ABSTRACT: The purpose of this study is to examine the influence of selected individual and background characteristics and values of physician assistant (PA) graduates on practice location. Information was gathered through a survey of graduates practicing as physician assistants from the first four classes of the University of Kentucky's Clinical Associate Program. No significant differences were found in rural-urban practice location by examining sociodemographic characteristics of graduates or residential background of graduates and their spouses. The only exception was that female graduates tended to practice in urban locations more than did male graduates. However, differences were found between rural- and urban-based graduates in the importance they placed on selected characteristics of communities.

In the United States many areas, typically rural and inner-city communities, experience health care delivery problems associated with insufficient numbers and types of health care personnel. Much of the support for physician assistant (PA) education has been based on their potential for reducing such problems through training for a broad range of patient care responsibilities and deployment of graduates to underserved areas.

National surveys on practice location of physician assistant and Medex graduates have shown from one-third to one-half of graduates practicing in rural and nonmetropolitan communities. For example, in one of the earliest distribution studies of PAs Scheffler and Stinson found 35 percent of those graduating before March, 1972, practicing in rural areas and small towns. The most recent available data from the Association of Physician Assistant Programs shows 21 percent of graduates locating in communities of less than 10,000 population and another 21 percent in communities of 10,000 to 50,000 population.

Thus, observed distributions for PAs, at least in terms of rural-urban distribution, seem to suggest that a significant proportion of PAs do practice in relatively less-served areas. However, few systematic research studies have been directed toward elucidating the relationship of specific factors to graduate practice location.
It is generally believed that most graduates locate in states where training takes place. In addition, work by Lawrence and his colleagues on MEDEX graduates provides evidence that PAs matched with physicians practicing in scarcity areas during training are more likely to remain in areas of need. However, these data do not explain why differentials are often observed in practice location among graduates from the same program and with comparable training experiences. It seems clear that variables, in addition to preceptorship site, may influence or underlie location choice of graduates.

The focus of this study is on the delineation of factors important in understanding differentials in practice location among PA graduates from the same program. More specifically, the study examines the influence of graduate sociodemographic characteristics, residential background, and preferences regarding community characteristics on rural-urban practice location.

Studies of physicians, for example, have shown the importance of prior residence on location. Several studies have indicated that those practicing in rural areas tend to have grown up in rural environments. In addition, family ties and spouse's preferences are also believed to affect location choice of physicians. Research by several investigators indicates rural and small town physicians and their spouses tend to come from small communities. A survey of medical students also showed that students and their spouses with rural backgrounds were more interested in rural practice than those who were from urban backgrounds.

In addition, selected social and cultural characteristics of communities influence the physician in his/her choice of location. Charles found the physician's image of the town's recreational and cultural resources, the general wealth of the town and the school system were considered major determinants in the choice of practice location among Alabama physicians. Research by Champion, comparing Appalachian rural physicians with those practicing in metropolitan Knoxville, also shows that community resources (especially educational facilities) are important in physician location decisions.

Findings for this study are based on a survey of members of the first four graduating classes (1975-1978) of the University of Kentucky Clinical Associate Program. Other than preference being given for in-state residence, admission to the program is based on academic records, amount of direct patient care experience, and a personal interview. Rural residence is not a criterion for admission. In addition, during training, students have comparable experiences and, with few exceptions, most spend at least part of their preceptorship and rotations in a rural location. Overall, approximately 40 to 50 percent of graduates practice in rural areas and small towns with the remainder locating in Lexington and Louisville—the two major urban centers of the state.

Only those graduates who were practicing as PAs were included in the study. Out of a total of 64 graduates, approximately 80 percent were working