



Reasons Why Students Study Medicine: Views of Students at Delta State University Abraka, South-South Nigeria

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Authors' contributions

This work was carried out in collaboration between all authors. Author NMU designed the study, wrote the protocol and interpreted the data. Author ANS anchored the field study, gathered the initial data and performed preliminary data analysis. While authors BME and IAI managed the literature searches and produced the initial draft. All authors read and approved the final manuscript.

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ABSTRACT

Background: The demand to study medicine in Nigeria is very high thereby putting lots of pressure to the University authorities because of inadequate space and provision to accommodate the large number of applicants.

Objective: The aim of this study was to determine the factors motivating students and influencing their desire to study medicine and proffer solutions to reduce the population of applicants to medical schools.

Methodology: Self-administered questionnaires were used to collect information from 311 medical students of Delta State University Abraka, Nigeria. Data collated and analysed using IBM SPSS version 22 software.

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Results: Three hundred and eleven students were interviewed comprising 193 males (62.1%) and 118 females (37.9%). The mean age was 23.47 ± 3.92 years. More than 90% of the students were Christians and the same proportion were single. The Urhobos were of the majority. Reasons for studying medicine were: want to save lives (58%), doctors are respected (26%), other reasons such as passion for medical profession (12.8%) and desire to be rich (3.2%). People's influences from friends, teachers and even family members were minimal as 51.8% of respondents took a self-decision to study medicine.

Conclusion: The reasons why the students study medicine were quite good and justified and hence they should be encouraged to fulfil their dreams. Government should establish more medical schools to accommodate the increased demand to study medicine. This will promote the production of more medical doctors and reduce the current poor and embarrassing doctor-to-patient ratio in Nigeria.

Keywords: Reasons; medicine; South-South Nigeria.

1. INTRODUCTION

Medicine is one of the most sought after courses as many students apply to study Medicine and Surgery (MBBS) every year during Joint Admissions and Matriculation Board (JAMB) examinations.

Despite the over twenty-five medical schools in Nigeria [1] yet the number of applications received in each medical school are so much that the quota given to each school is highly and seriously exceeded. There are just 2,435 quotas for medical training in the fully accredited medical schools in Nigeria. If you add the 300 in the partially accredited medical schools, you have 2,735 spaces.

Meanwhile, every year more than 100,000 candidates apply to study medicine in Nigerian medical schools [1]. At the last Post University Tertiary Matriculation Examination (PUTME) screening exercise of Delta State University (DELSU) in July 2016 for Medicine course about two thousand candidates came for a space meant for about 50 students. This scenario places extreme pressure on the University authorities to the extent that they are often coerced to admit more than their quota thereby over-stretching the few human and material resources available to train the students. At times, the rich and the mighty use their powerful influence to arm-twist the university authorities into admitting their not-so-good wards and children thereby denying the better students admission opportunities. These "bad students" constitute all forms of nuisance in the medical school and a good number of them end up being withdrawn from the medical school due to poor academic performances. If they manage to graduate, they throw caution to the winds and

indulge in lots of unethical practises thereby bringing the revered medical profession to disrepute.

Studies are few on the reasons why students chose to study medicine and surgery. While in primary school and secondary schools, a choice of career has been a basic issue [2]. The issue of poverty has played an important determining role in the opportunities available to all. The income level of secondary school families may determine what career a student chooses during a specific time in the student's life; choices that will determine a large part of that student's future. Some students will have to budget education according to their personal income [3]. People's desires from a career are different, many people desire high income; others want adventures while some others want to serve people to make the world a better place [4]. It has been shown by a study that the family; the ability of the learner self to identify his/her preferred career choice; and teachers were significant factors that influence the career choice and aspirations of students [5]. Parental influences have been recognized as a determining factor in students' career decision-making and sometimes such influence tends to ignore the child's personal interest [6,7]. Stanley (1996) observed that prestige of a profession was a strong motivating factor influencing students in making career choices [8]. Peer group influences have also been identified [9]

A study showed that 13.2% of medical students/residents choose a career in surgery because of future employment, career opportunities, and intellectual challenge and some of those aspiring to a career in surgery placed most emphasis on prestige [10]. Personal satisfactions are likely influential factors with financial rewards being the least significant.

Surgery is also popular in Nigeria despite their increased awareness of risk of HIV/AIDS associated with surgery [11]. According to Katherine Grindley, an Elsevier Australian medical student ambassador, "For me, medicine is about the irresistible combination of altruism, intellectual challenge and the dynamics of our knowledge base" [12].

Plenty of opportunities upon graduating, Working with people, Team work, Respect in society, A great need for doctors and Safe job/career have all been adduced to be reasons students chose to study medicine [13].

1.1 Aims and Objectives

Whenever students are asked why they study medicine, the stock standard answer is usually because they want to help people/save lives – but in essence, this makes medicine no different from any other career involving health care. The aim of this study is to determine factors influencing students' application to study medicine with a view to proffering solutions and stemming the tide in number of applications into the medical schools.

2. MATERIALS AND METHODS

Self-administered structured questionnaires were distributed among all the medical students who met the inclusion criteria. These criteria were, being a medical student and giving of consent. The questionnaires enabled us obtain the necessary information concerning the students such as: General Biodata: (Age, Sex, Tribe, Religion and Marital Status), Primary School attended, whether any member of the family is a medical doctor, why did he/she decide to study Medicine and who influenced his/her decision to study medicine?

2.1 Ethical Approval

An approval of the study was obtained from Health Research Ethics Committee (HREC) of Delta State University Teaching Hospital, Oghara. The participants/respondents of the study were informed that their participation was entirely voluntary and they were free to withdraw from the study at any point.

2.2 Data Analysis

The data collected were entered in SPSS version 22 software (IBM SPSS Statistics for Windows,

Version 22.0. Armonk, NY: IBM Corp). Frequency distribution tables, bar charts and pie charts were used for presentations of selected variables.

3. RESULTS

This work was a cross-sectional study which was carried out at the medical school of Delta State University Abraka. Three hundred and thirty-one (331) students were interviewed. Table 1 shows the general biodata of the respondents. The mean age was 23.47±3.92 years. The youngest student was 17 years while the oldest was 42 years. Majority of the students, (Fifty eight point five percent) belonged to the age bracket of 20-24 years. This was followed by age range 25-29years representing twenty four point four percent. Only three students (1.0%) were in the least age bracket which happened to be the oldest age range (40-45). Male medical students were more than the females represented by 193(62.1%) and 118(37.9%), respectively. In terms of the tribal affiliations, the two major tribes of the students were the Urhobos, 144(46.3%) and the Igbos, 67(21.5%). The Isokos and Ukwuanis were 31(10%) and 16(5.1%), respectively. The Binis were only 11(3.5%). Three hundred and eight students (99%) were Christians.

Table 1. General biodata (n=311)

	Frequency	Percent
Age (years)		
15-19	32	10.9
20-24	182	58.5
25-29	76	24.4
30-34	12	3.9
35-39	6	1.9
40-45	3	1.0
Gender		
Male	193	62.1
Female	118	37.9
Tribe		
Igbo	67	21.5
Urhobo	144	46.3
Ukwuani	16	5.1
Isoko	31	10.0
Ika	15	4.8
Bini	11	3.5
Others	23	8.8
Religion		
Christianity	308	99.0
ATR	2	0.64
Echist	1	0.36

Three hundred and eight students (97%) were single while only 8(3%) were married. One hundred and eighty two students (58.5%) attended private schools, 116(37.3%) attended public school while the remaining 13 students (4.2%) attended the mission schools.

Table 2. Primary school attended

School	Frequency	Percent
Public	116	37.3
Private	182	58.5
Mission	13	4.2
Total	311	100.0

The proportion of relations who are doctors were shown in Fig. 1 while the reasons the students study medicine were illustrated in Fig. 2. The people who influenced the students in studying medicine were shown in Fig. 3.

4. DISCUSSION

This study was carried out among young undergraduate university students. This was reflected in the age distribution of the respondents where almost all the population sample (98%) were below 35years. It also reflected the changing landscape of higher education pattern of University admissions [14]

these days students are admitted in their teens unlike in the 1960s/70s where university admissions were not common and when it occurred the students were much older. In this study, there were more males (62%) than females (38%) in the ratio of 1.6:1. This was in contrast with what obtains in Europe. For example, in Northern Ontario School of Medicine, women out-number men at most of the medical schools [15]. In Nigeria, medicine is a very demanding course and takes a minimum of 7-8 years for graduation. Female University education is still seriously down-played by many cultures in Nigeria. Only 3 of the respondents are married. This was not a surprise as marriage needs quite some level of independency and financial stability. The students still depend on their parents/guardians for sustenance in medical school. The tribal distribution reflected the major tribes in Delta state. The Binis were few because they were the main tribe in neighbouring Edo state. Again, Edo state has three medical schools therefore the Binis have minimal need applying to Delta State University (Delsu) to study Medicine. In terms of religion, 99% of the respondents were Christians. This again did not come as a surprise. Nigerian citizens are divided along two major religions, the northern muslims and southern christians. The religion in this study is skewed into Christianity as the study was done in southern Nigeria.

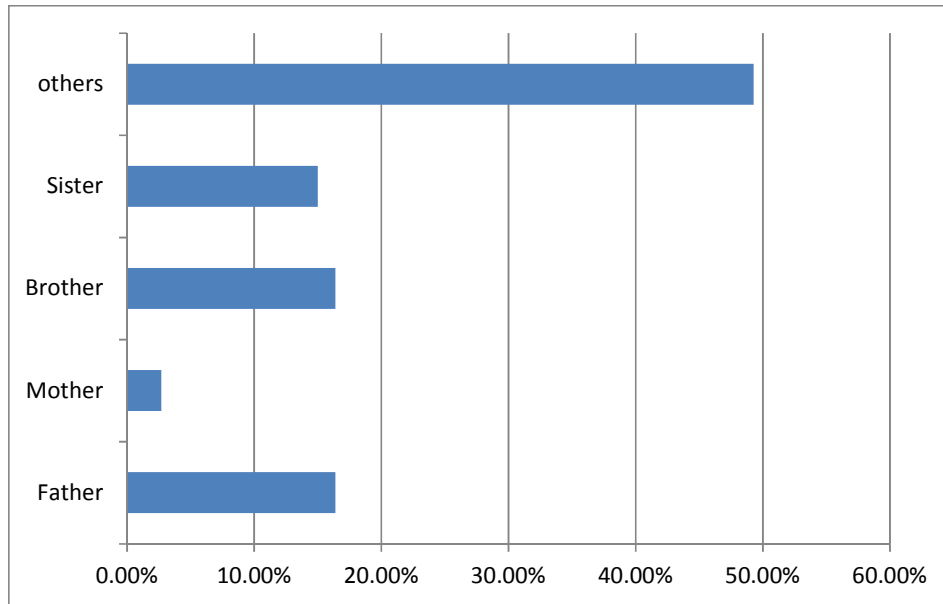


Fig. 1. Relatives who are doctors (n=73)

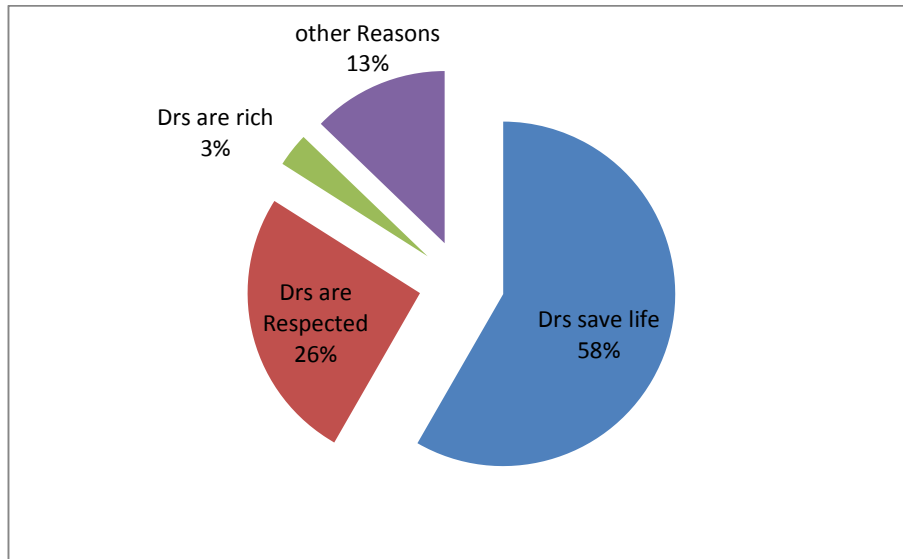


Fig. 2 Reasons for studying medicine

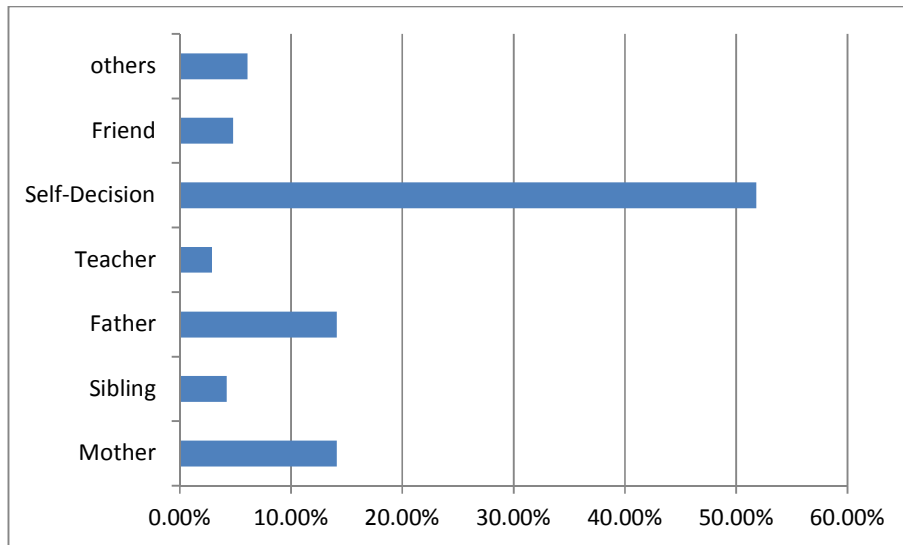


Fig. 3. Influential in chosing medicine

As for the primary school attended by the students, majority attended private schools. This is the trend of school choice in Nigeria because public schools which are owed by the government were not adequately maintained and funded. The government schools are bedevilled by incessant strike actions by the teachers with various degrees of interruptions to the academic programmes. The importance of this to this study is because the government schools have more qualified teachers who are better in the knowledge of career choices than their private schools' counterparts and hence the students are

expected to get a better career guidance and counselling from government schools. Government should do the needful to reverse this trend of more private school patronage.

Having a relative or a family member as a doctor seem not to play a determining factor in the choice of medicine as a course. This was because only twenty-three percent of the students had a medical doctor as a member of their family. Among those whose relatives were doctors, this study showed that majority were neither the parents nor the siblings rather they

were the aunts, uncles and cousins. Majority of the students said the reason why they chose to study medicine was because doctors save lives and they wanted to do the same.

This has earlier been one of the reasons mentioned for choosing medicine [4]. Monetary gains and becoming rich were the least reasons why the students came to the medical school. This should be applauded. One would have thought the desire to make money was the driving force to study medicine.

Demand of money by medical doctors before medical services are rendered should be discouraged because people have lost their lives on account of this unethical practise. Apart from desire to save lives, prestige and respect accorded to medical doctors by the society was another reason the students applied to study medicine, this was in agreement with one of the reasons behind career choice among college students [8]. A good proportion of the respondents (13%) had other reasons why they decided to study medicine, these included: passion for the medical profession, medicine being a challenging and dynamic course, empathy for patients suffering from sickle cell anaemia and medicine as an adventurous discipline. We wanted to know the main influential person in the choice of medicine among the students. Majority of the students said they were in medical school by their own freewill and self-decision contrary to the expectations that parents have a strong influence on the career their children choose [6,7]. Again this is another good sign and quality of a good doctor-to-be. This self-decision promotes doggedness in the students to withstand the stress and rigors of medical school and training.

5. CONCLUSION AND RECOMMENDATION

There is high demand to study Medicine/Surgery and this makes Medicine one of the most competitive courses in Nigerian Universities. Findings from this study showed the reasons given by the students were quite laudable. Self-decision, desire to save lives, respect from society and less emphasis on monetary gains were the motivating factors. The society needs such selfless doctors. Nigeria is currently posting a poor doctor-patient ratio of 1:3500 against the World Health Organization (WHO) standard of

1:600. We recommend that government should establish more medical schools and make funds available to properly run the existing medical schools in Nigeria.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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