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**Original Article**

# Barriers of faculty development in under graduate medical education of Bangladesh

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## Abstract

This descriptive cross sectional study was carried out to identify the existing barriers of faculty development in undergraduate medical education of Bangladesh. This study was conducted in eight (four Government and four Non-Government) medical colleges in Bangladesh over a period from July 2015 to June 2016.

A semi-structured self-administered questionnaire was used for collecting data from individual teacher. Total 103 teachers responded to the questionnaire. Regarding barriers of faculty development about 47% respondents opined that insufficient initiatives by the institute, 38% of teachers opined too much workload. About 24% teachers opined lack of recognition and reward, 19% opined about lack of fund, 14% teachers' opined lack of organized programme, 12% about lack of qualified resource person for faculty development programme.

From the findings of present study it is evident that medical institutes of Bangladesh should play a bit more active role for faculty development programme, should organize arrangement for adequate resources particularly faculty development instructors and funding for faculty development.

**Key Words:** Faculty development, undergraduate medical education, barrier

## Introduction

Faculty development (FD) is a planned program to improve an individual's knowledge and skills in teaching, educational research and educational administration. Faculty development programme prepare institution and faculty members for their various roles (Bland 1999). Teaching is a complex task. It is essential to take a significant preparation for carry out various responsibilities of medical teacher. Faculty development has been defined as broad range of activities that institutions use to renew or assist faculty in their roles and includes initiatives designed to improve the performance of faculty members in teaching, research and administration (Centa 1976).

It is necessary for the present day teacher to be aware of and become part of far reaching changes those are taking place in medical education. The changes are shift from conventional role of teacher, changes in learning styles, innovative curriculum models and changes in assessment philosophy, methods and tools (Srinivas 2009). Faculty development programme describe a typology that includes organizational strategies, fellowships, comprehensive local programs, workshops and seminars, and individual activities (Bligh 2009).

Any planned activity to improve an individual's knowledge and skills in areas considered essential to the performance of a faculty member in a department (e.g. teaching skills, administrative skills, research skills, clinical skills (Clark 2004, Skeff 1997). The majority of faculty members want to be effective teacher. But multiple and complex factors stand on their ways to be an efficient teacher (Debra 2011).

Increasing demands of medical profession are being placed upon medical school faculty members to be creative and effective teachers, successful investigators and productive clinicians. To achieve these efficiency faculty members need to acquire new knowledge, skill and abilities. In line with the behaviorist theory in vogue in the 1970s, faculty development aimed to develop the qualities and competencies of the 'good' teacher: someone who could use various teaching aids, reinforce important concepts and communicate effectively (Wilkerson 1998).

In order to prepare a new cadre of competent teachers, researchers, educators and the professionals to face the demands and challenges of medical education we need to resort the faculty development (Srinivas 2009). The lack of an award system for teaching, time limitations, the physical space in which medical education takes place, and financial barriers pose serious challenges to even the most committed teachers (Debra 2011). It is not an easy task, for it requires institutional commitment, allocation of appropriate resources and in addition recognition to the faculty undergoing development activities (Srinivas 2009).

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In consideration of above mentioned facts, this study had tried to find out the barriers of faculty development in undergraduate medical education of Bangladesh. So by understanding the obstacles of faculty development, necessary suggestions will be made for the concern authority for modification and strengthening of present faculty development programe to improve the faculty development programme.

## Methodology

This was a descriptive type of cross-sectional study and carried out from July 2015 to June 2016.This study was conducted in the eight medical colleges of Bangladesh, four government (two from Dhaka city, two outside Dhaka city and four non-government institutes (two from Dhaka city two outside Dhaka city).Study population of this study were lecturer to Professor of all disciplines of selected medical colleges.

Total one hundred and three (103) teachers were enrolled from eleven major department of eight medical colleges as per under graduate medical curriculum. Sampling was done by convenience sampling. A semi- structured self-administered questionnaire was used to collect data from teachers of medical colleges.

The purpose of the study and the questionnaire was briefed after introduction with the teachers. After clarifying the doubts questionnaire was distributed to the teachers. Questionnaire was filled up in presence of the researcher. Quantitative part of data checked & edited after collection. Data processed & analyzed by using SPSS software package. Data was presented in the form of table & graphs. Responses of the open questions were coded manually on the basis of the theme. The responses were presented by frequency table. Written permission was taken properly from the principal of the respective medical colleges prior to data collection. Participation by the respondent in the study was totally voluntary. Anonymity of the respondents was maintained. Confidentiality of the information was ensured. Name of college and teacher was not disclosed.

## Results

**Table 1:** Distribution of the teachers by their gender (n=103)

| Gender of the teacher | Frequency | Percent |
|---|---|---|
| Female | 54 | 52.4 |
| Male | 49 | 47.6 |
| Total | 103 | 100 |

Table 1 showed 52.4% teachers were female, and 47.6% male

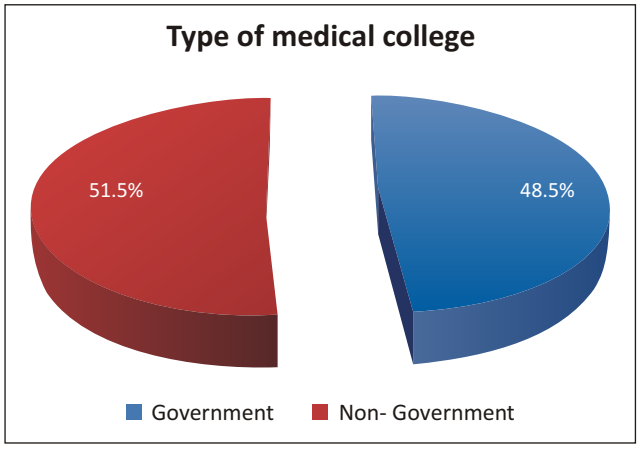


**Figure 1:** Distribution of the respondents by their type of college

Figure 1 showed 51.5% teachers were from non - government medical college

**Table 2:** Distribution of teachers by their opinion about barriers of faculty development programme (n=103)

| Barriers of faculty development | Frequency | Percent |
|---|---|---|
| Insufficient initiatives from the institute | 48 | 46.6 |
| Too much workload | 39 | 37.9 |
| Lack of recognition and reward | 25 | 24.3 |
| Lack of fund | 20 | 19.4 |
| Lack of organized programme for FD | 14 | 13.6 |
| Lack of qualified resource person for FD | 12 | 11.7 |
| Lack of motivation about FD | 11 | 10.7 |
| Lack of information dissemination about FD | 8 | 7.8 |
| Poor job satisfaction | 4 | 3.1 |
| Lack of supervision of authority | 2 | 1.9 |
| Inadequate activity of MEU | 2 | 1.9 |
| Not attractive for poor allowance | 1 | 1 |
| Total | 186 | 180.6 |

**** Responses are more than 100% due to multiple responses***

Table 2 showed that 46.6% of teachers mentioned insufficient initiatives from the institute, 37.9% of teachers said that too much workload, 24.3% mentioned that lack of recognition and reward, 19.4% said that lack of fund and 13.6% said that lack of organized programme for FD as barrier of FD.

## Discussion

### Socio-demographic characteristics of teacher

In the present study 52.4% of the respondents were female and 47.6% of the respondents were male. Giti (2015) in her study stated that 70% teachers were female and 30% were male. Women are likely to choose specialties which can give

them chance to spend more time with their families, have regular and shorter working hour. In present study 51.5% of the respondents were from non- government and 48.5% from government service.

### Opinion of the teachers about the barriers of faculty development

In this present study 47% of the respondents identified that insufficient initiative from the institute for faculty development as a barrier (table 2). Skeff et al (1997) revealed that several potential barriers can impede participation in teaching learning improvement programme. Such barriers include the attitudes and misconception of teachers, insufficient support from the institutions and relative shortage of research on teaching improvement method. DaRosa DA et al (2011) stated that faculty commonly identified the absence of formal training on teaching. From the findings of present study it is evident that medical institutes of Bangladesh should play a bit more active role for faculty development programme.

About 38% of the respondents of this present study mentioned that too much workload is a barrier for them to improvement as a faculty (table 2). Da Rosa DA et al (2011) stated that lack of protected time to participate in the faculty development programs was a barrier to effective teaching. These findings were similar to present study. Teachers of medical colleges were too much busy with class room teaching, preparation of instructional material preparation, and term examination. Teachers of clinical subject usually had to attend their routine clinical management, emergency, medical and surgical management of patients. It was difficult for them to manage time for attending faculty development program. For improvement of present condition teachers should have protected time and guidance on how to balance and meet their simultaneous patient care and teaching responsibilities.

About 24% of respondents of present study mentioned lack of recognition and reward were barriers for faculty development. If there is no system of recognition of efficiency no one usually interested to achieve the expertise. Srinivas (2009) conducted a study in India also found a similar result that lack of motivation amongst teachers as well amongst educational administrators for faculty development, poor recognition and lack of reward for the work done were the barrier for faculty development. Clark et al (2004) in their study revealed that demands for clinical engagement and lack of recognition for teaching were viewed as important barriers to faculty development for medical education. A system is required to develop that recognize and reward excellent performance in teaching, educational scholarship and hold faculty accountable for the quality and amount of teaching.

About 19% of teachers identified that lack of fund was an important barrier (table 2). Clark et al (2004) in their study found similar findings of present study that lack of infrastructure and funding to support FD activities were viewed as important barriers. For smooth and regular conduction of faculty development programme requires definite allocation from annual budget, adequate space, and professional resources.

About 14% of teachers said that lack of organized programme for faculty development, about 12% said that lack of qualified resource person for faculty development, 11% of teachers said that lack of motivation as barrier. Others barriers revealed from the study were lack of information dissemination about faculty development, poor job satisfaction, lack of supervision of authority, inadequate activity of medical education unit and not attractive for poor incentives (Table 2). Mukhtar et al (2010) stated that identified barriers were lack of incentives 20 (54%), lack of faculty interest 15 (40%) and a shortage of trained facilitators 15 (40%) as barriers to faculty development activities. The present study has similar findings in case of qualified resource person and lack of motivation. So necessary steps should be taken to creation qualified resource person. Information about usefulness of faculty development should be disseminated. In the study of Clark et al ( 2004) stated about the barriers that out of 763 separate comments five major themes were sorted. Among the barriers lack of faculty development expertise in teaching skills (249 comments), time (156), funding (95), and infrastructure (e.g., space, facilities, and support staff). Respondents stated that developing faculty development content expertise, either by utilizing outside experts or sending faculty to regional or national centers for faculty development training was critical for their own faculty development activities. Respondents felt that their faculty needed protected time to learn faculty development skills and more time to teach residents and students. Furthermore, faculty members do not receive instruction or guidance on how to balance and meet their simultaneous patient care and teaching responsibilities. This void in faculty development leads to differing perception and practices in supervision and in balancing patient care responsibilities. Lack of faculty development opportunities to address these important challenges can also lead to frustration on the part of sincere faculty.

## Conclusions

Faculty development has a critical role to play in promoting academic excellence and innovation. This study had conducted to find out the barriers of faculty development in undergraduate medical education in Bangladesh. After analyzing the different findings of present study it is clear that regarding the barrier insufficient initiatives by the institute was most common. Others were too much workload, lack of recognition and reward, lack of fund, lack of organized programme and also qualified resource person. There should be institutional policies to increase institutional commitment, improved evaluations, arrangement for adequate resources particularly faculty development instructors and funding, for faculty development.

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