

Original Research Article

Study to find out reasons for opting medical profession and regret after joining MBBS course among first year students of a medical college in Andhra Pradesh

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ABSTRACT

Background: Many students in India are influenced by parental pressure to pursue a career in medicine. It has been consistently observed that a notable number of medical students later regret their career choice. This study aims to delve into the reasons behind the choice of a medical career, preferences for various teaching methods, causes of inattentiveness in classes, and the level of regret experienced by students after opting for this path.

Methods: A cross-sectional study was conducted among 150 first year medical students with a pre-tested, semi structured questionnaire. Data collected was analysed using SPSS software.

Results: The mean age of the subjects was 19.13 ± 1.18 and most of them were females (57.6%). The majority (72.2%) of students opted MBBS out of self-interest. To serve the society (21.2%) was the most common motivational factor to choose MBBS. 14.6% of the subjects were having feelings of regret for choosing the medical profession.

Conclusions: Self-interest was the major reason for opting MBBS. Fulfilling parent's wishes was also observed as one of the reasons for opting MBBS. Most students considered interactive lectures as their preferred teaching method, though many also preferred demonstrations and video lectures. Almost one third of the students were having feelings of regret for selecting the medical profession.

Keywords: Attention, Demonstration, Fulfill parents wish, MBBS, Motivation, Regret

INTRODUCTION

The medical profession is considered a noble profession with high societal status in India and throughout the world.¹ Students who pursue a career in the medical field do so for a variety of reasons: personal interest, respect and honour, and service to humanity.^{2,3} However, there is a large percentage of students who choose this career because of family pressure more than personal reasons.^{4,5}

Increasing inattentiveness in medical students has become a serious concern, since it reduces the motivation to study and apply knowledge practically.⁶ Students have

expressed dissatisfaction in the curriculum and state that they prefer individualized and problem based approaches to learning as opposed to the lecture formats.^{4,6,7} These are aspects of active learning, which focuses more on individualized and interactive learning, and builds skills that will help students in their careers, such as teamwork, critical thinking, and presentation skills.^{8,9}

There are reports that a considerable number of medical students regret or are dissatisfied with their choice of medical education due to the demanding education, high stress and its impact on health.¹⁰ However, medicine is an important field and change in medical education is

necessary to care for society and to keep up with the changes in medical knowledge.¹¹ Considering all these aspects, the current study aimed to understand the factors influencing the decision to pursue a medical career, interest in different teaching methods, reasons for inattention during class, and regrets after choosing medicine as a career.

METHODS

Study design

This was institution based cross sectional study.

Study setting

This study conducted at Government Medical College, Srikakulam.

Study population

First year medical students of Government Medical College, Srikakulam were included into the study.

Sample size

Out of 150 first year students, 20 had participated in the pilot study and everyone was present on the day of data collection. Hence a total of 150 first year students were included after taking consent, hence sample size was 150.

Study period

This study was carried out for 2 months from April 2024 to May 2024.

Study tool

Pretested Semi structured questionnaire. Pilot study was conducted on 20 students initially for standardization of the questionnaire. Questionnaire consists of: socio demographic information, reasons, motivations for opting for MBBS, reasons for lack of proper attention and regrets for opting MBBS.

Method of data collection

Questionnaire was administered to the students after explaining to them the importance of the study and each question in the questionnaire. Confidentiality regarding the participant response for the questions was ensured.

Statistical analysis

Data was entered in Microsoft Excel and analysis was done using SPSS statistical package version 22.

RESULTS

Out of 150 participants, 64 (42.4%) were boys and 86 (57.6%) were girls, with a mean age of 19.13±1.18. Majority (64.9%) of the participants were urban (city) residents (Table 1).

Table 1: Socio demographic profile of the study subjects (n=150).

Demographic	Frequency (%)
Age distribution (years)	
17-18	43 (28.5)
19-20	93 (61.6)
20-21	14 (9.9)
Mean age±SD	19.13±1.18
Sex	
Males	64 (42.4)
Females	86 (57.6)
Residence	
Urban	97 (64.9)
Rural	53 (35.1)

Majority (72.7%) students opted MBBS out of self-interest (Table 2).

Table 2: Reasons for opting MBBS (n=150).

Reasons	Frequency (%)
Self interest	108 (72.1)
Fulfill parents wish	35 (23.2)
Parents pressure	5 (3.3)
Inspired from a doctor	1 (0.7)
Money	1 (0.7)

The most common motivational factors to take up the medical profession were to serve the society (21.2%) followed by a personal interest in healthcare (19.2%) (Table 3).

Table 3: Motivation to take up medical profession among students (n=150).

Motivating factors	Frequency (%)
To serve the society	32 (21.2)
Personal interest in healthcare	28 (19.2)
No doctors in family	23 (15.2)
To make family members happy and proud	22 (14.6)
Respect in the society	20 (13.2)
To get financial stability	14 (9.3)
To provide health care at low cost	7 (4.6)
To contribute to the health research	4 (2.6)

Majority (43.7%) of the subjects felt that interactive lectures are the best method of teaching followed by demonstration (31.1%) (Table 4).

Table 4: Perception of medical students towards different teaching methods (n=150).

Best teaching method as perceived by medical students	Frequency (%)
Interactive lectures	66 (43.7)
Demonstration	47 (31.1)
Video lecture	37 (25.2)

The most common reason for least attentiveness of the subjects was found to be personal issues/distractions (31.1%) followed by tiredness after continuous classes (21.9%) and lastly faculty factors like teaching fast, less interaction, poor presentation of topic, lengthy class (Table 5).

Table 5: Reasons for least attention of medical students during class (n=150).

Reasons for	Frequency (%)
Personal issues/distractions	47 (31.1)
Tiredness after continuous classes	33 (21.9)
Lack of effective teaching methods	21 (13.9)
Lack of interest in specific subjects	15 (9.9)
Sleepiness	13 (8.6)
Faculty factors**	10 (7.3)
Post lunch effect	5 (3.3)
Too early for the class	3 (2)
Next person talking	3 (2)

About 51 (33.8%) out of 150 subjects were having feelings of regret for choosing medical profession (Table 6).

Table 6: Distribution of study subjects according to having feelings of regret for choosing medical profession (n=150).

Feelings of regret for opting MBBS	Frequency (%)
Yes	51 (33.8)
No	99 (66.2)

Table 7: Reasons for feelings of regret for choosing medicine as career (n=51).

Reasons for feelings of regret	Frequency (%)
Lifelong reading	27 (17.9)
Feeling stress	14 (9.3)
Not at all interested in MBBS	6 (4)
Frequent exams	4 (2.6)

Out of 51 students who have feelings of regret for joining in MBBS, 27 (17.9%) reported lifelong reading was the

main reason for having regrets followed by feeling stress which was also one of the main causes for feelings of regrets (Table 7).

The proportion of students having feelings of regrets for taking the medical profession was significantly higher among males (Table 8).

Table 8: Association between sex of the subjects and having feelings of regrets for joining in MBBS (n=150).

Sex	Regrets for joining in MBBS (%)		Total (%)
	Yes	No	
Males	38 (25.3)	26 (17.3)	64 (42.7)
Females	13 (8.7)	73 (48.7)	86 (57.3)
Total	51 (33.8)	99 (66.2)	150 (100)

31 out of 150 students (a significant minority) are contemplating a divergence from this path and this suggests a diverse range of perspectives and considerations among students regarding their future in the medical field. Further exploration into the reasons behind these sentiments could provide valuable insights for educators and policymakers in the healthcare sector. (Table 9).

Table 9: Distribution of students reflecting on whether they would pursue MBBS again or choose a different career path (n=150).

Want to choose a different career path	Frequency (%)
No (same decision)	119 (79.5)
Yes (different pathway)	31 (20.5)

Only 0.7 % of students with feelings of regrets want to potentially quit MBBS (Table 10).

Table 10: Distribution of students according to their feelings of quitting MBBS (n=150).

Want to quit MBBS	Frequency (%)
No	132 (88.1)
Can't say	17 (11.3)
Yes	1 (0.7)

DISCUSSION

In this study, the gender distribution was 42.4% males and 57.6% females, with an average age of 19.13±1.18 years. Most participants (64.9%) were city residents. Similar findings were observed in a study done by Padmanabhan et al, in which the majority (51.64%) of the subjects were female students aged between 17 and 19 years, and by Jothula et al, where 72% were females with ages between 17 and 19 years.^{12,5} On the other hand, a study done by Tiwari et al found that in Gwalior, most

first-year medical students were males (65.39%), predominantly 20 years old (25%).¹³

Our research revealed that 108 students (72.1%) chose to study MBBS out of personal interest, aligning with findings by Radhika et al, where 87.8% of students made this career choice independently.¹⁴ Conversely, only 5 students (3.3%) in our study cited parental pressure as the reason for choosing MBBS. This is comparable to Ayuob's report, where 5.9% of students were influenced by parental pressure, and Jothula's study in Telangana, where 0.66% of students identified parental influence as a factor for opting medicine.^{5,15}

Motivational factors for pursuing a medical career in our study included serving society (21.2%), a personal interest in healthcare (19.2%), lack of doctors in the family (15.2%), making family members proud (14.6%), and earning respect in society (13.2%). Rashmi et al in their studies found that the desire to help the needy and passion to serve were the primary motivation.¹⁶ Giri's studies noted that community service was a major reason (58.5%), while Rani's studies highlighted passion (41.26%) as a key factor.^{3,17} Jothula's study found the most common reason was respect in society (83.87%).⁵ Financial prospects was not among the top five reasons for choosing this profession in our study, contrasting with Ayuob's and Jothula's findings.^{5,15}

Regarding preferred teaching methods, 31.3% of participants preferred demonstration, with the other 68.9% preferring lectures, either interactive (43.7%) or video (25.2%). This is in contrast with Jothula's study, where 90% preferred demonstration teaching methods, 39.33% preferred interactive lectures, and 4% preferred video lectures. Das' results preferred demonstrations and active learning, and active learning strategies have been shown to be more effective in academic performance in medical students.^{6,18} This study did show an increase in students who preferred video lectures. This may be exacerbated by the COVID pandemic and learning strategies that students became accustomed to during social distancing.¹⁹ Our study found that personal issues/distractions (31.1%), fatigue from continuous classes (21.9%), and poor teaching methods (13.9%) were primary reasons for inattentiveness. These insights suggest a need to reduce back-to-back classes and improve faculty teaching skills.

Nearly one-third (34%) of students in the current study regretted choosing the medical profession, citing lifelong reading (17.9%) and feeling stress (9.3%) as main reasons. Rashmi et al in Coimbatore reported similar findings, with one-third (32%) of first-year medical students experiencing regret.¹⁶ In our study, regret was significantly higher among males (25.3%), though in Jothula's and Faizullina's it was females.^{5,10} One student in this study (0.7%) expressed a desire to quit MBBS if given the chance. Jothula et al, by contrast, had 7 students out of 150 (4.7%).⁵ Such students are at risk of poor

academic performance and developing stress or suicidal tendencies. Although the number is small, it is crucial to address these issues with special attention and counselling.

This study has few limitations. The study population represents a small sample size from a single private medical college, which is only a small fraction of the medical community. So, the results available from this cannot be generalized for the whole community.

CONCLUSION

This study found that self-interest was the major reason for selecting MBBS, and fulfilling parents' wish was also observed as the second major reason. Serving the society, personal interest in healthcare and making the family members proud were important motivational factors for choosing the medical profession. Interactive lectures followed by demonstrations were perceived as the best methods of teaching, although one quarter of students preferred video lectures. Personal issues/distractions, tiredness due to continuous classes and lack of effective teaching methods were the main reasons for lack of attention in classes. Almost one third of the students were having feelings of regret for opting the medical profession and this feeling was significantly higher among males. One of the students in this study wanted to potentially quit the course.

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