


# Leadership in rural health: from challenges to change



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*Health disparities in rural Canada, marked by limited access to care, workforce shortages, and poorer health outcomes, are exacerbated by geographic isolation, socioeconomic disadvantages, and systemic underfunding. With only 8% of physicians serving 19% of the population, these inequities demand innovative solutions driven by bold and empathetic leadership. This article explores the pivotal role of leadership in addressing rural health challenges through strategies, such as mentorship, the use of mobile devices, and policy advocacy. Drawing from examples, like Northern Saskatchewan's telehealth initiatives and Marathon, ON's community-centred model, the analysis highlights traits essential for rural health care leaders, including adaptability, cultural humility, and clinical courage. Effective leaders prioritize equity, collaboration, and innovation, fostering interprofessional teamwork, enhancing rural training, and advocating systemic change. Recommendations include tailored service delivery, community engagement, and international knowledge exchange to develop sustainable, inclusive solutions. By empowering local leaders and integrating diverse perspectives, rural health care can transform into a model of resilience, ensuring equitable access to quality care for all.*

**KEYWORDS:** rural health disparities, leadership in health care, m-health innovations, health care equity



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Guaiana G. Leadership in rural health: from challenges to change. *Can J Physician Leadersh* 2025;11(1): 5-9. <https://doi.org/10.37964/cr24786>

Health inequities in rural Canada remain a pressing issue, shaped by disparities in access to care, workforce shortages, and suboptimal health outcomes. Geographic isolation (particularly for remote communities, such as many in the far north), socioeconomic disadvantages, and systemic underfunding exacerbate these disparities.<sup>1</sup> Only 8% of Canada's physicians work in rural areas, where about 19% of the population lives.<sup>2</sup> Rural populations tend to be older, sicker, and less affluent, further compounding these inequities.<sup>3</sup> In addition, perceived stigma from the health care system among people living in rural areas, may negatively influence access to care, leading them to avoid seeking help.<sup>4</sup> Lack of time and resources in rural health care may lead to fragmented communication and hinder effective health care delivery.<sup>4</sup>

Addressing these challenges requires bold, adaptive, and empathic leadership that combines vision with action. Leaders must inspire trust, motivate teams, and adapt to rapidly changing circumstances while addressing the unique struggles of rural communities. Solutions must be culturally sensitive, inclusive, and designed to foster collaboration, innovation, and equity. This article explores the critical role of leadership in addressing these inequities through strategies like mentorship, the use of mobile devices (m-health), and collaborative action.

## Leadership as a catalyst for change

Leadership is a pivotal force in transforming rural health care, providing the vision and drive needed to overcome systemic barriers. Effective leaders not only navigate resource constraints but also inspire teams to innovate and adapt. The Rural Road Map for action<sup>5</sup> exemplifies how leadership translates vision into measurable outcomes, guiding efforts through its four key directions:<sup>5</sup>

- **Building the rural health care workforce:** Leaders facilitate innovative recruitment and retention strategies, such as mentorship programs and financial incentives.
- **Enhancing rural training opportunities:** Leaders promote rural-focused medical education, including clerkships and residencies, to prepare future health care providers.

- **Fostering interprofessional collaboration:** Effective leadership encourages teamwork, optimizing resource use and improving patient outcomes.
- **Advocating systemic policy change:** Leaders champion equitable funding and infrastructure development to sustain rural health care delivery.

These priorities demonstrate that leadership is central to addressing the challenges of rural health care, requiring a commitment to equity, collaboration, and innovation.

## Traits and characteristics of effective rural leaders

Leadership in rural health care demands distinct traits and skills. Rural leaders operate under intense scrutiny in close-knit communities. Key traits include adaptability, conscientiousness, emotional intelligence, and resilience.<sup>6</sup> The notion of clinical courage further characterizes effective leadership, encompassing a willingness to step beyond formal training to address unmet needs in resource-constrained settings.<sup>7</sup>

Essential features of clinical courage include:<sup>7</sup>

- **Standing up to serve:** Taking responsibility in uncertain or high-stakes situations.
- **Navigating uncertainty:** Adapting to limited resources and ambiguous circumstances.
- **Providing collegial support:** Building networks of guidance and encouragement to foster resilience.

Leaders must also manage complex responsibilities, including resource allocation, financial sustainability, and stakeholder engagement. Cultural humility enhances their effectiveness, particularly in serving Indigenous communities, by fostering trust and ensuring culturally competent care.<sup>8</sup>

## Examples of leadership and innovations in rural health

Case studies illustrate the practical application of innovative solutions. For example, m-health in Northern Saskatchewan has improved access to specialists and streamlined care delivery for remote populations, particularly Indigenous communities.<sup>8</sup> By adapting m-health systems to local needs, leaders address challenges like broadband limitations and privacy concerns while ensuring culturally sensitive care.



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Similarly, the jurisdiction of Marathon, ON, demonstrates the value of community-centred leadership. Faced with a health care crisis in the mid-1990s, newly graduated family physicians implemented a team-based care model, reducing burnout and fostering continuity of care.<sup>9</sup> These examples highlight the transformative potential of leadership grounded in collaboration and cultural understanding.

Mentorship also emerges as a critical strategy. Programs like the Rural Outreach & Mentorship Initiative support early-career providers in navigating the unique challenges of rural practice, enhancing both recruitment and retention.<sup>10</sup> By modeling effective communication and advocacy, mentorship fosters leadership skills while mitigating professional isolation.

## **Broader strategies for rural health leadership**

The lessons from m-health, mentorship programs, and leadership studies underscore several key strategies for addressing rural health inequities. Collaborative recruitment is vital, emphasizing team-based approaches that foster a supportive work environment and reduce burnout. Targeted incentives, such as financial support and professional development opportunities, further enhance recruitment and retention efforts.

Innovation in service delivery is equally critical. M-health technologies bridge gaps in care, expanding access to specialists in remote areas. Leaders who champion these advancements ensure that solutions are sustainable and tailored to community needs. Community engagement remains a cornerstone of effective leadership. By integrating diverse perspectives and fostering cultural humility, leaders build trust and address health disparities while trying to ensure that health care services reflect local preferences.

Advocacy and policy change are essential to rural health leadership. Leaders should advocate equitable funding and infrastructure development, collaborating with local, regional, provincial, and federal agencies to address systemic barriers and try to ensure that rural communities are not left behind.

## Moving forward: a call to action

Transforming rural health care requires visionary leadership. Leaders should champion equitable resources, foster collaboration, and inspire innovation to address the distinct challenges of rural communities. Empowering local leaders, integrating diverse perspectives, and prioritizing sustainable solutions will allow the health care system to evolve to serve all populations effectively. Exchanging knowledge with other jurisdictions including other countries that have done this relatively well, such as Australia, is imperative.

With determination and collective effort, rural health care can become a model of resilience and inclusivity, ensuring equitable access to quality care for all.

## References

1. Key health inequalities in Canada: a national portrait. Ottawa: Public Health Agency of Canada and Pan-Canadian Health Network; 2018. Available: <https://tinyurl.com/2xyubhuk>
2. Quick facts on Canada's physicians. Ottawa: Canadian Medical Association; 2019. Available: <https://tinyurl.com/233cysw2>
3. Weeks WB, Chang JE, Pagan JA, Lumpkin J, Michael D, Salcido S, et al. Rural-urban disparities in health outcomes, clinical care, health behaviors, and social determinants of health and an action-oriented, dynamic tool for visualizing them. *PLOS Glob Public Health* 2023;3(10):e0002420. <https://doi.org/10.1371/journal.pgph.0002420>
4. Coombs NC, Campbell DG, Caringi J. A qualitative study of rural healthcare providers' views of social, cultural, and programmatic barriers to healthcare access. *BMC Health Serv Res* 2022;22(1):438. <https://doi.org/10.1186/s12913-022-07829-2>
5. Wilson CR, Rourke J, Oandasan IF, Bosco C. Progress made on access to rural healthcare in Canada. *Can J Rural Med* 2020;25(1):14-9. [https://doi.org/10.4103/CJRM.CJRM\\_84\\_19](https://doi.org/10.4103/CJRM.CJRM_84_19)
6. Doshi D. Improving leadership of health services in rural areas: exploring traits and characteristics. *Int J Healthc Manage* 2018;13(sup 1):183-91. <https://doi.org/10.1080/20479700.2018.1491168>
7. Konkin J, Grave L, Cockburn E, Couper I, Stewart RA, Campbell D, et al. Exploration of rural physicians' lived experience of practicing outside their usual scope of practice to provide access to essential medical care (clinical courage): an international phenomenological study. *BMJ Open* 2020;10(8):e037705. <https://doi.org/10.1136/bmjopen-2020-037705>
8. Leader J, Bighead C, Hunter P, Sanderson R. "Working on a shoestring": critical resource challenges and place-based considerations for telehealth in Northern Saskatchewan, Canada. *J Bioeth Inq* 2023;20(2):215-23. <https://doi.org/10.1007/s11673-023-10233-y>
9. Newbery S, Patel R. Lessons from Marathon: how to rebuild a broken health-care system. *Healthy Debate* 2023;19 June. Available: <https://tinyurl.com/3sm9u5j8>
10. Rohatinsky N, Cave J, Krauter C. Establishing a mentorship program in rural workplaces: connection, communication, and support required. *Rural Remote Health* 2020;20(1):5640. <https://doi.org/10.22605/RRH5640>

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