiential accounts of working in rural and remote communities in Australia were sought. Participants were OTDs or general practitioners from non-English speaking backgrounds regardless of duration of working experience in rural areas. The review includes the views and perceptions of OTDs and does not specifically consider the views of their spouses and other stakeholders. Two reviewers independently assessed study quality and extracted data using the Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI-QARI).

Results and discussion

A total of 72 papers were identified based on the title and abstract. Of these, 58 studies were excluded as they did not match the review objectives. One study was excluded because of duplicate publication. As a result a total of 59 studies were excluded. Subsequently, 13 papers
were selected for full paper retrieval, and critically appraised. All the selected studies pass the quality appraisal process. As a result all the 13 studies were included. However the overall quality of the all included studies were by and large poor.

While the generic themes generated were about a number of areas of concern reported by OTDs, the review did also identify some positive comments. A common theme running through all of the identified studies was that OTDs, regardless of their visa category and the pathways they used to enter the rural practice, interact with, and are affected by, dimensions of rural place.

A total of 115 findings were analysed into 45 categories which were grouped into seven synthesized findings that related to rural doctors’ subjective experience as follows: 1) Adequate support systems to ease fear of entrapment are required; 2) Transparent standards for determining the eligibility of OTDs is required; 3) National standards of English language assessment would maximise the effectiveness of clinical communication; 4) Social integration and community support would contribute significantly to the settling in process; 5) Meeting OTDs professional needs is crucial to retaining rural GPs; 6) Cultural transition training programs for OTDs in rural areas are required; and 7) Government funding assistance to implement and strengthen locum support for OTDs in rural and remote areas is required. Out of these synthesized findings eight specific needs that relate to improving the recruitment rate to rural practices, the retention rate of rural doctors; ensuring high-quality, coordinated actual health care provided by rural practitioners were identified.

**Conclusion**

Qualitative data is not always widely accepted in the research community as a form of evidence. However qualitative findings can provide insights and explanations of a different depth and perspective to quantitative data. Whereas quantitative data are causal, or examine associations, qualitative data are insightful, and offer individualised perspectives on a person’s experiences.

The review identified a number of professional and psychosocial concerns in regards to rural doctors’ experiences associated with adaptation to rural practice and the increasingly complex environment in Australia’s health care system. Analysis resulted in both positive and negative experience themes. These may provide a viable platform for developing the most effective strategy for OTDs to better integrate into the Australian health care system. Based on these results it is important for government and professional organisations, rural General Practice supervisors, regional training providers, divisions and rural workforce agencies to work together to
ensure OTDs are provided with information and support to alleviate their unwanted negative experiences, while confirming warranted positive experiences. Negative experiences should also be discussed to plan strategies for management and further improvement. If the findings are used in this way, an improvement in overall rural placement experience could be expected.

Keywords