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Factors that Influence Doctors' Preference for Working in the Village with Government Policy

Almira Nur Amalia^{1*}

¹Medical Profession Study Program, Faculty of Medicine, Universitas Sriwijaya, Palembang, Indonesia

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Corresponding author:

Almira Nur Amalia

E-mail address:

almira_nuramalia@gmail.com

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ABSTRACT

One of the problems faced by the Indonesian people is the unequal distribution of doctors, especially in villages and other disadvantaged areas. One of the causes is the low interest of medical students and doctors to work in the area. The government as the highest authority holder should have made efforts to solve a state problem as outlined in the form of government policy. Recent research conducted by Kharinnisa et al in 2016 identified several factors that influenced the interest of medical students to work in rural areas. This study was conducted to determine the relationship of these factors with government policy. This study is a descriptive qualitative study in the form of a literature study. Of the eight factors, only half are supported by government regulations, namely having visited rural areas, career opportunities, income potential, facilities in rural areas and factors not yet supported by government regulations include university location, family economic status, closeness to family and spouse. Therefore it is necessary to study the formation of government policies that can support all these factors along with the proper implementation of these policies.

1. Introduction

Indonesia is one of the countries declared by the World Health Organization to suffer a health crisis in 2006.¹ One of the components that support the health workers crisis in Indonesia is the uneven distribution of health workers in Indonesia, especially for disadvantaged areas.

In terms of quantity, the number of doctors in Indonesia is sufficient, but there are many doctors piling up in one health service, namely urban areas, so many islands and underdeveloped areas in Indonesia lack health workers.² For example, when comparing the ratio of health workers between Java-Bali and outside the island Java-Bali. The latest data from the Ministry of Health in 2013 shows that the

ratio of doctors per population in Java and outside Java is still experiencing an imbalance, the ratio of doctors in Semarang reaches 119 / 100,000 population while the ratio of doctors in East Nusa Tenggara is 9 / 100,000 population. This number is predicted to be even lower in disadvantaged and remote areas. Until 2013 there were still 183 regencies that were categorized as lagging and the population in these disadvantaged areas was around 30-40 percent of Indonesia's population.²

Like the Indonesian population living in cities and in Java-Bali, Indonesian people who live in remote and disadvantaged areas are entitled to receive the same health services. (Efendi, 2012). As also stated



in Law No. 36 of 2009 concerning health which affirms that everyone has the right to obtain access to resources in the health sector and obtain safe, quality and affordable health services. So that the availability of sufficient and qualified health workers in disadvantaged areas becomes an important issue that must be resolved especially by the government as the holder of power.^{2,3,4}

One of the causes of this problem is the lack of interest of young doctors to work in rural areas (MOH, 2013). This can be attributed to the research results of Syahmar et al. in 2015 which showed the low interest of medical faculty students in Indonesia to work in rural areas, which was only around 8.7%. The results of the study are not in line with expectations where the number of rural areas, especially rural areas in Indonesia, is still very high.

A person's interest can be related to various factors and these factors are interrelated to one another.⁶ According to various studies that have been done previously and grouped based on Green's behavior theory (1980) there are three groups of factors that determine the interest of medical students to work in rural areas, namely: predisposing factors include student background, lifestyle, hobbies, and social motives; supporting factors include an area's facilities, cultural culture in rural areas, geographical conditions of rural areas, financial reasons, career opportunities, academic opportunities, universities where they take education (location, curriculum); and finally the driving factors include policies made by the school, government regulations, the influence of spouses or families.^{5,7-13}

Recent research conducted by Kharinnisa et al in 2016 identified factors influencing the interest of medical students to work in rural areas, including visiting rural or rural areas, student lifestyle, income potential, cultural culture in rural areas, career opportunities, economic status family, location proximity to family, community culture in rural or

rural areas, proximity to location / spouse influence, location of the university where they take education.^{5,7-13}

From the description of these factors, factors that can be intervened by the Government in order to increase the number of students who have an interest in working in rural areas as an effort to evenly distribute the distribution of health workers in Indonesia in the form of ever visiting rural areas, income potential, career opportunities, status family economy, closeness of location to family, facilities or facilities in rural areas, proximity to location with spouse, and location of university where they take education.^{5,7-13}

Have visited rural areas, career opportunities, family economic status, proximity to family, facilities or facilities in rural or rural areas, community culture in rural or rural areas, student lifestyles, curriculum provided at universities where they study in rural areas , proximity to the location / spouse's influence, and the location of the university where they take education.¹⁴⁻¹⁶

For this reason, it is necessary to further examine whether the factors that can be intervened by the government have been fully supported by the government, as evidenced by the formulation of government regulations in an effort to increase the distribution of health personnel so that the achievement of qualified health services in Indonesia.¹⁴⁻¹⁶

2. Methods

This research is a descriptive qualitative study in the form of a literature study. This research was conducted to determine the factors that influence the interest of doctors to work in villages with government policy. This literature study was conducted in July - September 2018. The data used in this study are in the form of laws and regulations



of the Republic of Indonesia, textbooks, journals, scientific articles, literature reviews relating to factors that influence the interest of medical students to work in villages with government policy. The method of data collection used is to directly read the textbook and relevant laws and regulations and use Google Scholar to search for relevant literature.

3. Results

Relationship of Factors Affecting Doctor's Interest to Work in the Village with Government Policy visited a rural area

Having visited rural areas is an important factor in determining students' interest to work in rural areas.⁵ This is consistent with the results of research conducted by Khairinnisa (2017) which shows that 68.9% of respondents who have visited rural areas are interested in working in rural areas. Research by Khairinnisa^{5-14,17} shows that there is a significant difference in the average score of factors that have visited rural areas between interested students and those who are not interested in visiting rural areas. This has been done indirectly by the government with the holding of the Indonesian Doctors Internship Program (PIDI) and compulsory employment of specialist doctors.¹⁷⁻¹⁸

As stated in the Regulation of the Minister of Health of the Republic of Indonesia No. 39 of 2017 which regulates the Indonesian Doctors Internship Program (PIDI). The Indonesian Doctors Internship Program is one of the government's efforts to improve the quality of health services in Indonesia, especially in the health sector. Internship is the process of strengthening the quality of the doctor's profession to apply competencies acquired during education, in an integrated, comprehensive, independent manner and using a family medicine approach in the context of understanding and aligning educational outcomes with practice in the field, especially in service facilities in rural or disadvantaged areas. Where

medical students who have passed the national examination are required to be willing to be placed for one year in a regional hospital along with the primary care center where it is protected. The hospital area is usually far from the city. This has made all the graduates of doctors in Indonesia have experienced working in disadvantaged areas which is also expected to increase their interest in working in rural areas.¹⁷⁻¹⁸

Other government policies that support this are Presidential Regulation No. 4 of 2017 concerning Obligatory Specialist Doctors governing new graduates for specialist doctors must be willing to be placed in areas that require specialist medical staff for one year. This directly makes not only a general practitioner but also a specialist to feel the experience of working in rural areas, at the same time with the hope that the interest of specialist doctors to work permanently in rural areas.

Career Opportunities

Career opportunities are factors that can influence student interest in working in rural areas (Syahmar I et al, 2015). Not denying that a brilliant career guarantee becomes one of the great motivations of someone to work. (Khairinnisa, 2017). Career opportunities have been regulated in Law no, 36 of 2014 concerning Health Workers Article 27 Paragraph 2 discusses special promotion rights for health workers serving in disadvantaged regions, borders, islands, and problem areas. The regulation should guarantee that health workers assigned to disadvantaged areas, borders, islands and problem areas receive special promotion rights. If the regulation is implemented well, then it should be able to increase the interest of doctors to work in the village.¹⁴

In addition to these regulations, there is also the Regulation of the Minister of Health of the Republic of Indonesia No. 44 of 2015 concerning Educational



Assistance Programs for Specialist Doctors and Specialist Dentists. The regulation regulates that general practitioners or dentists on duty at a regional hospital can apply for educational programs to continue their specialist education. This is a promising career opportunity that can increase the interest of doctors to work in remote areas.¹⁴

Facilities or facilities in rural areas

Inadequate and inadequate facilities or facilities in rural areas cause a lack of student interest to work in rural areas.¹⁸ Facilities or facilities in urban areas that are far more advanced cause medical faculty students to be more interested in working in urban areas.⁵ Existing facilities or facilities are one of the factors that influence students' interest to work in rural areas.¹⁷⁻¹⁹

For the majority of people who are accustomed to living in urban areas, facilities are very important, not only residential facilities, but vehicle facilities, adequate health facilities, entertainment facilities, educational facilities if they include family members are also very important considerations. The government has actually arranged the facility.

As stated in Law No. 36 of 2014 concerning Health Workers Article 26 Paragraph 2 describes the provision of clothing, food, shelter, and location needs, as well as safety and work safety for health workers.²⁰

Other government policies in the form of Law No. 36 of 2014 concerning Health Workers Article 28 Paragraph 3 which states that health workers who are appointed by the Government or Regional Government in a special area are entitled to a residence facility or official residence provided by the Regional Government and Regulation of the Minister of Health of the Republic of Indonesia No. 75 of 2014 concerning Community Health Centers Article 12 Paragraph 1 states that in addition to a Puskesmas

building, each Puskesmas must also facilitate health personnel with official housing buildings.²¹⁻²²

However, seeing the result of the government policy, it only covers a limited number of housing facilities. There is no government policy that regulates other facilities such as entertainment facilities, vehicle facilities, educational facilities if the doctor brings family. This should be taken into consideration by the government.

Plus the government policy that has been made is still often complained about its implementation by doctors. The implementation of the policy has not been evenly distributed, there are only a few regions that are really serious about implementing the policy, as evidenced by the frequent complaints of doctors about the additional costs they must incur for living facilities when assigned in rural areas.²¹⁻²⁴

Earning potential

Potential income/allowance/incentive factors are influential factors in determining students' interest to work in rural areas.¹⁴ This is in accordance with previous research conducted by Jutzi L et al. in 2009 which stated that financial factors are factors that influence students in choosing to work in rural areas. High income potential can attract health workers to work in rural areas.²⁵

That fact is already contained in Law No. 36 of 2014 concerning Health Workers Article 28 Paragraph 2 which mentions discussing special benefits that should be given by the government/local government for health workers working in special areas.²⁰⁻²³

However, even though the policy already exists, it is still often complained of by doctors working in areas such as the arrears of intensive payment arrears, or intensive money that is complained far from enough words especially for those who act as the backbone of the family who must support family life



in the city. This should be reviewed with an accurate calculation of this matter, as well as equitable implementation in all remote areas in order to attract doctors in the city to work in the village.²⁰⁻²³

Family economic status

economic status can attract students to work in rural areas, this is because students who come from families with low economic status have a sense of caring to help others higher. and living in an area with inadequate facilities is not a problem for them so that when they graduate from medical school they are not reluctant to return to their original area.²⁶⁻²⁷

This can actually be used by the government to improve the distribution of health workers in Indonesia, especially doctors. The government can anticipate this by providing tuition assistance for anyone who is a child from low economic circles to be able to go to school to study medicine on the condition that they graduate from guiding science and are required to return to their area of origin.

There are already several scholarship programs for the children of the regions from some underdeveloped regions to continue their education, but these regulations have not been specifically stated and detailed in a national regulation regulation and are only regional in certain regions such as Papua and West Papua and does not cover all disadvantaged areas in Indonesia.

Location of the university where to study

The location of the university where they study can influence students' interest to work in rural areas.¹⁴ Students from medical faculties located in rural areas have a tendency to choose rural areas as their future work location.^{28,29}

This is related to the construction of medical education facilities in rural areas. There is no government regulation that regulates this matter and

can be taken into consideration for the government going forward.^{28,29,30}

Proximity of location with family and spouse

Proximity to the location of the family has an influence in attracting students to work in rural areas (Khairinnisa, 2010). Students with families who live in rural areas have a tendency to choose work locations in rural areas as well (Syahmar I et al, 2015). The proximity of the location with a partner is one of the factors that can affect the interest of students to work in rural areas (Khairinnisa, 2017). This is consistent with the results of previous studies which stated that the closeness of the location with a partner has an influence on the interest of students to work in rural areas (Syahmar I et al, 2015). Someone who has a partner who comes from rural areas tends to choose work locations in rural areas as well (Kotha S et al, 2015). But this has not been supported by government policy.

4. Conclusion

A policy involves many broad and detailed aspects, because it is not only used to solve problems in short-term state and community life but will also be used to tackle the problems and development of the life of the nation and society for a relatively long period of time.

One of the problems faced by the Indonesian people is the unequal distribution of doctors, especially in villages and other disadvantaged areas. This is partly due to the low interest of medical students and doctors to work in the area.

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