

Factors Affecting Willingness of Doctors to Work in Rural Areas

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ABSTRACT

Background: This study aimed to explore the factors affecting the willingness of doctors to work in rural areas. It aims to understand the approach of young doctors in Multan towards serving in rural areas and to dig out their apprehensions and expectations regarding this issue to make recommendations for betterment in future.

Objective: Its objective is to assess the willingness of physicians to work in rural areas. To determine the factors influencing the decision of physicians to serve in rural areas. To find suggestions that can improve the retention of doctors in rural areas.

Methods: A descriptive cross-sectional study was carried out among 120 doctors working at Nishter Hospital Multan. Doctors working at Nishter hospital including House officers, Postgraduate trainees, Medical officers. The data was collected using structured questionnaire in the form of google response forms. The results were analyzed statistically.

Results: Out of 120 doctors, 30 % showed positive attitude and were willing to work in rural areas. 45.8 % showed neutral attitude. 24.2 % showed negative attitude and were not willing to work in rural areas. This study concludes that most of our doctors showed neutral attitude. **Conclusion:** A considerable proportion of doctors were unwilling to go and work in rural areas. They however, suggested that improvement in opportunities for further studies and living conditions for

doctors in rural areas would help in retention of doctors in rural areas

Introduction

Unequal geographical distribution of health resources and professionals is a challenge throughout the world, both in under developed and developing nations. Although half of the world population resides in rural areas, yet only a quarter of the world's physicians are available in these areas. The disparity of doctor-population ratio in rural and urban settings is less conspicuous in developed countries. In the case of US, 20% of the population resides in rural areas and is served by 9% of the registered physicians. According to a study in New Zealand, only 8% of medical trainees preferred the option of serving in rural areas.

In developing countries the contrast between urban and rural distribution of the health workforce becomes even sharper because of the lesser total number of doctors available. Sub-Saharan Africa has only 2 doctors per 10 000 people, compared with approximately 30 physicians per 10 000 people in high-income countries. The situation exacerbates by rural to urban migration of professionals. The Economic Survey of Pakistan 2015 endorses the fact that the availability of doctors is 1 per 1073 persons and health infrastructure is clustered mostly in urban areas. Staff shortages are

particularly stark outside large cities especially in rural areas.

Several countries have introduced incentives to retain doctors in rural settings. In India, doctors are being offered financial incentives, accommodation, life insurance, and extra marks during PG admission for retention of doctors in under-served localities. Similarly in Bangladesh a provision for rotation in rural areas is in place along with a financial incentive of an additional 33% of the basic salary. Indonesia offers placement schemes for strategic health workers and contracted staff, combined with an incentive scheme.¹

In Pakistan the Government of Punjab recognizes the shortage of health workers in rural areas and particularly of WMOs. In order to retain doctors in rural areas, those working in rural areas are given financial incentives and recently it has been announced that extra marks will be awarded to those PGTs with experience of work in primary healthcare settings and applying for paid seats in teaching hospitals.

Worldwide studies indicate that several factors dictate the choice of area for a job such as marital status, income, surroundings, cooperation with colleagues and prospects for career development. The shortage of health professionals in rural areas cannot be overcome unless the reservations and expectations of health staff are addressed. This study aims to understand the approach of young doctors in Gujranwala towards serving in rural areas. It aims to dig out their apprehensions and expectations regarding

this issue to make recommendations for betterment in future.

Objectives of Study

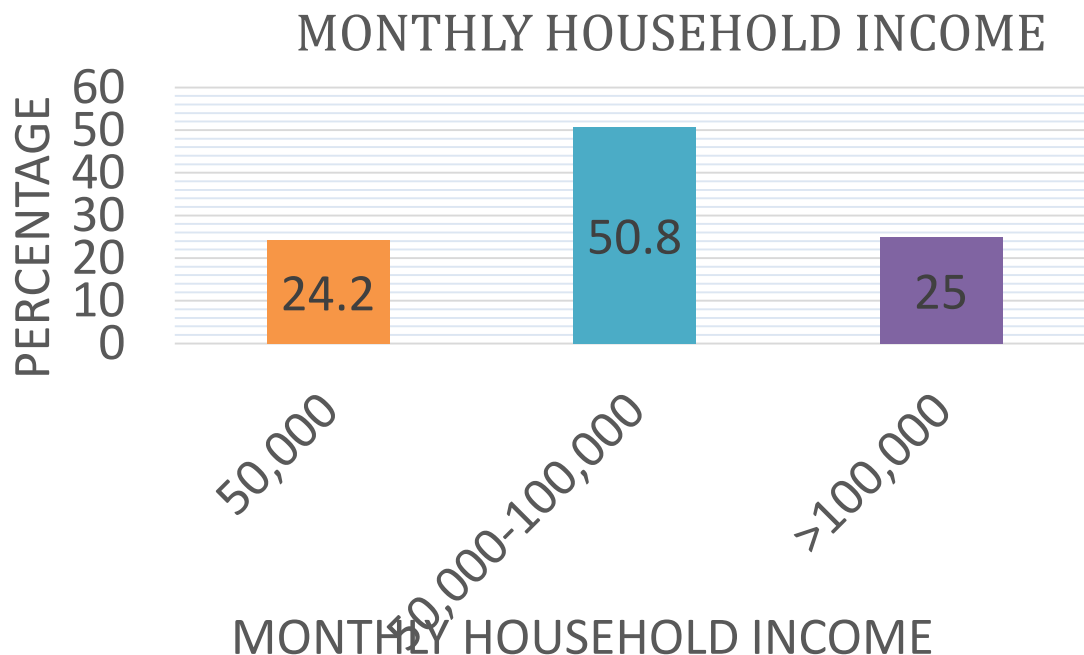
- To assess the willingness of physicians to work in rural areas.
- To determine the factors influencing the decision of physicians to serve in rural areas.
- To find suggestions that can improve the retention of doctors in rural areas.

Subjects and Methods

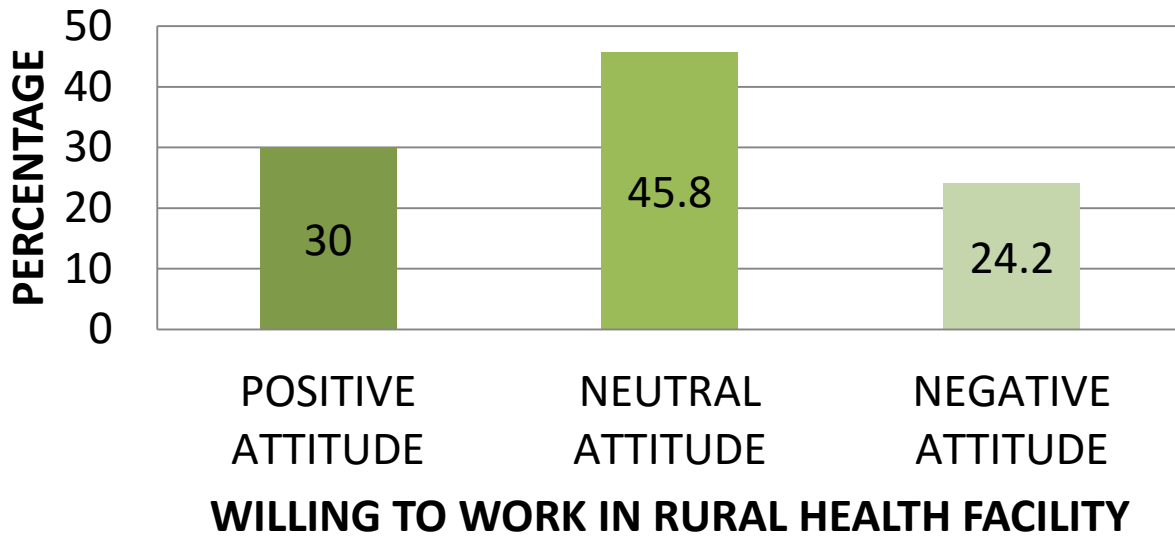
- Study Design:
Cross-sectional descriptive Study.
- Study Site:
Nishter Hospital Multan.
- Study Population:
Doctors working at Nishter hospital Including House officers, Postgraduate trainees, Medical officers.
- Sample Size:
120 Doctors.
- Inclusion Criterion:
People having completed their MBBS and registered with Pakistan Medical and Dental Council.

- Exclusion Criterion:
People planning to leave Pakistan to work abroad.
- Sampling Technique:
Convenience Sampling (Non-Probability Sampling).
- Data Collection Tool:
Structured Questionnaire.
- Data Analysis:
SPSS - 21
- Ethical Considerations:
Consent was taken
Anonymity was ensured
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Structured Questionnaire.
- Data Analysis:
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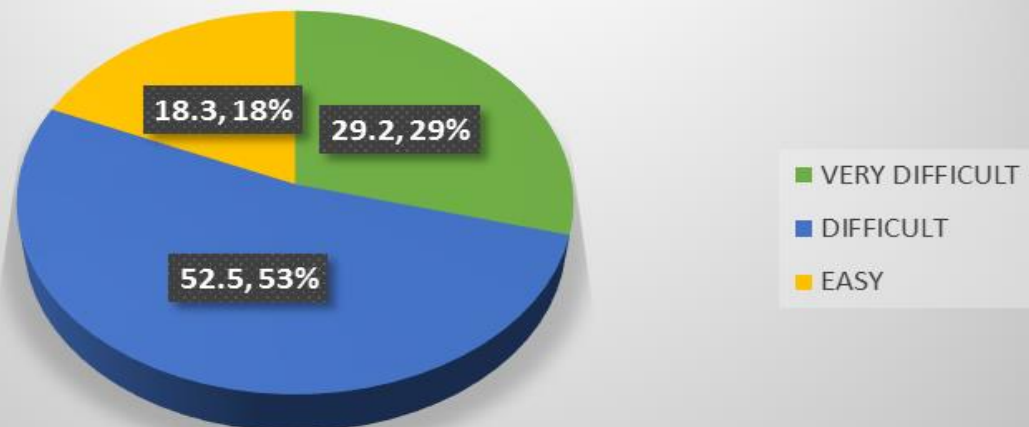
RESULTS



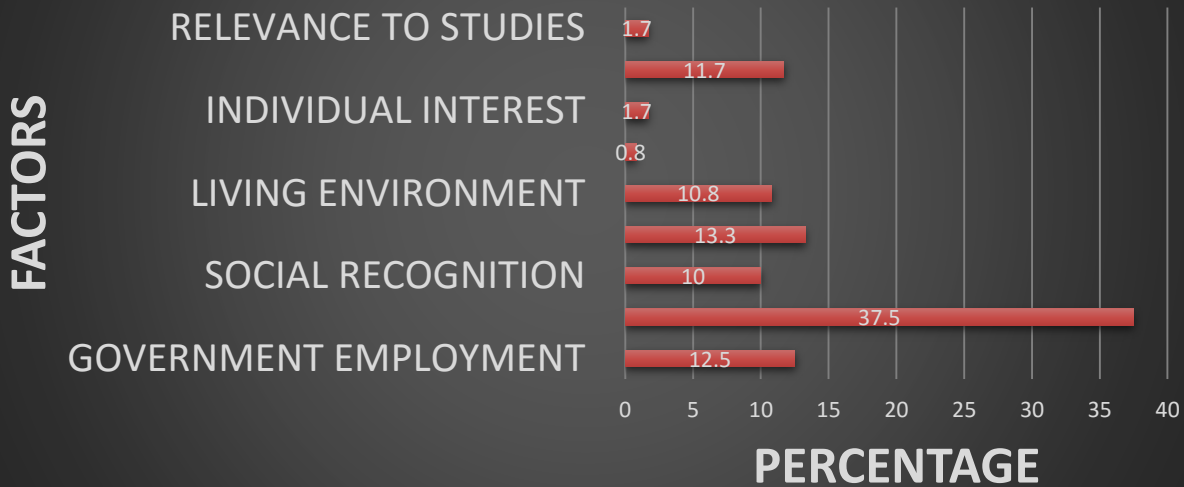
WILLING TO WORK IN RURAL HEALTH FACILITY



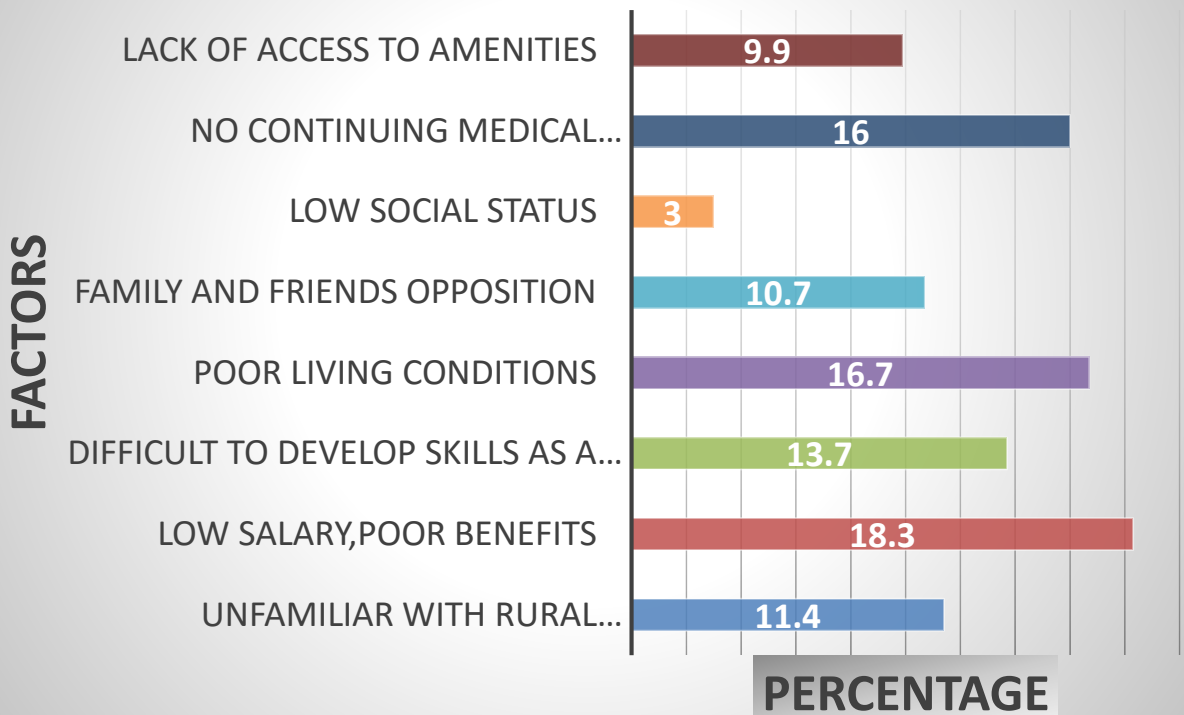
HOW DIFFICULT IT WOULD BE TO FIND A JOB IN PAKISTAN



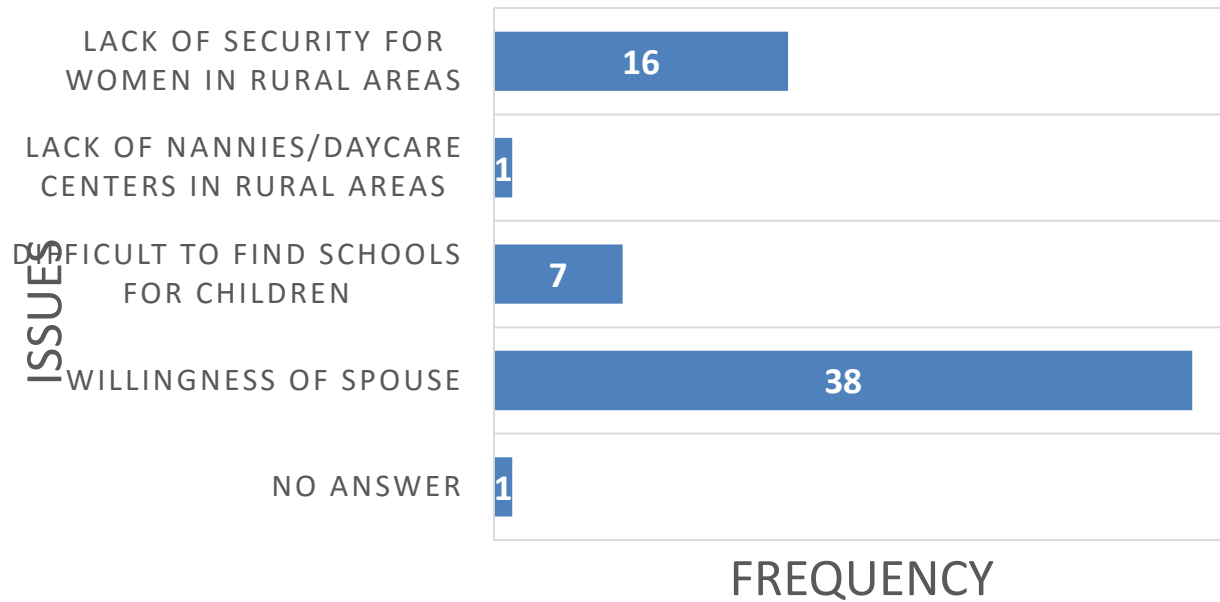
GREATEST FACTOR IN DECIDING URBAN VS RURAL CHOICE



FACTORS PREVENTING YOU FROM ACCEPTING A POSITION IN RURAL HEALTH FACILITY



MOST IMPORTANT ISSUE FOR A LADY DOCTOR WORKING IN RURAL HEALTH FACILITY



Discussion

- Overall, 30% respondents showed a positive attitude regarding work in a remote area. 45% were neutral and 24% displayed a negative attitude. This trend was higher than that found in a study in New Zealand (8%), but lower than that seen in India where 44% showed a positive attitude.
- Personal career development was considered the single most important factor (37%) in making a choice between rural and urban setting. A study done in

India exhibited a similar trend where 44.5% considered career growth and 26.8% stated higher education prospects to be better in urban settings and consequently chose urban area for employment.

- In our study, among the facilitating factors were passion to serve the people (18.1%) and the prospect of increased time to prepare for exams (16%). This had a similarity with another research where out of the 55.4% of students who stated that they were likely to or definitely would work in an under-served area, mostly due

to strong intrinsic motivation (desire to serve, pay back etc.) However, close proximity to home was the most important factor for 22% of the respondents in another research.

- In our study 18.3% people considered low salary and poor benefits as another significant factor preventing them from accepting a job in a rural facility although in Australia and India, factors other than salary eg, living conditions, professional growth etc seemed to have a greater decisive influence.
- 27% of the respondents suggested that the government should improve facilities in the rural setups and 21% advised increasing the salary to improve retention in remote areas. For female doctors willing to work in a rural environment, willingness of spouse (31%) was the most important issue. This is consistent with other researches that show that female health professionals are more likely to work where their husbands are deployed.

Conclusion

A considerable proportion of doctors were unwilling to go and work in rural areas. They however, suggested that improvement in opportunities for further studies and living conditions for doctors in rural areas would help in retention of doctors in rural areas.

Recommendations

- Better financial packages should be provided which would appeal the doctors to work in rural areas.
- Rotations of postgraduate trainees in rural areas should be mandatory for a specific period of time.
- Experience certificates/awards should be issued to those working in rural environment, which should be considered as a privilege for further jobs.
- Basic living necessities should be provided to doctors living in rural areas.
- Those from rural background should be allocated special quotas.

Limitations of Study

Very short time was allocated for data collection

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Questionnaire

- **Demographic Profile**

1. Age:
2. Gender: Male/ Female.
3. Place of Birth: City/ Village.
4. Year of Medical College:
5. Monthly household Income: a) Rs. 50,000 b) Rs. 50,000-100,000 c) >Rs. 10,000.
6. Finance for medical studies: a) Parents b) Family c) Loans
7. Have you ever lived in a rural area for longer than 3 months? Yes-----No-----

- **Attitude:**

1. I am very willing to work in a rural health facility.



2. I am willing to work in a rural health facility.
3. I will consider working in a rural health facility if I cannot find a job.
4. I will not go to work in a rural health facility even if I cannot find a job.

• **Where do you expect to work after completion of House Job :**

- a) In Pakistan? _____ If yes Where? a) In a city b) In a village.
- b) Abroad _____

• **Job concerns:**

1. How difficult it would be for me to find a job in Pakistan after MBBS:

- a) Very difficult
- b) Difficult
- c) Easy

2. For me, the Factor of greatest Influence in making a Rural Versus Urban choice for place of work is:

- a) Government employment
- b) Personal career development
- c) Social recognition
- d) Family support
- e) Living environment
- f) Favorable govt. policy
- g) Individual interest
- h) Salary and benefits
- i) Relevance to studies.

3. How would you grade your knowledge of the status of the rural health system:



- a) Little
- b) some
- c) Sufficient

4. Which of the following are important in preventing you from accepting a position in a rural health facility?

- a) Unfamiliar with rural conditions
- b) Low salary, poor benefits
- c) Difficult to develop skills as a doctor
- d) Poor living conditions
- e) Family and friends' opposition
- f) Low social status
- g) No continuing medical education facilities.
- h) Lack of access to amenities (shopping, sports, recreation, etc).

5. Which of the following are important factors in facilitating you to accept a position in a rural health facility?

- a) Close to home
- b) Favorable policy
- c) Obtain community experience for a better job later.
- d) Lower working pressure
- e) No opportunity to find a suitable job.
- f) Time to prepare for examination (e.g. FCPS – I, USMLE, etc.)
- g) More opportunities to practice, greater potential in rural areas
- h) Want to serve my country and people.



6. If you are a lady doctor, what is the most important issue if you are given a job in a rural health facility:

- a) Willingness of spouse
- b) Difficult to find schools for children.
- c) Lack of nannies/ day care centers in rural areas.
- d) Lack of security for women in rural areas.

8. Suggest one single action the government can take to provide incentive for doctors to work in a rural health facility.