

# Perceptions about Community Medicine as Career Preference among Medical Students

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**Abstract:** ***Background:** Studying Community Medicine helps the student to become a good manager, educator and a researcher along with good clinician. In Community Medicine medical students are exposed to primary and secondary healthcare settings and to promotive, preventive, curative and rehabilitative health services. This helps in serving the needy people with a holistic approach. Objective was to explore the perceptions about Community Medicine as a Subject and of career preference among medical students. **Methods:** A cross-sectional study was conducted over a period of 1 month. It was conducted on final year part I & part II students of MBBS in Saraswathi Institute of Medical Sciences which is a tertiary teaching hospital in Hapur, Uttar Pradesh by using universal sampling method. Data was collected from the participated students using a self-administered pre-test questionnaire using Likert scale. **Results:** Total 266 students participated in this study out of which 144 were boys and 122 were girls. The perceptions of students about community medicine were that this branch gives a comprehensive view of medical needs of the community. Curriculum is very vast and needs modification. More research needs to be done in community. Teaching methodology should be modified to make the topics interesting. More girls were interested in taking community medicine as a career. **Conclusions:** Perceptions regarding the field of community medicine among students showed that it is essential for successful medical practice. But this subject should be made more interesting by improving the teaching modalities and focusing more on practical insight.*

**Keywords:** Perception, Community Medicine, Career

## 1. Introduction

The World Health Assembly in 1977 decided that the main target for governments and WHO should be the attainment of level of health by all the people of the world that would allow them to lead an economically and socially productive life by the year 2000 [1]. The Community Medicine (CM) department in medical colleges concentrates on teaching and training medical students with an aim to ensure value-based education and help in molding a basic doctor of first contact. The role of a doctor is to take care of the individual and the community and also as a teacher [2].

The main objectives of community medicine programmes are to make sure value education to undergraduate student through service to vulnerable groups, strengthen skills and attitude input to help them serve later.

Today, most of the teaching in CM is carried out within an institution using didactic lectures with limited exposure to the community. Education of public health should be an active, student-centered, evidence-based and problem-solving as well as dealing the needs of the community. The teacher's role should be to make the students gain proficiency through field-based learning of public health, involving dedicated time for practice, receiving feedback and reflecting on its application in their future role as primary care doctors [3].

Learning CM helps the student not only to become a good clinician but also to become a good manager, teacher/educator and a researcher. Medical students are exposed to promotive, preventive, curative and rehabilitative health services and to primary and secondary healthcare settings in community medicine (preventive and social medicine). This encourages them to help the people in the community as primary healthcare physicians, with a holistic approach, in alignment with the National Health Goals and

the vision of the Ministry of Health [4].

A WHO expert group concluded that teaching CM is needed for understanding of disease dynamics for effective control, for need-based health planning, effective monitoring and efficient supervision of health programmes by future health managers and to develop the concept of an efficient management information system.

After bachelor's degree i. e.; MBBS, the medical students can choose to work as either medical officers in government sector or as general practitioners in the private sector. They can also opt for higher education.

Some studies have tried to discover the career preferences of medical students like studies from Delhi and Manipal showed that 83.5% and 99.2% students wanted to pursue post-graduation. Choices of specialization was restricted to subjects like Surgery, Internal Medicine and Obstetrics and Gynaecology. Globally, the choice of subject seems to be surgery for men and obstetrics and gynaecology and internal medicine for women [5-7]. 68% males disagreed that CM is same as Family Medicine while more than 55% girls believed that it was the same. All the students agreed that CM is relevant in today's medical world. About 60% & 75% students believed that there is much more to CM than just Despite the National Health Policy 2002 recommendation of reserving 25% of all post-graduation seats for CM, no such commitment of increasing seats for CM was observed in any of the colleges/Institutions in India [8]. However, before increasing the seats it's imperative to understand students perception about future career choices as it will play a vital role in determining the success of universal health coverage in India. Hence, the study is planned among MBBS students to document their career choices and perceptions toward CM as a career option in a tertiary care hospital and teaching medical college.

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## 2. Methods

This was a cross-sectional study conducted over a period of 1 month from December 2021 in Saraswathi Institute of Medical Sciences. It was conducted on 266 students of Final year part I and part II of MBBS in a Tertiary care hospital and Medical College. Universal sampling was applied and all final year part I and part II of MBBS students were explained in detail regarding the various aspects of the study. They were also given the assurance that due confidentiality will be maintained while conducting the study. Ethical permission was obtained prior to the commencement of the study. Students who were willing to participate were chosen for the study. The students who refused to participate in the study were excluded from the study. All the students who consented to participate in the study were given a self-administered pre-tested questionnaire using Likert scale. This data collection was done after their curriculum had been taught to the students and they were attending the classes for revision tutorials prior to the exams. Data was entered in Microsoft Excel 2007 and was analyzed using IBM SPSS version 25.0.

## 3. Result

Total 266 students participated in this study out of which 144 were boys and 122 were girls. Maximum students were 22 yrs. of age (Table 1).

**Table1:** Socio-demographic Profile (n=266)

Sex	Age of Students (%)				
	20 years	21 Years	22 Years	23 Years	Tot al
Male	10 (7)	42 (29)	53 (37)	39 (27)	144 (54)
Female	21 (17)	37 (30)	39 (32)	25 (21)	122 (46)
Total	31 (12)	79 (30)	92 (34)	64 (24)	266 (100)

67% males disagreed that CM is same as Family Medicine while more than 34% girls believed that it was the same. All the students agreed that CM is relevant in today's medical world. About 65% & 69% boys & girls believed that there is much more to CM than just Preventive Medicine and 74% boys & 84% girls thought it included the curative aspect as well respectively. Around 90% students opined that CM is an important aspect to become a doctor and can be practiced by all the Medical Fraternity and not just Physician or General Practitioner. Surprisingly, around 38% boys and 26% girls said that CM deals mainly with sanitation and around 27% total students claimed that there were not many skills to be acquired in CM. Maximum students agreed that CM is an integral part of patient care, much more than vaccines & nutrition and gives an overall view of a community's medical needs. (Table 2)

Strikingly, about 83% students said that the curriculum is too vast but only 49% commented that more time is allotted to the subject, thus implying that a vast subject is covered within a brief period. Around 74% students suggested revision of the curriculum of CM and addition of the Community based research component in it. Almost all the students stressed that more practical topics should be covered and teaching methodology needs to be modified to make topic more interesting. An interesting finding was that 57% girls agreed that PG entrance examination prevents

concentration on CM as compared to other subjects while about 72% males were of the exact opposite opinion (Table 3).

Around 30% students opined that CM has a limited scope as a career and 20% believed that CM professionals become Public Health Administrators only. Around 78% students claimed that CM is an ideal choice for PG as there is not much financial gain in CM. Surprisingly, about 22% males commented that Knowledge of CM is essential for successful medical practice. A very striking finding is that around 87% students compared CM with sociology and as such there is no need to keep it as a post-graduate subject (Table 4).

About 60% students said that they would not choose CM as a career (Table 5).

**Table 5:** CM as Career

Yes/ No	Male	Female
Yes	56 (39)	52 (43)
No	88 (61)	70 (57)

The 40% students who would choose CM as a career gave their reasons for the same as lots of job opportunities, administrative skills, opportunity to serve community and a good career for females (Table 6).

Less clinical utility, not a practical subject, lack of interest in statistics and interest in clinical fields especially surgery, thus less financial gain, not important in our country and politically dominated jobs were the reasons which drove about 60% students away from choosing CM as a career. (Table 7).

## 4. Discussion

Kumar et al found in their study that median age of the students was 21 years which is like our study. They also found that Surgery was the most opted subject for post-graduation (37.1%) which is also like our study finding [6]. Subba et al found that the mean (SD) age of the participants was 20.13 ( $\pm 1.3$ ) years. Medicine was found to be the most chosen subject for specialization by students. Overall, the most preferred specialties were Internal medicine (30.9%) and General Surgery (24%). Students felt that the scope of the subject was wide as a CM post-graduate could work as a professor in an academic institution, as a program manager in National programs and as consultant in various international and non-governmental agencies. Many students felt that the subject was research centered which was reflected in the responses like "mainly research oriented" and "Public health is an interesting area of research, and it is an key section of our health system." The hostile responses were mainly because of four reasons; "Not interesting", "Less opportunities", "Difficult profession" and "Not needed as a separate specialty". It is felt that the opportunities for the specialty in India were much less when compared to other specialties as reflected by the responses "It is not a developed specialty in India; may be a good one abroad but not here" and "Other fields have better scope" [7].

The career choices of undergraduate medical students will influence the national availability of healthcare manpower. There is a need to increase manpower in areas such as CM, psychiatry and ophthalmology among others in India. Understanding the factors that influence student's decisions regarding their future career may help in taking corrective measures.

A study done in south India at a private medical institution has shown that almost every student (99.2%) wishes to pursue postgraduate studies, higher than the 83.5% in the study done at a government medical college in Delhi [9]. Similar findings are also reported from our study. This difference could be because (i) that the study included only first year medical students, (ii) it was done in a different study setting (government versus private), or (iii) it indicates a changing trend.

The choice of specialties showed that the surgery and internal medicine were the most favored. Traditionally students have favored these two topics as shown in other studies within India, other developing and developed countries. The most popular choices for men and women in our study were like the choice of students in Jordan, where the most preferred subjects among men were internal medicine and surgery and among women these were Medicine and Obstetrics and Gynaecology respectively. This finding is consistent with other study results.

Though we did not assess the reason for choosing a specialty as a career choice, some underlying factors as suggested by Ko et al and Khader et al could be personal interest, experience during clinical rotations, job opportunities and financial rewards [10, 11]. Because India is a developing country, financial rewards could be one crucial factor in choosing a career so most students have chosen specialties which have financial gains.

Studies pertaining to perception of MBBS students toward CM as a career choice are limited. A study on primary care specialty choice, which may be considered the counterpart of CM in India, from 1987 to 1993 reported that students predominantly enter medical school with an inclination for primary care careers, but that this preference reduces with time (particularly over the clinical years). Characteristics

associated with primary care career among students are: being female, older, and married; having a broad undergraduate background; having non - physician parents; having relatively low - income expectations; being interested in diverse patients and health problems; and having less interest in prestige, high technology, and surgery. We didn't get such response as we adopted the qualitative methods to assess the perception of students toward the subject.

We developed a conceptual framework based on the responses offered by the respondents which determines the career options of medical graduates. Though there is a favorable attitude toward CM as a subject, but students are not coming forward to take up this subject as it is perceived to be a "boring" subject. Strategies like field based teaching, integrated teaching, application and relevancy oriented teaching will go long way and have good impact. The Medical Council of India 2015 vision document provides flexibility to adopt such innovative methods in various specialties.

One of the factors reported was "we will lose touch with patients"; this misconception should be dispelled among undergraduates and as we serve as the point of first contact with the community in the primary and secondary care level and CM is considered a clinical subject as per medical council of India regulations.

There is a divergence of views regarding the scope of CM. Some students felt that it has got a very good scope particularly in western countries. However, a few felt that "other fields have a better opportunity"; this indicates that the career path after post - graduation on CM should be communicated to the undergraduate students which will help them to compare the scope and help to decide them about CM as a career option.

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**Ethical approval:** The study was approved by the Institutional Ethics Committee.

**Table 2:** Perceptions regarding CM as subject in medical curriculum: (Figures in brackets indicate percentage & Separate for males and females).

S. No	Questions	Agree		Disagree	
		Male	Female	Male	Female
1	CM is Same as family medicine	48 (33)	69 (57)	96 (67)	53 (43)
2	CM is Not Relevant in Today's Medical World	0 (00)	0 (00)	144 (100)	122 (100)
3	CM more Theoretical than Practical	52 (36)	32 (26)	92 (64)	90 (74)
4	CM Applies in Rural Areas	3 (2)	6 (5)	141 (98)	116 (95)
5	CM is only about Preventive Medicine	50 (35)	38 (31)	94 (65)	84 (69)
6	CM Does not include Curative Medicine	38 (26)	19 (16)	106 (74)	103 (84)
7	CM should be learnt only to be physician	16 (11)	12 (10)	128 (89)	110 (90)
8	CM is practiced only by am General Practitioners	21 (15)	14 (11)	123 (85)	108 (89)
9	There is no need to learn about CM to be become a doctor	10 (7)	12 (10)	134 (93)	110 (90)
10	CM deals mainly with sanitations	54 (38)	32 (26)	90 (62)	90 (74)
11	CM has nothing to do with hospital and patient care	0 (00)	0 (00)	144 (100)	122 (100)
12	Not many skills to be acquired in CM	33 (23)	39 (32)	111 (77)	83 (68)
13	Preventive Medicine is only about vaccine and notations	07 (5)	12 (10)	134 (95)	110 (90)

14	CM gives an overall view of Community's Medical need	140 (97)	118 (97)	04 (3)	04 (3)
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**Table 3:** Perceptions regarding curriculum and teaching (n=266)

S. No.	Questions	Agree		Disagree	
		Male	Female	Male	Female
1	The curriculum of CM is too vast	118 (82)	104 (85)	26 (18)	18 (15)
2	The time allotted to CM teaching is more ad corm paned to other Medicine Subject	84 (58)	47 (39)	55 (42)	75 (61)
3	Teaching Curriculum of CM needs to be revised	104 (72)	92 (75)	40 (28)	30 (25)
4	Community sassed reserved should be part of curriculum	120 (83)	101 (83)	24 (27)	21 (27)
5	PG entrance examination prevents concentration on CM	40 (28)	77 (57)	104 (72)	45 (43)
6	More practical topic should he covered in CM	118 (82)	96 (79)	26 (18)	26 (21)
7	Teaching method needs to be modified	122 (85)	110 (82)	22 (15)	12 (18)

**Table 4:** Perception regarding CM as Career

S. No	Questions	Agree		Disagree	
		Male	Female	Male	Female
1	CM has limited scope is career	53 (37)	27 (22)	91 (63)	95 (78)
2	CM is Same as Sociology hence no need to keep it as postgraduate	21 (15)	13 (11)	123 (85)	109 (89)
3	The end of CM is practicing as General Physician	38 (26)	09 (7)	106 (74)	113 (93)
4	CM should have super specialty subject in it	75 (52)	71 (58)	69 (48)	51 (42)
5	CM professional become Public Health Administrators only	36 (25)	17 (14)	108 (75)	105 (86)
6	CM is ideal choice for PG	107 (74)	101 (83)	37 (26)	21 (17)
7	Not much financial gain in CM	59 (41)	47 (38)	85 (59)	75 (62)
8	Knowledge of CM is essential for successful Medicine practice	97 (67)	107 (88)	47 (33)	15 (12)

**Table 6:** Reasons for choosing CM as Career reason

S. No.	Reason	Male	Female
1	Field disease prevention, hence control of epidemic	8 (14)	7 (13)
2	Good career for girls	12 (21)	6 (12)
3	Help is strengthening health infrastructure	9 (16)	2 (4)
4	Research oriented	6 (11)	4 (8)
5	Lots of job opportunities	4 (7)	4 (8)
6	Include medicine knowledge & administrative skills	6 (11)	2 (4)
7	Opportunities to same community	7 (13)	12 (23)
8	Financial gain to country though various health frame	4 (7)	15 (29)

**Table 7:** Reasons for not choosing CM as career

S. No.	Reason	Sex	
		Male	Female
1	Interest in another subject	28 (32)	18 (26)
2	Less clinical utility	24 (27)	8 (11)
3	Only theoretical not practical	7 (8)	7 (10)
4	Lack of interest in statistics	12 (14)	10 (14)
5	Not given importance in our country	7 (8)	09 (13)
6	Politically dominated hence not impressed	3 (3)	5 (7)
7	Good only for MBBS level, no need for postgraduate	7 (8)	13 (19)

**References**

[1] World Health report: Executive summary, Achieving Health for All. Available at: [http://www.who.int/whr/1998/media\\_centre/executive\\_summary6/en/](http://www.who.int/whr/1998/media_centre/executive_summary6/en/). Accessed on 29th January 2022.

[2] Park K. Concept of health and disease. Park's text book of Preventive and Social Medicine.25 edition.

[3] Jabalpur: Banarsidas Bhanot Publishers, pp.55-56, 2019

[4] World Health Organization. Improving the Teaching of Public Health at Undergraduate Level in Medical Schools-suggested guidelines. Report of a review meeting of the Expert Group Kathmandu, Nepal, 10-12 August 2010. Regional Office for South - East Asia, World Health Organization.

[5] Gopalakrishnan S. Community Medicine: Learning experience of medical students. South East Asian J Med Educ, 4: pp.46-7, 2010

[6] Lal P, Malhotra C, Nath A, Malhotra R, Ingle GK, Career aspirations and apprehensions regarding medical education among first year medical students in Delhi, Indian J Community Med, 32: pp.217-8, 2007

[7] Kumar R, Dhaliwal U. Career choices of undergraduate medical students. Natl Med J India, 24: pp.166-9, 2011

[8] Subba SH, Binu VS, Kotian MS, Joseph N, Mahamood AB, Dixit N, et al. Future specialization interests among medical students in southern India. Natl Med J India, 25: pp.226-9, 2012

[9] National Health Policy 2002. New Delhi: Ministry of Health and Family Welfare, Government of India; 2002. Available at: [http://www.jkhealth.org/National\\_Health\\_policy\\_2002.pdf](http://www.jkhealth.org/National_Health_policy_2002.pdf). Accessed on 7 December 2021.

[10] Lal P, Malhotra C, Nath A, Malhotra R, Ingle GK. Career aspirations and apprehensions regarding medical education among first year medical students in Delhi. Indian J Community Med, 32: pp.217-8, 2007

[11] Ko HH, Lee TK, Leung Y, Fleming B, Vikis E, Yoshida EM. Factors influencing career choices made by medical students, residents, and practising physicians. B C Med J, 49: pp.482-9, 2007

[12] Khader Y, Al - Zoubi D, Amarin Z, Alkafagei A, Khasawneh M, Burgan S, et al. Factors affecting medical students in formulating their specialty preferences in Jordan. BMC Med Educ, 8: 32, 2008