

MEDICAL PROFESSION AS CAREER - PRESSURE OR PASSION: A CROSS SECTIONAL SURVEY AMONG UNDERGRADUATE MEDICAL STUDENTS

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ABSTRACT

Background: To become an eminent doctor one has to work hard, endure lengthier periods of training both at undergraduate and postgraduate level, compromise personal and family time, and dedication for lifelong learning. In spite of these many shortcomings, in India lakhs of students still aspire to pursue medical profession. Hence the present study was designed to assess the probable factors influencing the students to choose medical profession as career. **Methods:** A questionnaire based survey was carried out among 126 first MBBS students to document motives for choosing medical profession, career aspiration on completion of a medical degree and willingness to serve in rural area immediately after completion of degree. **Results:** Out of 126 students, 79 (62.7%) were females and 47 (37.3%) were males. Passion (41.26%) was the major motivational factor for choosing medical profession as career. 50% had decided to join medical profession before 10th standard and proportion was more among females (63%). Nearly 80% and 96% students planned to do rural service and post-graduation respectively. Majority of females preferred for Obstetrics and Gynecology and males preferred surgical specialty as their post-graduation subjects. Less than 3% of the participants preferred to do post-graduation in pre-clinical and para-clinical subjects. **Conclusion:** The present study revealed that the students were early deciders and passion as their major motivational factor and inclined to do rural service. There was a traditional gender based choices in choosing post-graduation specialty among males and females. So educational polices and career counselling seminars should be formulated to guide and encourage them to pursue career fields in medicine which are most needed.

Key words: Motivational factor, Medical Students, Passion, Parental pressure, Career choice.

INTRODUCTION:

It is a Holy Grail for almost every Indian parent that their wards admit to a medical college, become doctor and embark on the thriving career that brings laurels. Perhaps there is no other profession which commands such a respect as medical profession because it helps in changing one's life and also of people around. Globally, India has highest number of medical colleges.¹ In recent years many private

medical colleges have mushroomed² in this country that has opened greater opportunities for the students to join medical profession. Bachelor of Medicine and Bachelor of Surgery (MBBS) course has tenure of 4 ½ years study period with one year of compulsory rotatory residential internship followed by compulsory rural service for one year for all those who have been admitted through merit basis.³ A simple degree in

medicine is however not enough for making a successful and a satisfactory career. One needs to do specialization in any of the branches of medicine or surgery. Hence medical profession requires hard work; endure lengthier periods of training both at undergraduate and postgraduate level, compromise personal and family time and dedication for lifelong learning.

In spite of these many shortcomings we do find lakhs of students all over India are aspiring to pursue medical profession. Every year not even single medical seat in any medical college either government or private sector go vacant. Hence the present study was designed to assess the preparedness, perception, factors contributing to choose medical profession as career and further to explore the willingness to pursue post-graduation and to do rural service on completion of medical course among first year MBBS students.

METHODOLOGY

The present study was quantitative cross-sectional questionnaire based study conducted among first year MBBS students admitted during the academic year 2015-16 at Adichunchanagiri Institute of Medical Sciences, B G Nagara. A semi structured questionnaire was developed based on previous studies^{4,5,6} and pretested among small group (n=25) of medical students who were not a part of the study to assess the feasibility and validity of the study and was suitably modified. The questionnaire elicited information regarding demographic profile, motivational factors, career aspirations and willingness to do rural service. Questionnaire had mix of open and close ended questions. Institutional ethical committee approval was taken. Information regarding the study was provided and explained in English by the investigator not involved in teaching 1st MBBS

students at the time to avoid perception of coercion to participate.

Students present on the day of survey were included and students not willing to participate and incomplete questionnaires were excluded from the study. A written informed consent was obtained from each participant.

Statistical analysis: The responses were entered into a Microsoft excel spread sheet and descriptive analysis was done using SPSS software. Results were expressed as mean, SD, frequency and percentage. Student unpaired t-test for continuous variable and Chi square test for categorical data was employed. For all results p – value ≤ 0.05 was considered significant.

RESULTS

A total of 139 students were invited to participate in the study and 126 gave consent and completed questionnaire. The response rate was 90.6%. The sample had a gender distribution of 37.3% (47) males and 62.7% (79) females. The mean age was 18.7 ± 0.86 and 19.06 ± 0.89 in females and males respectively. The difference in mean age was statistically significant ($p=0.02$). Demographic profile and background characteristics of study participants are represented in table 1. There was statistical significant association between gender (male and female) with presence of doctors in the family ($p=0.04$) and time/ point of decision taken to join MBBS ($p=0.001$). Majority (41.3%) of the student had passion for profession as their motivational factor and 8.7% of the participants were in the medical field due to their parent's pressure. (Figure 1). Majority were aware, about the medical curriculum except for the number of university examinations (28.6%) to be cleared by the end of MBBS. (Figure 2). Majority of females

preferred for Obstetrics and Gynaecology (OBG) and males preferred surgical specialty (orthopedics) as their post-graduation specialty subjects. Less than 3% of the participants chose to do post-graduation in pre-clinical and para-clinical subjects mainly in forensic medicine.

DISCUSSION

Medicine is an extremely sought after professional education in India as a result of parental attitude to wish their children to become doctors. This trend is because, medicine is a noble profession and it commands respect in the society. In the present study passion (41.3%) was the major motivational factor for choosing medical profession as career. Earlier studies from India have reported similar responses among first year undergraduates of public and private sector⁷ and also among interns⁸. In contrast, few studies conducted among first year medical students have reported 'to serve the community' (58.5%)⁹ and 'to serve poor and needy' (93%)⁵ as the major motivational factor. However, in the present study only 25.3 % had listed 'to serve the community or needy' as the major motivational factor. For a significant proportion (8.7%) of the participants parental pressure was the motive which drove them to medical profession. This trend probably point towards an attitudinal shift seen among today's generation of doctors to be. Half of the study participants had decided to enter medical profession before they were in class tenth and similar results were reported by many researchers.^{4,10} An online survey conducted among residents of orthodontics reported that the residents had decided to join orthodontics (94.9%) even before they joined dental school.¹⁰ On an average they will be around sixteen years and whether at this age are they able to completely understand what and how about medical profession is debatable.

Additionally gender played a role in choosing post-graduation specialty subjects. Female participants chose OBG subject in spite of its unpredictable schedules and long hours of service. This could be due to the perception that female patients prefer to be treated by female obstetrics and gynecologist rather than male doctor. Equally important observation was made that less than 3% of the participants showed willingness to do post-graduation in forensic medicine. This can be attributed to the low career development and job opportunities. In the current study majority of the participants were willing to serve in rural community preferably in their home town and this could be due to state government policy on compulsory rural service after completion of MBBS degree.³ However in the study by Seetharaman et al,⁸ interns perceived that the training they receive during undergraduate year is insufficient and unsuitable for working in a primary care setting and there is low scope for career development. A further study in higher phases of under-graduation it may or may not establish same willingness to do rural service in these students.

CONCLUSION

The present study revealed that the medical students were early deciders and passion was the major motivational factor which drove them to join medical field. A traditional gender based choices in choosing post-graduation specialty among males and females were noted with none of the participants going for post-graduation in pre/ para clinical subjects except forensic medicine. Majority showed willingness to serve in rural community. Hence educational policies and career counselling seminars should be formulated to guide and encourage them to pursue career fields in medicine which are most needed. A critical review by the policy makers in the neglected areas of basic sciences in terms of

better career opportunities will promote specializing in these fields which are presently being overlooked by the students. Even though in the present study majority were motivated to do rural service but better facilities and incentives may further strengthen the willingness to serve the rural community by these young generation of health professionals. The limitation of the present study is small sample size and adoption of convenience sampling. The study was done in a single sector so the results cannot be generalized.

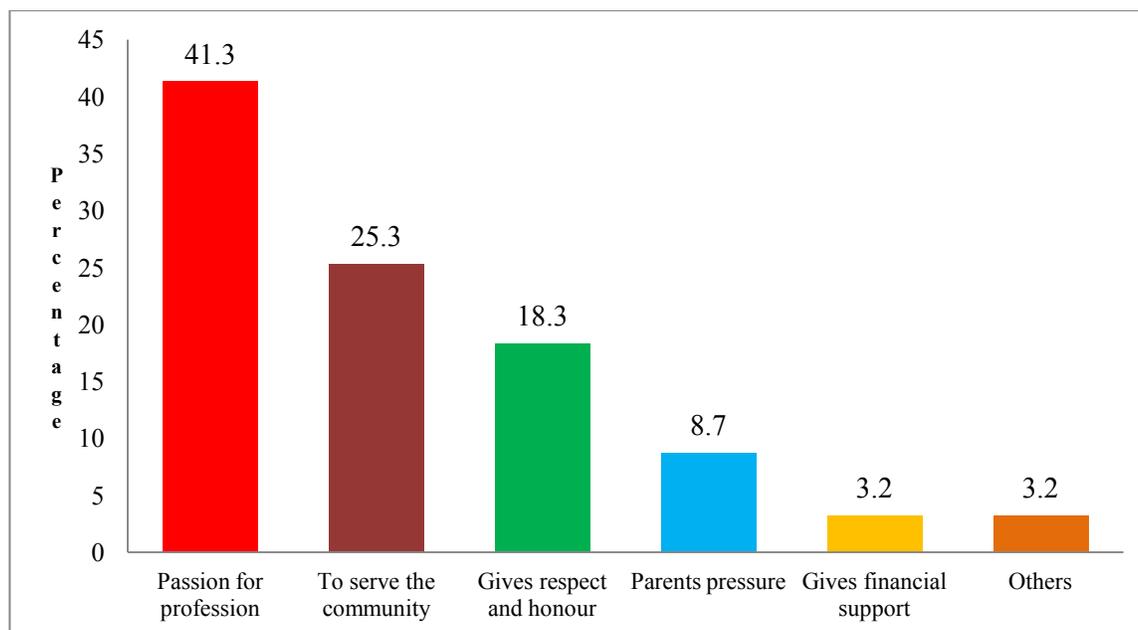
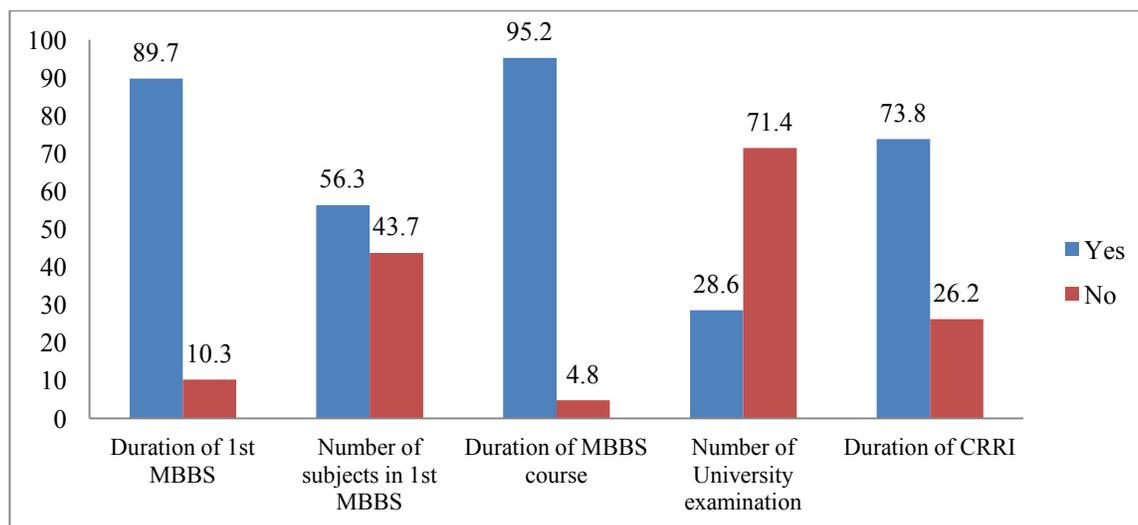
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Table No. 1: Demographic and background profile of the study participants

		Female n=79(%)	Male n=47(%)	Total
Place of residence	Karnataka	43 (62.3)	26 (37.7)	69
	Out of Karnataka	36 (63.2)	21 (36.8)	57
Educational status of father	Below graduate level	14 (48.3)	15 (51.7)	29
	Graduate	42 (63.6)	24 (36.4)	66
	Post graduate	23 (74.2)	8 (25.8)	31
Educational status of mother	Below graduate level	23 (52.3)	21 (47.7)	44
	Graduate	37 (67.3)	18 (32.7)	55
	Post graduate	19 (70.4)	8 (29.6)	27
Doctors in family	Yes	34 (75.6)	11 (24.4)	45
	No	45 (55.6)	36 (44.4)	81
Decided to join MBBS	Before 10th	50 (77)	15 (23)	65
	After 10 th	29 (47.5)	32 (52.5)	61
Decision to join MBBS was influenced	Yes	26 (57.8)	19 (42.2)	45
	No	53 (65.4)	28 (34.6)	81
Willing to do rural service immediately after completion of MBBS	Yes	67 (66.3)	34 (33.7)	101
	No	12 (48)	13 (52)	25
Willing to pursue post-graduation	Yes	77 (63.6)	44 (36.4)	121
	No	2 (40)	3 (60)	5

MBBS- Master of Medicine and Master of Surgery, CRRI: Compulsory Rotatory Residential Internship

Figure No.1: Reasons for choosing medical profession as career among 1st MBBS students**Figure No.2: Awareness on medical curriculum among study participants**

MBBS: Bachelor of Medicine and Bachelor of Surgery