# Comparative attitude and plans of the medical students and young Nepalese doctors

Lakhey M1, Lakhey S2, Niraula SR3, Jha D4, Pant R4

<sup>1</sup>Associate Professor of Pathology, <sup>2</sup>Associate Professor of Orthopaedics, Kathmandu Medical College, Sinamangal, Nepal<sup>3</sup>, Assistant Professor of Community Medicine, BPKIHS, Dharan, <sup>4</sup>House Officer, Kathmandu Medical College, Sinamangal, Nepal

## **Abstract**

**Introduction**: Many doctors are leaving Nepal to work abroad. To understand this problem better, we decided to study the attitude and plans of young doctors and medical students.

**Materials and methods**: This cross-sectional study was conducted at Kathmandu Medical College involving 65 first-year medical students, 100 interns and 100 house officers. The data collected was entered in Microsoft excel and analysed by SPSS (Statistical Package for Social Sciences) programme. Chi-square test was used to compare two proportions. Significance level was set at 5%.

**Results**: Only 2% house officers said that their job prospects were excellent as compared to 22.4% of students, whereas 20% house officers as compared to 9% students thought job prospects in Nepal were poor (p= 0.003). Eighty two percent of students thought that a doctor's service to his country was very important as compared to 51% of interns (p=< 0.001) and 58% of house officers. Forty percent of students, 58% of interns and 48% of house officers (no statistical significance between the three groups) planned to migrate to a developed country after graduation. Eighty eight percent of students, 89% interns and 74% of house officers (no statistical significant differences between the three groups) were of the opinion that improving career opportunities or working environment of the doctor could make the profession more

**Conclusion:** Although majority of students, interns and house officers were of the opinion that a doctor's service to his community/country was very important, almost half of them still planned to migrate to a developed country after graduation. Improving the chances of professional advancement and professional working environment can make the profession more attractive, and therefore, may decrease this tendency for brain drain from our country.

**Key words:** Attitude, medical students, migration, young doctors, statistical significance.

Nepal is facing a serious brain drain problem in all professions. Doctors are no exceptions. Many young, graduate Nepali doctors often migrate to United States, United Kingdom and Australia, which are the major destinations of migrating doctors of at least 141 countries in the world<sup>1</sup>. This continues to deprive our country of much needed manpower to take our country forward in the field of healthcare. To understand the problem of brain drain involving young doctors, we decided to study the attitude and plans of medical students and young doctors.

## Materials and methods

This cross-sectional study was conducted at Kathmandu Medical College and Teaching Hospital. Sixty five first-year medical students, 100 interns and 100 house officers were administered a questionnaire with closed ended questions to determine their professional attitude and future plans. Only one answer could be marked for each question. The forms were collected within an hour

and checked to see whether all required answers were appropriately marked. The data collected was entered in Microsoft Excel and analysed by SPSS (Statistical Package for Social Sciences) programme. Chi-square test was used to compare two proportions. Significance level was set at 5%.

## Results

Most of the students, interns and house officers have joined the course to make a career for themselves rather than with the intention of making money, fulfilling their parents' wishes or serving people.

## Correspondence

Dr. Mamta Lakhey
Assoc. Prof. and Consultant Pathologist
Department of Pathology
Kathmandu Medical College,
Kathmandu, Nepal
E-mail: slakhey64@yahoo.com

Kindness, caring nature, availability and technical competence were considered to be more important qualities of a doctor rather than a pleasant, dynamic or impressionable personality by most of the students, interns and house officers alike.

The vast majority of students, interns and house officers alike were of the opinion that good physical looks and appearances along with smart conservative dress code increased the professional credibility of the doctor.

The perception of great difficulty of the MBBS course decreased from 61.2% among students to 42% among interns and subsequently to 10% among house officers. These differences between the three groups were statistically significant between the three groups (p  $\leq 0.001$ ).

Although majority of students (95.5%), interns (91%) and house officers (72%) thought they would be doing post graduate studies, there was statistically significant difference in opinion between students and house officers (p=0.001) and intern and house officers (p=0.004).

Majority of students (82.1%), interns (51%) and house officers (58%) thought that a doctor should attach a

lot of importance to service to his/her community and country. The difference of opinion between students and interns was statistically significant ( $p \le 0.001$ ).

Sixty four percent of students, 50% of interns and 36% house officers were of the opinion that job/career prospect of doctors in Nepal were excellent to good. The difference of opinion between students and house officers was statistically significant (p=0.003).

The vast majority of students, interns and house officers believed that the professional income of doctors should be high or very high. There was no statistical significant difference of opinion between the three study groups.

Twenty two percent of students, 26% of interns and 46% of house officers were either unsure whether the course was or will be worth the effort or were certain that it was not worth the effort. The difference of opinion was not statistically significant between the three study groups.

Eighty eight percent of students, 89% of interns and 74% of house officers were of the opinion that improving career opportunities or working environment of the Nepali doctor could make the profession more attractive. The difference of opinion regarding this in the three groups was not statistically significant.

Table 1: Questions on Quality of a doctor

	Student (S)	Intern (I)	House Officer(HO)	P Value			
				S Vs. I	S Vs. HO	I Vs. HO	
What do you think are the most important qualities in a doctor?		ı					
He must chiefly be technically and knowledge wise perfect.	11.9	25.0	32.0				
He must be kind, caring and always available.	7.5	9.0	44.0	0.740	<0.001	<0.001	
He must be kind, caring but also technically competent.	73.1	64.0	18.0				
He must be pleasant, dynamic and impressionable.	7.5	2.0	6.0				

## $Continuation\ of\ Table\ 1$

What kind of doctor do you want to be?							
A doctor who gives more importance to his professional than personal life.	10.4	11.0	42.0				
A doctor who gives more importance to personal than professional life.	1.5	3.0	16.0	0	.906	<0.001	<0.001
A doctor who tries to balance his personal and professional life.	85.1	84.0	40.0				
A doctor who gives more importance to achieving high social status and finances.	3.0	2.0	2.0				
How much importance should a doctor attach to service to his/her community/country?							
Very much	82.1	51.0	58.00				
To some extent	14.9	44.0	30.00		< 0.001	0.013	0.123
Not important	3.0	5.0	12.0				

 Table 2: Questions on Expectations and Plans of students/doctors

	Student (S)	Intern (I)	House Officer(HO)	P Value			
			•	S Vs. I	S Vs. HO	I Vs. HO	
Why did you join up for the MBBS course?						·	
To make a career	74.63	68.00	58.00		0.170	0.179	
To serve people	13.43	15.00	30.00	0.794			
To make money	4.47	7.00	4.00	0./94	0.170		
To fulfil parent's wishes	7.46	10.00	8.00	1			
How difficult do you think the MBBS course is?							
Very much	61.2	42.0	10.0			<0.001	
To some extent	38.8	39.0	34.0	0.001	< 0.001		
Not difficult	0	11.0	38.0	0.001	<b>\0.001</b>	0.001	
Easy	0	8.0	18.0				
What should be a doctor's professional income / pay?							
Very high	11.9	19.0	34.0		0.003	0.047	
High	67.2	63.0	40.0	0.270			
Average	13.4	15.0	24.0	0.379			
Not important	7.5	3.0	2.0	]			

## Continuation of Table 2

What do you think is a doctors job/career prospects in Nepal?						
Excellent	22.4	6.0	2.0		0.003	0.204
Good	41.8	44.0	34.0	0.014		
Fair	26.9	40.0	44.0	0.014		
Poor	9.0	10.0	20.0			
Will you be doing post – graduate studies?						
Yes	95.5	91.0	72.0		0.001	0.004
No	0	1.0	10.0	0.369		
I don't know	4.5	8.0	18.0			
Do you plan to migrate to a developed country after graduation?				<u>'</u>		
Yes	40.3	58.0	48.0			
No	41.8	24.0	26.0	0.038	0.192	0.428
I don't know	17.9	18.0	26.0			
Who do you think should your spouse be?						
A doctor	43.3	30.0	48.0		0.769	0.122
Other professional	37.3	50.0	32.0	0.122		
Non professional	1.5	6.0	4.00	0.123		0.122
Don't know	17.9	14.0	16.0			
Do you think this MBBS course will be worth the effort?						
Yes	77.6	74.0	54.0			0.033
No	10.4	12.0	16.0	0.868	0.20	
I don't know	11.9	14,0	30.0			
How do you think a doctor's profession can be made more attractive?						
By increasing the salary	10.4	9.0	16.0		0.077	
By improving the chances of professional / career advancement	49.3	36.0	32.0	0.212		0.072
By improving the professional/ working environment	38.8	53.0	42.0	0.313		
Others	1.5	2.0	10.0			

## Discussion

This study showed a decreasing trend among medical students, who gradually go on to become interns and then house officers, to join the MBBS course to serve people and an increasing trend to join the course to make a career for themselves. Thirty percent of house officers had joined the course to serve people as compared to 15% of interns and 13.43% of students. Seventy-four percent (74.63%) of students had joined the course to make a career as compared to 68% of interns and 58% of house officers.

The MBBS course requires a lot of hard work and discipline. Medical students undergo tremendous stress during their time as students<sup>2</sup>. It is interesting to note that the perception of great difficulty of the course decreases from 61.2% amongst students to 42% in interns and 10% in house officers. These differences between all three groups are statistically significant. Thus, what was considered as a very difficult course may appear to be less so with passage of time.

Availability of the doctor to the patient at all times is seen as an important quality of a doctor among house officers although kindness and caring nature are cited as important qualities by students, interns and house officers alike. Professional competence is seen as only one of the important qualities of a good doctor.

A large majority of students, interns and house officers alike think that good physical looks and appearances along with smart conservative dress code increases the professional credibility of a doctor. Students believed most in smart, conservative dress code to increase professional credibility. Majority of students and interns thought trendy, fashionable dress code would either not increase or actually decrease the professional credibility of a doctor, whereas among house officers, opinion was divided regarding its professional credibility. It would be interesting to note patients' opinion regarding this context.

Majority of students, interns and house officers thought that they would be doing post graduate courses. More numbers of house officers as compared to interns as also interns compared to students were not sure about doing post graduate courses or were certain that they would be not doing it. These differences were significant between students and house officers and also between interns and house officers.

More than 80% students, interns and house officers were of the opinion that their spouse should either be a doctor or another professional. The difference was not statistically significant between any of the groups. Although professional life was given more importance

than personal life in 42% of house officers, balancing one's professional and personal life was more important to the vast majority of students and interns and 40% of house officers. There was statistically significant difference in opinion regarding this between house officers and students (p=<0.001) and house officers and interns (p=<0.001).

The vast majority of students, interns and house officers believed that the professional income of doctors should be high or very high. There was no statistically significant difference in the three groups regarding this opinion.

22.3% of students, 26% interns and 46% of house officers were either unsure whether the MBBS course was or will be worth the effort, or were certain that it was not worth the effort. Thus, although all societies look upon the medical profession as one of the most prized profession, a large number of students, interns and house officers in Nepal do not share this opinion, and this negative opinion increases as the student goes on to become a qualified doctor.

There appeared to be poorer opinion regarding job prospects of doctors in Nepal among house officers as compared to students, and this difference was statistically significant. Only 2% house officers said that their job prospects were excellent as compared to 22% of students. 20% house officers as compared to 9% students thought job prospects in Nepal were poor. 82% of students thought that a doctor's service to his community/country was very important as compared to 51% of interns and 58% of house officers. The difference of opinion between students and interns was statistically significant. Despite this opinion that a doctor's service to his community/country was very important, 40.3% of students, 58% of interns and 48% of house officers planned to migrate to a developed country after graduation. There was no statistical significance in the difference of opinion between the three study groups. A vast majority of students (88%), interns (89%) and house officers (74%) were of the opinion that improving the career opportunities or working environment could make the profession more attractive. There was no statistically significant difference in opinion regarding this in the three groups. This migration problem of doctors also exists among our neighbour countries<sup>3,4</sup>. A study conducted in two universities in Pakistan<sup>3</sup> revealed that 65% to 95% of medical students of two universities wanted to train abroad and migrate because of poor salary structure and poor quality of training along with poor work environment in the home country. A study conducted in Bangalore (India) 4 also showed similar finding. Fifty nine percent of the responding students thought of leaving India for further training abroad. Of those who wished to leave, 42% preferred the United States and 43% preferred the United Kingdom. Most of those who favoured training in the United States intended to remain there after training, whereas fewer than 20% of those who favoured training in the United Kingdom had such intentions. 60% perceived greater professional opportunities in the United States than in India.

The subject of migration among health care professionals in our country has hardly received any attention from government authorities despite the fact that it is a serious problem. A vast majority of students (88%), interns (89%) and house officers (74%) were of the opinion that improving the career opportunities or working environment could make the profession more attractive. Among the issues involved in reversing this trend would include necessary economic reforms in the country that make staying back rewarding<sup>5,6</sup>. Good political leadership and policy planning to bring about socio-economic transformation involving both the urban and rural populations in our country can prove to be very helpful strategies. Greater human and monetary resource of the country goes into the making of a doctor as compared to other professions 7, but many students and doctors still aim to work abroad and have lost the social commitment to give something back to their own society. Therefore, the government should study this important problem more extensively and devise strategies to retain as much of its valuable human resource as possible.

## Conclusion

Although majority of students, interns and house officers were of the opinion that a doctor's service to his community/country was very important, almost half of them still planned to migrate to a developed country after graduation. Good, visionary political leadership and policy implementation to bring about socio-economic transformation involving both the urban and rural Nepali populations and improving the chances of professional advancement and professional working environment, to make the profession more attractive, may decrease this tendency for brain drain from our country.

#### Recommendation

The government should study this important problem more extensively and devise strategies to retain as much of its valuable human resource as possible.

## Acknowledgement

The authors acknowledge the medical students and young doctors of Kathmandu Medical College for being a part of the study.

## References

- Arah OA, Ogbu UC, Okeke CE. Too Poor to Leave, Too Rich to Stay: Developmental and Global health correlates of physician migration to the United States, Canada, Australia and the United Kingdom. Am J Public Health. 2008; 98(1): 148-54.
- 2. Samant MP. Restructuring Medical Education. Ind J Med Ethics. 2007; 4: 62-3.
- 3. Ali SN, Farhad K, Marie A, Ali S, Paul R. Reasons for Migration among Medical Students from Karachi. Medical Education. 2008; 42(1):61-8.
- 4. Rao NR, RAO UK, Cooper RA. Indian Medical Students' View on Immigration on Training and Practice. Acad Med. 2006; 81 (2): 185-8.
- 5. Ike SO. The Health Workforce Crisis: The Brain Scourge. Niger J Med. 2007; 16(3): 204-11.
- 6. Udonwa NE. Human Capital Flight Challenges within an Equitable Health System. Niger J Med. 2007; 16(4): 307-11.
- 7. Karuna R. Start Sensitising Medical Students. Ind J Med Ethics. 2007; 4: 64.