Sustaining Family Physicians in Urban Underserved Settings

Anne Getzin, MD; Bonnie L. Bobot, MD; Deborah Simpson, PhD

OBJECTIVE: Our objective was to identify factors that sustain family physicians practicing in Milwaukee’s underserved urban areas.

METHODS: Family physicians with clinical careers in Milwaukee’s urban, underserved communities were identified and invited to participate in a 45–60 minute interview using a literature-based semi-structured protocol. Each interview was transcribed and de-identified prior to independent analysis using a grounded theory qualitative approach by two authors to yield sustaining themes. The project was determined not human subjects research per Aurora Health Care IRB.

RESULTS: Sixteen family physicians were identified; six of 11 who met inclusion criteria agreed to interview. Four general domains central to sustaining family physicians working with underserved populations were identified: (1) cognitive traits and qualities (troubleshooting, resilience, flexibility), (2) core values (medicine as mechanism to address social justice), (3) skills (self-care, communication, clinical management), and (4) support systems (supportive family/employer, job flexibility, leadership opportunities, staff function as team). The formation of these personal attributes and skills was partly shaped by experiences (from childhood to medical training to work experience) and by personal drivers that varied by individual. Common was that the challenges of providing care in urban underserved settings was seen as rewarding in and of itself and aligned with these physicians’ values and skills.

CONCLUSIONS: Family physicians working with underserved populations described possessing a combination of values, cognitive qualities, skill sets, and support systems. While family physicians face complex challenges in quality care goals in urban underserved settings, training in the personal and professional skill sets identified by participants may improve physician retention in such communities.

(Underwater communities, in rural and urban areas, have an acute, unmet need for primary care physicians. Milwaukee’s central city exemplifies that national shortage with 57 unfilled primary care positions needed to provide an adequate physician to population ratio.1 Barriers limiting primary care physician recruitment and retention include salary disparities, debt load,2 and concern for physician burnout.3 Approaches to address these barriers are heightened in underserved settings and range from societal-level strategies (eg, federal physician financial incentives, public health service placement) to the individual physician level (eg, recruitment and training of individuals motivated to care for underserved).

Recent literature has focused on increasing the numbers of newly graduated physicians working in primary care4,5 with less focus on retention. A few small studies have addressed retention and elements of a successful practice in urban settings.6,7 Several qualitative studies have addressed physician retention in rural areas.8-10 However, factors sustaining family physicians working in underserved settings remain undefined, particularly in urban areas. Identifying factors key to sustaining family physicians could be utilized in medical education to enhance physician retention in underserved areas.

Our objective was to identify the factors that sustain family physicians practicing in a large, underserved urban community.

Methods
A grounded theory, qualitative in-depth participant interview approach was used to identify and elucidate sustaining factors and to develop authentic descriptions of the

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Figure 1: Participant Selection and Phased Qualitative Analysis Methodology

Knowledgeable Informants Group: Identified Family Physicians Practicing in Medically Underserved Milwaukee Communities, Family Physicians and administrative staff involved in community health in Milwaukee

16 Family Physicians

(1) Practice in zip code = HRSA Designated Medically Underserved Area (MUA) or Population (MUP) 19,20,21,22,23
(2) Engage in Clinical Practice ≥ 15 hrs/wk
(3) Clinical site is not a continuity clinic site for residency training programs

11 Family Physicians Met all 3 Inclusion Criteria

6/11 Family Physicians Agreed to Participate: 2 males/4 females; 3-14 yrs practice in MUA/MUP; 3 FQHC clinics

Semi-Structured Interviews
All interviews were performed by the first author to maintain consistency, using a semi-structured interview protocol that remained constant throughout the study (Table 1). Interviews lasted 45–60 minutes. Participants selected a method (in person or phone), location (physician office, local cafes), and time convenient to them. Participants received a copy of interview questions in advance. Verbal informed consent was obtained with approval for field notes and audio recording. Anonymity was protected by de-identifying the demographic information, and transcript identifiers were disassociated with interviewee name and contact information and stored in separate, secure files.

Thematic Analysis
The first and second authors independently read each transcription of the audio recordings noting key elements using a memoing process. Authors convened, clustering memos from each interview. Analysis of these memo clusters yielded common cross-cutting themes and categories between interviews with consensus reached through discussion. This analysis process occurred in three phases, applying a constant comparative methodology (Figure 1). Utilizing an affinity diagram, reviewers explored subthemes and relationships to larger categories to ultimately develop a narrative. The third author independently reviewed the transcriptions and participated in thematic analysis discussions. The preliminary findings and subsequent refinements were presented at academic faculty sessions attended by physicians who work with underserved populations for feedback and validation.

Results
Sixteen family physicians were referred to the project, and six of 11 family physicians meeting inclusion criteria agreed to interview (Figure 1). A common thread across all interviews was that the challenges of...

Participant Population
Participants were recruited through a multi-step process elucidated in Figure 1. Family physicians meeting the criteria were contacted by an e-mailed letter with an e-mail follow-up to nonrespondents. We sought a small sample (five to eight) for detailed authentic descriptions allowing us to identify preliminary factors and verify categories through a phased, iterative data analysis process.
providing care in urban underserved settings were intrinsically rewarding and aligned with these physicians’ values and skills. To support this thread, four emerging domains with associated themes central to sustaining family physicians working with underserved populations were identified and graphically presented in Figure 2. Illustrative quotes from family physician interviewees for each of the four themes are provided in Table 2.

Theme #1: Brain—Cognitive Traits and Qualities
Interviewees identified cognitive traits and qualities that contributed to sustaining their work with underserved populations: troubleshooting, resilience, flexibility, and coping strategies in the face of challenges. These traits appeared to create a tendency toward reframing challenges as rewarding. The interviewees reported being drawn to the complexity inherent in caring for populations with high health needs.

Theme #2: Heart—Core Values
Interviewees consistently identified working toward health equity and social justice as a major driving force in their careers and medicine as the mechanism by which they could fulfill a need for disadvantaged populations. This driving force was what brought them to, and sustained their work in, medicine.

Theme #3: Utilizing the Skill Box—Skillset for Complex Challenges
Multiple skills were identified as important in managing challenges working with high need, low health literacy populations including:
- Clinical diagnosis and management in settings with limited resources for evaluation and specialty services.
- Communicate and establish rapport with communities that face challenges with trust and the health care system.
- Patient education in the context of low health literacy and time, cost barriers.
- Self-care while working in high pressure settings

Theme #4: Foundation of Support
Physicians identified “two legs” of external support as vital—professional and personal. Key elements in the professional realm include job flexibility and opportunities for leadership or growth, supportive administration, and effective support staff, sharing a common vision. In their personal lives, a supportive family and work/life balance were identified as important.

Discussion
Family physicians working with urban underserved populations face complex challenges in achieving quality care goals and sustaining their careers. This early study reveals that family physicians who have sustained careers working in these settings possess a specific combination of cognitive traits, personal qualities, core values, skills, and support systems.

Study findings are limited by sample size and single urban area.
However, themes identified may be relevant to larger populations as family physicians interviewed practiced at HRSA/HPSA designations, providing a common context for their clinical work. While a single interviewer established consistency between interviews, interviewer bias is possible.

Next steps include further exploration of the identified themes with additional family physicians and other primary care providers within and beyond Milwaukee’s urban underserved regions. Applying these findings to residency training may improve physician recruitment and/or retention in such communities.

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References
9. Robinowitz HK, Diamond JJ, Markham FW, Paynter NP. Critical factors for designing programs to increase the supply and retention of rural primary care physicians. JAMA 2012;286(9):1041-8.
Table 2: Illustrative Family Physician Quotes by Themes

<table>
<thead>
<tr>
<th>Theme #1: Brain—Cognitive Traits and Qualities</th>
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<tr>
<td>• “And even the really frustrating [encounters] often teach me something about what I could do better next time or what I missed.”</td>
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<td>• “…I feel very energized by the challenge of it. Sometimes I think the more difficult the situation the more I am energized by it… Even though sometimes it is exhausting it is a good sense of exhaustion. It is almost like it is exercise for my being, it’s almost like physical exercise but more like exercise for my heart.”</td>
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<td>• “I do think that when people have barriers to conventional medicine you have to create solutions. It makes you problem solve in ways that other people don’t have to.”</td>
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<td>• “You have to be flexible and a problem solver.”</td>
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<th>Theme #2: Heart—Core Values</th>
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<td>• “…it really is having an internal sense of this as the right thing to do. That all people, no matter who they are, deserve the care that you would get in any suburban setting or any other setting. Social equality is really important.”</td>
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<tr>
<td>• “This is where my heart finds joy. This is where my being finds joy. It eliminates the guess. I already know it. This is who I am.”</td>
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<tr>
<th>Theme #3: Skill Box—Skills Set for Complex Challenges</th>
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<td>Patient education, communication, rapport, and trust</td>
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<td>• “You have to be careful when you are dealing with patients that you don’t overburden them. Some people feel that you are either belittling them or that you are overwhelming them with too much information. I try to keep to the most important issue.”</td>
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<td>• “We have to show them how to stretch the dollars.”</td>
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<td>• “When I learned about motivational interviewing that was probably the most seminal teaching strategy and learning strategy that has helped me get to where I want to be with my patients. … When someone feels that they have really been listened to they become more loyal. They become engaged.”</td>
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<td>Self-care</td>
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<td>• “You have to know when things are tight and when you need to step back and take a deep breath and replenish yourself.”</td>
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<td>• “I probably consult a colleague or I just give it a break for a short time. Sometimes I exercise. In really harsh times sometimes I pray or write it down.”</td>
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<th>Theme #4: Foundation of Support</th>
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<td>• “The most important one on a day to day basis would be a strong support system. I need support to do what I do.”</td>
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<td>• “I think that you have to have a functioning clinic, a functioning staff, and a functioning team in the political atmosphere that you can exist in as an employee. Whatever role you are playing in the office has to sustain you.”</td>
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<tr>
<td>• “I think you need a private life that is helpful, supportive, and understanding.”</td>
</tr>
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10. Rabinowitz HK, Diamond JJ, Markham FW, Hazelwood CE. A program to increase the number of family physicians in rural and underserved areas: impact after 22 years. JAMA 1999;281(3):255-60.