

主論文の要旨

Medical students' willingness to work in post-conflict areas: A qualitative study in Sri Lanka

医学生の紛争後地域で働こうとする意欲について：
スリランカにおける質的研究

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INTRODUCTION

A shortage of physicians has often been observed as one of the deleterious consequences of the armed conflict. Medical personnel flee from the affected area, and those from outside do not want to work there.

Sri Lanka has been known for satisfactory health and other social indicators. However a two decade-long civil war, mainly affecting the north-east (NE) region, resulted in critical shortage of health workforce particularly the physicians. The average number of physicians per population in the NE declined to one-fourth of the national average.

Sri Lankan medical students have the potential to fill the shortage of physicians in the future. This study aimed to explore attitudes of Sri Lankan medical students towards practice in the NE and to identify factors determining such attitudes.

METHODS

A self-administered, semi-structured questionnaire survey was conducted with undergraduate students of two purposively selected Sri Lankan medical schools in October 2004. The school A, located near the capital, had students of all ethnicities from the whole country, but the Sinhalese were in majority. School B was the only medical school in the NE region at the time of study. Student body was of, mainly, Tamils in the NE.

The information was collected about: the reasons behind joining the medical profession; career plans; knowledge of the healthcare system situation in the NE and in Sri Lanka as a whole; and agreement or disagreement with working anywhere in the NE after completing their ongoing study.

The respondents answered the questions in English and they were literally transcribed without any translation and summarization. Data were analyzed qualitatively using the framework approach, which consists of familiarization with the data, identifying a thematic framework, indexing the data and charting them according to the identified thematic frameworks, and their final mapping and interpretation.

RESULTS

In total, 192 responses were selected for the analysis after excluding those with insufficient information. Of the 62 respondents from school A, all were Sinhala except one with neither Sinhala nor Tamil ethnicity and 28 were males and 34 females. They were living outside the NE. All 130 respondents from school B were Tamil people from the NE, and 54 were males and 76 females.

Three main themes were identified in the textual data. Theme 1, 'professional motives and career plans', covered general views as a medical doctor. Theme 2, 'students' perceptions of the healthcare situation in the NE', gathered descriptions of strengths and weaknesses of the NE healthcare situation compared with that of Sri Lanka as a whole. Theme 3, 'students' choice of the NE as a future practice location', took account of future availability for working in the NE. Both schools' students responded similarly under theme 1, while differences between the two schools were observed under themes 2 and 3. Table 1 holds details of similarities and differences noted in the responses from the two students' groups.

The findings suggested that the students who were familiar with difficulties faced by the NE people were willing to work in the NE. For example one of the students expressed it as follows *“I am willing to work in Vavuniya. I have visited these areas, and have seen how these people are suffering.”* Most of them perceived that the health care situation in the NE was deteriorated. Shortage of human resources for health, especially physicians, scarcity medical equipment, ambulances and essential drugs; and damaged roads and communication facilities were equally acknowledged as the prominent problems. Diversion of the budget to the war and less or unjustified allocation of resources were regarded as the main reasons for the NE problems.

The most prominent factor behind the willingness of the NE origin students was a sense of belonging and compassion for the Tamil ethnicity. Having hometown located in the NE, speaking the same language, the same ethnicity and sympathy for the war-affected NE people. The only willingness for a few of the Sinhala students was their awareness of the NE people’s difficulties based on personally visiting the NE.

Commonly observed reasons for unwillingness to work in the NE in both groups included lack of postgraduate learning opportunities, overload of work, poor living conditions such as lack of public residences for doctors, and absence of any special incentives. Many students were also uncertain about the reliability of the peace agreement and feared that the war might start again.

A small number of Tamil students were unwilling as they feared that working in the NE might compromise their desire for the socioeconomic prestige. Sinhalese students had unwillingness on account of security concerns, language differences, lack of knowledge of the NE situation and fear of offensive social responses from the NE Tamil people.

DISCUSSION

Figure 1 illustrates how the different factors extracted under our main themes influenced the willingness to work in the NE. Those having a positive influence were regarded as “motivations” and with negative influence as “de-motivations”.

The motivation of familiarity with the NE for the NE students is explained to be based on their sense of belonging and their compassion for the Tamil ethnicity and the common language. Previous studies indicated the preference of hometown-based practice among healthcare professionals as well as the wish to serve the underserved and under-represented minority of one’s own kind. As members of the same ethnic group, students of NE origins expressed their commitment for the Tamil people in the NE. They considered Tamils to be politically under-represented and the most neglected.

Non-NE students developed familiarity with the NE by their personal observation of difficulties faced by the NE people during private visits to the region. Their concern for the NE situation positively influenced their willingness to work there. The literature in support has shown that pre-service exposure programmes for medical students and junior doctors successfully raised their willingness to work for the underserved communities to which they were exposed.

It should be noted that non-NE physicians working in the NE might play a role in facilitating the process of reconciliation and rebuilding trust between the two groups. Rebuilding social trust and developing a mutual understanding among different stakeholders is one of important challenges of post-conflict reconstruction. Our previous study in post-conflict Cambodia found that participatory training of health workers, including former militants, facilitated reconciliation using health as a common interest. The World Health Organization (WHO) set up the 'Health as a Bridge for Peace' concept and has been promoting the integration of peace-building strategies into health activities and health-sector development.

Fewer opportunities for career development as well as for learning were among the major reasons for their unwillingness. Other obstacles frequently identified by students of both schools were difficult working conditions due to a shortage of equipment and medical supplies, lack of financial incentives, and poor living conditions. These are well-known common problems related to rural remote areas and they need to be addressed in the context of overall economic and social development of underprivileged areas.

Our study contributed to the understanding of underlying causes for the shortage of physicians in post-conflict areas, a problem that policy makers need to address in order to rebuild healthcare services. Limitations of the study are as follows; the questionnaire was self-administered in English, which was not the respondents' mother tongue, and responses might not have been rich enough for in-depth analysis. In addition, the fact that only Sinhalese students, with one exception, responded to the questionnaire in school A that was composed of students from various ethnic groups suggested possible respondent bias.

CONCLUSIONS

NE local medical students having a sense of belonging and compassion for the Tamil people were willing to work in the NE. Non-NE students who were familiar with the NE situation through their personal experience also showed a willingness to work there. It could therefore be assumed that pre-service exposure programmes might increase the health workforce in the NE. It is also expected that non-NE physicians working for the NE people would facilitate reconciliation and rebuild trust, which is presently lacking between the two ethnic groups.