



PhD student:

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Research project:

Recruitment and Training Strategies for General Practitioners in Rural Areas: The QualityRights Approach for Primary Care Physicians

Abstract:

Introduction

The World Health Organization (WHO) has highlighted that although around 50% of the global population lives in rural areas, 75% of doctors and 62% of nurses work primarily in urban settings. In Sardinia, specifically, less than half of the population resides in the 59 out of 377 municipalities classified as “centers,” which, at least in theory, allow access within 20 minutes to three essential services (secondary education, hospitals with first-level emergency services, and railway stations), as identified by the National Strategy for Inner Areas (ISTAT). The physical distance from such services, especially for those with psychosocial disabilities, represents a significant barrier to access. This condition is even more severe in the field of mental health services, which are already under strain and unable to meet the healthcare needs of the territory. As a result, much of this unmet demand is absorbed by general practitioners (GPs).

These disparities bring to light two critical issues: on one hand, Article 25 of the Convention on the Rights of Persons with Disabilities (CRPD) emphasizes the importance of providing healthcare services as close as possible to people’s communities, including those in rural areas; on the other hand, healthcare personnel operating in these settings, particularly GPs, are affected by chronic staff shortages and often lack specific training on the rights of people with psychosocial disabilities.

Through its QualityRights program, WHO promotes a human rights-based approach aimed at combating stigma and enhancing the competencies of healthcare workers in relation to people with psychosocial disabilities.

Objective

In line with the QualityRights vision, this project aims to explore the most effective strategies to attract and retain GPs in rural areas. In parallel, it seeks to assess the attitudes of GPs toward people with psychosocial disabilities as rights holders, with the ultimate goal of proposing the integration of the QualityRights approach among the strategic tools to improve service accessibility and strengthen community-based healthcare. This would include promoting specific competencies in mental health and human rights.

Methodology

The study adopts a multi-phase design. The first phase involves a systematic review of the literature on recruitment and retention strategies for GPs in high-income countries, with a particular focus on rural areas.

The second phase employs an observational design, using the WHO QualityRights questionnaire, validated in Italian, to assess GPs’ attitudes toward individuals with psychosocial disabilities.

Data will be collected online, ensuring anonymity and confidentiality. Statistical analysis will include descriptive assessments of the responses and the identification of correlations between the attitudes observed and socio-demographic or professional variables. The results will be interpreted in light of



international evidence on the positive impact of a human rights-based approach in mental health care.

Expected Results

The study aims to provide an updated mapping of the most effective strategies to attract and retain GPs in rural areas, as well as a realistic overview of GPs' attitudes toward people with psychosocial disabilities.

The analysis will help identify systemic shortcomings and potential areas for improvement, including correlations with specific characteristics of the sample.

Expected outcomes include the formulation of evidence-based recommendations for implementing the QualityRights approach in general practice, thereby reinforcing territorial healthcare networks and promoting greater equity in access to mental health services