

# Problems of Motivating Doctors in Rural Areas

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## Abstract

The article shows the results of the second stage of the study on motivating participants of the Country Doctor Program, who work in medical organizations in rural municipal areas of the Tyumen Region (without districts), and on assessing their satisfaction with the working and living conditions in rural areas. In general, a sociological study by using a questionnaire was carried out by the Healthcare Department of the Tyumen Region and the Tyumen State Medical University of the Ministry of Health of the Russian Federation Federal State Budgetary Educational Institution of Higher Education in 2016-2017 to assess the efficiency of the Country Doctor Program and risks of HR management for rural healthcare system related to the programs' implementation. During the first stage of the study, participants from the Tyumen municipal district were interviewed. The interview results were published in the Medical Science and Education of Ural Magazine (No. 1, 2017). While analyzing the reasons for dismissing from the previous workplace and moving to the countryside for employment, the main motives for participating in the Country Doctor Program were identified. The authors analyzed the level of satisfaction with the terms and conditions of implementing the program, as well as social, labor and living conditions in rural areas. The obtained results made it possible to assess the risks associated with the human resourcing in health institutions both when implementing the program, and in 5 years during which a specialist had to work. The analysis made it possible to define factors of labor motivation and satisfaction with living conditions in rural areas. In general, the program participants are satisfied with the program and terms and conditions of its implementation. The results of the study can be used by the authorities when taking managerial decisions on creating terms and conditions for retaining and attracting specialists to rural areas.

**Keywords:** human resourcing, medical staff, motivation, rural healthcare system, satisfaction.

## INTRODUCTION

It is impossible to improve indicators related to the population's health without solving problems on human resourcing in healthcare institutions [1-3]. The problem of human resourcing in healthcare is especially urgent for the rural healthcare [4-5]. The Country Doctor Program that has been implemented in the Russian Federation since 2012 is greatly important when solving this problem [6-7]. At the same time, when implementing the program, there were a number of issues related not only to attracting human resources but also to retaining them, including before the expiry of the five-year term of the contract [8-9]. First of all, this is due to the correlation between working conditions and the state policy and regional support [10-11].

A number of factors have an impact on selecting the place of doctor's employment. Firstly, it is a system of internal motives of the employees and their incentives to work. Secondly, these are conditions of the medical organization: the labor organization (division and cooperation of labor, working conditions, the system of labor payment and incentives, professional development), and material and technical equipment, applied technologies. Thirdly, the prestige of the doctor's job in a rural health care institution is also largely substantiated by the attractiveness of the locality: its location to relatively large cities, the comfort of living conditions, upbringing and development of children, and level of social and transport infrastructure [12].

At the same time, there is still a problem of the specialists' outflow from rural areas, and the risks increase due to the fact that the first recipients of a one-time compensation payment have already completed the required five-year' period. The results of studies on the problems of human resourcing of rural healthcare indicate the importance of terms and conditions and opportunities for professional development of medical workers [12-13].

Due to this, there is a need to study the impact of internal motives and external factors that have an impact on decisions taken by the program participants in relation to the further working activity [14].

## MATERIALS AND METHODS

The goal of the study was to evaluate the efficiency of the Country Doctor Program and risks of providing the rural healthcare with HR related to implementing the program.

The tasks of the study included the following: to define the motives to participate in the Country Doctor Program; to analyze and assess satisfaction with the terms and conditions of the program implementation, as well as social and labor and living conditions in rural areas. The object of the study was the healthcare institutions subordinated to the Healthcare Department of the Tyumen Region and located in rural municipal areas of the Tyumen Region. Observation units included doctors who got a one-time compensation payment within the Country Doctor Program. The study was conducted in 2016-2017 in 2 stages: at the first stage, recipients of the one-time payment were interviewed in the Tyumen municipal district [14], while at the second stage – in the southern rural municipal districts of the Tyumen Region.

Primary data were collected using a questionnaire survey. 288 doctors who participated in the Country Doctor Program in the Tyumen Region were surveyed. Taking into account the goals and tasks of the study, the size of the entire population and the specifics of rural areas, the study was continuous. All specialists except for those who were hospitalized for maternity were on leave for childcare, or went to long-term trips due to training were surveyed. As a result, 84.7% of the program participants working in the region were interviewed.

For the survey, a standardized questionnaire was used. It contained the questions aimed at identifying motives for moving to the countryside for work, satisfaction with social and labor and living conditions, as well as defining intentions about the labor activity in rural areas after the expiry of the contract term for the Country Doctor Program. The data were processed using Excel 2007 software.

More than half of the respondents (162 people) included young people up to 30 years old. Every fifth respondent was in the age group from 31 to 34 years.

The socio-demographic profile of an average respondent corresponded to the entire population and represented women aged from 25 to 37 who had a family (79.2%) with children (74.2%).

86.5% of the respondents who had children noted the availability of a nursery.

77.9% of the respondents were graduates from the Tyumen State Medical Academy and its successor – the Tyumen State Medical University. In the Tyumen region, there were 94.6% of them. Graduates from the Omsk State Medical

University (11.4%) held the second place, and graduates from Yekaterinburg (2.1%) held the third place. Graduates from medical universities of Novosibirsk, Perm, Kirov, Samara, Orenburg, Tomsk, Astrakhan, Orenburg, and Chita were represented in small numbers (1-2 people from each).

About one-third of the respondents worked as medical therapists (30.1%), 15.6% were district pediatricians, 8.7% were surgeons, 7.2% were obstetrician-gynecologists, and 6.2% were psychiatrists. There was an insignificant number of doctors of specialized and diagnostic specialties.

Almost three fourth of the respondents were employees of the outpatient and polyclinic service, one person worked in the emergency medical care unit.

Classifying the respondents according to their working experience showed that more than half of the program participants in the Tyumen Region had working experience of more than 4 years, more than one fourth – more than 7 years.

More than 30% of doctors in the southern municipal districts of the Tyumen Region came from Tyumen, a bit more than 40% came from other cities. In general, almost one-third of the respondents came from rural areas of the Tyumen Region and other subjects of the Russian Federation.

The geography of the regions the respondents came from included Omsk Region (8.3%), Kurgan Region (4.9%), Khanty-Mansi Autonomous Area – Yugra (3.5%), Sverdlovsk Region (2.1%) %. 1-3 doctors arrived from the Perm, Krasnodar, Primorsky and Altai Territories; Saratov, Astrakhan and other regions.

**RESULTS**

One of the study tasks was to define the reasons for dismissal from the previous place of work. The results are shown in Table 1. As a result, it was revealed that the following main factors had an impact on the decision on dismissing from the previous place of work: lack of accommodation (32.6%) and low wages (25.3%). Besides, other reasons for dissatisfaction with the previous place of work included the lack of career growth (5.96%), teamwork (2.4%), and dissatisfaction with the community (6.9%). Every fifth respondent had not had a job before participating in the program.

Table 1 Answers to the question “What did you dislike about your previous workplace?” (%)

Variants of answers	person	In %
Low salary	73	25.3
Lack of accommodation	94	32.6
Mutual relations in the team	7	2.4
Lack of career growth	17	5.9
Disliked the settlement	20	6.9
No previous working experience	59	20.5
Work under the conditions that deviate from normal ones (fulfilling the duties of a temporarily absent employee, expansion of the service area, overtime work)	2	0.7
Other (free forms of answers): the program was interesting	11	3.8
the program relocation	5	1.7
Total	288	100.0

The opportunity to obtain a one-time compensation payment had a significant impact on the human resourcing in rural

areas of the region. Almost half of those who moved to the rural area specified so-called “one million” as the only reason that influenced the decision on employing in rural areas. At the same time, every fifth respondent noted that he/she would anyway have moved to this certain locality, and each tenth stated that he/she had always dreamed of living in the rural area, but the program had speeded up this decision. Some specialists were “target employees” (8.7%), and the program had become a pleasant bonus. A set of terms and conditions had an impact on the decision of 11.5% of the respondents: one-time payment, wages, and the opportunity to develop. Table 2 shows the answers to this question.

Table 2 Answers to the question “Did your decision about moving to the rural area depend only on the possibility of obtaining compensation?”

Variants of answers	persons	%
Yes, I moved only because of the compensation	139	48.3
No, I would still have moved to this locality	57	19.8
No, I'm a “target” employee and I had to go back to work	25	8.7
No, I always dreamed of living in the rural area, but the Country Doctor Program speeded up my decision	28	9.7
I followed my wife	4	1.4
Set of terms and conditions (one-time payment, salary, opportunity to develop)	33	11.5
Other	2	0.7
Total	288	100.0

35.1% of the respondents stated their intention to stay in their institution after the end of the Country Doctor Program, another 40.6% have not decided yet. One-fourth of the respondents stated they were sure to dismiss (Figure 1).

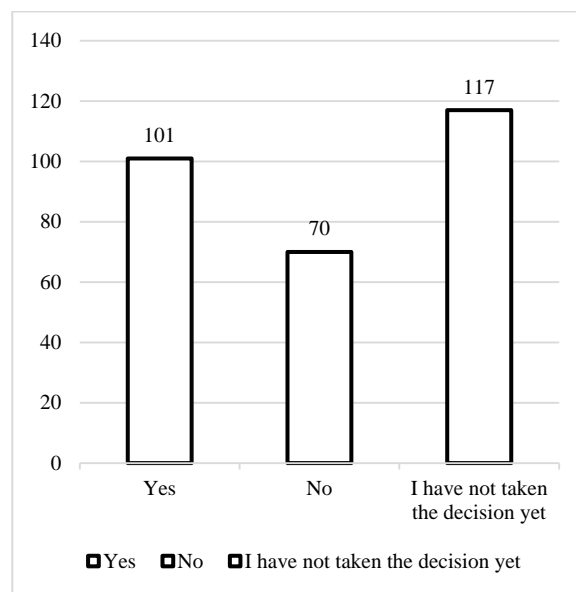


Figure 1. Do you intend to go on working at this institution after the contract term of the Country Doctor Program expires? (pers.)

One of the study tasks was to define intentions to change the place of work or profession (Table 3). As a result, it was revealed that half of the respondents were going to continue working in the institution before the retirement age (107 people, which is 37.2%), and due to the accommodation availability (37 people, or 12.8%), and the second half would like to change their job (17%), the locality to a city (29.2%), or even a profession (3.8%).

Table 3 Answers to the question “Do you have any intention to change your workplace or profession?”

Variants of answers	persons	%
I would like to work in my specialty, but in another institution	49	17.0
I would like to work in my specialty, but in a city	84	29.2
I want to stop my medical practice and do something else	11	3.8
No, I will work until retirement	107	37.2
No, I will work because of the accommodation	37	12.8
Total	288	100.0

The respondents were asked to assess their satisfaction with the working conditions, as well as the living, and leisure conditions according to the scale of 1 to 7, where 1 was completely dissatisfied, 7 – absolutely satisfied. The analysis of the data showed that the program participants were most concerned about the lack of opportunities for professional and career growth (the average score was 3.8 and 3.7 out of 7 maximum). The need for domiciliary duty was also under the question: the average score was 3.9%; responses varied from 1.7 to 5.0.

The wages, workplace and the need for domiciliary duty and duty in the hospital were estimated as the whole in the region at a level slightly above the average (3.9-4.1). Socio-psychological factors of work were assessed as the highest: relationship with colleagues – 5.9, relationship with patients – 5.5, and attitude of the management – 4.9. Taking into account the scope of the assessments' variation, it is necessary to note that the working conditions have not been assessed to the maximum.

The attractiveness of work in rural areas also depended on living terms and conditions of life and leisure [15]. This was especially important for young people and families with children.

The analysis of the results showed that in the southern rural areas of the Tyumen Region all offered criteria were assessed at the level of above the average. The opportunities for preschool and school education of children (6.0 and 6.1 points, respectively) were highly assessed, which was an essential factor for attracting and retaining specialists. Accommodation and satisfaction with public services for a living were estimated at the average of 5 points. The respondents were less satisfied with the level of providing communication services and the Internet - 3.9 and 4.8 points, respectively. Leisure conditions were estimated at the minimum: 3.7 points on average, and the range of answers' variation was from 1.5 to 4.2.

In their proposals and recommendations for the further implementation of the Country Doctor Program, the respondents indicated the following: provision of accommodation – 32.3; transfer of accommodation from commercial to office rent, the possibility to obtain utility benefits – 19.6; increase in wages – 21.4; increase in the subsidy amount – 7.1; and repeated payment in 5 years – 19.6.

In general, more than three fourth of the respondents were satisfied with the Country Doctor Program; 14.2% had more disappointment than satisfaction, and only 1 out of every 10 respondents mentioned categorical disappointment.

#### DISCUSSION

Elimination of the HR shortage is one of the top priority areas of the region's healthcare development [16]. The Country Doctor Program aimed at increasing the number of medical personnel in rural areas had a considerable impact on the problem of the HR shortage in rural healthcare.

At the same time, there are certain risks related to the outflow of HR both after the expiration of the contract term and before the end of the 5 years during which the recipients of a one-

time payment must work. As on January 1, 2017, 340 specialists who were paid (out of 465 people) continued working in rural municipal districts of the Tyumen Region. The rest of them – more than a quarter – dismissed from medical organizations before the end of the contract. The specialists had not been attracted by additional measures of social support implemented in the region either: compensation of expenses for paying for the occupied total area of residential premises, payment for electricity and heat supply services in the amount of 100 percent of the established tariffs provided for medical and pharmaceutical employees working in rural areas, additional monetary payments to district physicians, district pediatricians, general practitioners (family doctors), and social payment for the construction (purchasing) of houses for young specialists. Opportunities for the professional development and career growth are important terms and conditions that make the job attractive [17].

#### CONCLUSIONS

The results of the conducted survey of the Country Doctor Program participants in the Tyumen Region made it possible to make a number of conclusions:

1. The one-time payment was the only reason for more than half of the program participants to relocate and get employment in rural areas.

2. Lack of accommodation and low wages became the main factors that caused the changing of the medical organization.

3. Almost one-third of the respondents still dreamt about living in a city where there were more opportunities for the professional development and more attractive terms and conditions for leisure.

4. In general, the respondents were satisfied with the program and participation in it. At the same time, there were risks associated with both implementing the program and the further retaining of HR in rural areas.

A quarter of those who got one-time payment planned to leave after the 5 years of employment under the contract and only one-third of specialists intended to stay. The remaining 40.6% were those who could be influenced by both the administration of institutions and the administration of municipalities and rural settlements by improving working terms and conditions in the institution and the attractiveness of living in the locality [18-19]. Thus, the problem of human resourcing in the rural healthcare can be solved subject to the interaction of different levels and branches of government and medical organizations [20].

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