

# **Career plans of Year IV medical students at the University of Zimbabwe, College of Health Sciences**

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**Paper produced as part of a  
Capacity building programme of the  
Regional Network on Equity in Health in  
east and southern Africa (EQUINET)**



**December 2005**

Produced with the support of the  
EQUINET student grant scheme and IDRC (Canada)

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Through institutions in the region, EQUINET has been involved since 2000 in a range of capacity building activities, from formal modular training in master's courses, specific skills courses, student grants and mentoring. The capacity building activities in EQUINET are integrated within the existing areas of work of the network or build cross cutting skills demanded across themes by institutions in the network. The papers and reports produced in these training activities are products that are used to support or target mentoring. This report has been produced within one of these capacity and skills building activities and is disseminated in this context. It is not a formal EQUINET discussion or policy paper.

## **Abstract**

A study of Career Plans of Year IV Medical Students at the University of Zimbabwe, College of Health Sciences was conducted to assist in understanding the career intentions of this group. The main aim of the study is to describe the perceptions of medical students about working in Zimbabwe, Southern African Development Community (SADC) and abroad. The study utilised a semi-structured self-administered questionnaire. All thirty members of the group of year IV medical students attached to the Department of Community Medicine of the University of Zimbabwe Medical School completed and returned the questionnaires.

The findings indicate that three quarters of those interviewed intend to be working in Zimbabwe in five years time. Salary and working conditions both influence this choice of where they would practice.

The findings indicate however that a further substantial number of students would still prefer working in developed countries, even if the Zimbabwean economy improves. The above group cited non-financial issues motivating their decision such as access to further training and a good working environment.

The findings suggest that while most students state an intention to remain in the country within the next five years, there is need for government policy measures to improve salaries, career paths and working conditions to further motivate doctors to choose to remain in the country.

## **1. Background**

Without a foundation of skilled human resources, healthcare systems cannot function adequately or effectively. Health care systems depend on an adequate supply of appropriately educated and skilled health professionals, especially nurses and doctors. In Zimbabwe, like in many other southern African countries, there is general shortage of health personnel, this shortage of medical doctors is acute at all levels of health care and services provision.

Anglophone countries with high educational standards, such as South Africa, Zimbabwe, Zambia and Uganda, have over the past five years become the main human resources for health exporters to Britain, Canada, USA and Australia (Eastwood et al, 2005). This has also become a major concern for lusophone African countries, such as Angola and Cape Verde and to a lesser extent francophone African countries in Africa (Ferrinho et al, 2004).

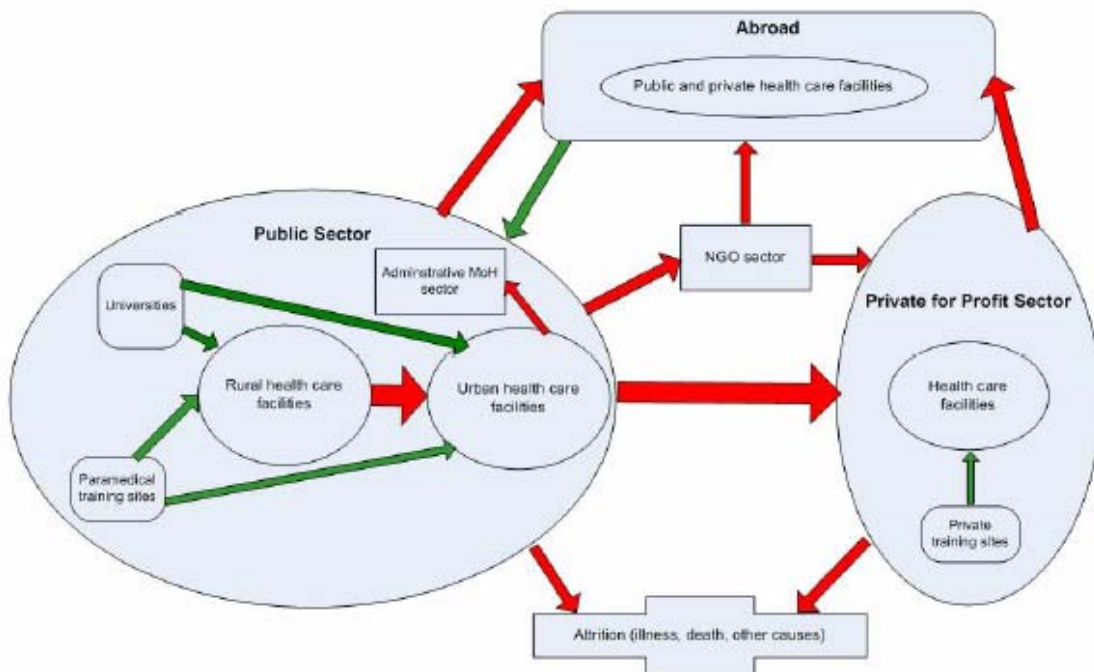
Over the past five years the Zimbabwean economy has declined by 30% (Associated Press, 2004). Economic stress and tensions within the political environment may have negatively affected the morale and performance of the public health sector. Many Zimbabwean professionals from all sectors of the economy have viewed outward migration as an escape route from their day-to-day economic harsh realities.

In Zimbabwe, research on migration of health workers has focused on internal migration (Potts et al, 1990; Potts, 1995). Other studies have investigated the impact of the Economic Structural Adjustment Programme (ESAP) and health sector reform on health

worker migration (Zinyama, 2002; Mudzarabikwa et al, 2005). This report records the findings from a study conducted on medical students at the University of Zimbabwe.

Prior to 2000, Zimbabwe lost health personnel mainly to neighboring countries. The schematic diagram below shows the flow of human resources for health from southern Africa (Kober et al, 2005). A cross sectional study by the Zimbabwean Scientific, Industrial and Research Development Centre (SIRDC) found that 24.6% of Zimbabwean emigrants were trained doctors, nurses or pharmacists (Chatsenga et al, 2003). Another researcher estimates that between 70 and 90 per cent of all Zimbabwean university graduates are working outside the country (Hill, 2004). This brain drain has an even more severe impact if compounded by the large number of HIV related deaths in the productive age group 15-49 years of age (Bloch, 2004).

**Figure 1: Flow model of HRH in sub-Saharan Africa**



Source: Kober et al (2005).

### 1.1. Impact of migration of health workers

Inadequate numbers of human resources for health in public sector facilities, especially in rural areas, compromises the service delivered at the primary level - the level of care accessible to most Zimbabweans. In addition, Zimbabwe intends to provide free anti retroviral treatment (ARV) to 171 000 individuals by the end of 2005 (Musuka, 2004). This important programme is dogged by numerous difficulties including inadequate human resources (Musuka, 2004).

Medical training is long and expensive and against the background of a failing Zimbabwean economy, the cost of training health workers can represent a significant investment of the country's available budget. The government and the people of

Zimbabwe lose considerably when most graduates elect to work in the private than the public sector. Worse still, some medical doctors choose to migrate to other countries.

## **1.2. Why study career plans of medical students?**

Students spend many years at training facilities where their attitudes and aspirations are shaped by the experiences of those around them. In order to encourage medical students to practice in their home countries and in the public sector at completion, knowledge of the influences affecting their career decisions is required. It is important for planning purposes to have an understanding of their long-term career goals, that is to say whether they intend to work in Zimbabwe, the SADC region or abroad.

## **1.3. Objectives of the study**

The study describes the perceptions of medical students on working in Zimbabwe, the SADC region and abroad. This study will use the evidence found to suggest recommendations for policy measures to influence students' career choices to be biased in favor of in-country stay and public sector employment.

## **2. Methodology of the study**

The study collected data using a self-administrated questionnaire. A total of 30 questionnaires were completed by Year IV Medical students at the University of Zimbabwe's College of Health Sciences during the students' attachment to the Department of Community Medicine as part of their routine curriculum fulfillment. This represents 21% (n=30) percent of the total year IV Medical class of 140 students.

## **3. The findings**

A total of thirty students completed the questionnaire whilst they were doing their rotations with the Department of Community Medicine of the University of Zimbabwe Medical School. Sixty-three percent (n=19) of the students were male and the rest were female (n=11). Eighty-seven percent of the students stated that their parents had at least secondary education and 53% came from families that had an average monthly income of at least \$4 million Zimbabwean Dollars (US\$230). This is lower than the average cost of living for a family of six (US\$260) (Associated Press, 2005).

Most students - 76% (n=22) - indicated that they would most likely be working for the government of Zimbabwe soon after completion of their internship training, while only nine indicated that they would opt for the private sector in Zimbabwe. The bonding requirements currently in place in Zimbabwe require medical doctors to work for the state during the internship training period.

Most students (n=22; 76%) indicated that they would most probably be working in Zimbabwe five years from now, whilst 21% chose the SADC region and one individual (3.3%) preferred the developed countries.

When asked the question: "What in your option would influence you the most about your choice of country where you would work?" twenty three (76.7%) indicated that salary alone was likely to influence their choice, whilst 13% indicated that working conditions

alone were important whilst 37% indicated that both salary and work conditions were factors were important to them. Some 27% indicated that personal reasons (looking after sick and elderly relatives) were important in influencing their decision on which country they would work.

When asked the question: "If Zimbabwe's economy improves, would that have any influence on your preferred country of employment?" half of the students indicated that they would not be influenced in their preferred country of employment by an improved Zimbabwean economy, while 36% (n=10) stated that they would be influenced to work in Zimbabwe by a better performing economy.

## 4. Discussion

Although this study was limited in scope, it has provided important preliminary insight into perceptions of medical students on their preferred countries of employment. It is interesting to note that half of the medical students interviewed said they would still leave the country even if the Zimbabwean economy improved. They also indicated that non-financial issues such as opportunities for training and a good working environment are important in retaining locally trained medical doctors in Zimbabwe.

For those individuals that choose to remain working in Zimbabwe there is need for the government to improve salaries of medical doctors in public institutions, invest in the public health systems as a whole and therefore improve the general the working environment.

This preliminary study can be augmented by increasing the sample size by including more medical students in other years of study, nursing and allied health students in order to increase understanding on the career intentions of these groups that are central to the proper functioning of the health system.

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## **Acknowledgements**

This study was supported by the Regional Network on Equity in Health in Southern Africa (EQUINET) student research grant programme. Peer review by Antoinette Ntuli, Rebecca Pointer and Oliver Mudyarabikwa is gratefully acknowledged.

***Equity in health** implies addressing differences in health status that are unnecessary, avoidable and unfair. In southern Africa, these typically relate to disparities across racial groups, rural/urban status, socio-economic status, gender, age and geographical region. EQUINET is primarily concerned with equity motivated interventions that seek to allocate resources preferentially to those with the worst health status (vertical equity). EQUINET seeks to understand and influence the redistribution of social and economic resources for equity oriented interventions, EQUINET also seeks to understand and inform the power and ability people (and social groups) have to make choices over health inputs and their capacity to use these choices towards health.*

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