

ORIGINAL ARTICLE

Perception about Community Medicine as a subject and career preference among undergraduate students

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ABSTRACT

Background: In the pursuit of cultivating primary physicians, the Department of Community Medicine (CM) emphasizes value-based education for undergraduates, aiming to shape the foundation of a first-contact doctor. Despite this, only a minority ultimately selects CM as their specialty. **Aim & Objectives:** The objective of this study was to evaluate how undergraduates perceive CM as both a subject and a career choice. Additionally, the study aimed to identify the factors influencing students' decisions to either choose or not choose CM as a career path. **Methods and Material:** We conducted a cross-sectional survey among medical college undergraduates, utilizing a pre-tested, self-administered questionnaire with a Likert scale through Google Forms, ensuring informed consent. **Results:** Among 411 students, 259 participated, with a mean age of 21.23 ± 1.39 years. While participants generally held a positive perception of CM, only 1.1% considered it as a career choice. Top reasons against opting CM were "unpopularity compared to clinical subjects," "lack of clinical exposure," and "insufficient information on future prospects." **Conclusion:** Students recognize the significance of CM and possess a positive opinion, yet there exists reluctance in choosing it as a career.

KEYWORDS

Community medicine, Perception, Career, Undergraduate

INTRODUCTION

Community Medicine (CM) plays a pivotal role in shaping the future of medical practitioners by addressing the prevention and control of diverse health issues. The Department of CM is instrumental in providing undergraduates with a foundation in value-based education, molding them into primary care doctors who cater to individual needs, community well-being, and act as educators.(1)

The significance of CM extends beyond immediate patient care; it aims to imbue undergraduates with values that drive service to marginalized groups, fostering skills and attitudes that contribute to their effectiveness as doctors and leaders in society.

Furthermore, the post-graduation course in CM is designed to produce professionals capable of meaningfully contributing to the planning, implementation, coordination, monitoring, and evaluation of primary

healthcare programs based on scientific evidence. Despite the global preference for other specialties, the evolving landscape of healthcare, emphasizing preventive medicine over curative approaches, underscores the critical importance of community-based medical education.(2,3,4)

However, there persists an undervaluation of CM, with a disproportionate focus on clinical and hospital-based education rather than prioritizing preventive and community-centered approaches. Recognizing and appreciating the integral role of CM is essential for fostering a comprehensive understanding of healthcare that aligns with contemporary medical needs and challenges.(5)

To assess the perception of undergraduate medical students in the Surendranagar district regarding the Community Medicine (CM) as both a subject and a career option within a medical college setting. The objective of this study was to evaluate how undergraduates perceive CM as both a subject and a career choice.

Additionally, the study aimed to identify the factors influencing students' decisions to either choose or not choose CM as a career path.

MATERIAL & METHODS

Study design and setting: The current study was cross-sectional survey executed in a medical college of Surendranagar district.

Study duration: This study was carried out for a period of four months, from June 2022 to September 2022.

Study participants: The sample size for this study was not predetermined but was instead determined based on the availability and willingness of participants. All intern doctors and undergraduate students from the second year to the final year who were willing to participate were included in the study, employing a convenient sampling technique. This approach aimed to include a diverse representation from each academic year within the participant pool.

Tool for data collection: The PI used a predesigned, pretested self-administered structured questionnaire (Google form) as a data collection tool for data collection.

The questionnaire was divided into three sections:

- Sociodemographic Characteristics of students
- Perceptions regarding Community Medicine
- Perception of students about career options

The questions to assess perception and to identify reasons were asked on 3-point Likert's scale (Agree, Neutral, and Disagree). The questionnaire was pretested among 20 randomly selected undergraduate medical students. The students who were selected for pretesting were not included in the final study population. The questionnaire was validated through expert validation using content validity index (CVI). CVI score >0.7 was considered as having good validity.(6)

For data collection, link to Google form containing questionnaire was sent to students. The study participants were briefed about the study purpose and procedure and about the voluntary nature of their participation. Students were also assured about the confidentiality and anonymity of the information. Only those students who gave E-consent were able to access the electronic questionnaire.

Data analysis: All data collected were included in the analysis. The data were entered and analyzed in Microsoft Excel. Descriptive statistics were used to provide snapshot of the participants. Additionally, graphical representations were generated to facilitate a better understanding of the data patterns.

Ethical consideration: Ethical approval was obtained from the Institutional Ethical Committee (IEC Approval No: 18/2022) before the commencement of the study.

RESULTS

In the present study, out of the total 411 undergraduate students and intern doctors only 259 participated in this study with response rate of 63%. The age group of the respondents ranged from 18 years to 27 years. The mean age was 21 ± 1.4 years.

Table 1 shows that highest 78 (30%) responses were from third year part-1 students. There

was almost equal participation from both genders. Notably, two third (198, 76.4%) participants resides in urban area. Nearly half

responders (128, 49.4%) reported that their father had graduate or diploma level education.

Table 1: Socio-Demographic Characteristics of the students (n=259)

Characteristics		Second Year	Third Yr Part 1	Third Yr Part 2	Intern	Total
		n(%)	n(%)	n(%)	n(%)	n
Age in completed years	> 21	53(66.3)	24(30.0)	3(3.8)	0(0.0)	80
	≤ 21	9(5.0)	54(30.2)	53(29.6)	63(35.2)	179
Gender	Male	38(25.0)	42(27.6)	35(23.0)	37(24.3)	152
	Female	24(22.4)	36(33.6)	21(19.6)	26(24.3)	107
Area of Residence	Urban	43(21.7)	60(30.3)	45(22.7)	50(25.3)	198
	Rural	19(31.1)	18(29.5)	11(18.0)	13(21.3)	61
Father's Highest level of education	No formal education	0(0.0)	1(50.0)	0(0.0)	1(50.0)	2
	Primary education	6(30.0)	7(35.0)	1(5.0)	6(30.0)	20
	Secondary education	12(42.9)	7(25.0)	4(14.3)	5(17.9)	28
	Higher secondary education	14(35.0)	12(30.0)	9(22.5)	5(12.5)	40
	Graduate or Diploma	23(18.0)	39(30.5)	35(27.3)	31(24.2)	128
	Postgraduate	7(17.1)	12(29.3)	7(17.1)	15(36.6)	41
Mother's Highest level of education	No formal education	3(30.0)	2(20.0)	0(0.0)	5(50.0)	10
	Primary education	8(28.6)	6(21.4)	4(14.3)	10(35.7)	28
	Secondary education	16(33.3)	19(39.6)	7(14.6)	6(12.5)	48
	Higher secondary education	11(28.9)	14(36.8)	8(21.1)	5(13.2)	38
	Graduate or Diploma	21(18.8)	31(27.7)	33(29.5)	27(24.1)	112
Presence of doctor in family	Yes	10(16.4)	19(31.1)	16(26.2)	16(26.2)	61
	No	52(26.3)	59(29.8)	40(20.2)	47(23.7)	198

Table 2: Perception of students regarding CM as a subject (n=259)

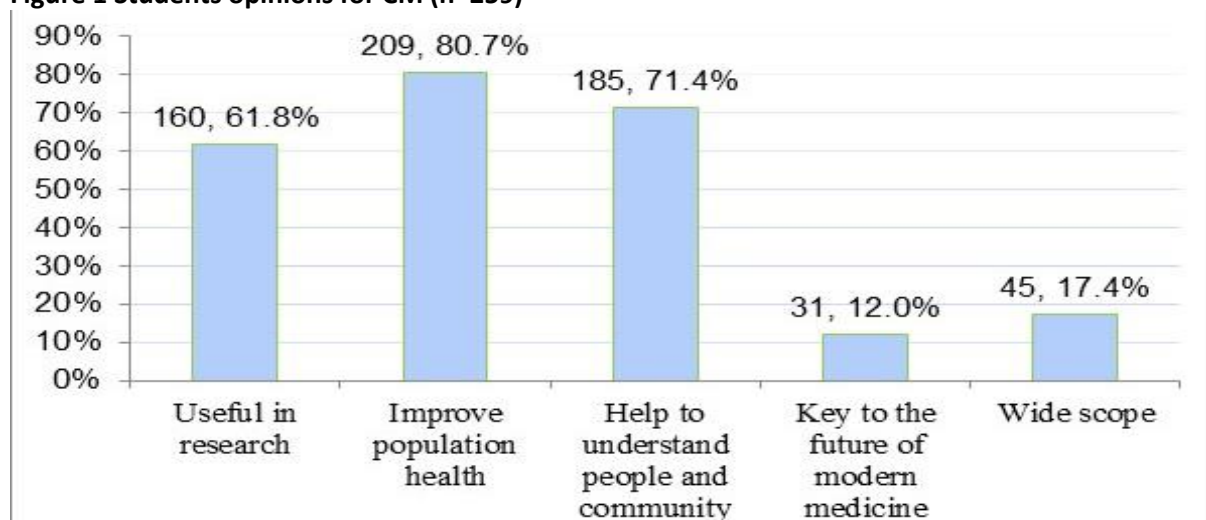
Perceptions regarding CM as a subject	Agree n(%)	Neutral n(%)	Disagree n(%)
CM is useful in personal life	151(58.3)	90(34.7)	18(7.0)
CM is useful in life modification	177(68.3)	171(27.4)	11(4.3)
Knowledge of CM is essential for successful clinical practice	160(61.8)	80(30.9)	19(7.3)
Curriculum of CM is relevant to current time	134(51.7)	100(38.6)	25(9.7)
More theoretical than practical	153(59.1)	80(30.9)	26(10.0)
Applies only to rural area	57(22.0)	88(34.0)	114(44.0)
CM has nothing to do with hospitals and patient care	41(15.8)	89(34.4)	129(49.8)
Not many skills required in CM	88(34.0)	99(38.2)	72(27.8)
Preventive medicine is only about vaccines and nutrition	55(21.2)	83(32.1)	121(46.7)
CM gives an overall view of a community's medical need	201(77.6)	52(20.1)	6(2.3)
CM textbook lacks logical flow	96(37.1)	109(42.1)	54(20.8)
Time allotted to CM is too much	93(35.9)	121(46.7)	45(17.4)

Table 2 depicts that majority of students had positive perceptions regarding CM as a subject. More than half participants agreed that CM is useful in personal life and modification of life, its knowledge is essential for successful clinical practice, relevant curriculum to current time and it gives an overall view of a community's medical need. Nearly half of the participants disagreed that it applies only to rural area; it has nothing to do with hospitals and patient care and preventive medicine is only about vaccines and nutrition. More than half of the participants believe that CM is more

theoretical than practical. On the points like CM textbook lacks logical flow and too much time is allotted to CM, students had neutral opinion. (Table-2)

The Figure 1 shows that a significant number of students believe CM is valuable in research (160, 61.8%), improving population data (209, 80.7%) and understanding communities and people (185, 71.4%). A smaller percentage of students (<20%) see CM as having a key role in the future of modern medicine and recognize its wide scope.

Figure 1 Students opinions for CM (n=259)



Out of the total 259 students, 251 (97%) had either chose Medicine and allied or Surgery and allied subjects as their career preference for post-graduation. Only eight (3%) students

chose pre-clinical subjects as their career preference. Among these students, three (1.1%) students chose CM.

Figure 2 Preferred specialty by students (n=259)

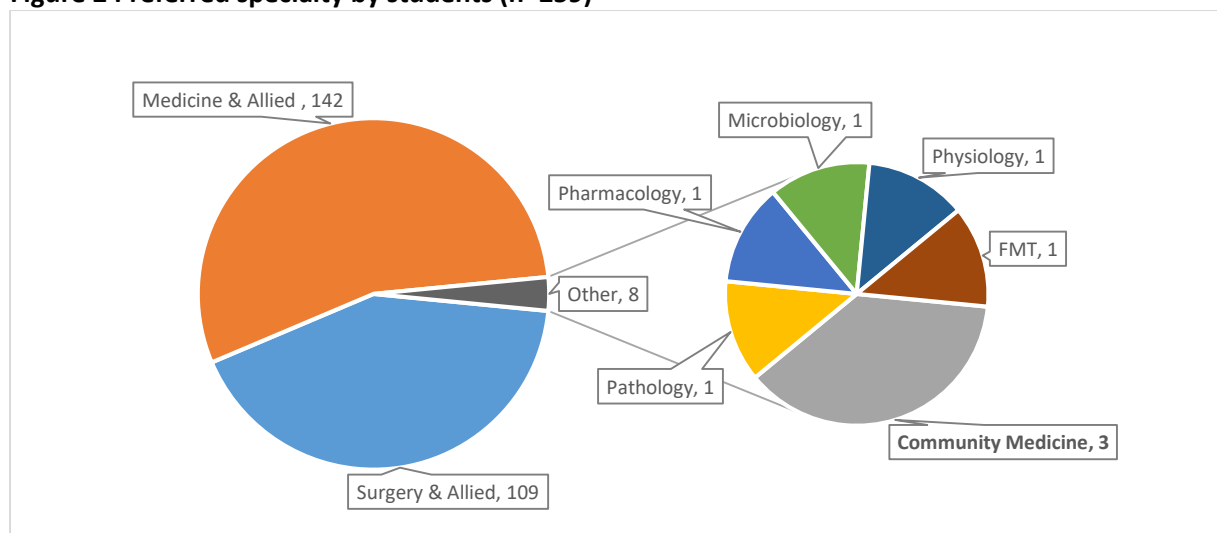


Table 3: Reasons for not opting CM as a career preference (n=256)

Reasons for not opting CM as a career preference	Agree n(%)	Neutral n(%)	Disagree n(%)
Lower income potential	91(35.6)	126(49.2)	39(15.2)
Less career growth	106(41.4)	110(43.0)	40(15.6)
Difficult to understand the concepts	62(24.2)	117(45.7)	77(30.1)
Less name/fame compared to other subjects	120(46.9)	103(40.2)	33(12.9)
Limited social recognition	104(40.6)	110(43.0)	42(16.4)
Cannot treat patients	135(52.7)	81(31.7)	40(15.6)
Not a well-focused specialty in India	127(49.6)	103(40.2)	26(10.2)
My peers & seniors do not give good feedback	65(25.4)	123(48.0)	68(26.6)
Got negative feedback from PG students/faculty/other experts of the subject	47(18.4)	114(44.5)	95(37.1)
I'm not impressed with anyone in this field	76(29.7)	105(41.0)	75(29.3)
No interest in community-based activities	110(43.0)	87(34.0)	59(23.0)
Lack of information on future career prospects	115(44.9)	97(37.9)	44(17.2)

Table 3 portrays the students' reasons for not opting CM, which were less name/fame (120, 46.9%) and limited social recognition (104, 40.6%) compared to other subjects, not well focused specialty in India (127, 49.6%) and lack of information on future career prospects (115, 44.9%). It was observed that regarding income potential (126, 49.2%), career growth (110, 43.0%) and feedback from peer-seniors (123,

48.0%), PG students/faculty of CM (114, 44.5%) majority students had neutral opinion. Table 4 illustrates the students' reasons for opting CM as their career preference. All three students had unanimous opinion that CM is research oriented, it helps in strengthening health infrastructure and it includes both medical and administrative knowledge.

Table 4: Reasons for opting CM as a career preference (n=3)

Reasons for opting CM as a career preference	Agree n(%)	Neutral n(%)	Disagree n(%)
Good career opportunities	1(33.3)	1(33.3)	1(33.3)
Lack of interest in clinical subject/clinical work	0	1(33.3)	2(66.7)
Research oriented	3(100)	0	0
Help in strengthening health infrastructure	3(100)	0	0
Includes both medical & administrative knowledge	3(100)	0	0
Improve communication skill	1(33.3)	1(33.3)	1(33.3)

DISCUSSION

CM is a critical subject for medical students as it equips them with the knowledge and skills required to manage and prevent various public health issues that affect communities. Understanding how medical students perceive the subject can provide valuable insights. This study sheds light on the attitudes of medical students towards a crucial field of medicine. The findings of the study showed that most students perceived CM as an essential subject that provided a holistic view of public health and its importance. This finding was aided by similar result that was found in study done by Muthamilan OL et al.(7) Despite that, the study found that the students' interest in CM correlated negatively with their career preference for the same, only three students chose CM as their career preference. Similarly, studies done by Guraya SY et al (8) among undergraduate medical students of Taibah University, Almadinah Almunawwarah, Saudi Arabia demonstrated that only 5% students went for family and community medicine as their future career specialty. Studies done by authors like Maiti A et al (9) and Gordacre MJ (10) had showed that very few (less than 10%) students choose CM as their career preference. Some of the reasons answered by the participants for shying away from CM in the current study are 'less name and fame

compared to other subjects', 'limited social recognition' and 'less information on the future career aspects. A study done by Singh MK et al (11) in a medical college of Uttar Pradesh found reason for rejecting CM as a future career were "having no idea for future career prospects", "no role model" and concern for "prestige in society and peers". Notably, studies done by Maiti A et al 9 and Thakur AB et al (12) demonstrated similar reasons for refusing CM. A survey of graduating medical students from the University of California in San Francisco done by Schafer et al (13) also showed that students cited factors like insufficient prestige, low financial incentives as a reason for abandoning public health specialty.

CONCLUSION & RECOMMENDATION

Overall, students seem to understand the importance of CM as a subject and have positive opinion regarding it. However, there is reluctance to choose it as a career. As many students selected 'less information' as a reason for not opting CM, therefore we can provide career guidance and proper orientation on the actual scope and potential of the subject.

LIMITATION OF THE STUDY

The study has several limitations that need consideration. First, the convenient sampling

technique employed may introduce sampling bias, potentially limiting the generalizability of findings to the broader undergraduate population. Additionally, the 63% response rate raises concerns about non-response bias, as the perspectives of non-participants may differ. The study's focus on a single medical college in the Surendranagar district may restrict the applicability of findings to a more diverse context. The Likert scale used in the questionnaire does not explore the reasons behind neutral responses. Furthermore, the small number of students choosing Community Medicine as a career preference restricts the robustness of conclusions in this subgroup.

AUTHORS CONTRIBUTION

All authors have contributed equally.

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Nil

CONFLICT OF INTEREST

There are no conflicts of interest.

DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The authors haven't used any generative AI/ AI assisted technologies in the writing process.

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