Attitude of would-be medical graduates toward rural health services: An assessment from Government Medical Colleges in Chhattisgarh

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ABSTRACT

Background: Understanding the attitude toward rural health care among future medical graduates, the health workforce of the near future, is an important exercise. Objective: The objective of this study is to understand the attitude of third year MBBS students in a Government Medical College of Chhattisgarh toward rural health services. Methodology: A cross-sectional study was conducted in 2014 using a semi-open-ended questionnaire. The analysis was primarily descriptive, and nonparametric test of significance was used. Results: Of a total of 293 students, 263 (89.7%) rated the current rural health services to be unsatisfactory. Nearly 44% students were willing to serve in the rural area. There was no statistical difference among willing and nonwilling 3rd year Part I students regarding willingness to join rural services but mostly not willing among 3rd year Part II. Majority (66.2%) were only willing to work in rural areas for <1 year. The oft-mentioned reason was reservation or added marks in postgraduate entrance examination by more than two-third respondents, “health services for the poor” by nearly two-third respondents and followed by “gain of knowledge about rural people and their diseases.” Nearly 10% would-be medical graduates perceived no apparent benefit. The greatest perceived disadvantage was “lack of infrastructural facilities” by more than 80% of the respondents, while “lack of education opportunities for children and basic amenities for family members” was a concern for nearly three-fourth of respondents. Less than half of the respondents thought that there were no career growth opportunities in rural practice. Conclusion: If the identified perceived factors of nonwillingness are taken care off, it would lead to a drastic increase in the number of doctors joining rural service. Not only that but also this would lead to more doctors staying in their position for a longer duration than currently mandated. This would require a relook at the preexisting health policies and adapting them accordingly to retain the services of rural health workers.

Keywords: India, medical graduates, rural health services

Introduction

The health sector in India faces multiple challenges due to the disparate geographic distribution of human resources. Manpower for health services has been described as “the heart of the health system in any country.”¹ The paucity of qualified health workers in rural areas is a critical challenge for India’s health sector. Health workers play a central role in ensuring the appropriate management of all aspects of the health system. National Rural Health Mission is facing several constraints; notable among these constraints is the insufficient deployment of human resources, especially doctors in the health institutions located in the rural areas. While there is a need of adequate manpower in health sector, it is widely skewed in terms of rural–urban distribution. The rural health system in India has long been disadvantaged by a shortage of health staff including doctors. India produces about 40,000 allopathic doctors in a year from 335 medical colleges recognized by the Medical Council of India,² but a substantial number prefers to practice in urban areas. There is a deficit of

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about 2866 (12%) MBBS doctors in the PHCs, the requirement being 23,887. Providing medical students with a rural clinical placement has been suggested as one strategy to overcome this shortage by Government of India. The views and perception toward rural health care among would-be medical graduates in India should be realized and is an important exercise, for they are the health workforce of the near future. Unless and until we understand their believes, attitude, and constraints regarding this issue, it is useless to take a unilateral policy decision. This will assist in identifying strategies to increase the quality and quantity of healthcare human resources available to underserved regions of the nation. Hence, a study was planned with an objective of understanding the attitude of medical students of final Part I and Part II in a Government Medical College of Chhattisgarh, toward rural health services during 2014.

Methodology

This cross-sectional study was performed with undergraduate student participants (final year Part I and Part II) from three recognized Government Medical Colleges of Chhattisgarh state in 2014. The 1st and 2nd year students were not enrolled willingly because of their less conscious decision about preferences after completion of MBBS as they are in their early phase of course. On the day of the survey, participants were explained about the purpose of the study, and questionnaire was thoroughly explained to the participants before distributing to everyone. Participation was voluntary, and anonymity and confidentiality of individual responses were assured. Those who agreed to were enlisted. A semi-open-ended questionnaire was developed by the authors using inputs from the literature which covered the following domains: (a) Background information of the respondent (sociodemographic, residence, and education of guardians); (b) their preferences on rural services after graduating and reasons for their choice; (c) respondent perceptions about working in rural areas. Open-ended responses were collated and coded into broad categories. The study questionnaire was pretested on a sample of medical students, and minor revisions were made based on the observations. The data were entered in Microsoft Excel. The analysis of the data using SPSS version 16 (SPSS Inc., Chicago, IL, USA) was primarily descriptive given the nominal nature of most of the data and limited sample size. Nonparametric test of significance was used to assess significance. A $P < 0.05$ was considered statistically significant.

Results

The total number of respondents was 293, comprising 56% from Part I and 44% from Part II. About 159 (54.3%) were males. Respondents’ mean age was 22.3 ± 1.3 years. More than 32% of the parents have completed postgraduate education or higher. Of the total students, 263 (89.7%) rated the current rural health services in India to be unsatisfactory. Among Part I students, 50.9% willing versus 49.1% not willing ($P < 0.05$), whereas among Part II student, 35.9% willing versus 64.1% not willing ($P > 0.05$). Overall, nearly 44% students are willing to serve in the rural area. However, among the students who are willing, the majority (66.2%) were only willing to work in rural areas for <1 year. Rural-background students were more likely to indicate willingness for rural practice. There was no significant association of the responses with gender.

All respondents were asked about potential benefits of working in a rural area [Table 1]. The most common benefit mentioned was reservation or added marks in postgraduate entrance examination by more than two-third respondents, “health services for the poor” by nearly two-third respondents, and followed by “gain of knowledge about rural people and their diseases.” Nearly 10% would-be medical graduates perceived no apparent benefit. Students whose family members served in rural areas have higher chances of willing to serve in rural area (44% willing vs. 22% nonwilling). In a subsequent question, students were asked about potential disadvantages of working in a rural area [Table 2]. The greatest perceived disadvantage was “lack of infrastructural facilities” by more than four-fifth of respondent, whereas “lack of education opportunities for children and basic amenities for family members” was a concern for nearly three-fourth of respondents. Less than half of the respondents perceive that there are no career growth opportunities in rural practice. A large proportion of student population (42.3%) believed the medical curriculum should be modified to make students more aware of the country’s needs, especially rural areas.

| Table 1: Perceived benefits for working in a rural area by would-be medical graduates from Chhattisgarh (n=293) |
|---------------------------------------------------------------|
| Perceived benefits for working in a rural area | n (%) |
| Benefits in PG reservation | 201 (69) |
| Health services for the poor/serving the country | 193 (66) |
| Gain knowledge about rural people and diseases | 135 (46) |
| Stress-free life | 122 (42) |
| Setting up of practice is easy | 44 (15) |
| Being respected as a doctor | 35 (12) |
| No benefit | 29 (10) |
| Multiple responses |

| Table 2: Perceived factors for nonwilling to work in rural area by would-be medical graduates from Chhattisgarh (n=293) |
|---------------------------------------------------------------|
| Perceived factors for nonwilling to work in rural area | n (%) |
| Lack of infrastructural facilities in health center | 246 (84) |
| Lack of education opportunities for children and family amenities | 220 (75) |
| Limited professional exposure | 122 (42) |
| Poor staying arrangement | 116 (40) |
| Lack of security | 116 (40) |
| Lack of recreational facilities | 109 (37) |
| Have to live away from own family | 54 (18) |
| Multiple responses |
Discussion

Of a total of 293 students, 263 (89.7%) rated the current rural health services to be unsatisfactory. Nearly 44% students were willing to serve in the rural area. There was no statistical difference among willing and not willing 3rd year Part I students regarding willingness to join rural services but mostly not willing among 3rd year Part II. Majority (66.2%) were only willing to work in rural areas for <1 year. The oft-mentioned reason was reservation or added marks in postgraduate entrance examination by more than two-third respondents, “health services for the poor” by nearly two-third respondents and followed by “gain of knowledge about rural people and their diseases”. Nearly 10% would-be medical graduates perceived no apparent benefit. The greatest perceived disadvantage was “lack of infrastructural facilities” by more than 80% of the respondents, while “lack of education opportunities for children and basic amenities for family members” was a concern for nearly three-fourth of respondents. Less than half of the respondents thought that there were no career growth opportunities in rural practice.

A primary reason cited by health officials for the distressing state of rural health care is the apparent unwillingness of physicians to take up rural health service. The perceived solution was deployment of fresh graduates in rural areas. One must understand the need of graduates, and then only it will increase the willingness to join rather than forcing them, which is currently in the process. We found that less than half of the medical students were willing to serve in rural areas. This division is marked more among Part II final year students. Similar findings were also observed from a study in Delhi and Haryana,[3] the reasons cited for nonwillingness are lack of infrastructural facilities in health center, lack of education opportunities for children and family amenities, limited professional exposure, poor staying arrangement, lack of security, lack of recreational facilities, and have to live away from own family. This is corroborated with other findings observed in the literature.[5,6]

In armed forces, doctors are joining in large and serving in most hard to reach area, in hostile conditions, braving all adverse situation, and even bearing staying disconnected with their family. But still doctors are willing to work at such conditions and not in rural areas, the reason for which must be sought for. Those in armed force get a better infrastructure to work; they are ensured that their families are safe in residential quarters and their children are getting best education in schools by army. While doctors are forced to work in rural areas without medicines, instruments, and other infrastructure, they were expected to give proper treatment. Added to these, governments do not take responsibility of their families and children for better amenities and education. Our article somewhat found those issues reflected. For rational deployment of doctors in rural areas, their perceived demands must be understood. In our study, a promoting factor was reservation in postgraduate examinations. Similar experience was shared from Andhra Pradesh also.[9] Findings similar to our study were expressed by as “while financial and educational incentives attract doctors and nurses to rural postings, they do not make effective retention strategies. Frustration among rural health workers often stems from the lack of infrastructure, support staff, and drugs, a feeling exasperated by local political interference and lack of security. Mundane issues such as lack of water, electricity, education facilities for children, and connectivity increase dissatisfaction, while a primary care job commands little respect.”[7] These issues are not only hold true for India but also for other nations too.[8,12] Involvement of young doctors in the rural health services of India must be a priority and worked out.[13]

Limitations

The study was restricted to only one state and not representative of pan India. However, a literature review reveals similar findings. Another limitation being a cross-sectional study, the future change of behavior or persistence is not captured here. Moreover, stated rural preferences were most likely based on general perceptions rather than a thorough understanding of the future prospect. Moreover, most of the medical students in the study had little exposure to rural areas, which limited their ability to contextualize a rural job and its attributes.

Conclusion

A careful analysis of the situation is required to find medium to long-term solutions to this problem. Understanding attitude of medical students and would-be graduates toward rural health services is very important. If the identified perceived factors of nonwillingness are considered, it would lead to a drastic increase in the number of doctors joining rural service. Not only that but also this would lead to more doctors staying in their position for a longer duration than currently mandated. This would require a relook at the preexisting health policies and adapting them accordingly to retain the services of rural health workers. The true measure of the success can only be seen in the long run with increasing inclination toward rural practice among medical students.

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Conflicts of interest

There are no conflicts of interest.

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