

## **The Decision of Psychologists To Practice In Urban or Rural Areas**

**H.A. Dengerink,  
D.A. Marks,  
M.R. Hammarlund,  
and B.E.M. Hammond**  
*Washington State University*

*A group of 116 persons providing psychological services completed a questionnaire to describe their professional qualifications, and personal and educational backgrounds, and to rate the importance of various factors in choosing their current positions. The results indicated that persons currently working in rural areas more often received their graduate training in rural settings.*

*Decisional factors important to urban psychologists included educational facilities, contacts with colleagues, culture, proximity to own and to spouse's family. Decisional factors important to rural psychologists included recreational opportunities, crime rate, climate, accessibility to clients and hospital facilities. These results indicate that urban and rural psychologists do differ in the location of training and in both personal and professional values.*

Rural populations of the United States, relative to urban ones, continue to be deprived of many human services including mental health (Flax, Wagenfeld, Ivens & Weiss; 1979). All mental health professionals, including psychologists, are underrepresented in rural areas even after adjusting for population density. Richards and Gottfredson (1978) conclude that their data "provide no evidence that any one of the groups [of mental health service providers] is distributed in a way that offers special advantages for serving poor people, Black people, rural people, or other groups who appear to need improved access to mental health services" (p. 5). They also conclude that "psychologists are concentrated in affluent, urban states" (p. 4). The shortage of psychologists in rural areas is most clearly demonstrated by Keller, Zimbelman, Murray and Feil (1980).

The barriers to providing mental health services for rural populations (see Wagenfeld, Note 1) are diverse, and include demographic and attitudinal characteristics of rural populations, system characteristics, and provider characteristics. The provider barriers to effective mental health service delivery in rural areas appear to fall into two potentially overlapping areas. First, there is concern that professionals such as psychologists may require special or at least different skills to provide services in rural rather than urban areas (Flax et al., 1979). Second, and perhaps independent of appropriate training, psychologists as well as other mental health professionals appear to select urban rather than rural positions even when rural positions are available (Longest, Konan & Tweed, Note 2) or to remain in rural positions for shorter periods of time (Stillner, Note 3).

Beyond noting the proclivity of psychologists for urban positions, however, little is known about the geographic decisions of psychologists. Clearly some do select and remain in rural positions, but it is unclear what factors contribute to such decisions. By contrast there is a growing literature on physicians' location decisions. While medicine is a very different profession from psychology with a far greater emphasis on private than organized service delivery, the factors influencing physicians' decisions may exert an influence on psychologists as well. In their review of the literature concerning factors which contribute to the geographic distribution of physicians, Eisenberg and Cantwell (1978) conclude that physicians (a) locate in areas similar to those in which they were reared, (b) choose settings which provide a high quality of life, (c) are not influenced in urban vs. rural choices by potential income, and (d) are little influenced by training experiences in rural areas. Cooper, Heald, Samuels, and Coleman (1975) further suggest that physicians who select rural locations have spouses with a rural background.

The current study represents a preliminary attempt to determine the factors which influence the decisions of psychologists to seek or accept positions in rural vs. urban areas. The sample included all persons identified as psychologists providing services for state or county supported mental health pro-

grams in the state of Washington. These persons were asked to respond to a questionnaire which queried them about characteristics of their current position, geographical and educational background, and factors which they felt important in deciding to choose their current position.

## **Method**

### *Subjects*

The names of 160 mental health professionals were collected by contacting all the agencies listed by the Washington State Mental Health Division and asking for the names of all psychologists employed by each agency. "Psychologist" was defined for these telephone respondents only as those providing psychological services. Washington state is diverse, with two major urban areas (one in the southwest and one in the northeast) and an economy which is dependent upon the aerospace industry as well as farming and logging. The rural areas are sizeable and, within that designation, vary considerably in population density. Of the 160 names gathered, all were contacted, and 116 (73%) elected to return the questionnaire. Respondents were classified as either urban or rural based upon the standard metropolitan statistical area definition for the area in which they practiced. Those in areas with populations of 50,000 or less were classified as rural practitioners, while those in areas of more than 50,000 were classified as urban practitioners. This assignment procedure resulted in a rural group consisting of 38 respondents (33%) and an urban group consisting of 78 respondents (67%). A similar distribution was reported by Richards and Gottfredson (1978) for a national sample.

### *Questionnaire*

The questionnaire was specifically designed for this investigation. It consisted of 69 items divided into three topic areas. The first topic area considered professional characteristics: whether licensed; number of positions since graduation; whether any previous positions were urban or rural; years in current position; hours/week worked; percentage of time in professional activities (administration, assessment, consulting, therapy, research, teaching); perception of the practice location as urban vs. rural; as well as the actual location, annual income, plans to relocate within the next year, and whether respondents had a choice of urban vs. rural settings when selecting their present position.

The second topic surveyed personal and educational background: gender; marital status; whether own and spouse's childhood and adolescent years

were spent in urban or rural areas; most advanced degree held; location of graduate training and internship institutions; and whether graduate training included rural issues, community issues, varying clinic populations, and varied theoretical orientations.

The third portion of the questionnaire asked respondents to rate the importance of several factors in choosing their present place of occupation: prior professional contact, facilities for continuing education, opportunity for contact with colleagues, accessibility of health care facilities, opportunity for professional advancement, accessibility of practice to clientele, opportunity for group practice, contact with area during graduate training or internship, similarity to childhood locations, income, cost of living, low crime rate, proximity to metropolitan area if rural, desire to provide services to underserved populations, availability of job for spouse, preference of spouse for urban/rural location, geographic proximity to own and to spouse's extended family, proximity to friends, economic prosperity of the area, social and cultural opportunities, climate, recreational opportunities, and quality of educational facilities for children.

### *Procedure*

Questionnaires were sent to all 160 psychologists whose names were provided by state and county agencies. A cover letter describing the project requested the addressee to return the questionnaire even if s/he chose to leave all or some questions blank. After a 2-week interval, letters were sent to remind those who had not yet returned the questionnaire. This step was followed in 2 weeks by a second mailing of the questionnaire to those individuals who had still not yet returned the questionnaire. These procedures are basically those outlined by Dillman (1972) for insuring an adequate sample in questionnaire data.

## **Results**

### *Professional/Practice Variables*

Responses to each of the questions under this topic were evaluated via  $\chi^2$  analyses. These are summarized in Table 1. No significant differences were noted between urban and rural psychologists in responses to the majority of these questions. No significant difference was noted in the number of years spent in the current position, number of professional positions since completing graduate training, number of hours worked per week, income,

plans to relocate during the coming year, or choice of urban vs. rural positions in selecting present one. Significant differences were observed in the percentage reporting that the majority of their previous professional experience was in urban as opposed to rural settings, and in their perception of their areas as being metropolitan, semi-rural, or rural. Further, no difference was reported by urban and rural psychologists in the percentage of professional time spent in the various settings: hospitals, mental health clinics, private practice, schools, or university. Nor were differences noted in the percentage of time devoted to various activities: assessment, consultation, psychotherapy, research, teaching, or administration.

**Table 1**

Mean responses of Urban and Rural Psychologists  
to Professional/Practice Questions

	Urban	Rural	$\chi^2$
1. Years in current position . . . . .	1.4	1.6	NS
2. Positions since degree . . . . .	2.3	2.0	NS
3. Hours worked/week . . . . .	41.8	39.1	NS
4. Annual income . . . . .	\$19,500	\$17,700	NS
5. Plan to relocate . . . . .	15%	22%	NS
6. Choice of urban or rural positions . . . . .	68%	42%	NS
7. Previous urban experience . . . . .	72%	42%	8.26 $p < .02$
8. Perception of area as:			
a. Metropolitan . . . . .	54%	3%	
b. Semi-rural . . . . .	41%	42%	47.80 $p < .0001$
c. Metropolitan . . . . .	5%	55%	
9. Percent of time doing			
a. Hospitals . . . . .	7%	5%	NS
b. Mental health clinics . . . . .	70%	81%	NS
c. Private practice . . . . .	11%	8%	NS
d. Schools . . . . .	4%	3%	NS
e. Universities . . . . .	3%	3%	NS
10. Percent of time doing			
a. Assessment . . . . .	16%	17%	NS
b. Consultation . . . . .	11%	13%	NS
c. Psychotherapy . . . . .	39%	43%	NS
d. Research . . . . .	5%	2%	NS
e. Teaching . . . . .	5%	7%	NS
f. Administration . . . . .	26%	24%	NS

*Personal and Educational Background*

Responses to questions concerning educational and personal background also were tested via  $\chi^2$  analyses. The questions and mean responses are summarized in Table 2. Psychologists in urban areas more often than those in rural areas indicated they received their graduate education in cities of more than 100,000 and less often in cities of less than 50,000. A similar trend was observed in the question concerning location of internship, but not significantly so. No significant differences were observed in the reported frequency with which these psychologists' graduate education dealt specifically with rural issues, community issues, or was perceived as broad with respect to orientation, clinical populations, or ages of populations addressed. Further, no significant differences were observed in the percentage of doctoral or master's degrees in clinical or counseling areas, the percentage of males, or females, or in marital status. Nor were significant differences observed between urban and rural psychologists who reported being reared in urban, semi-rural, or rural areas, or who reported their spouses being reared in urban, semi-rural, or rural areas.

**Table 2**

Responses of Urban and Rural Psychologists to Questions  
Concerning Personal and Educational Background

	Urban	Rural	$\chi^2$
1. Graduate school area*			
a. More than 100,000 . . . . .	40%	12%	6.65 $p < .04$
b. Rural area less than 50,000 . . . . .	18%	38%	
2. Internship area*			
a. More than 100,000 . . . . .	75%	50%	5.45 $p < .07$
b. Rural area less than 50,000 . . . . .	8%	5%	
3. Graduate school experience			
a. Rural issues . . . . .	15%	29%	NS
b. Community issues . . . . .	65%	68%	NS
4. Broad graduate school experience			
a. Orientation . . . . .	82%	86%	NS
b. Clinical populations . . . . .	68%	64%	NS
c. Age of clients . . . . .	65%	68%	NS
5. Doctoral degree . . . . .	38%	26%	NS
6. Degree area*			
a. Clinical . . . . .	53%	42%	NS
b. Counseling . . . . .	40%	39%	NS

7. Gender			
a. Male . . . . .	62 %	66 %	NS
b. Female . . . . .	38 %	34 %	NS
8. Marital status			
a. Single . . . . .	14 %	8 %	NS
b. Married . . . . .	68 %	68 %	NS
c. Divorced . . . . .	15 %	24 %	NS
d. Widowed . . . . .	3 %	0 %	NS
9. Reared in			
a. Urban area . . . . .	56 %	54 %	NS
b. Semi-rural area . . . . .	26 %	29 %	NS
c. Rural area . . . . .	18 %	19 %	NS
10. Spouse reared in			
a. Urban area . . . . .	48 %	57 %	NS
b. Semi-rural area . . . . .	25 %	29 %	NS
c. Rural area . . . . .	27 %	14 %	NS

\*Percentages do not total 100 because respondents indicated "other" categories.

*Factors in Making Decisions*

Each person was asked to indicate on a 4-point scale the degree of importance they attached to a number of factors in choosing their current position. Each of these 23 first were compared for urban and rural psychologists via  $\chi^2$  analyses. Of these factors, "opportunities for contact with colleagues", "geographic proximity to your extended family," and "social and cultural opportunities" were considered more important by persons who settled in urban than in rural areas. "Low crime rate" was considered more important by those in rural areas.

These 23 factors also were submitted to a factor analysis which yielded (by varimax rotation) eight separate factors (see Table 3). Of these eight factors, four were related significantly to urban/rural location. Factor I, with high loadings for continuing education facilities, contacts with colleagues, and culture, was related negatively to rural location. Factor II, with high loadings on crime rate, recreational opportunities, and climate, was related positively to rural location. Factor III, with high loadings on hospital facilities, accessibility to clients, and group practice, was related positively to rural location. Finally, Factor V, with high negative loadings on childhood area, proximity to family, and proximity to spouses' family, was related positively to rural location.

Finally, these factors were included in a stepwise discriminant analysis in a further attempt to determine predictors of urban vs. rural choices. This analysis retained only Factor I as a significant predictor ( $F = 13.92, p < .001$ ).

**Table 3**  
 Mean Ratings, Importance Ratings and Factor Loadings for each Variable in Choosing  
 Current Position and Correlation with Urban/Rural Practice

Variable	Rural		Factor							
	$\bar{x}^*$	Urban $\bar{x}^*$	I	II	III	IV	V	VI	VII	VIII
1. Prior professional contacts . . . . .	2.2	2.2	.04	-.41	-.26	.44	-.08	.24	.02	-.5
2. Continuing ed. facilities . . . . .	2.2	2.6	.72	.13	.21	.13	.04	.12	.04	-.13
3. Contact with colleagues . . . . .	2.6	3.1	.38	-.05	.23	.07	.10	.21	.09	.09
4. Health care facilities . . . . .	2.3	2.2	.35	-.04	.71	-.11	-.05	.05	-.14	-.13
5. Advancement opportunities . . . . .	2.9	3.1	.11	-.13	.23	-.06	.26	.34	.03	-.52
6. Accessibility for clients . . . . .	2.6	2.5	-.09	.07	.58	-.05	-.13	.04	-.07	-.36
7. Group practice opportunity . . . . .	2.2	2.1	.05	.00	.80	.07	-.01	-.11	.02	.12
8. Grad. school experience . . . . .	2.0	1.8	-.05	.12	.08	.85	-.16	.07	-.06	-.05
9. Internship experience . . . . .	1.5	1.8	.22	-.01	-.07	.86	.13	-.09	-.14	.08
10. Similarity to childhood area . . . . .	1.8	1.9	.01	.14	-.19	-.21	-.63	.06	-.03	-.13
11. Salary . . . . .	2.6	2.6	.12	-.03	-.08	.04	.01	.90	-.07	-.07
12. Cost of living . . . . .	2.4	2.3	.00	.43	-.03	-.13	-.23	.47	-.50	.08
13. Crime rate . . . . .	2.5	1.9	-.09	.74	-.05	.20	.14	.13	-.08	.08
14. Interest in underserved . . . . .	2.9	2.5	-.21	.11	.12	.44	-.01	.04	-.74	-.03
15. Job for spouse . . . . .	2.5	2.6	.24	.19	-.06	.14	.16	-.35	-.31	-.41
16. Family proximity . . . . .	1.6	1.9	.09	-.05	.19	.18	-.71	.01	.21	.31
17. In-law proximity . . . . .	1.6	1.7	.00	-.05	.18	.10	-.71	-.04	.02	-.17
18. Proximity friends . . . . .	2.2	2.1	-.09	.21	-.06	.32	-.27	-.05	.57	-.15
19. Economics of area . . . . .	2.1	2.2	.00	.29	-.04	-.11	-.13	.12	.35	-.57
20. Social and cultural . . . . .	2.1	2.9	.57	.38	.00	.04	.03	-.06	.21	-.32
21. Recreation . . . . .	2.9	3.1	.28	.76	-.08	.00	-.14	-.04	-.03	.04
22. Climate . . . . .	2.9	2.7	-.06	.80	.08	-.07	.00	-.14	.01	.07
23. Children's ed. . . . .	2.2	2.2	-.09	-.18	.41	-.06	-.34	-.14	-.12	-.64
Correlation with Choice of Rural Position			-.70	.23	.22	.05	.34	.10	.09	.09
			$p < .01$	$p < .04$	$p < .05$	NS	$p < .01$	NS	NS	NS

\* 1 = unimportant, 2 = slight, 3 = moderate, 4 = major

The 4-factor model ( $F = 4.49, p < .0026$ ) correctly classified 85% of the respondents as currently located in urban or rural areas.

## Discussion

Within the level of questioning incorporated in this study, no differences were observed in the functions and qualifications performed by urban and rural psychologists. These groups did not differ in the percentage of time spent in various functions, including administration, therapy, and teaching, or in the settings in which these activities were performed. At that general level, there appears to be no difference in the job descriptions of urban and rural psychologists. These data do not, however, speak to the question of whether rural psychologists must be generalists in the sense of providing a wide variety of clinical services to a wide variety of client populations, as is frequently claimed (Flax et al., 1979). Clearly, a thorough analysis of more specific professional activities is required. It should be noted that the current respondents had been in their positions a relatively short period of time ( $x = 1.5$  years) and included only psychologists rather than all mental health professions.

The educational and personal background also differed little between the current samples of urban and rural psychologists. Insofar as these persons were questioned with regard to their training experiences, the groups did not differ whether it be in degree level, in degree area, or in content of their graduate experiences. In contrast to the medical literature, urban and rural psychologists in this study did not differ in their own or their spouses' childhood experiences with rural areas. No trend was noted suggesting persons who selected rural positions had themselves been reared in rural areas. Also in contrast to the medical literature, the current study did indicate that graduate school training which occurred in rural areas (independent of the specific content of that training) did appear to influence location decisions. Persons who currently practice their profession in rural areas were more likely to have attended graduate school in rural areas. It is not clear whether the graduate school experience per se is the influential variable in this effect. It also is quite possible that persons who elect to attend graduate school in rural areas are persons who eventually would practice in rural areas regardless of the location or content of the graduate program.

In rating the importance of various factors which influenced their decision to accept their current positions, it appears that urban and rural psychologists have different values. Those persons who place greater importance on continuing education, colleague interaction, and culture, as well as on proximity to their families or similarity to their childhood area, are more likely to choose positions in urban areas. Persons who have chosen positions in rural areas are more likely to place emphasis on crime rate, recreational op-

portunities, and climate, as well as on the accessibility of their practice to clients. Urban and rural psychologists do appear to differ. The current findings suggest they differ more in values than in more formal characteristics. When interpreting the difference in the importance of various factors one must, however, take into account the relative availability of various services, etc. For example, health care facilities and group practice opportunities may be perceived as less available in rural areas. In choosing a *specific* position, rural psychologists may place greater emphasis upon these than urban psychologists who may assume these to be readily available regardless of the specific position selected.

It should be pointed out that these data suggest no difference between urban and rural psychologists in the quality or kind of services they provide. These groups did not differ in having choices when selecting their current positions. Psychologists do not appear to select positions "in the sticks" because nothing else is available to them. These groups did not differ, either, in the level of their training. Further, they did not differ in their desire or plans to leave their current position, and if they had changed positions in the past, their previous position had been a similarly urban or rural one.

The current results provide some beginning understanding of the reasons for location and decision of psychologists. They do not necessarily generalize to decisions of persons who select positions in more diverse portions of the country. The decision to select a position in bush Alaska may be very different from that to select one in rural eastern Washington State.

### Reference Notes

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