

Abstract

Background: The Ministry of Health, Labor, and Welfare (MHLW) is attempting to solve the problem of physician maldistribution but has not taken into account the individual factors to work in rural areas. According to previous studies, Behavioral and Normative beliefs and Rural self-efficacy influence the intention to work in rural areas. Therefore, this study investigated the extent to which physicians' individual factors are associated with their willingness to work in rural areas.

Methods: A 38-question web-based questionnaire was administered to physicians aged 24 to 45 years regarding their backgrounds, factors that influence their choice of working in rural areas, and their intention to work in rural areas. The influence of these factors was rated on a 4-point Likert scale. Multiple regression analysis was conducted to identify factors that influence the intention to work in rural areas.

Results: A total of 135 physicians completed the questionnaire. Rural self-efficacy had a significant influence on the intention to work in rural areas ($\beta=0.551$, $p<0.001$). The intention to work in rural areas was significantly higher for males than for females "if only temporarily" ($p=0.003$). On the other hand, "No intention" ($p=0.003$), "Do not want to" ($p=0.001$), and "Not planned" ($p=0.003$) were significantly higher for females than for males.

Conclusions: Rural self-efficacy has the greatest impact on the intention to work in rural areas. Male physicians tend to be willing to work in rural areas if only temporarily. However, female physicians seem more anxious about working in rural areas than male physicians. Therefore, physicians would move to rural hospitals if they experienced a Rural self-efficacy program during their early postgraduate practice and if they could specify what kind of rural self-efficacy a rural hospital could enhance.

Keywords: Uneven distribution of physicians, Theory of Planned behavior, Rural self-efficacy