Being a medical student in Turkey: The myths, challenges and reality

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ABSTRACT

Medical education is a complex process for training physicians. Although being a medical student is highly prestigious and seems advantageous in many respects, the students have a variety of perceptions towards medical education and their future profession. This study explores medical students' perceptions about being a student in the faculty of medicine in Turkey. A qualitative phenomenological approach was used. Semi-structured interview method was conducted with thirty medical students to collect data. The audio recordings were analyzed using the phenomenological coding technique in which transcriptions were taken into an open coding process. The students' perceptions revealed some commonalities about how they define themselves and their concerns about their future profession. Findings revealed that although they are mostly satisfied with the status of their future profession, they have several concerns and regrets. Students who aim to study at a medical school in the future need to be aware of the fact that medical education is not an easy training process as it requires to develop certain professional competences, values and attitudes, and the well-being of medical students should also be considered by the educators at medical schools.

Keywords: Faculty of medicine, medical student, phenomenological qualitative research.

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INTRODUCTION

How do you feel when you hear an ambulance siren while you are having a nice day out with your friends? What or who does this sound remind you of? Have you ever seen a cadaver before? Was it in a dream you had or a real dead body in front of your eyes? Is it a normal thing that you can encounter in your daily routine, or is it a part of your life? Do you always have to tell the truth to the people even if you know it will make them sad? Have you ever feel yourself obliged to save one's life? Or how many times have you done this? When and How? How many people do you help a day? How hard did you study to get accepted to the university that you believe would pave the way for your dream job? How many years did it take for you to graduate from that university? Have you ever spent a full day in a hospital? What if you will work there throughout your life?

Medical education is a busy, competitive, and complicated field, which combines a wide range of pedagogical practices, educational philosophies, and conceptual frameworks, and its ultimate aim is to supply society with a knowledgeable, skilled, and up-to-date cadre of professionals who put patient care above self-interest and undertake to maintain and develop their expertise during their career (Swanwick et al., 2019). Therefore, it requires medical students to exemplify various professional attitudes and behaviors during their study and after their graduation (Bolier et al., 2018; Stubbing et al., 2018). In other words, in addition to gaining professional competencies through rigorous efforts during their education in a competitive environment, they have to develop professional values and behaviors via a transformative process, from layperson to doctor (Stubbing et al., 2019) with the aim of serving the society (Tempski et al., 2012).

In medical education, in addition to high academic ability, it is vital that medical students also possess a

range of other important skills and qualities (Patterson et al., 2014). This may be the reason why it has always been difficult to get into a medical school after years of rigorous study in high school and become a medical student. Because they will have to get involved in an intensive curriculum that involves specified competencies, pedagogical approaches, and an extensive assessment process (Bleakley et al., 2013). Furthermore, as being a physician is a privileged and prestigious social status, medical education is itself set apart from the main body of higher education (Swanwick et al., 2019). Medical students know how to conduct research (Laidlaw et al., 2012), how to think critically (Harasym et al., 2008) and how to solve real-life problems (Aper et al., 2015; Dolmans and Schmidt, 1996). Moreover, it is one of the rare professions that one can apply the knowledge that was learned during the preclinical, clinical education, and post-clinical phases in real life; therefore, learning never stops. These characteristics of medical education make this profession different than other professions, and even before graduating from the university, physicians are the ones who are respected and trusted (Carpenter, 1995; Wright et al., 2004) by society and asked to assume leadership roles (Reinertsen, 1998).

On the other hand, being a medical student may not always be perfect. Although the students admitted to medical schools are hardworking and successful, they face many challenges such as competitive learning environment (Nguyen, 2011), increased burdens of anxiety, depression, and suicidal ideation relative to their peers, once they start studying there (Choi et al., 2020). These factors may result in the increase of their stress levels and psychological problems that undermine student well-being which may possibly lead to depression, burnout, cynicism (Hansell et al., 2019; Mavor et al., 2014), and poor decision-making and communication skills (Prayson et al., 2017). Furthermore, they have other concerns about their performance, fear of negative evaluation, failure and financial concerns during their education (Hojat et al.,1999; Stewart, Lam, Betson, Wong and Wong, 1999).

Within the scope of the above-mentioned challenges which affect the quality of life, how do you think they cope with all of these? And do you think these problems will stop after they graduate from medical school? Or don't you think these problems will also have an impact on their attitude towards their patients or the way they carry out their profession in the long run? We should accept the fact that these questions raised here are enough to show how hard it is to be a medical student, and manifest that medical students need to maintain functional levels of personal health and well-being (Lyndon et al., 2016) for their future careers, their ability to connect with the patients (Bond et al., 2013; Bombeke et al., 2010) and for the health of the society. It is unquestionably beyond doubt that all of these issues have damaging influence on medical students' empathy levels, such as disinterest in caring for the patients, ethical conduct, and professionalism (Dyrbye and Shanafelt, 2011), and it is critical for the student's future career as a physician (Prayson et al., 2017).

"They are proud of studying in one of the best departments", "They will have a very prestigious status in society upon graduation", "They will earn a good salary", "They are always cool" are just a few sentences said about them. That is, they are unquestionably motivated, not just by prestige, admiration, wealth, and other inducements (Misch, 2002). But have those who study at a medical school ever been asked about how they really feel about being a medical student? The purpose of this phenomenological study was to explore medical students' perceptions about "being a student at medical school".

METHOD

This study aims to explore medical students' perceptions about being a student in the faculty of medicine based on 30 medical students views from Çanakkale Onsekiz Mart University, Faculty of Medicine, Turkey. The study intended to draw conclusions from the experiences the have as a student. Therefore, the research was carried out through the phenomenology approach which is one of the qualitative research designs. The philosophical origin of phenomenological qualitative research is based on the studies of Husserl and Schutz. Husserl (1970) stated that people can be aware of what they experience only. Schutz stated that the phenomenological method is carried out by in-depth investigation and revealing of life experiences (Goulding, 2002). Phenomenology focuses on identifying the commonalities in the perception of individuals who have experienced a particular phenomenon. These commonalities are called the essence of phenomenon (Fraenkel and Wallen, 2006). In this study, it was aimed to reach the "core" or "essence" that can emerge from the experiences of medical students.

Participants

In this study, convenience sampling, which is a type of sampling method in qualitative research, was used (Maxwell, 1996; Patton, 2002). In the faculty of medicine, where the research was conducted, there are 6 classes. 5 students from each class were included in the study. So, 30 students were interviewed in total.

Data collection tool

A semi-structured interview method was used to collect data in the study. The qualitative interview can be defined

as an extensively or flexibly structured interview (Fraenkel and Wallen, 2006). The researchers formed a semi-structured interview form in accordance with the purpose of the research. Before preparing the interview form, the researchers conducted pilot interviews with ten medical students. An interview form was formed with the impression taken from these interviews and considering the relevant studies in the literature. This interview form was presented to field experts who are experienced in phenomenological qualitative research or qualitative research methods. The interview form was revised according to experts' views and put into its final form for implementation.

Ethics committee approval and data collection process

This study has been approved by Çanakkale Onsekiz Mart University Clinical Research Ethics Committee with the number KAEK-27/2019-E.190004023. The participants were given consent forms to state that they voluntarily participate in the study and to give permission for audio recording. Just before the start of the interview, the participants were informed about the purpose of the research, how the interview would be conducted, and the reasons for recording the interview. The shortest interview lasted 35 minutes and the longest one took about 100 minutes.

Data analysis

To analyze the data, the audio recordings of the interviews were transcribed by the researchers, and then the transcriptions were analyzed by the researchers using the phenomenological coding technique. Transcriptions were taken into an open coding process. Secondly, axes were formed by correlating the research questions and the codes. Explanatory themes were determined within the scope of these axes. Finally, these themes were discussed in the light of relevant research in the literature.

Role of researchers

Participants have an active role in qualitative research. In the process, the researchers and the participants produce the information together. Researchers trying to understand the participants' experiences are an integral part of data generation. In this context, the approaches that researchers use and the characteristics they have are important (Creswell, 2012). In this study, one of the researchers is a faculty member who graduated from a medical school and has a master's and Ph.D. degree in measurement and evaluation in medical education.

Another researcher is a medical doctor who graduated from the medical school where the study was conducted. One of the other researchers has a Ph.D. degree in educational sciences, curriculum, and instruction. The other researcher is an expert in the field of educational sciences, has expertise in measurement, statistics, and curriculum, and is a faculty member in the medical school.

In the relationship between the participants and the researchers, it is expected that the researcher is aware of his feelings and thoughts and set aside his prejudgments (epoché) (Creswell, 2012). Based on the fact that two of the researchers had also been medical students once and this may cause prejudgment and bias, the researchers had a discussion on these prejudgments before the study began. In the light of this discussion, in order to prevent their own biases from interfering with the data collection process, the data collection and analysis were conducted by the researchers who have expertise in the field of educational sciences, curriculum and instruction. One of these researchers (who is an expert in educational sciences and works at the faculty of medicine) conducted the interviews. This researcher and the other researcher who is an expert in educational sciences, conducted the procedure in the data interpretation and analysis.

Validity and reliability

In order to have an impact on theory or practice in any field, all research process must be carefully designed and implemented and must present reliable results to the readers, practitioners, and other researchers. The concepts of credibility, transferability, dependability, and confirmability used in qualitative research literature correspond to the concepts of internal validity, external validity, reliability, and objectivity in quantitative research (Marriam and Tisdell, 2016).

The researchers enabled only volunteer participants to contribute to the study by informing the participants in detail about the research process before the interview and clearly indicating to them that they have the opportunity to leave the study (honesty in informants) (Shenton, 2004). To obtain reliable data (dependability), each researcher submitted the codes they made to the control of other researchers (Creswell, 2012).

In this study, respondent validation strategy was used to ensure credibility (Creswell, 2014; Marriam and Tisdell, 2016). As the data were analyzed and the findings emerged, six of the 30 students who participated in the study were reached again, and they were asked if the findings reflect their experiences or not. In addition, three external experts, who were not among the researchers, were asked to check and evaluate the data and findings. In this way, external audit (Christensen et al., 2014; Creswell, 2014, 2007) was conducted. Finally, direct

quotations were used to show what the participants said. Thus, the direct quote strategy (Christensen et al., 2014) was used.

FINDINGS

The students' narratives revealed some commonalities. This common "core" summarizes the common or shared aspects of medical school students' experiences. Below, we tried to summarize the common aspects obtained from the experiences.

How do medical students define themselves? and What is their difference?

Medical students answered the question "Who are we?" based on the values attributed to them (success, the schools they studied at before starting the faculty, etc.) and the perceptions attributed to the profession they will have in the future. The students feel that they are the members of a profession with certain characteristics (mostly positive). This perception (the status they will have in the future, the responsibilities they will take, leadership, self-learning skills and being open to development) is supported by official/legitimate and hidden curriculum in medical schools.

The responsibility the students have to take during their study (unlike other university students who do not study in medical sciences, facing with such problems as severe diseases, disability, death, etc. at an early age and their duties related to these situations depending on the year of study at the faculty) and the nature of the profession (risk taking, high expectations, etc.) have been influenced by the students' exposure to society's expectation attributed to them from the early years. The society attributes some values to students as future physicians even though they are still students (being treated as a knowledgeable person although they are still students, being offered privileges, etc.) play a role in shaping the identity of students. In addition, the fact that medical students possibly won't have any financial concerns when they graduate help them feel safe and strong.

They are disciplined, they study hard to achieve certain goals. People around them think they are geniuses. Maybe they are not, but they are very disciplined and hardworking. Although they do not have much spare time to take up hobbies, they are conscious. They are hardworking, conscious, responsible, unyielding, self-proud, different, have already achieved a difficult goal, they are privileged, valued, and trusted by the society, the candidates for a sacred profession, will achieve a good status, will not have any difficulty in terms of finding a job and gaining economic independence. Furthermore, it is difficult for them to find time to do different activities like other students who study at other faculties. However,

they work for human life, so they are aware of their responsibilities. Compelling tasks do not discourage them; on the contrary, they motivate more. All professions in society are necessary, but others do not work as much as they do and are not as conscious as they are. Maybe this is the reason why the medical students sometimes get reactions as if they came from outer space. However, achieving something that everyone has difficulty in reaching is not easy. You wouldn't know how proud it is to introduce us as "medical school students" in the society!

> MS8: I have a close friend in the dorm. He is not studying at the Faculty of Medicine. He asked me to go out for a coffee and we went to a cafe. I met one of his classmates there. He asked me some questions like "Wow, are you a medical school student? How can you manage to study there? What is it like to study that much? You have to do lots of memorization, right?" For a moment, I felt as if I came from another planet, not even from the earth!

Although medical students are still students, they do have some privileges in the society. The society still values being a doctor, not as much as before, though. It is nice to feel privileged. People treat them as if they were doctors.

> MS17: There are not many houses for rent in Çanakkale. Also, houses are expensive. The landlords do not want to rent their houses to the students. However, when you tell them that you are a medical student, it becomes easier to rent that house. It is like magic, you get it in a minute.

> MS22: A few days ago, one of my neighbors said: "I have a pain in my arm, please have a look." And I told her that I have not yet become a doctor, so she should see a doctor. She said: "Does not matter, honey… You will be a doctor, you can help me, I do not have to go to the hospital."

Medical students' concerns

One of the common concerns that medical school students have is the aggression and violence directed towards health professionals, and this results in the increase of negative emotions about their future professions. Education and service processes of medical schools are almost the same as the hierarchical structure in the army. Moreover, unlike the army as this situation differs in terms of rules and responsibilities even among departments, the obligation to develop fast and adapt to this structure creates stress and triggers negative

emotions amongst students. Medical schools set very little time for medical students for their social life, artistic and sports activities and entertainment due to their intensive curriculum. The fact that most of the medical students are enthusiastic about such activities, but they do not have time to do any of these causes them to think "they live like a vegetable". Although medical school education enables students to take responsibility and develop self-confidence by facing with the tragic aspects of life at an early age, these experiences may also be traumatic and challenging for students. Individual differences of the students also cause them to be affected differently from these experiences.

Was it worth having studied that hard? Violence towards health professionals makes medical students scared. They think they didn't have a social life, lived like a vegetable, was it worth it? They see no future in medicine in the country they live in. They prefer going abroad and working there. These indicate that medicine is not what it looks like. The elders told them that being a doctor was respected; however, there is no respect for this profession anymore. Anxiety about violence, not being able to spare time for social life, worries about the future, losing respect, demanding training, competitive environment, disappointment about the faculty are the main causes of this situation.

> MS1: I'm in the fifth year at the faculty now. I have one more year to get rid of here! I have had no social life, no hobbies... When I look back, I always ask myself if it was worth it. To me, this is like a six-year great loss from human life, a big waste of time. I want to graduate asap, start earning money and change my life. It was a difficult process.

> M44: I was very happy when I started studying medicine. Because it was something my father has always wanted. Then, in the second year, I felt something wrong with me. I didn't want to go to classes I had to attend. I used to feel depressed every day. I was really anxious and aggressive all the time. In the end, I started to get professional help from a psychotherapist last year. I feel much better now; yet I am still not sure if I can graduate from this school.

Although this is the profession that some of the students have been dreaming of since their childhood, studying at a medical school may not be their own choice. It may be the profession that is the ideal of their families. At times, the faculty and the learning environment also disappoint them. However, although they have some concerns, they still recommend this profession to those considering this as a career choice, because it is a sacred one. These results indicate that having a positive and an ethical learning environment in medical school is also a very important issue.

> MS29: Once, we worked on a project under the supervision of a faculty member. We really worked hard. However, at the end of the project, our supervisor used all the collected data for his own work. Our effort during the project was ignored. We realized that our professors, who told us about ethical rules, did not even obey those rules themselves.

Students may have chosen medical school to avoid future concerns. But it seems that they still have some. On the other hand, they are very satisfied with the status of their future professions.

> MS22: In fact, many people choose this profession in order not to feel concerned about their future and due to good conditions of being a medical doctor. Getting a job is guaranteed, so, the money is guaranteed… Our people still value the doctors, but on the other hand, the value of the being a doctor is not as the same as it used to be. The problems we may face in the future as a doctor (e.g., aggression, violence, stress, etc.) make me scared and anxious. I am still happy as I will become a doctor. Because it is a very sacred profession. Just think about it, you have a huge impact on human life.

DISCUSSION AND CONCLUSION

This study aimed to explore medical students' perceptions about being a student at medical school. As a result of the data analysis, two specific themes emerged: (1) medical students' thoughts about how they define themselves and (2) their concerns about their future profession.

The findings within the first theme revealed that students' perceptions about how they define themselves of being a student at a medical school is influenced by the values and expectations that the society attributes to their future profession. The factors such as being treated as a knowledgeable person although they are still students, being offered privileges, having a prestigious social status after graduation, etc. play a key role in shaping the identity of students. Similar results about having a high social prestige were indicated in several studies in the literature (Diwan et al., 2013; Powell et al., 1987; Wierenga et al., 2003). Also, the fact that medical students think they will not have any financial concerns when they graduate is in line with the research in the literature (Kim et al., 2016; Sulong et al., 2014). In the literature, this finding that demonstrates students' perceptions about being a medical student is associated with the income level of the countries (Goel et al., 2018).

This is important because it indicates that students who live in lower-income countries focus more on the idea that being a student in medical school will give them financial independence and high social status whereas the students in higher-income level countries may motivate themselves with such factors as willing to help others, having intellectual satisfaction, and having and interest in scientific development, etc. Similarly, Bahsi et al. (2017) stated that medical students are motivated by their academic achievement during their learning.

Another important finding of this study within the second theme indicates that the common concerns that medical school students have are the obligation to develop fast and adapt to rigorous study setting, having very little time for their social life, artistic and sports activities and entertainment due to their intensive curriculum, and the aggression and violence directed towards health professionals. All of these concerns result in the increase of negative emotions among students about their future professions. These findings correlate with other research in the literature (Firth, 1986; Heinen, Bullinger and Kocalevent, 2017) in that increased level of stress and negative emotions causes medical students to feel depressed and anxious, which also results in burnout and reduced quality of life. Similarly, studies have shown that feeling stressed due to advanced academic training and intensive curriculum is a common problem among medical students (Canbaz et al., 2007; McKerrow et al., 2020; Stecker, 2004; Zaid et al., 2007) and because of facing the process of adjusting themselves to the medical education setting (Dahlin, Joneborg and Runeson, 2005; Mohd Sidik et al., 2003). In addition, the finding about students' concern about the aggression and violence directed towards health professionals correlates with several studies in the literature (Blanco-Donoso et al., 2020; Douglas et al., 2020; Morrison et al., 1998; Nau et al., 2009).

This study was conducted by 30 students who study at the medical school. Therefore, the results are based on a small group of students. Although in qualitative studies, there is not an exact number that can define the number of participants (Sandelowski, 1995), and there are wonderful works based on a long interview even with only one person (Baker and Edwards, 2012), the future research can be conducted to with a larger sample of medical students. Another limitation is that the research was conducted at one university only. Therefore, future research can be carried out including more universities in the sample.

The findings from this qualitative study provide a number of considerations for health education research and practice. First, the students who are thinking of studying at a medical school in the future need to be aware of the fact that medical education is not an easy training process as it requires to develop certain academic skills and professional competencies, values, and attitudes. Another important issue is that the medical educators should consider the well-being of medical

students, and they have to collaborate and cooperate to create a positive learning environment for their students. In addition to their contribution to their students' academic and professional knowledge, they also have to adopt an empathic communication style that encourages an open exchange of ideas and students' personal concerns, and to lessen the factors that cause stress and negative emotions in their students.

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APPENDIX

Interview questions

1. Could you please tell us about yourself a bit?
a. Your family? What do they do? What is their educational background? Do you have siblings? If yes, what do they study? What grade? etc.
b. How much do you spend per week? What do you spend your money on most?
2. What do you like doing? (Watching movies, listening to music, doing sports, watching TV, reading books, etc.)
3. Could you please tell us about your typical day at school?
a. What do you do in the time until you come to school?
b. How do you come to school? With whom?
c. What do you do during break times/lunch breaks? With whom do you spend your time?
4. Do you have a social circle (a group of friends) at the school? Can you tell us about the characteristics of this group (their dressing style, places that you go to, sharing ideas, etc.)?
a. Are there different groups of friends at the school? What are the characteristics that describe that group?
b. What are the major differences that stand out when you compare the groups of friends within and outside of medical school?
c. How do you feel when you are with the group of friends outside of medical school?
d. What do you feel about the thoughts of others when you tell them that you are a medical student (while introducing yourself in a group of people, meeting someone new, etc.)?
5. Could you please tell us about the features you like and dislike about your school with the reasons?
6. Can you tell us about your experience about choosing the university / faculty you would like to study at? How did you make the decision to study at this school?
7. What do your parents think about the faculty you're now studying at? Do they tell you anything about that?
a. Did your parents or others affect you in any way while deciding on the university that you would study?
b. Have you changed your mind after you started medical school? If you were to make that decision again now, what would you do?
c. Would you recommend medical school to anyone considering to study medicine if he or she asks your opinion?
8. Do you think there are any features that distinguish the medical school from other faculties? (What kind of difference do you think medical school has from the Faculty of education, humanities, dentistry, etc.)
9. Would you like to study at another faculty? Is there a faculty that you don't want to study at? Why? "What profession would choose if you weren't a doctor?"
10. What do you think being a medical student make you gain and lose in your social life?
11. Do you have any plans for the future? How do you think graduating from medical school will affect your future?
a. Do you have any concerns for your future?
b. How would you describe the status of being a doctor?
c. Would you like to add any more comments?