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**ATTITUDE OF STUDENTS OFMEDICAL PROFILE HIGHER EDUCATIONAL INSTITUTIONS TO THE PROSPECTS OF EMPLOYMENT IN RURAL AREAS**

**Introduction.** The WHO notes all over the world a shortage of medical staff in rural areas (especially in remote rural areas). This problem is also persistent for Ukraine. Moreover, the situation is only getting worse from year to year, which, among other things, is due to the reluctance of medical students of higher educational institutions to work in rural areas, which, ultimately, determines the relevance of this study.

**Objective.** Determination of attitude of students of medical profile higher educational institutions to the prospects of employment in rural areas.

**Methods and materials.** The study was conducted in September – October 2020 with the use of the Google Forms technology and a standardized questionnaire. The respondents were 120 adults, of whom 76,7% were women; 100% are students of the Kharkiv National Medical University; 58,3% are the sixth-year students, 17,5% are the fifth-year students, 24,3% are the fourth and younger years students; 97,2% study medicine, 0,8% – pediatrics, 0,8% – dentistry, 0,8% – other branches; 42,5% are from Kharkiv, 1,7% – from Kyiv, 18,3% – residents of regional centers, 19,2% – residents of district centers, 18,3% – residents of villages and settlements; 33,3% live with their parents, 28,3% live in dormitories, 20,0% – in their own dwelling and 18,3% – in rented accommodation; 7,5% are married, 50,0% are in a consensual union, and 42,5% are single.

**Results.**The generalizations were performed, the results of the interview revealed the following:

– 45.9% of respondents have practical experience in the field of health care and related fields, including 5,0% work as physicians, 28,6% – as paramedical personnel and 6,7% – as nursing medical personnel, 4,0% – as pharmacists, 1,6% – as cosmetologists;

– after graduation, 20,0% do not intend to be engaged in the field of health care, which is due to the following: disappointment in the chosen profession (100,0%), found their vocation in another field (79,0%), did not plan to work in this specialty from the beginning (8,3%);

– 26,9% consider the level of wages of physicians to be insufficient and inconsistent with the specifics of their work;

– from the possible options for specialization, the students most often chose surgery (22,7%), family medicine (5,9%), pediatrics (4,2%), dentistry (1,7%);

– 21,7% of respondents found a real place for passing the internship and/ or further employment according to their existing preferences, including: 13,3%– in Kharkiv, 2,5% – in Kiev, 3,3% – in another regional center, 2,5% – in some district center;

– the most desirable for employment are: foreign countries (23,3%), Kyiv (4,1%), Kharkiv (57,5%), regional centers (10,8%) and district centers (4,1%); at the same time, there was no one who really wanted to work in the village/ settlement;

– 81,6% do not connect their future with rural medicine at all, 14,2% – consider this option possible, 4,2% – quite possible;

– the reasons for giving up a career in rural medicine are: low level of materiel and technical support of rural hospitals (73,0%); lack of prospects for self-development (65,0%); large distance from the benefits of city life (64,0%); wages lower than those of physicians in city hospitals (61,0%); specifics of rural lifestyle (49,0%); lack of possibility to treat complex clinical cases and inability to use modern treatment protocols (36,0%); low level of financial capabilities of patients (35,0%); lack of housing in rural areas and its availability in the city (32,0%); reluctance of the family to move to rural areas (13,0%);

– the motives for the choice of future career in rural medicine by graduates from higher educational institutions of medical profile are: absence/ shortage of places for passing internships/ employment in urban clinics/ hospitals (30,0%); calm, measured rhythm of life, the opportunity to gain practical experience (16,0%); low competition and guaranteed employment after the internship as a physician (12,0%); better environmental situation (11,0%); lower (than in the city) cost of living and lower housing prices (9,0%); easier finding a tutor who will really help to become a professional (8,0%); opportunity to form a significant customer base (7,0%); career growth opportunity (3,0%);

– the incentives for moving to rural areas of graduates from higher educational institutions of medical profile are: wages at the level of urban private clinics (57,0%); material and technical support of the hospitals according to modern standards of medical care (52,0 %); free dwelling and service car (41,0 %); opportunity to live with family in the city and to work in rural areas (26,0%); adequate base for improvement of qualification and lack of jobs in the city (1,0%);

– 41,0 % will agree to move to rural areas under no circumstances.

**Conclusions.** None of the graduates from higher educational institutions of medical profile dreams of a further career in rural medicine, but 14,2% still consider this option possible, and 4,2% – quite real. This further complicatesthe staffing of health care establishments in rural areas by competent personnel and access to quality health services for the rural population. Further scientific research shall be devoted to the development of practical recommendations aimed at improving the quality of training of future physicians and that of forming their professional careers.