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### Original Article

# A study on career preferences and attitude towards the rural health services among the graduating interns of a medical college in Bangalore rural.

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#### ABSTRACT

**Background:** There is uneven distribution of health workers in India across the country. This scarcity is due to both the disinclination of qualified private physicians to work in underserved areas and the inability of the public sector to adequately staff rural health facilities. **Objectives:** 1. To assess the career preference of graduating interns. 2. To assess the attitude of interns towards the rural health services. **Methods:** Total 75 graduating interns were interviewed using a pretested questionnaire. The questionnaire included their career preferences on graduating and reasons for their choice; respondent perceptions about working in rural areas. **Results:** All the interns were aspiring for post-graduation seats. Not a single intern wanted to practice with MBBS degree. Only 33 interns (44.00%) would like to serve in rural areas. only 7 (9.33%) interns wanted to settle permanently in rural areas and serve rural people. **Conclusions:** The attitude of interns towards the rural service is not favourable. All the interns were aspiring for post-graduation seats.

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### 1. Introduction

India's health workforce has a diversity of health workers offering health services in several systems of medicine. According to the National Occupation Classification (NOC) providers of allopathic health services broadly include doctors (general and specialists), dentists, nurses, midwives, pharmacists, technicians, optometrists, physiotherapists, nutritionists, sanitarians and a range of administrative and support staff[1].

Physicians and surgeons trained in Indian systems of medicine- Ayurveda, Yoga, Unani, Sidha - and Homeopathy, collectively known as AYUSH, are also important health care providers. In addition, there are community health workers and practitioners of traditional medicine and faith healers. A large number of informal medical practitioners, commonly called RMPs (Registered Medical Practitioners), constitute a substantial part of the health workforce.

Estimates based on the Census suggest that the combined density of allopathic doctors, nurses and midwives (11.9) is about half of the WHO benchmark of 25.4 workers in these categories per 10,000 population for achieving 80% attended deliveries by skilled personnel in cross-country comparisons[2].

There is uneven distribution of health workers in India across the country. In general, the north-central states, which are among the poorest in terms of both their economy and health, have low health worker densities. The distribution of health workers is highly skewed in favour of urban areas with around 60% of the health workers present there. The density of allopathic doctors is four times larger in urban compared to rural areas. AYUSH doctors also have a stronger presence in urban compared to rural areas [3]. However, the distinction between public and private sector is not always clear since, for instance, public sector doctors often indulge in private practice. Many rural and poor urban Indians receive curative care from unqualified providers due to the scarcity of qualified physicians in these areas [4, 5].

This scarcity is due to both the disinclination of qualified private physicians to work in underserved areas and the inability of the public sector to adequately staff rural health facilities. Latest

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government estimates indicate that currently 18% of the PHCs are without a doctor. Specialist allopathic doctors are particularly in short supply in the public sector with 52% of the sanctioned posts of specialists at CHCs vacant [6].

There are several reasons for the scarcity of qualified health workers in rural areas. The opportunity to earn a better income, to utilize skills, good living conditions, education opportunities for children and safe working and living environments are other important job attributes which tilt the balance in favour of urban location [3].

Furthermore, for many medical graduates the desire for post-graduate specialization dissuades them from entering the job market and thereby the possibility of rural posting in the public sector [7].

Once they have specialized, government employment and rural service is not attractive. Once students specialize there is little incentive or inclination to serve in a primary care setting or in a rural area.

A notable development in India is the provision of primary care services by AYUSH doctors and clinical care providers with a short duration of training. In keeping with the National Health Policy 2002 and NRHM guidelines to mainstream Indian Systems of Medicine into primary care, AYUSH doctors are being deployed at PHCs as a second medical officer, the first one being the MBBS doctor. AYUSH physicians are recruited on contract and have either an under-graduate or post-graduate degree in a particular Indian system of medicine or homeopathy. AYUSH practitioners in government service undergo some training in allopathic medicine, particularly in the control and treatment of diseases covered in the national disease control programs (e.g. TB, malaria, leprosy, and blindness) and vaccinations [8].

#### Objectives:

1. To assess the career preference of graduating interns.
2. To assess the attitude of interns towards the rural health services.

#### Methodology:

The study was conducted among the graduating interns in a tertiary care hospital. Total 75 interns were interviewed. A pretested questionnaire was prepared and circulated among the interns. The questionnaire included their career preferences on graduating and reasons for their choice; respondent perceptions about working in rural areas. The data was analysed manually using percentages.

#### Result

Total 75 interns participated in the study group. There were 30(40.00%) male interns and 45(60.00%) female interns who were interviewed.

All the interns were aspiring for post-graduation seats. Not a single intern wanted to practice with MBBS degree. The career preference stated by the interns for post-graduation is shown in table 1.

**Table 1: Career preference of interns according to the subject**

Parameters	Cut off values
Medicine	20(26.67%)
Surgery	14(18.67%)
Obst&Gynaecology	10(13.33%)
Dermatology	6(8.00%)
Orthopaedics	5(6.67%)
Paediatrics	5(6.67%)
Any clinical subject	12(16.00%)
Psychiatry	1(1.33%)
Ophthalmology	1(1.33%)
Community medicine	1(1.33%)

Of the 75 interns, only 33(44.00%) would like to serve in rural areas. Only 7 (9.33%) interns wanted to settle permanently in rural areas and serve rural people. 15(20.00%) interns were willing to serve only for 1 year and 11(14.67%) interns for maximum of 2 yrs.

Most common reason for willingness to serve in rural area was to gain experience (24%). There were 2 (2.67%) respondents who wanted to serve rural health services only because of the reason that after few years of service they would have post-graduation opportunities. There were only 2 (2.67%) interns who would opt government rural health services as job security is there.

**Table 2: Reasons for not preferring to work in rural areas**

No clinic infrastructure	21(28.00%)
No living facilities	21(28.00%)
No Physical work environment	18(24.00%)
No connectivity	17(22.67%)
No career growth opportunities	17(22.67%)
No security	10(13.33%)
No social life	8(10.67%)
No mentoring staff	8(10.67%)
No recognition for work	7(9.33%)4
No children's development	(5.33%)3
No prestige of the job	(4.00%)2
No sense of fulfilment	(2.67%)2
Workload	(2.67%)

[Multiple Response]

## Discussion:

All the participants wanted to go for post-graduation studies. They were inclined to clinical subjects rather than other preclinical and Para clinical subjects. The discrimination for Para clinical and preclinical subjects from clinical subjects starts at this time when they give post-graduation entrance examinations. They underestimate these fields as they think that clinical field is more challenging, more lucrative and with more job satisfaction. Nobody wanted to practice with MBBS degree. Among all the interns only 44% wanted to serve the rural areas. There were 15 (20.00%) interns who wanted to serve rural area only for one year, 11 (14.67%) interns for a maximum of 2 years. Only 7 (9.33%) were willing to settle permanently in rural areas.

The participants who wanted to work in rural areas temporarily for 1 or 2 years, wanted to do it so for the sake of getting experience and they wanted to help the rural people. Similarly in a study by Wandira G and Maniple E, of the students who indicated why they would want to work in rural areas, more than a half of them (52%) would do so because of they feel they should help the vulnerable rural population. The next commonest reason was to acquire experience and skills (38%) while the least (30%) was because of low cost of living [9].

Among the interns who were willing to settle permanently in rural areas, 4 (5.33%) interns had a rural background. They felt that working in government for rural health services has job security and also in-service post-graduation opportunities. Similarly in a study by Samy A. Azer, David Simmons and Susan L. Elliott, all students from a rural background expressed a desire to work as a doctor in a rural hospital after completing postgraduate training [10]. Therefore, the medical colleges should aim at recruiting students from rural background or should have reservation seats for rural students.

There were majority (56 %) of the interns who did not want to serve rural areas. Similarly in a study, almost half (49.7%) of all the respondents did not intend to work in rural health units after training [9].

The most common reasons given were no clinic infrastructure (drugs and equipments), no physical work environment, no living facilities (good housing, water, electricity, malls etc.), no connectivity, no career growth opportunities, no social life, no security, and no mentoring staff. Some interns also commented that there is no recognition and prestige of the job, no sense of fulfilment and job satisfaction.

The rural doctors have a low image among the medical fraternity. Their perception is that rural postings are taken up by those who are left with no other option, i.e. to specialize further or work in an urban area [11].

Further, the strong desire to specialize, and there is intense competition for the limited post-graduate seats, leads students to

utilize the compulsory internship period, which is meant to strengthen clinical skills, for studying for post-graduate entrance examinations [12, 13].

The interns felt that they are incapable of handling patients alone even after successful completion of internship programme for 1 year. One study noted that students do not learn enough about the common infectious diseases or problems of child and maternal health [14]. Hence the curriculum of MBBS degree needs to be revised and students need to be exposed to field based training, more practical based learning and demonstrations. Also, training of interns for a period of 2 years instead of short 1 year programme is recommended with major exposure in primary health care.

## Conclusion:

This geographical mal-distribution of health workers within countries can be addressed by recruitment of rural students into rural medical colleges, scholarships for rural students, obligatory service of medical graduates in rural and tribal areas, rural health training for undergraduate and postgraduate training, financial incentives or compensatory payments for service in rural areas.

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