



Why Do They Select Medical Profession? - A Study of Students' Perceptions

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ABSTRACT

Background: Like any profession, reasons for selecting medical profession can vary and may have an impact on achieving professional goals. The study conducted to analyze reasons for selecting medical profession as perceived by students at the time of joining medical college and trend over a decade.

Methodology: Within 10 days of joining, students' ranked 10 common reasons for selecting Medical profession. Data of three batches (2001, 2006 and 2011) was analyzed for preferences, ranking order and change in pattern, if any.

Results: Total 425 completed records were analyzed and top 3 reasons were analyzed in depth. "Subject of own interest (OI)" was their first choice (8.45 & 8.80) which went down to second choice (7.18) in 2011. "For serving the society (SS)" moved upward in the rank from third to first position (6.43, 6.75, 7.20). "Highly respected profession (RP)" as a reason went down from 2nd, 3rd to 4th place. (6.54, 6.58, 6.22). In 2011, "parents' desire (PD)" was ranked third (7.0), selection being significantly higher by male students (p=0.008). In 2001, NRI group ranked RP significantly higher (p=0.034) and students with doctor parents also ranked it higher (p=0.017).

Conclusions: "Serving the society" as a reason for entering medical profession shifted from 3rd to 1st position over 10 years. "Desire of parents" became more important with time. "Highly respected profession" seems to have lost importance!!

Keywords: Medical profession, students' perception, Reasons for joining

INTRODUCTION:

Medicine being one of the oldest and noblest of all professions, takes its name from the Latin word '*ars medicina*', which means the art of healing¹. It is primarily concerned with the proper maintenance of health through scientific methodology and covers a vast array of fields ranging from biological research to surgery².

According to a report of Royal College of Physicians, the core values of the medical profession are integrity, compassion, altruism and excellence, which are glued to a set of values including team work and continuous improvement³. These virtues of a medical professional are well known and well

perceived by a student who has completed his schooling with a science background and who is looking forward to entering a medical school to pursue a career in medicine. More often than not, these aspirants are ignorant about length of training, competitiveness, excessive working hours, their own aptitude and commercialization of the profession. Therefore, it is very likely that the determinants of career choice at the beginning of a medical course do not remain the same at the end of the course or even midway, especially when the clinical training starts.

Reasons for selecting medical profession can vary and may have an impact on achieving professional

goals. It is crucial to assess these reasons so that the students are taught core values along with minimum standard skills expected of a basic doctor.

OBJECTIVE

Objective of the study was to assess reasons for selecting medical profession as perceived by students at the time of joining medical college and analyze change in the trend over a decade.

MATERIAL AND METHODS:

This was a Cross sectional study. Within 10 days of joining Smt NHL Municipal Medical College, students fill up "Student Information Form" which is self-administered semi-structured questionnaire eliciting information about their socio-demographic profile, reasons for opting for medicine as a profession, career aspirations, etc. Students rank 10 common reasons in order of preference. Data of three batches (2001, 2006 and 2011) was analyzed for preferences, ranking order (by

using weighted mean values) and change in pattern of reasons, if any. The data was analyzed using MS Excel 2000 and Epi-Info. Appropriate statistical tests were applied and a P value of <0.05 was taken to be statistically significant. Statistical analysis was done using statistical tests like, Mean, Weighted mean, chi-square etc.

Informed verbal consent was obtained from all the participants.

RESULTS

Of 450 students of 3 batches (150 annual admissions), 425 responded the questionnaire. Of these, 148 students belonged to admission batch 2001, 126 to 2006 and 151 to 2011. The reason for less number of students in the year 2006 was on account of some administrative delay in admission process of students. The same reason justifies less number of both general and NRI students in that batch as compared to other batches.

Table 1: General profile of the students

Admission batch	Sex		Medical background			Admission category	
	Male	Female	Parents/immediate Relatives from medical field	Parents/immediate Relatives from non-medical field	General/RI	NRI	
Year 2001 (n=148)	106 (71.6)	42 (28.4)	37 (25.0)	111 (75.0)	131 (88.5)	17 (11.5)	
Year 2006 (n=126)	86 (68.3)	40 (31.7)	34 (27.0)	92 (73.0)	114 (90.5)	12 (9.5)	
Year 2011 (n=151)	83 (55.0)	68 (45.0)	37 (24.5)	116 (76.8)	130 (86.1)	21 (13.9)	

Figures in parenthesis indicate percentage

Table 2: Year-wise pattern of top 3 reasons for selecting medicine

Admission batch	1 st choice	2 nd choice	3 rd choice
2001 (n=148)	Subject of own interest (8.45*)	Highly respected profession (6.54)	Serving the society (6.43)
2006 (n=126)	Subject of own interest (8.80)	Serving the society (6.75)	Highly respected profession (6.58)
2011 (n=151)	Serving the society (7.20)	Subject of own interest (7.18)	Desire of parents (7.00)

(* Figures in bracket following the choices indicate weighted mean)

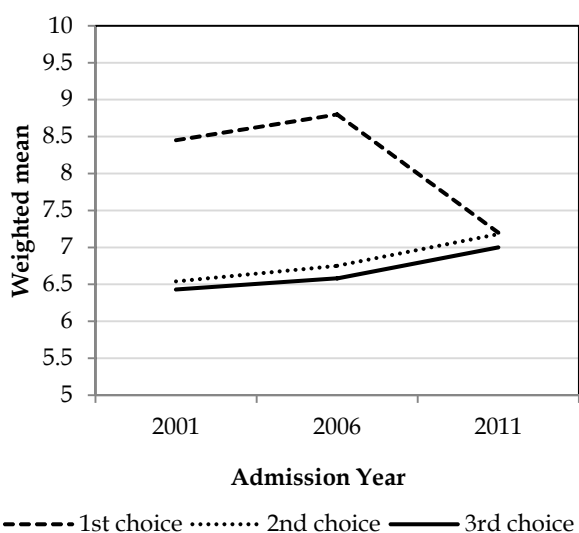


Figure 1: change in the trend for top 3 reasons

Increase in the proportion of female students over the decade was observed in the present study (Table 1).

Top three choices that emerged from this study were (chronologically) "Subject of own interest" (being the first choice), "Highly respected profession" and "Serving the society" for the batch 2001; "Subject of own interest", "Serving the society" and "Highly respected profession" for the batch 2006; & "Serving the society", "Subject of own interest" and "Desire of Parents" for the batch 2011 (Table 2). The reason "Highly Respected Profession" has lost its importance over 10 years sliding from 2nd position in 2001, third position in 2006 and eliminated from top 3 positions in 2011 (Table 2).

Table 3: Gender -wise differences in choices

Admission batch	1 st choice		2 nd choice		3 rd choice	
	Male	Female	Male	Female	Male	Female
2001 (n=148) (M= 106, F= 42)	8.42	8.71	6.68	6.33	6.53	6.30
	Subject of own interest		Highly respected profession		Serving the society	
2006 (n=126) (M=86, F=40)	8.81	8.77	6.79	6.65	6.52	6.70
	Subject of own interest		Serving the society		Highly respected profession	
2011 (n=151) (M=83, F=68)	6.91	7.75	7.16	7.41	7.57	6.51
	Serving the society		Subject of own interest		Desire of parents (p=0.008)	

Table 4: Differences in choices according to admission category

Admission batch	1 st choice		2 nd choice		3 rd choice	
	General*	NRI	General	NRI	General	NRI
2001 (n=148) (G=131, N=17)	8.56	8.05	6.62	7.65	6.63	5.23
	Subject of own interest		Highly respected profession		Serving the society	
2006 (n=126) (G=114, N=12)	8.77	9.08	6.71	7.08	6.54	6.91
	Subject of own interest		Serving the society		Highly respected profession	
2011 (n=151) (G=130, N=21)	7.30	7.24	7.21	7.71	7.15	6.76
	Serving the society		Subject of own interest		Desire of parents	

*General category- local, state and all India

Table - 5: Differences in choices according to Parents' profession

Admission batch	1 st choice		2 nd choice		3 rd choice	
	Medical	Non-medical	Medical	Non-medical	Medical	Non-medical
2001 (n=148) (M=37, NM=111)	8.18	8.61	7.38	6.32	6.24	6.55
	Subject of own interest		Highly respected profession		Serving the society	
2006 (n=126) (M=34, NM=92)	9.00	8.73	6.29	6.91	6.62	6.57
	Subject of own interest		Serving the society		Highly respected profession	
2011 (n=151) (M=37, NM=114)	7.38	7.14	7.05	7.22	6.38	7.20
	Serving the society		Subject of own interest		Desire of parents	

As can be seen from Figure 1, in 2001 and 2006, "subject of own interest" was clearly the first choice as compared to the other two choices. In 2011, the margin has reduced with little difference between the three choices. After these top 3 choices, next 3 positions were occupied by the reasons "Social status", "Job satisfaction" and "Economic security". The ranking from 4th position onwards changed among one another in three batches, but no particular trend was observed.

Table 3 highlights gender-wise differences in reasons for joining medical profession. As can be seen, there is no statistical difference in any choice in all three batches, except in the year 2011, where "Desire of parents" made an entry at third place replacing "Highly respected profession" selection being significantly higher by male students than female group (p=0.008).

No significant difference was found in any batch in top choices according to admission category, except for the batch 2001, the mean score given to second choice, i.e. "Highly respected Profession" by NRI students was highly significant as compared to General category students (Table 4). We tried to assess whether having parents with medical background made any difference in the reasons given

by students. As shown in Table 5, in 2001, significantly higher number of students with parents in medical profession selected the reason "Highly respected profession" than the others. In following batches, no significant difference between these groups was observed.

DISCUSSION

In most of the studies of developed countries, the majority of respondents reported that their interest in interaction with people, a wide range of job opportunities, fact that medicine is a highly-appreciated profession and their desire to acquire more and more knowledge greatly influenced their decision to enter medicine⁴. The most important determinant of career choice in previous studies appeared to be personal interest, opportunity, flexible working hours and part-time practice⁵.

Motivations to study medicine include family influences (more so in normal-age entrants), altruistic reasons (more so in mature-age entrants) and a variety of personal/social factors such as intellectual satisfaction, prestige and financial security (similar for both groups) and parental expectations (more so in normal-age entrants)⁶. An interest in

medicine and helping people were the two main stated reasons for entry to medical school⁷.

Literature on such studies in developing countries is hardly available. According to a study by Panna Lal et al, the most common reason of opting for medical profession was to serve the sick and society (74.6%). However, 48.7% of the students had joined the profession considering the high status of a doctor in the society. Other reasons included father's wish (16.9%), to earn money (13.8%) and mother's will (10.1%)⁸.

In the present study, after the top three reasons, next positions were occupied by the reasons "Desire of parents" (Batches 2001 and 2006), "Social status", "Economic Security" and "Job satisfaction". The findings of this study are comparable to other studies conducted in various parts of the country as well as outside as mentioned above. Role of economic status of the family could not be evaluated due to lack of complete and reliable information. However, change in trend i. e. entry of the reason "Desire of Parents" as a top choice in the batch 2011 can be explained by a major change (Fee structure) in the institute's status from 2008.

It is heartening to observe the upward trend in the reason "Serving the society" over the decade in the present study. It is hoped that the trend persists and also that this reason occupies top position for the study participants in higher semesters. It is also heartening to find that students give priority to factors such as interest in the subject rather than their merit which made their entry possible in the medical school. This quality may be utilized to sensitize students towards pursuing a career in medical research. So far, the selection of students for medical courses has been based on the marks obtained in school-board exams or entrance tests at some places. The humanistic approach, attitude, aptitude, communication skills which form essential traits of any health professional are hardly assessed⁹. This makes it all the more crucial to incorporate the core values expected of a health professional in all forms of teaching-learning activities as well as assessment of students. If we can bring in such substantial changes, we can hope that the priorities or choices that students have at the time of entry in the medical school shall persist throughout their career span. Before it is too late, medical teachers and to an extent the parents who are in medical field have a major role to play in imbibing the respect our profession possesses, both in the hearts of medical professionals as well as people in general.

CONCLUSION AND RECOMMENDATIONS

The reason "Serving the society" has moved upwards from 3rd choice in batch 2001 to 1st choice in batch 2011!! "Highly respected profession" seems to be losing importance!! Role of economic status of the family could not be evaluated due to lack of information. However, change in trend can be explained by a major change in the institute's status from 2008. Substantial changes in teaching-learning activities as well as assessment of the students can help maintain the priorities with which these students have entered the medical profession. Further research can be taken up to assess the choices and priorities of these students at the end of the basic course.

Limitations

Continuous trend could be established by analyzing data of all 10 years. Role of economic status of the family could not be evaluated due to lack of complete and reliable information.

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