

Public Health as a Career Option: Postgraduate Students' Perspective

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Abstract

Background: Many students enter in Public Health discipline by default and not by genuine interest in the subject.

Objective: To explore the views of post graduates students of public health regarding their career choice.

Material and Methods: Two focus group discussions were done in Post Graduate Institute of Medical Educational Research (PGIMER), School of Public Health, Chandigarh among MD (Community medicine) and Master in Public Health (MPH) students. A questionnaire route was used for the Focus Group Discussion (FGD). Textual analysis was done.

Results: Public health was not the 1st choice of any of the respondents. Many respondents pursuing MPH course quoted that "...Admission in MPH course is easier in comparison to MD..." Families of the respondents didn't approve the career choice of their children. For many participants, Preventive and Social Medicine (PSM) meant WHO job, international assignments and good money ahead. Few respondents expect good opportunities for employment and promotions in government sector after completing MPH.

Conclusion: Both positive and negative attitudes toward the public health discipline were witnessed among the participants of the study. However more of negative shades were seen. The image of Public health in family and in medical fraternity needs to be built.

Key words: Public Health; Career options; Post graduate medical education; Community medicine.

Introduction

It has been a common observation that medical graduates are often not enthusiastic to choose public health discipline as a career.

Public Health had not been attracting the best candidates from the health professions.[1] In any PG entrance examination for medical colleges all over India, the toppers usually prefer the clinical subjects. Usually, the students who join the public health courses have lower ranks in the test. It has been reported that, even after joining Community Medicine department, students remain confused about the value of this discipline. Many take the PG exam again to get the clinical subjects of their choice. Thus, many students enter in this discipline by default and

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not by genuine interest in the subject. So keeping this background in mind, we conducted a study in 2007-2008 with an objective to explore the views of post graduates students of public health regarding their career choice.

Material and Methods

We conducted two focus group discussions, in PGIMER School of Public Health, Chandigarh. First FGD was done on Nov 16, 2007. There were total eight participants, out of them, four were from MD (Community medicine) resident doctors and the other four were MPH students of 2007 batch. Another FGD was conducted in the same venue on September 15, 2008. There were nine MPH students of 2008 batch. The participants selected in the study were in same age group and all had joined the department few months back. A questionnaire route was used for the FGD. Prior consent for the FGDs was taken. It focused on the reason to join this field, their expectations, their families' expectations, aspirations, past experience of the subject, its image in the medical fraternity etc. A moderator and a co-moderator conducted the FGDs. Notes were taken and the proceedings were tape recorded. Textual analysis of the data was done. Prior consent for the FGDs was taken.

Results

Both positive and negative attitudes toward the public health specialty were witnessed among the participants of the study. However, more of negative shades were seen. During the two FGDs, following responses were obtained.

Public health was not the 1st choice of any of the respondents, as one of the respondent said "...I had no idea about the subject..... I was interested in clinical subjects only..."

Many respondents were pursuing MPH course as they had no option available as told

by a respondent "...Had I got a good rank in the PGI entrance, I would have not joined MPH..."

For some of them, admission in the PG courses in public health was an easy option. Another respondent admitted "...Admission in MPH course is easier in comparison to MD..." One of the participants reported "... I was desperate to do PG in any subject. It was my fourth attempt"

Practical value and importance of PSM was realized by doctors when they finished the studies and started providing the medical care to the people, as quoted by one of the respondent, "...Importance of PSM became clear to me only during internship period. But the real interest developed while doing the job in primary health center (PHC)....."

Doing PG in public health was reported to lead to a decline in the market value of the male students as a bridegroom, as revealed through the quote of one of the respondent, " I have lost 3-4 marriage proposals after joining public health course.." MPH scholars seemed to be somewhat more confused about their future. "...MD (community medicine) can get the job in the teaching institutes like PGI but what about the MPH people....?" Another MPH student said that "... I have to do DNB /PhD after completing the MPH to get a teaching job..."

However, during the FGDs, positive views of some of the respondents were also witnessed regarding public health as a career option. For many participants, PSM meant WHO job, international assignments, great career, good money, name and fame ahead. One of the respondent said "...it has tremendous scope....one can join the WHO...., one can even start his own NGO" Another respondent was happy about the non-commercial orientation of the discipline, he said "... this is only specialty which talks about the health of common people, other specialties are driven by the pharma giants....." One of the respondents aimed quite high he quoted as "...only sky is the limit in public health, you can explore from 0 to 100.... .."

Another respondent perceived great career opportunities in govt. sector for public health specialist, he quoted "...under National Rural

Health Mission (NRHM), one post of public health specialist to be created in each First referral Unit (FRU) across the country....." Another respondent from state health service, kept his eyes on higher posts in state health services. He told "..... After completing the MPH degree, I might be posted as Medical Officer Health (MOH) in my state after few years of service. Great chances for promotion thereafter..."

Few respondents considered that by doing public health course, they will be equipped with all the management skills which are essential while doing the job in government sector, as quoted by one of the respondent, "*...In my PHC, NRHM was functional for past 2 years, but I had neither power nor knowledge to utilize its provisions...I did not know how to manage it...."*

Few respondents reported that lack of public health professionals in the health system has led to the misutilisation of the resources, "*.... Medicines are supplied to the PHCs without rationalizing the need. These get expired unused...."* One of the participants considered that medical officer has to be expert in the administrative work also, as quoted by her, "*...You have to specialize in administrative work as critical works which are totally different things...*" Few participants considered that non availability of adequate doctors in our country needs to be compensated by hiring more of public health managers, "*... In USSR and UK, health services are well organized and are free of cost, the population is very less there. Moreover, the doctor patient ratio is very good, so they hardly need posts like public health managers...."*

Most of the participants agreed that, appointment of the public health manager in state health services is a must, "*...We can't increase our resources, but we can properly utilize them by appointing qualified programme managers...."*

Discussion

Attracting young, talented, and well trained individuals to do post graduation in community medicine is not easy. Primarily, this discipline does not seem attractive to them in comparison

to the more glamorous specialties such as internal medicine, surgery or pediatrics. Even in terms of intellectual satisfaction, career, financial rewards, and prestige, public health ranks quite low. Moreover, because of gross commercialization of medical profession, the focus of doctors is mainly on curative or diagnostics technologies. For them, illness is a lucrative business. As a result, clinical subjects remain the 1st choice of the students and certainly not the subject of PSM.[2] Also, the excitement and the role models for medical students are found elsewhere than in community medicine. Experts had earlier opined that this will continue to be a problem for public health fraternity until inspired leadership can be found, exciting teaching and research programs established, and greater institutional support obtained. Community medicine can compete on an even basis with traditional departments when it can offer the same type of attractions. It must not only seem to be an equal, it must be equal. But so far this has not happened.[3]

In Indian set up family plays a major role in deciding about the career choice of the children. By and large Indian students go into medicine because of their parents' choice. The decision is almost never made by the student's themselves.[4] In fact, in Indian set up, parents have a lot of expectations from their children. Before the information technology (IT) boom, medical and engineering professions were the two most commonly sought careers. And for those who choose medical profession, the parents have a particular or specific image of a doctor. They expect their children to be treating patients in clinic. Public health was not considered as a good career option by the families of our respondents. One of the respondents found it difficult to answer this question from his parents and relatives. "*... beta! In which Outpatient department (OPD) do you sit in PGI..?"* Another respondent quoted "*...my parents were so angry with my choice of discipline that they never visited me at PGI....."* One of other respondent surprised his friends by joining the public health. He was greeted with "*.... Paagal ho gaye ho kya! (have you gone mad) Your rank was good enough for anesthesia, why did you opt for*

PSM...?" Another respondent was harassed by her peers as, "...When I got admission in MPH, I was scolded by everyone...." Parents do not understand the meaning of Public health. The image of Public health in family and in medical fraternity is low. Our study also reflected such impressions. Some parents were angry with the career choice of their children while others were disappointed.

A study conducted by Harsh *et al* on undergraduates in Indira Gandhi Medical College (IGMC) Shimla reported that >75% of the students entered in the medical profession only because of their parents' will.[5] This is in contrast to the results in study obtained by Lal *et al* who reported that 27% of the students in Maulana Azad Medical College (MAMC) New Delhi chose medical profession as per the wishes of their parents.

There is tradition of dowry system in many communities in India. Often, it operates like a market where grooms are hunted. Brides' parents do consider the image and earning potential of bridegroom, as evident from the matrimonial advertisements.[7]

Apparently the market value of a doctor with post-graduation in community medicine is low, as indicated by our results.

It should also be noted that most of the international organizations like WHO/ UNICEF/ CARE *etc.* prefer to employ community medicine specialists but our own central and state health services have not created sufficient attractive job opportunities for them. Government should also come forward with clearly defined policy regarding the career development for the public health specialists. In fact, the response of the various state governments in this regard has been inadequate. Many state governments send their medical officers to do MD (PSM), diploma in public health (DPH), Diploma Maternal and Child Health DMCW, MPH and Master of Applied Epidemiology (MAE) *etc.* But, there is a lack of any definite plan to offer them suitable placements after completing the degree. Many have been again appointed as general duty medical officers in the PHCs and other peripheral health institutions. Rather, many

posts which require public health specialist skills have been filled from the pool of senior general duty doctors and bureaucrats. This creates discouragement, frustration and resentment among the doctors who choose to do post graduation in public health discipline.

Public health professionals have very little opportunity to do private practice or function independently. A study on "Training needs assessment for the district health managers" conducted in Orissa and Karnataka by IPH Bangalore supports our views on the issue. The study revealed that the majority of the clinicians were promoted as district level programme officers, without any kind of management training or degree. They have very little understanding of public health. Treating an individual patient is very different from managing the health of an entire district. Even so, most of them had an unfavorable attitude about their being given administrative responsibility.[8]

The low image our discipline in the society can be explained by the fact that the achievements of *public health and preventive medicine* are more difficult to be recognized by people. For general public, the doctor who cures a patient is the real doctor. The patient or his family, and even the community members, are all grateful to him. On the other hand, the silent victories of public health remain unappreciated. This accounts for the lack of attention paid to public health by people. Moreover, public health, unlike clinical practice, is at best a zero-gratitude job.[9]

In fact, the education and training of medical students in community medicine has been reported to be a chronicle of unbelievable misadventure. Students have never been taught to deal with the health needs of population groups but continue to learn to care for individual patients at the expense of the larger needs of the community and this despite the fact that community medicine is by definition a system of care based on population groups. There is an *Alice-in-Wonderland quality* here. Even worse, students often are not taught to care for anyone but are given no more than an

exposure to poor people during the brief outings.[3]

System of providing the exposure of field station or rural posting to the undergraduates is not an adequate and functional system, because this type of posting makes the community medicine synonymous with primary health care.[3] Surely community medicine is much more than the primary care. Whatever the skills and public health knowledge being acquired by the MBBS students remain underutilized by the system. The system expects preference of medical care over public health practice.

Learning environment plays an important role in education. The present education is confined to classroom or demonstrations or laboratory works whereas the actual problem they face in public health are in the community. Classroom practicals rarely reflect the true situation. Primary health care or public health cannot be taught in vacuum. It has to be hands on experience in the community or in any part of the health care systems.[1] One of the respondents reported her different experiences of PHC visits during MBBS and as a medical officer afterwards, she said "*...when we were students, it seemed to be easy as we visited ideal sort of PHC, But after joining there as a medical officer, I experienced totally different situation...*" Hence, more stress needs to be given on the skills testing in the real life field setup than mere a 'model classroom teachings'.

We should realize that even a single case of rare surgery is flashed through mass media immediately and people appreciate their endeavors. But the work done by public health professionals hardly gets any footage in media. People should be made to realize that while the clinicians treat the individual patient, the public health personnel operate on the mass level. Public needs to be told that public health professionals are doing a lot many activities. As, a District Health officer/District program managers they act as the nodal officers for the all the national programmes. In fact, rather being strictly confined to a limited role in disease prevention, public health has become a central feature of health sector through its involvement in policy making, management

and evaluation at every level of health services. This explains the inevitable and continuous extension of the boundaries of public health.[10]

Glamour is still there in the discipline of public health. Rather, it is increasing as, MPH courses have been initiated in many universities in recent past. But, we lack in media management. We need to be media savvy. The fact can't be denied that the demand of trained public health professionals has been increased for past few years. The ambitious NRHM is desperately trying to post a public health personnel up to block level all over the country. In an international arena, the jobs for public health professionals have also become highly lucrative. On any day, one can verify that most of vacancy advertised in WHO website (<http://www.who.int/employment/vacancies/en/>) requires degree in public health/allied subjects as an essential educational qualification.

Numerous public health professional are already working in various national and international organizations like WHO, UNICEF, CARE, UNFPA, NIHFW, NICD, MOHFW and ICMR etc. International placements are offering tax free handsome salary, huge perks, flexi work hours, opportunities for worldwide travelling, avenues for career growth. The organization such as Public Health Foundation of India (PHI) is setting up the chain of Indian Institutes of public Health in India and offering a huge salary to the faculty. It also sponsors younger public health professionals to Public health institutes of excellence worldwide to develop them as future faculty members. (<http://www.phfi.org/careers/ffproramme.html>) Hence such an enviable scope of public health discipline should be accorded wide coverage in media.

Practicing the Public health can certainly be a satisfying career, as the community medicine specialists are popularly called as "*Five Star Doctor*". This implies that Community medicine specialist is an epidemiologist, a health manager, a health advocate, a health communicator, as well as a family physician.[11]

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