

Original Article**A STUDY OF POST M.B.B.S. LIFE PERCEPTIONS AMONG RECENTLY GRADUATING DOCTORS IN SURAT CITY****Kanan T. Desai¹, Vinesh Shah², Danish B Kanpurwala³, Ravi A Jariwala⁴, RK Bansal⁵****Financial Support:** None Declared**Conflict of interest:** None Declared**Copy right:** The Journal retains the copyrights of this article. However, reproduction of this article in the part or total in any form is permissible with due acknowledgement of the source.**How to cite this article:**

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Date of Submission: 23-7-12**Date of Acceptance:** 21-10-12**Date of Publication:** 30-12-12**ABSTRACT****Background:** In today's time, insurmountable uncertainties in the medical field leads to lot of frustrations amongst the new pass out medical graduates.**Aim:** The current study was planned with an aim to explore the perceptions of the recent medical graduates/graduating students on life after M.B.B.S.**Methods:** This is a cross-sectional study comprising of face-to-face interviews using a semi-structured interview schedule among 400 simple randomly selected recently graduated/graduating M.B.B.S. doctors of Surat Municipal Institute of Medical Education and Research.**Results:** Majority 70% of respondents were satisfied with their decision of taking admission in M.B.B.S. with satisfaction level higher amongst females compared to males (P=0.002). As compared to interns, higher satisfaction rate was observed among residents (P=0.042) and senior students (P=0.008).**Conclusion:** Freshly graduating doctors face a very perplexing situation after M.B.B.S, as after years of studies, the brightest students, face an uncertain future.**Keywords:** Post M.B.B.S., Recent graduates, Life perceptions, Satisfaction**INTRODUCTION**

"What next after M.B.B.S.?" is a vital question invariably posed to medical teachers by their students immediately upon graduation. Extreme competition to grab a PG (Post graduation) seat, need of constant updating of the recent advances, era of consumerism, opting in specialized consultations even for minute problems, increased competition in practice, lenient policy towards practitioners of alternative medicine practicing allopath, lower

payment amount, attacks on doctors¹ are another few problems complicating the life and dilemma of recent medical graduates. The current study was planned with an aim to explore the perceptions of the recent medical graduates/graduating students on life after M.B.B.S.

METHODOLOGY

It is a cross-sectional study, comprising of face-to-face personal interviews using a semi-

structured interview schedule containing both qualitative and quantitative variables pertaining to the study objectives. Total 400 recent graduates/graduating M.B.B.S. students were included in the study with the help of simple random sampling from the cohort of recent graduates/graduating students list at SMIMER

(Surat Municipal Institute of Medical Education and Research). Informed consent was taken from all the participants before interview. Data entry was done followed by analysis with help of Epi Info 7.

RESULTS

Table 1: General profile of the participants and satisfaction with opting M.B.B.S (N=400)

Parameter	Group	Satisfied (%)	Dissatisfied (%)	Total (%)	OR	CI	P-value
Age in years	19	6(75)	2(25)	8(12)	1.00	-	0.144*
	20	7(58.3)	5(41.7)	12(3)	0.47	0.06-3.34	
	21	12(60)	8(40)	20(5)	0.50	0.08-3.13	
	22	15(53.6)	13(46.4)	28(7)	0.38	0.07-2.24	
	23	117(68)	55(32)	172(42)	0.71	0.14-3.63	
	24	106(82.8)	22(17.2)	128(32)	1.61	0.30-8.49	
	25	17(53.1)	15(46.9)	32(8)	0.38	0.07-2.16	
Gender	Male	163(64.7)	89(35.3)	252(63)	0.48	0.30-0.78	0.002†
	Female	117(79)	31(21)	148(37)			
City of permanent residence	Surat(Local)	203(69.5)	89(30.5)	292(73)	0.92	0.56-1.49	0.731†
	Other city (Hostel student)	77(71.3)	31(28.7)	108(27)			
Religion	Hindu	222(70)	95(30)	317(79.25)	-	-	0.677‡
	Muslim	29(67.5)	14(32.5)	43(10.75)			
	Christian	16(66.6)	8(33.4)	24(6)			
	Parsi	5(83.3)	1(16.7)	6(1.5)			
	Sikh	5(100)	0(0)	5(1.25)			
	Others	3(60)	2(40)	5(1.25)			
Category of students	Interns	88(61.1)	56(38.9)	144(36)	1.00	-	-
	UG Senior	139(74.7)	47(25.3)	186(46.5)	1.88	1.17-3.01	0.008†
	Residents	22(81.4)	5(18.6)	27(6.75)	2.8	1.00-7.82	0.042†
	Tutors	31(72)	12(28)	43(10.75)	1.64	0.78-3.47	0.189†
Institute of graduation	SMIMER	239(68.7)	109(31.2)	34(87)	0.59	0.29-1.19	0.136†
	Others	41(78.9)	11(21.2)	52(13)			
Category of admission seat	Free seat	29(78.3)	8(21.7)	37(9.25)	1	-	0.863*
	Payment seat	218(67.7)	104(32.3)	322(80.5)	0.58	0.25-1.31	
	NRI quota	33(80.5)	8(19.5)	41(10.25)	1.14	0.38-3.42	

*Chi-square for linear trend applied † Chi-square for two by two applied ‡ Chi-square for R by C applied

Table 2: Reasons for satisfaction and dissatisfaction after taking admission in M.B.B.S

Reasons	Male (%)	Female (%)	Total(%)
Reasons for feeling of satisfaction(N=280)			
Fulfils one's and one's family ambition to be a doctor	33(20.2)	17(14.9)	51(18.25)
Very prestigious branch and career opportunities gets fulfilled	76(46.4)	38(32.4)	115(41.2)
Evergreen branch	8(4.8)	6(5.4)	14(5)
Like to serve the population and make a healthy nation	18(10.8)	29(25)	45(16)
Less struggle as compared to other branches like Engineering especially for girls	0(0)	9(8.1)	8(3)
Better income	19(11.9)	6(5.4)	27(9.5)
Because one's parents are doctors	9(5.6)	10(8.8)	20(7.05)
Reasons for feeling of dissatisfaction (N=120)			
Long and lengthy course	20(22.2)	13(43.2)	36(30)
Difficult studies	7(7.5)	3(10.1)	10(8.6)
Cannot practice out of India	3(3.6)	1(2)	4(3.05)
More expensive course as compared to other branches	17(19.4)	3(10.8)	19(16.2)
More responsibility as human life is directly dealt	2(2.4)	1(2.7)	3(2.4)
More struggle for those who have non medical background	40(44.8)	10(31.1)	48(39.75)

Overall out of total 400 respondents, majority 280(70%) were satisfied with their decision of taking admission in M.B.B.S., whereas 120(30%) were dissatisfied with their decision (Table 1). The different reasons given by respondents for their feeling are as shown in Table 2.

DISCUSSION

The higher satisfaction with M.B.B.S. career was seen amongst residents, which is natural, since their felt need to pursue PG has been met. Higher satisfaction rate was also seen amongst senior M.B.B.S. students as these students so far are academic oriented and have not been exposed to realities of the real world. The satisfaction levels were lowest amongst the interns and tutors, which is obvious, as this is the group which is currently facing the problem of 'What next?' and it is this group which is in need of career guidance, which should be able to provide information on all competitive examination for entry into specialist courses and the various job avenues open to medical graduates. There is also a felt need to promote the culture of campus placement alike that in the engineering colleges for these students. The satisfaction levels in this study was higher among the respondents who had studied on a free seat as compared to those on payment seat, as students on payment seat feel the pressure to recover their fees spent as soon as possible and the future that they perceive is not conducive to a bright career ahead of them. Very high satisfaction levels was observable among students of NRI(Nonresidential Indian) quota as these students were either interested in completing their studied and immigrating abroad or were sure of getting admission to a PG seat as they all belonged to rich, influential parents or had their parents/relative living abroad and hence were not really concerned with the career hurdles. The issue of such high fee payment/NRI quota has drawn a lot of flak from the ethicist in India for promoting needless health care costs, as the students paying such high capitation/tuition fees for studies are bound to recover this investment during their subsequent medical practice^{2,3}, even at cost of resorting to unethical means^{4,5}. Studies have reported that the medical practitioners already go through many difficulties before establishing their practice like high time and financial investment for setting up a practice amidst stiff competition. Private medical colleges with its burden of gigantic fees and bank guarantees, only adds to the existing cost spiraling⁴. This in due course means borrowing for most of middle class students, which in turn means repayment with interest, thus perpetuating a vicious cycle, under poorly paid; unmotivated; pitiable working environment⁴. Lengthy course came out as an key reason for disappointment with M.B.B.S. The recent proposal under NRHM(National Rural Health Mission) of one year compulsory stint for all MBBS students in India's most backward villages will

further prolong the existing five and a-half years undergraduate MBBS course to six and a-half years. As compared to other professionals, a doctor is already quite late by the time s/he settles down and this initiative if implemented will further make fresh medical graduates regret their decision to pursue medicine, as they feel that their counterparts in engineering or other branches, whose marks were invariably lower compared to them, are very well settled and are drawing handsome salaries much earlier than them^{6,7,8}.

CONCLUSIONS

The findings of aforementioned study clearly bring home the fact that freshly graduating doctors do face a severe dilemma, as after years of studies, the brightest of these students, face an uncertain future, wherein they face a stiff competition for entry into PG seats with quota system; inhumane working conditions and low pay as residents; erosion of respect for medical professionals; need to recover the huge amounts of money invested in private medical colleges; absence of any career guidance cell; total absence of the culture and avenues of campus placement; and their need to be materialistically comparable to their counterparts who are already in a job as an engineer.

REFERENCES

1. Madhiwalla N, Roy N. Assaults on public hospital staff by patients and their relatives: an inquiry. *Indian Journal of Medical Ethics*. 2006 April-June; 3(2):51-54. Available from: www.issuesinmedicalethics.org/pdfs/1420a51.pdf.
2. Bhalerao RA. We need to invest in our teaching hospitals. *Indian Journal of Medical Ethics* 2002 October-December; 10 (4). Available from: <http://www.issuesinmedicalethics.org/104i1096.html>.
3. Supe AN. A teacher's perception about education of ethics in medicine. *Indian Journal of Medical Ethics* 1998 July-September; 6 (3). Available from: <http://www.issuesinmedicalethics.org/063di079.html>.
4. Mehta L. Ethical basis for charging medical fees. *Indian Journal of Medical Ethics* 2000; 8 (2). Available from: <http://www.issuesinmedicalethics.org/082or049.html>.
5. Rao BC. Unholy nexuses in general medical practice. *Indian Journal of Medical Ethics* 2002; 10 (2). Available from: <http://www.issuesinmedicalethics.org/102di009.html> Dhar A. Rural posting for doctors finalized. *Hindu* 2007 Jul 1. Available from: www.thehindu.com/2007/07/01/stories/2007070156441000.htm.
6. Kalantri SP. Getting doctors to the villages: will compulsion work? *Indian Journal of Medical Ethics* 2007 October-December; 4(4):152-153. Available from: <http://www.issuesinmedicalethics.org/issue154.html>.
7. Venkatramanan K. Ramadoss firm on rural internships. *The Pioneer* 2007 Sep 9. Homepage on the internet. Available from: www.dailypioneer.com.
8. Editorial. Medical ethics - a social responsibility. *Indian Journal of Medical Ethics* 1996; 4(1).