

Unit 2 Assignment: Geographical Maldistribution of Healthcare Workforce

Students Name

ALLH 3301

Professor's Name

Date

This is a sample paper, kindly use it for research and reference purposes ONLY to help write your own paper.

To Order a plagiarism-free on any topic!

Click this link <https://primenursingpapers.com/orders/>

Some parts of the solution are blurred, to order the full copy kindly

email us on: support@primenursingpapers.com

Unit 2 Assignment: Geographical Maldistribution of Healthcare Workforce

In the past decades, the shortage of primary care workforce has been a consistent issue. There exist debates that the USA maintains massive training of healthcare practitioners and has lower rates of recruitment that lead to this shortage. However, recruitment fails to be a key issue because the existing geographical maldistribution of the healthcare workforce shows other factors contributing to inequalities perceived as shortage. Traditionally, urban areas have a higher population of healthcare providers than rural areas. Aside from the historical preference of distribution towards the metropolitan region, the accessibility of metropolitan care services; motivation of the physicians; racial and income disparities; language and cultural barriers contribute to geographical maldistribution of the healthcare workforce.

Causes of Geographical Maldistribution of Physician in the USA

The geographical maldistribution of physicians in the USA is significantly tied to the overall region in terms of demography and history. The population and population characteristics of the community residing in the rural and urban regions influence the distribution of physicians in the USA. According to Andrilla et al. (2018), despite the overall rate of 15.6 physicians per 100,000 population, the rate for physicians per 100,000 population supplied to non-metropolitan regions is 5.8 while that metropolitan region is 17.5 physicians per 100,000 population. The statistics express that the rate of the supply of physicians in urban counties is approximately three times the supply of physicians in rural counties. Based on these insights, the overall rate of supply concerning physician to population ratio demonstrates that the population of the region is associated with the increased supply of physicians in the urban areas. The tendency of the state



governments to focus on improving the quality of care in densely populated areas is consistent with the historical distribution.

Prime Nursing Papers Expert Writers Can Help You Get A Better Grade and

[Hire Expert Writer](#)

Deliver Your Task on Time!

- ✓ Affordable Rates
- ✓ Unique and 100% Plagiarism-free
- ✓ 100% Privacy and Confidentiality
- ✓ Prime-Quality Papers
- ✓ Instructions and Rubric Followed
- ✓ Fast Turn-around- Short deadlines

[Get Writing Help](#)

The accessibility of the geographical location influences the distribution of physicians in the USA. The county boundaries contribute to the shortage of physicians and the marketing of physician services in the region. The accessibility of the geographical location concerns both the physicians and the patient population and includes the infrastructure. Naylor et al. (2019) argued **that the traditional approach of evaluating maldistribution based on per capita for distinct boundaries fails to demonstrate that the infrastructure in neighboring counties is attributed to spatial accessibility of physician services, which promotes the consistency of maldistribution of physicians. The presence of healthcare institutions including medical referral centers attracts the**

patient population to cross the county boundaries for quality care services. The patient population from non-metropolitan counties that are in proximity to the metropolitan counties seek physician services to the adjacent healthcare facilities in the metropolitan counties, which fails to provide insights into the alarming shortage of physicians in those areas (Dickman et al., 2017; Naylor et al., 2019). Therefore, local government authorities relying on the per capita patient population insights concerning counties fail to acknowledge that spatial accessibility of health services influences this data. Data collected from areas neighboring the metropolitan counties with healthcare infrastructure can indicate that the existing distribution of physicians in the area fails to burden the physician with the workload because there is a low patient population accessing the services.

The approach of managing and maintaining physicians in urban areas including professional work environment, workload and autonomy, career development opportunities, and financial incentives contribute to the geographical maldistribution of physicians in the USA. **The subjective well-being of the individual physician influences their decision on the preferred work environment. Physicians who attend medical training institutions in urban areas with advanced healthcare institutions are more likely to embrace working in those facilities rather than working in their native rural counties (Naylor et al., 2019). The presence of advanced health institutions creates opportunities for the career development of the physician in urban areas to improve their knowledge on serving the diverse health needs of the urban community. States that offer**

reimbursement to the primary care providers retain their workforce in the current urban

healthcare facilities of the practitioner (Buerhaus et al., 2017). Besides, the increased supply of physicians in urban areas reduces the workload of the physician, which influences their decision to prefer working in those areas.

Cause of Imbalance of Primary Care and Specialty Care in the USA

The distribution of specialty care and primary care based on the vulnerability of the targeted patient population including race/ethnicity and income contributes to the imbalance of the specialty care and primary care practitioners. The local governments have the tendency of **providing quality care in urban areas compared with the rural areas, which entails supplying specialty care in urban areas rather than vulnerable rural areas. Naylor et al (2019) found that low-income Hispanic and non-Hispanic black patients from rural areas in Midwest internal medicines sought internal medicine physician services neighboring urban areas whereas nursing practitioners in both urban and rural areas experienced lower spatial accessibility. The highlight demonstrates the distribution of specialty care is skewed. Based on this insight, income level and race/ethnicity influence the distribution of specialty care in the USA.**

The payment and delivery of care services influence the balance between distribution of the specialty care and primary care. Socio-cultural factors including language barriers and cultures of the population limit equitable distribution of specialty care and primary care. Language and cultural barriers have slowed the distribution of the specialty care workforce in

both rural and urban areas that have a population whose English fails to be their first language and immigrants, in particular (Bourhaus et al., 2017; Lapa et al., 2015). The cultural barriers delayed efforts of enhancing the primary care workforce to meet all healthcare needs of the public. Besides, the challenge of populations that lack health insurance including Medicaid and Medicare affects the distribution of specialty care. According to Bourhaus et al (2017), the increased uninsured patients imposes financial pressures on the hospitals, which influence the local government to distribute the specialty care to areas with insured populations. The financial pressure on the hospitals can contribute to a reduction of the wages of the nursing workforce and specialty care that undermines their well-being. Therefore, the insured population in urban regions becomes the priority.

Solutions to Geographical Maldistribution of Healthcare Practitioners

The local governments can develop health institutions and related infrastructure in the rural areas to increase the supply of primary care workers. Medical training facilities and advanced hospitals can enhance retention of the physicians in rural regions. Developing advancing healthcare institutions in rural areas contribute to the generation of specialty care that **can address the prevailing health needs of the rural population (Bourhaus et al., 2017; Lapa et al., 2015). To accomplish this, governments can set up these facilities in a strategic geographical position that reduces the distance of access to healthcare in rural areas.**

Government can train healthcare workers cultural competency skills and establish financial incentives to expand the scope of primary care providers and retain them in rural

facilities. The prevailing restrictions on reimbursement of nurses advancing to specialty care contribute to the shortage of specialty care. Offering reimbursement to nurses expanding their scope of practice to the specialty for serving as physicians increase the supply of physicians to rural areas and reduce the costs (Barkun et al., 2017). To achieve this, governments can offer appealing incentives to primary care workers willing to serve in rural areas while expanding their scope of practice.

Conclusion

Patterns of geographical maldistribution of physicians align with the historic patterns involving understaffing in rural areas. The discussed insights demonstrate that the social determinants of health disparities including race, income inequalities, language, and cultural barriers are significantly attributed to this maldistribution. More so, government reluctance to improve the quality and scope of the nursing workforce has predominantly contributed to maldistribution of the specialty care. State governments have full responsibility to train primary care workers cultural competency skills.



Prime Nursing Papers Expert Writers Can Help You Get A Better Grade and

[Hire Expert Writer](#)

Deliver Your Task on Time!

- ✓ **Affordable Rates**
- ✓ **Unique and 100% Plagiarism-free**
- ✓ **100% Privacy and Confidentiality**
- ✓ **Prime-Quality Papers**
- ✓ **Instructions and Rubric Followed**
- ✓ **Fast Turn-around- Short deadlines**

[Get Writing Help](#)



References

Andrilla, C. H. A., Patterson, D. G., Garberson, L. A., Coulthard, C., & Larson, E. H. (2018).

Geographic variation in the supply of selected behavioral health providers. *American journal of preventive medicine*, 54(6), S199-S207.

Buerhaus, P. I., Skinner, L. E., Auerbach, D. I., & Staiger, D. O. (2017). Four challenges facing the nursing workforce in the United States. *Journal of Nursing Regulation*, 8(2), 40-46.

Dickman, S. L., Himmelstein, D. U., & Woolhandler, S. (2017). Inequality and the health-care system in the USA. *The Lancet*, 389(10077), 1431-1441.

Lupu, D., Quigley, L., Mehfood, N., & Salsberg, E. S. (2018). The growing demand for hospice and palliative medicine physicians: will the supply keep up?. *Journal of pain and symptom management*, 55(4), 1216-1223.

Naylor, K. B., Tootoo, J., Yakusheva, O., Shipman, S. A., Bynum, J. P., & Davis, M. A. (2019). Geographic variation in spatial accessibility of US healthcare providers. *Plos one*, 14(4), e0215016.