

# Off the Beaten Track: Trainee Reflections from Rural Scotland

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## Background

The unique rural and isolated landscapes of Scotland present particular challenges in relation to recruitment and retention of medical staff, an issue which is particularly described among rural General Practitioners<sup>1</sup>. A recent report into the psychiatric workforce in Scotland described current services as being in a 'perilous state', highlighting the need for reflection on the experience of trainees placed in rural locations<sup>2</sup>. According to Scottish Government statistics, around 17% of the population live in a rural area. This contrasts with 98% of the land mass being considered rural, suggesting significant population dispersion across the country<sup>3</sup>.

The authors are current psychiatry trainees in the West of Scotland region and have completed six months of a Core Training post independently in the same rural psychiatry placement in the Scottish Highlands (in 2018 and 2024 respectively). The authors are also brothers, which has contributed to shared life experience and aligned perspective on the subject matter.

The specific placement is a significant distance from the base hospital (over 2 hours by car), and the only feasible option is for temporary relocation to the area. Most resident doctors will move into the hospital accommodation on the grounds of the hospital.

## Aims

The authors aim to provide a reflective account of psychiatry training in a rural community hospital, focusing on the psychological and professional impact of working in this unique context.

We hope that some of these reflections resonate with other trainees working in psychiatry in remote areas across the United Kingdom. It is acknowledged that the experience of other doctors may be different, based on the variety of placements across the spectrum of rural hospitals.

## Methodology

A reflective narrative approach was used, drawing on key themes from the personal experiences of both authors. Psychodynamic theory was applied to consider unconscious defence mechanisms adopted in response to rural practice.

## Results

We considered key emerging issues, which were both positive and negative:

DISRUPTION OF ROUTINES AND DISPLACEMENT

RECORD KEEPING (USE OF PAPER NOTES OVER ELECTRONIC SYSTEMS)

ATTRACTION OF RURAL LIFESTYLE

ADAPTATION AND RESILIENCE

DISTINCT TRAINING OPPORTUNITIES PROMOTING PERSONAL GROWTH

OPPORTUNITIES TO EXPLORE NATURE

OVERIDENTIFICATION WITH PATIENTS (RURAL ISOLATION AND VULNERABILITY)

CHANGES IN SERVICE PROVISION AND ASSOCIATED CHALLENGES

In considering the implications of rural placements, such experiences may be particularly pronounced for international medical graduates (IMGs), a group who may face challenges such as discrimination, cultural adaptation and isolation<sup>4,5</sup>. When working in rural locations, these issues may be more pronounced which highlights the need for proactive institutional support.

We attended a weekly Balint Group, where many of these issues were brought for discussion. This group often focused on the unique aspects of rural working and by discussing our experiences, it prompted reflection on managing the emotional impact of our work. Psychological defence mechanisms play a vital role in how doctors manage the emotional demands of our work<sup>6</sup>.

## Conclusion

Rural psychiatry placements can allow for professional growth and resilience but also place significant psychological demands on trainees. Awareness of defence mechanisms and access to reflective practice, such as regular attendance at Balint Group, are essential in supporting the wellbeing of resident doctors in rural placements. The examples of defence mechanisms we identified are just some of the many unconscious processes which help us adapt to emotionally challenging situations.

We aim to highlight the importance of identifying and protecting vulnerabilities, improving resilience and ultimately reducing stress and burnout among trainees placed in rural locations. By addressing these needs, it can hopefully enhance service provision and recruitment and retention in rural settings, both of which are essential for future workforce planning in Scotland.

## DEFENCE MECHANISMS IN RESPONSE TO RURAL PRACTICE

### COMPARTMENTALISATION

- Situations where the boundaries of work and rest blur into one
- Living on site – internal difficulties in the hospital accommodation to shut off thoughts about stressful days at work
- Can lead to emotional suppression and a feeling that work related stress should be disregarded at 5pm, increasing risk of burnout

### SUBLIMATION

- Common theme of frustration and sense of lost autonomy (allocated distant working without choice)
- Potential negative feelings and unacceptable emotions channelled into constructive work
- More time to study for exams and portfolio development opportunities
- Important to consider how sublimation can conceal distress and underlying emotional strain
- Focus on healthier aspects outside the sphere of work (e.g. exploring the nature of the Scottish Highlands)

### HUMOUR

- Sense of isolation in unfamiliar rural environments gave rise to situations which could be stressful and outside our usual comfort zone
- Sense of camaraderie and shared solidarity among trainees who had been placed on this placement
- Tales of missed ferries, road closures and cars breaking down were met with laughter (protecting against the emotional impact of working in an unfamiliar environment)

### INTELLECTUALISATION

- Complexities of rural working brought situations e.g. complex patient's significant distances away from the hospital with geographical barriers (road closures, limited ferry options)
- Found ourselves getting caught up in 'problem solving mode' – thinking about contingency plans, reviewing emergency guideline and considering unique aspects of remote risk assessments
- Emotional distress was avoided by focusing on abstract and logical aspects of the situation
- Situation framed as a theoretical challenge – allows us to avoid direct confrontation of the emotional weight

## References

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