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Attitude towards working in rural areas after graduation among undergraduates from various programs at Chitwan Medical College, Nepal

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Abstract

Introduction: Most health professionals do not want to work in poorly served rural areas, and many graduates choose to leave the country for better opportunity. This study aimed to assess the attitude towards working in rural areas after graduation among undergraduate students of in Chitwan Medical College, Nepal.

Method: A descriptive cross-sectional study was conducted among final-year medical and nursing students of Chitwan Medical College, Nepal from 19 Dec 2023 to 02 Jan 2024. Ethical approval was obtained. A self-administered questionnaire was used to participants selected by stratified proportionate sampling. Descriptive analysis (frequency, percentage, median, interquartile range) for socio-demographic variables and inferential (Chi-square, Fisher's exact test) statistics for association was conducted for association. A $p \leq 0.05$ was considered significant.

Result: Out of 108 undergraduates (medical 65, nursing 43), 60(55.6%) had a positive attitude towards working in rural areas after graduation. Among the four domains assessed, student's attitude was higher in profession-related factors with a median percentage of 65 and was lowest in work-related factors with a median percentage of 56. Significant association was found between father's occupation and students' attitude status ($p=0.049$).

Conclusion: More than half of the undergraduate students in this study had a positive attitude towards working in rural areas. Further study is needed to explore effective intervention like improving facilities, security to enhance the positive attitude of students to serve in rural areas.

How to cite

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Introduction

Rural areas with fewer people and small communities usually have limited services and facilities than urban areas. Specifically, the shortage of health workers in rural areas has become a global problem.¹ In a developing country like Nepal, the healthcare system is immeasurably poor, and millions lack appropriate access to adequate healthcare services. Moreover, the difference in health services between rural and urban areas is distressing. There is also a huge rural-urban maldistribution of health professional staffing in Nepal. It has been a challenge for Nepal to deploy health workers to rural and remote areas, and the uneven distribution of health workers has been a major concern in the health sector.^{2,3}

Recruiting health workers in rural areas is essential to achieve universal health coverage. However, health professionals can have varied perceptions regarding working in rural areas. Student's opinions on practicing in rural areas are likely to have an impact on their decision to work in rural areas later.⁴ Students typically start to consider their career routes after entering medical college, which becomes more definite by their final year. Many students are found to pursue careers that are strongly related to the decisions they made during their last year of medical school.⁵

Understanding the perceptions and attitudes of medical students towards working in rural areas can help in addressing the problem of the shortage of health workers in these areas.⁶ Negative attitude will lead to doubt on the sustainability and equity of providing health services to rural populations.⁷ Despite being a serious matter, there aren't many studies looking into this subject in Nepal due to limited research funding, focus on urbanization, logistical challenges in rural data collection, and societal preference for urban opportunities. It is vital to understand the viewpoints of medical and nursing students concerning their employment in rural regions following graduation to effectively manage the scarcity of healthcare

workers. Therefore, this study was done to find out attitudes towards working in rural areas after graduation among undergraduate students.

Method

A descriptive cross-sectional study design was used to assess the attitude of undergraduate students towards working in rural areas after graduation. The research population were all students who were pursuing Bachelor of Medicine, Bachelor of Surgery (MBBS), Bachelor of Science in Nursing (B.Sc.N) and Bachelor of Nursing Science (BNS) studying at Chitwan Medical College and were in the final year of their respective courses. The total sample size was 108, which was calculated using Cochran's formula, taking prevalence as 42.3% from the previous study.^{8, 9} Stratified proportionate sampling was used to select the desired sample using a random number table.

Data were collected using a self-administered questionnaire within the period of two weeks from 19 Dec 2023 to 02 Jan 2024.

The questionnaire used comprised of two parts: socio-demographic characteristics and statements related to the attitude of undergraduate students. The self-developed questionnaire consisted of a total of 30 items under four domains: personal factors consisting of six items, profession-related factors consisting of eight items, work-related factors consisting of 10 items and community-related factors consisting of six items.

The content adequacy of the instrument was enhanced by an extensive review of the literature and consultation with subject experts and research advisors. Pretesting of the instrument was done among nine 4th year B.Sc. Nursing students and they were excluded from the study.

A 5-point Likert scale was used. Positive statements were scored from 5 to 1, and negative statements were scored reversely. The attitude was categorized as positive for score \geq median score and negative $<$ median score.

Ethical clearance was taken from Chitwan Medical College, Institutional Review Committee

(CMC-IRC). Administrative permission for data collection was obtained from the School of Nursing, Chitwan Medical College and coordinators of respective classes. The purpose of the study was clearly explained to the participants, and they were given 15-20 minutes to fill out the questionnaire. Data were collected from each academic program on separate days, one academic program at a time.

The filled questionnaire was collected immediately by the researcher herself and was checked for completeness. After checking for completeness, the protocol involved thanking the respondent, securely storing the questionnaire, documenting its collection, assigning a unique identifier, and noting any clarifications for accurate data entry and analysis. Respondents were assured that the information would be kept confidential. The collected data were coded and analyzed using Statistical Package for Social Sciences (SPSS) version 20 and interpreted in terms of descriptive statistics

(number, per cent, median, inter-quartile range) and inferential statistics (Chi-square and Fisher's exact test).

Result

Among 108 respondents, 69(63.9%) were female, 82(75.9%) upbringings were urban, 65(60.2%) were from the MBBS stream, and 94(87%) of the respondents were studying under self-finance, Table 1.

Among respondents, 88(81.5%) parent's permanent residences were urban;59(54.6%) respondent's fathers and 34(31.5%) mothers had educational status of bachelor and above. The majority of the respondent's fathers 47(43.5%) were businessmen, and 59(54.7%) of the mothers were homemakers. Most of the respondent's parents have never worked in rural areas, Table 2.

Table 1. Socio-demographics of undergraduates surveyed for attitude towards working in rural areas after graduation from various programs from a medical college, n=108

Variables	n(%)
Age (in completed years) Median=23, IQR=24-23, Min=21, Max=29 year	
≤23	61(56.5)
>23	47(43.5)
Gender	
Male	39(36.1)
Female	69(63.9)
Marital status	
Married	7(6.5)
Unmarried	101(93.5)
Upbringings	
Rural	26(24.1)
Urban	82(75.9)
Academic program	
Bachelor of Nursing Science	25(23.1)
Bachelor of Science in Nursing	18(16.7)
Bachelor of Medicine Bachelor of Surgery	65(60.2)
Financial arrangement for the study	
Self-financing	94(87.0)
Scholarship	14(13.0)

Table 2. Socio-demographics of parents of undergraduates surveyed for attitude towards working in rural areas after graduation from various programs from a medical college, n=108

Variables	n(%)
Parent's permanent address	
Urban	88(81.5)
Rural	20(18.5)
Father's educational status	
Basic (1-8)	9(8.3)
Secondary (9-12)	40(37)
Bachelor and above	59(54.6)
Mother's educational status	
No formal education	11(10.2)
Basic (1-8)	23(21.2)
Secondary (9-12)	40(37)
Bachelor and above	34(31.5)
Father's occupation	
Service	40(37)
Agriculture	11(10.2)
Business	47(43.5)
Abroad	10(9.3)
Mother's occupation	
Service	21(19.4)
Agriculture	9(8.3)
Business	18(16.7)
Home maker	59(54.7)
Abroad	1(0.9)
Parents currently working in rural areas	
Yes	20(18.5)
No	88(81.5)
Parents ever worked in rural areas	
Yes	45(41.7)
No	63(58.3)

The total obtained respondent's score on different domain of attitude towards working in rural areas after graduation ranged from 67-118 with a median score of 90, and median percentage 61.5. The highest median percentage was observed in domain that included profession related factors (65%), Table 3. More than half of the respondents 60(55.6%) had

positive attitude towards working in rural areas after graduation, Table 4.

There was no significant association between attitude to work in rural areas and socio-demographic variables, Table 5a and 5b. A significant association was observed between father's occupation and respondents' attitude to work in rural areas, $p=0.049$, Table 6.

Table 3. Score in different domain of undergraduates surveyed for attitude towards working in rural areas after graduation from various programs from a medical college, n=108

Domain and related factors	No. of items	Possible Score	Obtained Score Min-Max	Median	IQR Q ₃ -Q ₁	Median%
Personal	6	30	12-26	19	21-17	63.33
Profession	8	40	14-37	26	28-23	65
Work	10	50	19-37	28	30-25	56
Community	6	30	11-25	18	20-15	60
Total	30	150	67-118	90	96-85	61.5

Table 4. Overall attitude of undergraduates to work in rural areas after graduation from various programs of a medical college, n=108

Status of Attitude	n (%)
Positive	60(55.6)
Negative	48(44.4)

Table 5a. Association between attitude and selected variable of undergraduates to work in rural areas after graduation from various programs of a medical college, n=108

Variables	Positive attitude n(%)	Negative attitude n(%)	χ^2	p-value
Gender				
Male	21(53.8)	18(46.2)	0.072	0.788
Female	39(56.5)	30(43.7)		
Marital status				
Married	3(42.9)	4(57.1)	-	0.698 ^f
Unmarried	57(56.4)	44(43.6)		
Upbringings				
Rural	18(69.2)	8(30.8)	2.594	0.107
Urban	42(51.2)	40(48.8)		
Academic course				
BNS	16(64)	9(36)	1.550	0.461
B.Sc. Nursing	11(61.1)	7(38.9)		
MBBS	33(50.8)	32(49.2)		
Financial				
Self-financing	54(57.4)	40(42.6)	1.050	0.305
Scholarship	6(42.9)	8(57.1)		

Significant at p value <0.05, f=fisher's exact test

Table 5b. Association between attitude and selected variable of undergraduates to work in rural areas after graduation from various programs of a medical college, n=108

Variables	Positive attitude n(%)	Negative attitude n(%)	χ^2	p-value
Parent's permanent address				
Urban	11(55.0)	9(45.0)	0.003	0.956
Rural	49(55.7)	39(44.3)		
Father' educational status				
Basic (1-8)	5(55.6)	4(44.4)	0.082	1.00 ^f
Secondary (9-12)	22(55.0)	18(45.0)		
Higher (Bachelor and above)	33(55.9)	26(44.1)		
Mother's educational status				
No formal education	10(90.9)	1(9.1)	6.501	0.090 ^f
Basic (1-8)	12(52.2)	11(47.8)		
Secondary (9-12)	21(52.5)	19(47.5)		
Higher (Bachelor and above)	17(50.0)	17(50.0)		
Father's occupation				
Service	18(45.0)	22(55.0)	7.663	0.049 ^f
Agriculture	10(90.0)	1(9.1)		
Business	26(55.3)	21(44.7)		
Abroad	6(60.0)	4(40.0)		
Mother's occupation				
Service	13(61.9)	8(38.1)	2.692	0.651 ^f
Agriculture	6(96.7)	3(33.3)		
Business	11(61.1)	7(38.9)		
Home maker	29(49.2)	30(50.8)		
Abroad	1(100)	-		
Parents working in rural areas				
Yes	14(70)	6(30)	2.074	0.150
No	46(52.3)	42(47.7)		
Parents worked in rural areas				
Yes	26(57.8)	19(42.2)	0.154	0.694
No	34(54)	29(46)		

f=fisher's exact test

Discussion

The current study assessed the status of attitude of undergraduate students towards working in rural areas after graduation from Chitwan Medical College, Nepal. This study showed that more than half 60(55.6%) of the undergraduate students had positive attitude towards working in rural areas after their graduation. This finding is similar to the study among five Asian countries (Bangladesh, China, India, Thailand and Vietnam) where positive attitude was ranging from 50-

70%.¹⁰ The findings is also similar with a cross-sectional study conducted in Uttarakhand where 57.1% students were eager to work in rural areas after graduation.¹¹ These similarities might be due to combination of strong community ties, sense of social responsibility, local identity, pride and cultural respect for service. However, the findings of the study is in contrast with the cross-sectional study among 221 nursing students of South Asia which revealed that less than one-third of nursing students (24%) had intention to work in rural areas.¹² A study conducted among

1,771 nursing students in China also showed the contrasting findings where only 5% of nursing students were willing to work in rural setting.¹³ The findings of this study is also different from another study conducted in China which revealed that highest 92.6% of them expressed that they did not want to go to rural township hospitals and work as rural health workers.¹⁴ The differences in findings might be due to effective government initiatives, career satisfaction, independent practices, simpler lifestyle preferences, enough time for further study and job securities in rural areas. In the current study, among the four-domain assessed, profession related factors had the highest median percentage i.e.65 and the domain work related factors had the lowest median percentage i.e. 56. In this study in domain personal factors, many students (89.8%) had agreed that the rural environment as clean and healthy, which contribute significantly to increase willingness to work in rural settings which is similar to the study conducted in Indonesia where 92% had agreed on it.¹⁵ However, many students (70.4%) had agreed isolation from family and relatives is a strong deterrent to lower the attitude towards working in rural areas which is similar to the study conducted in Uttarkhand, India, where 69.9 % agreed on it.¹⁶

In domain professional related factors, majority (64.8%) of the students agreed on the statement that in rural areas it is easier to secure a permanent position which could be the major reason for higher positive attitude in which is supported by the study conducted in Uttarkhand where 68.5% agreed on it. Around 63.8% of the students had agreed that inadequate incentives to health workers is a major concern in rural areas which is similar to the study in hilly region of Uttarkhand where 51.8% had agreed on it.¹⁶

In domain work related factors, most of the students (87%) agreed on the statement inadequate hospital infrastructure, less job satisfaction (46.3%) were found to be responsible for negative attitude which is similar to the study conducted in India where 95.1% and 62.9% respectively had agreed on it.⁹ Similarly, in community related factors domain, high prestige of the profession as stated by 80.5% of

the students is similar to the study conducted in Nepal where 71.4% had shown the positive response. However, issue of safety and security (70.1%) and lack of recreational facilities (74.1%) as stated by students had shown the negative attitude is like the study where 66% and 65.2% of the students agreed on it.¹⁷

This study shows significant association ($p=0.049$) between undergraduate student's status of attitude and father's occupation. This might be due to students whose fathers work in agriculture were likely to have spent considerable time in rural environment and might have a strong sense of attachment to rural life. The present study shows no significant association of attitude towards working in rural areas with marital status and parent's current permanent residence of the respondents which is supported by a study in Maharashtra, India in which marital status, permanent residence had no significant association with attitude of students to work in rural areas.¹⁸ This study found that place of rural upbringings, academic course, and financial arrangement for the study, parent's educational status and parents in rural service had no any association with undergraduate student's attitude towards working in rural areas. This might be because attitude towards working in rural areas might not be greatly impacted by these characteristics, and attitude towards rural work might be influenced by a variety of factors other than the demographic variables under study. Majority of the students in the current study were raised in urban areas, factor such as personal beliefs, lifestyle choices, and professional goals may override the influence of urban residency.

Conclusion

The current study highlights the complexity of factors influencing undergraduate students' attitudes towards working in rural areas. While a significant proportion of students exhibited a positive attitude, various professional, personal, and community-related factors, along with demographic variables, play crucial roles in shaping these attitudes. Understanding these nuances can help in designing effective

strategies and policies to encourage healthcare professionals to serve in rural areas.

Author contribution

Concept and design: PL, SB; Data acquisition and analysis: PL; Data interpretation: PL; Drafting: PL, SB; Review: SB; Final approval and accountability: PL, SB

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Conflict of interest

None

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Supplementary material

The data and supplementary material that support the findings of this study are available from the corresponding author upon reasonable request

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Questionnaire/tools

Informed consent form

Code No.....

Namaskar, I am Pooja Lamsal, a student of B.Sc. Nursing 4th year from Chitwan Medical College. I am here for a study on '**Attitude towards working in rural areas after graduation among medical and nursing students at Chitwan**' as a partial fulfillment of requirements for the generic Bachelors of Science in Nursing. The purpose of the study is to assess the attitude of medical and nursing students to work in rural areas after graduation. I would like to inform you that your participation in this study is voluntary and you have full right to withdraw from the study at any time you wish. All the information provided will be used for sole purpose of the study only. I hope you will participate in this study by providing your valuable response. It will contribute to the successful completion of this research study and will be highly appreciated. By signing this consent form, I state that I have read this document completely and I understand its content and purpose. I have been well informed about the study and voluntarily give consent to participate in the above-mentioned study.

Participant's Signature

Date:

Part I: Socio-demographic characteristics

Direction: Please read the questions carefully and put a tick (✓) mark on the appropriate option for choice questions and fill in the blanks with appropriate answer in the spaces provided for the following questions.

1. What is your age (in completed years)? _____ years
2. What is your gender?
 - a. Male
 - b. Female
3. What is your marital status?
 - a. Married
 - b. Unmarried
4. Academic Program
 - a. BNS
 - b. B.Sc.N
 - c. MBBS
5. What is your religion?
 - a. Hinduism
 - b. Buddhism
 - c. Christianity
 - d. Islam
 - e. Others (Please specify.....)
6. What is your ethnicity?
 - a. Brahmin
 - b. Chhetri

- c. Dalit
d. Janajati
e. Others (Please specify.....)
7. Where is your parent's permanent address?
a. Urban area
b. Rural area
8. Where did you spend your childhood?
a. Urban area
b. Rural area
9. What is your father's educational level?
a. No formal education
b. Basic (1-8) class
c. Secondary (9-12) class
d. Higher (Bachelor and above)
10. What is your mother's educational level?
a. No formal education
b. Basic (1-8) class
c. Secondary (9-12) class
d. Higher (Secondary and above)
11. What is your father's occupation?
a. Service
b. Agriculture
c. Business
d. Abroad
Others (Please specify.....)
12. What is your mother's occupation?
a. Service
b. Agriculture
c. Business
d. Home maker
e. Abroad
f. Others (Please specify.....)
13. Is any of your parents working in rural areas?
a. Yes
b. No
c. If NO,
14. Have any of your parents ever worked in rural areas?
a. Yes
b. No
15. What is your financial arrangement for study?
a. Self-financing
b. Scholarship
16. If scholarship are you bonded to work in rural areas with
stry of Education?
a. Yes
b. No

Part II: Statements related to attitude towards working in rural areas after graduation

Direction: Please indicate the extent of your agreement or disagreement with each of the following statements by putting a tick mark (✓) in the appropriate box.

SA: Strongly Agree A: Agree N: Neutral D: Disagree SD: Strongly Disagree

S.N.	Statements	SA	A	N	D	SD
	Personal factors					

1.	Clean and healthy environment attracts health workers to work in rural areas					
2.	It is difficult to maintain meaningful patient-health workers relationships while working in rural areas					
3.	Working in rural areas means working independently					
4.	Quality of life in rural areas is good in terms of lifestyle					
5.	Placement in rural areas isolates from family and relatives					
6.	Working in rural areas provides greater opportunities for interaction with colleagues of medical field					
	Profession related factors					
7.	Working in rural areas provides great opportunities to upgrade knowledge and skills					
8.	Working in rural area limits professional and career growth					
9.	Promotion of professional grades is easier in rural areas than in urban areas					
10.	There is greater chance to hold a permanent position in rural area service					
11.	It is difficult to pursue further education after working in rural areas					
12.	Working in rural areas help to build confidence from independent case handling					
13.	There are high opportunities of private income generating activities in rural areas					
14.	In rural areas there is inadequacy of financial incentives to health workers					
	Work related factors	SA	A	N	D	SD
15.	The workload is higher in rural area than in urban area					
16.	There is no enough time for preparation for further studies while working in rural areas					
17.	Staff are more supportive of each other in rural areas					
18.	Working in rural areas gives more job satisfaction					
19.	Rural practice does not give recognition as a medical profession					
20.	Resources are limited in rural health care settings					
21.	Working in rural areas is challenging					
22.	There is no cultural and language barriers to work in rural areas					
23.	Hospital infrastructures is inadequate in rural areas					
24.	In rural areas, new working people are welcomed					
	Community related factors					
25.	Basic facilities (food, clothing's, entertainment, recreational activities) are not easily accessible in rural areas					
26.	It is difficult to maintain inter personal relationships with people of rural areas					
27.	Transportation services is poor in rural areas					
28.	Health professionals are given more value in rural areas					
29.	There is issue of safety and security in rural areas					
30.	Working in rural areas provides important contribution to heath of rural population					