ABSTRACT

A physician maldistribution exists when comparing rural with urban areas. It is necessary to ensure rural citizens have available, accessible, and acceptable quality medical care to remedy health disparities resulting from the lack of physicians. Using theories of symbolic interactionism and experiential place integration as the lenses for analysis, I sought to study the phenomenon of becoming a rural physician and the experiences that influenced physicians to choose rural practice. This was a qualitative study using a transcendental phenomenological approach. Fifteen individual interviews were conducted. For the participants in this study, rural upbringing, family values, early experiences regarding medicine, and identity in place were experiences prior to medical school that influenced the desire to practice and live in a rural area. Rural clinical medical school and residency experiences, the culture of the medical school, and preceptor relationships were experiences during medical school that influenced physicians’ choices. Family, partners, and loan forgiveness were experiences that influenced practice type and location. Professional support and integration into the community were experiences influencing retention.