

# Medical students' perspective of the motivations and limitations of studying medicine in the United Arab Emirates.

## A cross-sectional survey.

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### Aims

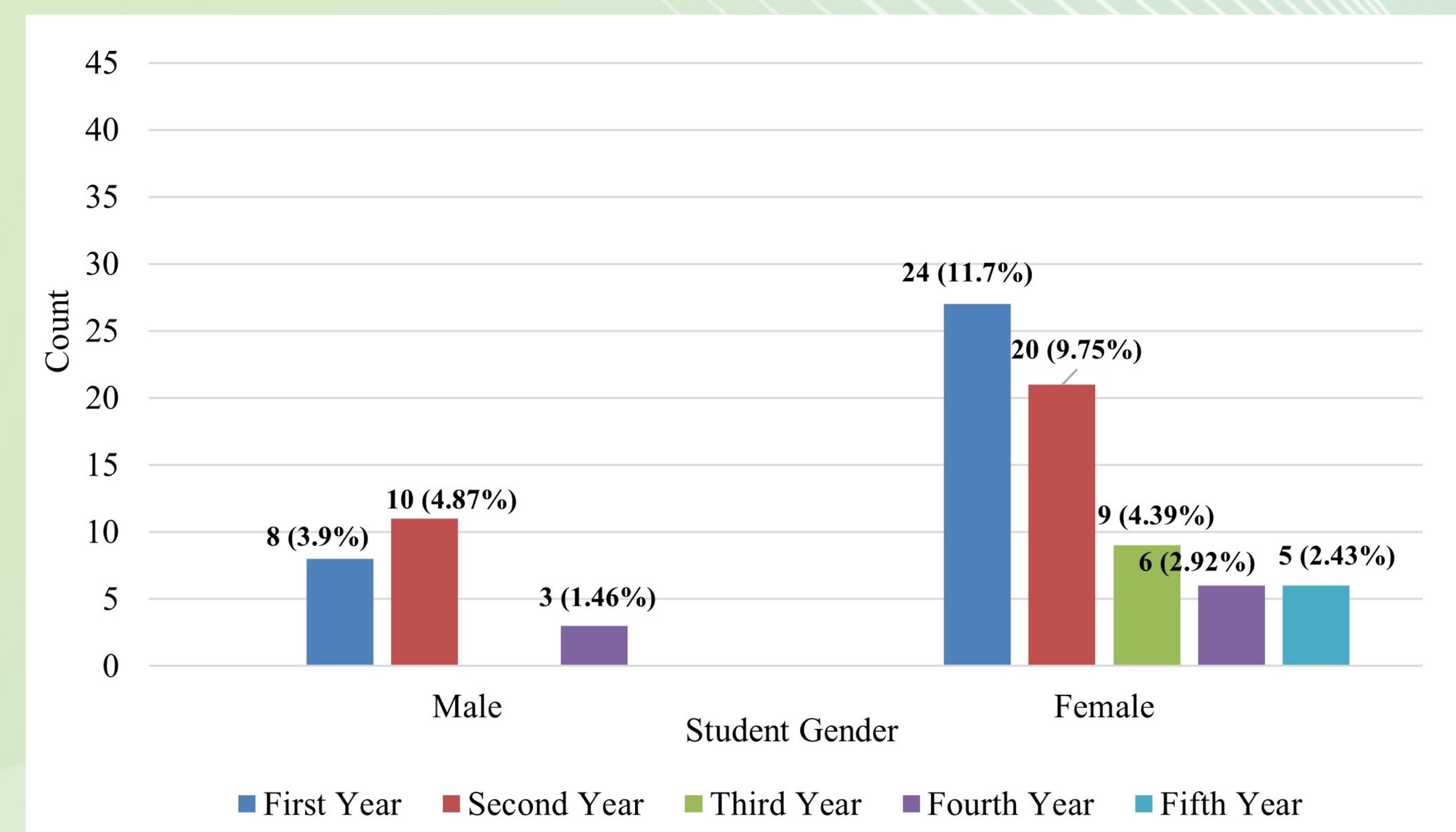
Motivation to choose medicine as a career, both intrinsic and extrinsic, is challenging to measure because it relies on self-report data from students. Incentives and disincentives to study medicine are complex concepts and may involve a dynamic balancing act between financial, personal, and social reasons. These processes have not been adequately explored in the Middle East. Iterative questionnaires involving potential applicants and sometimes their parents have been suggested as reliable and valid instruments to measure the strength of motivation for medical training [1, 2]. This study explored students' thoughts about studying medicine at the College of Medicine and Health Sciences, United Arab Emirates University (UAEU), the largest medical school in the United Arab Emirates. While it is not possible to isolate specific demographic variables concerning student dropout, studies have shown that struggling academically in medical school may be strongly associated with dropout [3]. We also aimed to identify individual variables that could play a role in the attrition rate of students.

### Methods

We conducted this cross-sectional study using an online, anonymised questionnaire consisting of 22 questions. The questionnaire was distributed to the students enrolled at the College of Medicine and Health Sciences, UAEU. The study was approved by the UAEU Division of Research and Graduate Studies Ethics Committee. The survey questions focused on motivations to study medicine and limitations that prevent choosing medicine as a field of study. Statistical analysis was performed using the statistical package for the social sciences (SPSS) version 25.

### Results

205 (33%) of 621 students in the seven-year program completed the questionnaire. 43% of the responders were from the first two years of medical school. The decision to study medicine was reported as their own by 92%. 89% of the students did not consider gender a limitation for studying medicine, and 62% had a defined medical specialty to pursue. One-third considered quitting medicine, mainly during the first two years. Reported difficulties included mental health problems (stress, anxiety, and depression), social isolation ('having no life,' 'being lonely'), curriculum content (overwhelming workload), learning environment and inadequate high-school preparation. While there was confidence that graduating doctors would find sectoral employment (68% of participants), there was uncertainty and a lack of faith in immediate career terms (32%).



Students who considered quitting medicine, according to gender and year group.

### Conclusions

This study helps improve our understanding of medical students' reasons behind choosing or quitting medicine. These results justify implementing an effective counseling program, especially during the early academic years. The quality of high-school education requires careful reflection from the education authorities with input from medical schools. Other modifiable factors include the methods of assessment, available supportive resources, and extracurricular activities.

### References

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