

Is Rural Healthcare Just Your Job or Is it Your Calling?

From physicians and non-physician providers to clinic managers to nurses to the front desk, everyone becomes a part of our RHC team, don't they? So, what makes a successful clinic? What is the difference between just getting by and being a positive force in your rural community? What characteristics result in patient loyalty and growth? Why do some clinics struggle and other clinics flourish? Is everyone just doing their job? How do we make the parts and pieces of an RHC equal more than their sum?

So many factors can undermine a clinic's success, many of which are out of our control—the local factory closing, the highway loop that just took us off the map, the school district's falling enrollment, an unexpected loss of a beloved provider or a decline in our hospital district's tax base. **But, the one thing that can make the most difference in our RHCs is the combination of passion and commitment in our team.**

When I started to write this article, I was going to ask the question—Is Rural Healthcare your Vocation or Calling? Then, I did a little homework and found out that a vocation is in a sense itself a calling because the work stems from the Latin word *Vocare* which means “to name” or “to call.” (My high school Latin teacher, Miss Webb, should be beaming over this by the way.)

When Michigan Medical profiled physicians in its March 30, 2017 edition of **Rounds** and asked why they had chosen medicine as a profession the answers included these statements:

- “My decision to become a doctor was driven largely by values instilled in me by my faith and my family”—Erica Marsh, MD
- “Medicine, for me, has always been a calling as well as a privilege.”—Carol Bradford, MD
- “No words are needed to explain why I wanted to become a doctor.”—Peter Arvan, MD, PhD

For rural healthcare providers (RHCs), I would say that underlying passion and commitment, *the calling*, needs to be even more important and more punctuated because not only do the health outcomes of individual patients matter in rural American but so does the vitality of our communities and infrastructures. We have challenges to overcome that urban providers never know or experience. It is just harder to succeed in rural healthcare. We need an advantage. That advantage is the calling to serve those who in isolated and distressed places—the medically underserved. It's the spirit embodied in each recipient of the annual NARHC Ron Nelson Award. How do we do this?

Make a difference. Create positive change. Hire providers and staff who have not only have the knowledge and skills but also the passion and the compassion to service with a bent toward patient engagement and community involvement. Combine sound strategies with heartfelt mission. Yes, dollars and sense matter. Fiscal responsibility is part of minding the store. However, meeting the patient where he or she is or knowing the heartbeat of the community will result in loyalty and trust. Rural depends on trust. Look for candidates (for any position) who can verbalize their passion as it relates to your RHC's mission and vision in the community. Look for candidates, who although they may have less healthcare experience, have core skills, a willingness to learn and a calling to serve. The most experienced provider who doesn't get “rural” can set you back instead of ahead. The most experienced manager who has never lived in a small town can fail to understand the community dynamic. The most experienced biller can be clueless about the intricacies of RHC split billing. The most computer-literate receptionist can be off-putting. You can develop skills, but passion and commitment are innate. I write this on the same day that I visited a critical access hospital with clinics which may not survive largely because the flame of passion has been extinguished. Keep the fire burning...for all our sakes.

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