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ONE SIZE DOES NOT FIT ALL: INVESTIGATING DOCTORS' STATED PREFERENCE HETEROGENEITY FOR JOB INCENTIVES TO INFORM POLICY IN THAILAND

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ABSTRACT

This study investigates heterogeneity in Thai doctors' job preferences at the beginning of their career, with a view to inform the design of effective policies to retain them in rural areas. A discrete choice experiment was designed and administered to 198 young doctors. We analysed the data using several specifications of a random parameter model to account for various sources of preference heterogeneity. By modelling preference heterogeneity, we showed how sensitivity to different incentives varied in different sections of the population. In particular, doctors from rural backgrounds were more sensitive than others to a 45% salary increase and having a post near their home province, but they were less sensitive to a reduction in the number of on-call nights. On the basis of the model results, the effects of two types of interventions were simulated: introducing various incentives and modifying the population structure. The results of the simulations provide multiple elements for consideration for policy-makers interested in designing effective interventions. They also underline the interest of modelling preference heterogeneity carefully. Copyright © 2013 John Wiley & Sons, Ltd.

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KEY WORDS: discrete choice experiments; random parameter logit model; preference heterogeneity; doctors; job preferences; Thailand

1. BACKGROUND

In developing countries, the poverty and poor health outcomes of rural populations are often compounded by limited access to and low quality of basic health services. A major constraint to improving the availability and quality of health care services in rural areas is that it has proven difficult to attract and retain skilled health workers in rural jobs (Grobler *et al*., 2009; WHO 2010).

In Thailand, the shortage of doctors in rural areas has long been identified as a key problem, and over the past four decades, the government has implemented several strategies to attract and retain doctors in rural areas (Wibulpolprasert and Pengpaiboon 2003). The government first introduced in 1971 a 3-year compulsory service in rural areas for medical graduates. Then, the salary of doctors in rural posts has been gradually increased through the implementation of various incentives such as the hardship allowance (introduced in 1975), non-private practice allowance (1995), professional allowance (1997) and pay for overtime duty (2005). In 1978, the Thai government decided to introduce a special 'local entrance' into medical studies to favour the recruitment of medical students from rural backgrounds. Finally, preferential access to specialty training was made available for doctors working in rural areas during the 1970s, but this measure was abolished in 1995.

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