



Research Paper

Career Choices and Specialty Preferences among Final Year Medical Students of A Medical School in South Eastern Nigeria

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ABSTRACT:

Nigeria is the most populous country in Africa with an estimated population of over 295 million as at July 2024. The population is still on the increase with increasing health burdens. The aim of this study was to assess the preferential careers and post graduate specialty choices of the final year medical students of Abia State University medical school.

For adequate health coverage for this population, there is need to cover all areas of specialization.

This was a cross sectional study involving the use of structured questionnaires written in English Language and given out to the final year medical students.

130 questionnaires were given out but only 100 were completed and duly returned.

Out of 100 students 68 (68%) made a career choice of post graduate specialization.

Out of the 68 who intend to do post graduate specialization, 58 (85.3%) desire to do so abroad with only 6 (8.8%) willing to specialize in Nigeria and 4 (5.9%) undecided.

24 (41.4%) which to do their specialization in the United States of America (USA) while 20 (34.4%) which to do their training in the United Kingdom (UK) and 6 (10.3%) wish to do their training in any other country apart from Nigeria.

Out of the 58 people wishing to train abroad, 55 (94.8%) feel that the salaries in Nigeria are poor while 50 (91.4%) feel the poor economy with fluctuating exchange rate is frustrating.

Other reasons for wishing to go abroad are:

Better standard of practice with modern facilities 45 (77.7%), better standard of living 40 (68.9%), early completion of training programme 40 (68.9%) and crippling insecurity in Nigeria 38 (68.5%).

Surgery had the highest choice of specialty 20 (29.4%) closely followed by obstetrics and gynaecology with 12 (17.6%)

After qualification, the most common choice of career was medical practice alone 40 (58.2) followed by medical practice and lecturing 16 (23.5%)

Most of the final year medical students prefer to do their post graduate specialization abroad particularly USA and UK all leading to Brain Drain.

Key words: Final year medical students, career choice, specialization and Aba.

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I. INTRODUCTION

Nigeria has a staggering population of over 295 million as at 2024 estimate. This big population has challenging health needs that must be addressed by formulators of our health policies.

More so, the disease burden arising from this population requires specialist care.

Therefore, the health care systems capacity to adequately meet this demand largely depends on the health care work force which itself depends on the availability of specialists in different field of medicine.

The Doctor- patient ratio in Nigeria has been abysmally low and is even made worse by the emigration of Doctors abroad in search of greener pastures.

The factors driving this emigration include:

- Poor salaries and remuneration in Nigeria
- poor economy in Nigeria
- advanced medical practice with better and modern facilities abroad
- better standard of living abroad
- crippling insecurity in Nigeria
- diverse opportunities for career advancement abroad
- challenging working conditions in Nigerian hospitals

All these have led to a significant Brain Drain crippling the health care system.

More so, the Brain Drain targets mostly the specialist cadre leaving behind very few specialists to deal with challenging health needs of the teeming population.

In addition to all these, there is an increasing incidence of cancer with its attendant morbidities and mortalities.

There is need to diversify post graduate training to yield specialists directly involved in cancer management such as pathologists, radiologists, radiotherapists, and oncologists.

There is also need to have more trauma surgeons in view of the rising conflicts and terrorism in Nigeria.

The government needs to do the needful, even giving incentives to attract Doctors to post graduate specialties in order to solve the health needs of the population.

II. METHODOLOGY

The study was cross sectional in design and carried out among final year medical students of Abia State University, Aba South Eastern Nigeria.

It involved in use of structured questionnaires written in English language and given out to the respondents.

A total of 130 questionnaires were given out with only 100 duly completed and returned.

The questionnaires contained questions on career path after graduation, career path after undergoing specialist training and reasons for training abroad.

Data from the completed questionnaires were collated, analyzed and interpreted.

INCLUSION CRITERIA

Males and females in the final year medical class.

EXCLUSION CRITERIA

Medical students below final year and non-medical students were excluded.

III. RESULTS:

130 questionnaires were given out but only 100 were duly completed and returned

TABLE 1: SHOWING DEMOGRAPHIC VALUABLES

S/NO	SEX OF RESPONDENTS	NUMBER	PERCENTAGE
1	Females	62	62%
2	Males	38	38%
3	Total	100	100%

TABLE 2: SHOWING CHOICE OF CAREER PATHS POST MEDICAL DEGREE

S/NO	CAREER PATH	NUMBER	PERCENTAGE
1	Post graduate specialization	68	68%
2	Public service job	10	10%
3	Private medical practice (both owner and group practice)	10	10%
4	Entrepreneurial projects	8	8%
5	Business activities	4	4%
6	Total	100	100%

FIG 1: BARR CHART

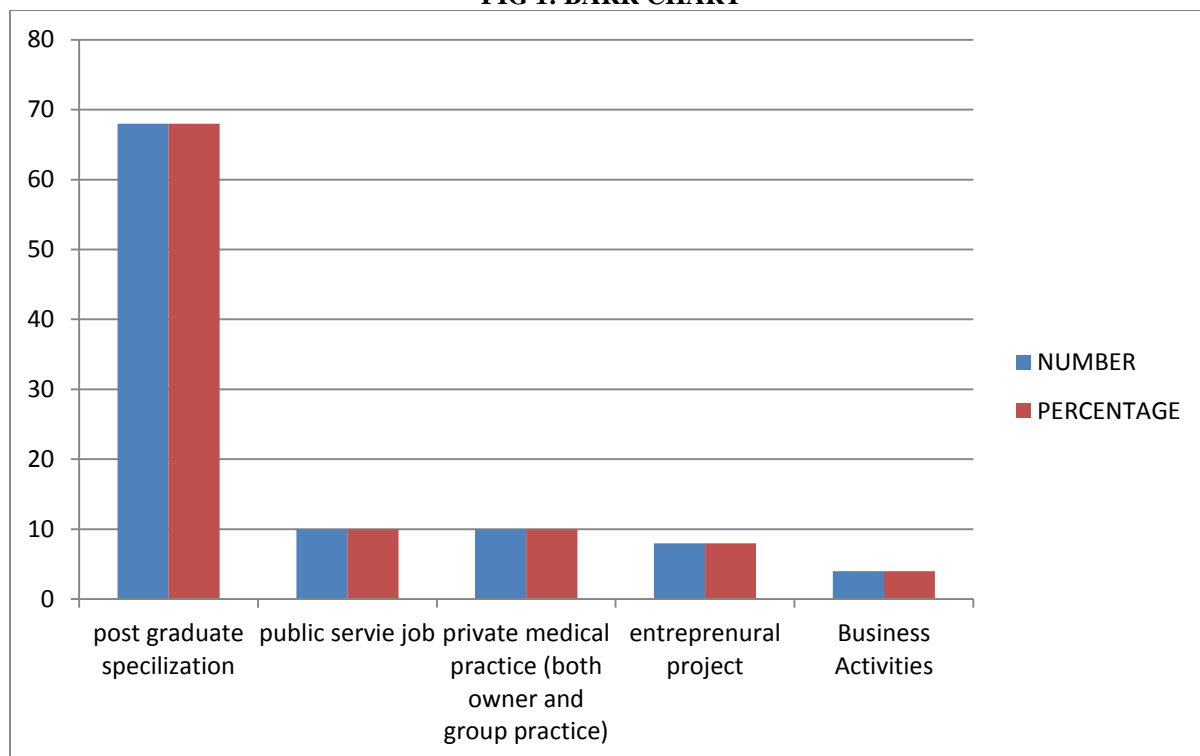


TABLE 3: SHOWING LOCATION OF CHOICE FOR SPECIALIZATION

S/NO	LOCATION	NUMBER	PERCENTAGE
1	Abroad (outside Nigeria)	58	85.3%
2	Nigeria	6	8.8%
3	Undecided	4	5.9%
4	Total	68	100%

FIG 2: BARR CHART

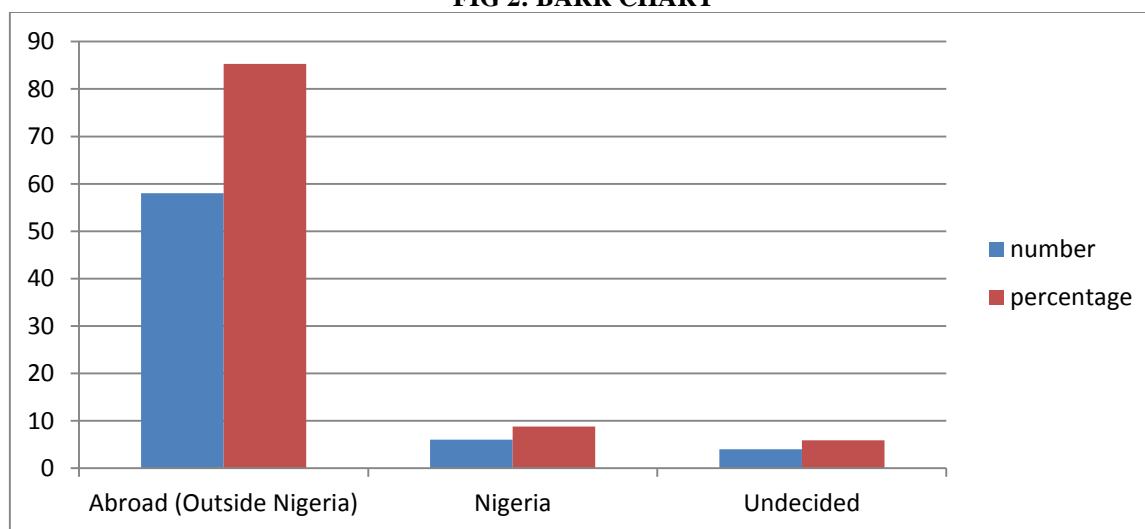


TABLE 4: SHOWING COUNTRIES OF CHOICE FOR SPECIALIZATION ABROAD

S/NO	COUNTRY OF CHOICE	NUMBER	PERCENTAGE
1	United States of America (USA)	24	41.4%
2	United Kingdom (UK)	20	34.4%
3	Any Foreign Country outside Nigeria	6	10.3
4	Canada	4	6.9
5	South Africa	4	6.9
6	Total	58	100%

FIG 3: BARR CHART

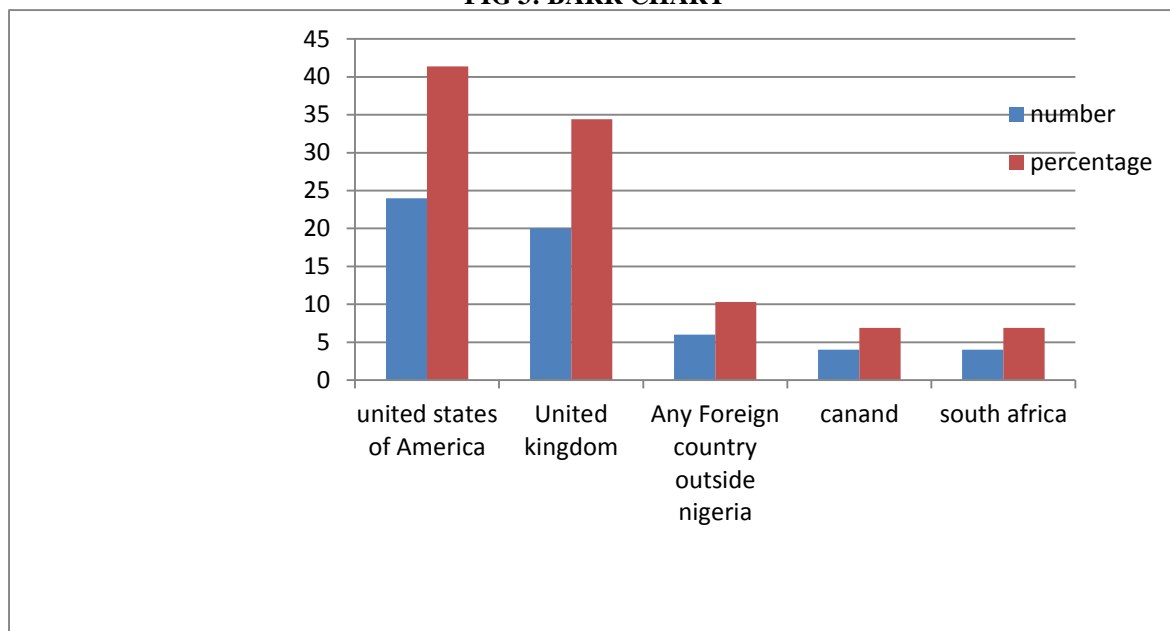
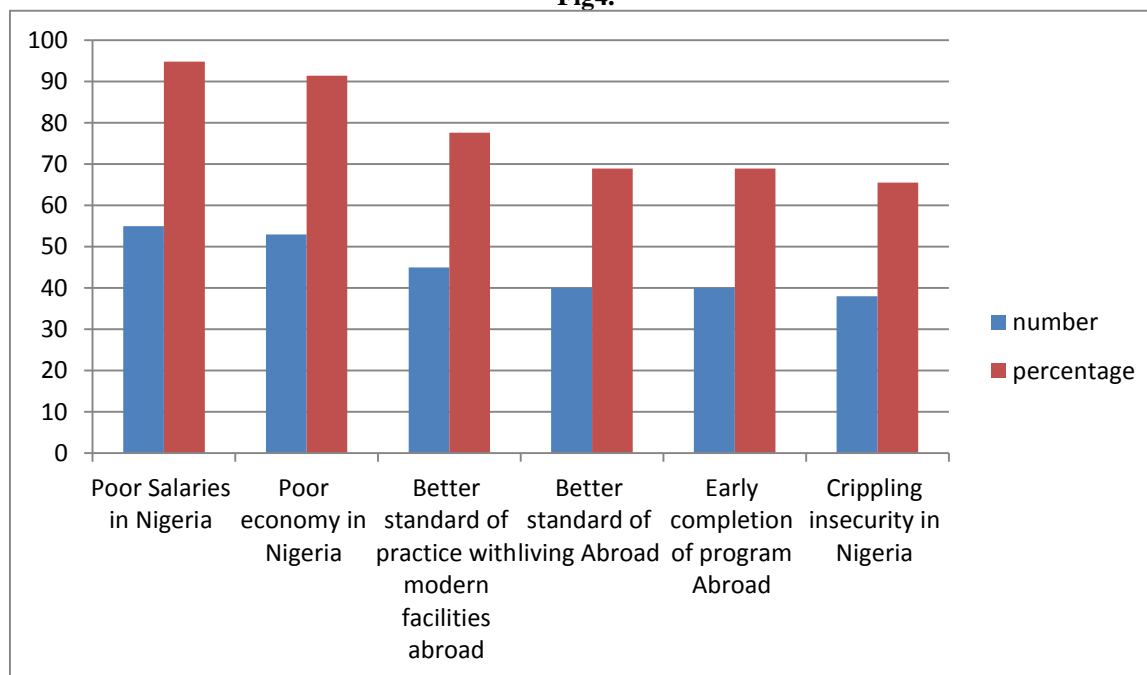


TABLE 5: SHOWING REASONS FOR WISHING TO RELOCATE ABROAD FOR SPECIALIZATION

S/NO	REASONS	NUMBER	PERCENTAGE
1	Poor Salaries in Nigeria	55	94.8%
2	Poor economy in Nigeria	53	91.4%
3	Better standard of practice with modern facilities abroad	45	77.6%
4	Better standard of living Abroad	40	68.9%
5	Early completion of program Abroad	40	68.9%
6	Crippling insecurity in Nigeria	38	65.5%

Fig4.



S/NO	SPECIALITY	NUMBER	PERCENTAGE
1	surgery	20	29.4%
2	Obstetrics and Gynecology	12	17.6%
3	Community medicine	10	14.7%
4	Internal medicine	9	13.2%
5	Undecided	5	7.4%
6	Pediatrics	4	5.9%
7	Radiology	4	5.9%
8	Orthopedics	4	5.9%
9	TOTAL	68	100%

TABLE 6: SHOWING CHOICE OF SPECIALTY

Each respondent had several reasons (more than 1) for wishing to specialize Abroad.

Students still have predilection for the four (4) clinical specialties

FIG 5: BARR CHART

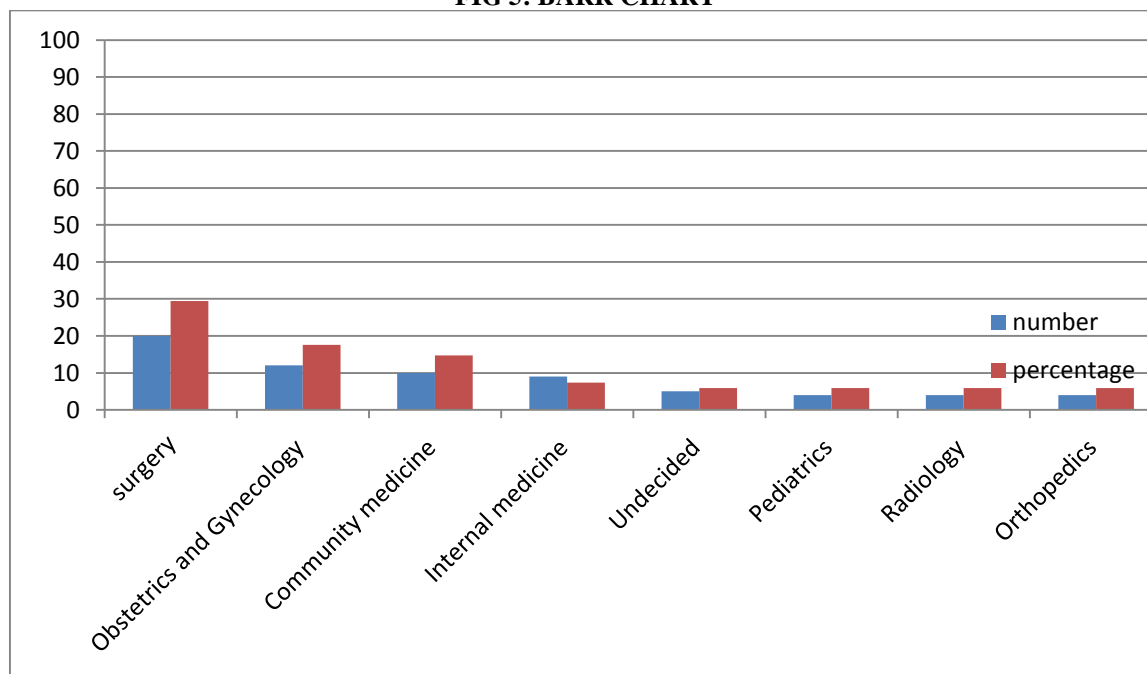
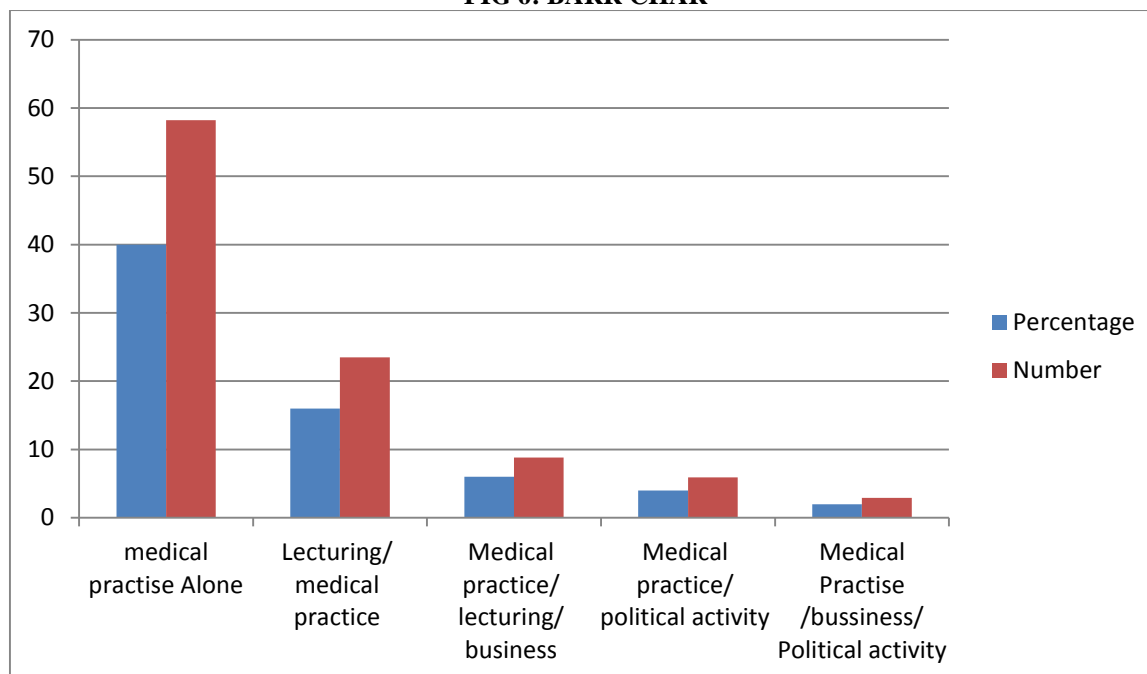


TABLE 7: SHOWING POST QUALIFICATION CAREER CHOICE

S/NO	CAREER CHOICE	NUMBER	PERCENTAGE
1	Medical Practice alone	40	58.2%
2	Lecturing/ medical practice	16	23.5%
3	Medical practice/ lecturing/ business	6	8.8%
4	Medical practice/ political activity	4	5.9%
5	Medical practice/ business/ political activity	2	2.9%
	Total	68	100%

Respondents Are Beginning To Look Beyond Medical Practice Alone But Are Prone To Diversification Into Other Areas

FIG 6: BARR CHAR



IV. DISCUSSION

Nigeria is a very populous country with high disease burden requiring matchable health/ medical workforce. But the situation on ground is far from it.

The Doctor patient ratio had been below par and has rapidly worsened with the emigration of specialists to foreign lands known as Brain Drain.

According to Adam et al, in their work on how medical schools influence student's career choice; A realist evaluation, they concluded that career decision making processes are clearly complex and evolve gradually during and after medical school.

Experiences in medical school including formal exposure and informal and hidden curricula are important.

Environmental and other factors are also contributory.

In our study, we found 68 (68%) of the students desiring post graduate medical specialization.

We also found a great number opting out of specialization but instead preferring public service work 10 (10%), private/ group practice 10 (10%), entrepreneurship 8 (8%) and business 4 (4%)

This clearly shows some elements of discontentment with medical practice as it is.

We also found out that 58 (85.3%) out of those who wish to do postgraduate specialization prefer doing it abroad for several reasons most importantly salary factor.

We found surgery to be the most common specialty of choice followed closely by obstetrics and Gynecology.

We also found out that after postgraduate medical specialization a great number were not contented with only medical practice and lecturing but would prefer combining medical practice with business and or political activities suggesting that medical practice alone will not give them all that they desire in life.

According to Okunlola et al, in their work on determining factors for the choice of medical career among final year students of a private University in Nigeria, they concluded that medical education worldwide is more expensive compared to other University courses due to the structure of the training into two phases- basic medical sciences and clinical sciences each with extensive syllabus.

The choice of medical education and future specialty is multi-factorial but the most important factors are personal and parental interest.

The choice of where to practice is mostly determined during the undergraduate programme and intends towards emigration or Doctors to developed countries.

Nabila Aisha et al, in their work, on career choices among medical students and factors influencing their choice, concluded that the top three preferred specialties of choice were surgery 22 (26.5%), internal medicine 12 (14.9%) and pediatrics 11 (13.3%).

The most popular factor of specialty choice was interesting field and least popular factor was geographical location of the hospital.

Boniface Eze et al, in their work on factors influencing choice of medical specialty of pre-residency medical graduates in South Eastern Nigeria concluded that career choice was more frequently influenced by personal interest (16.6%), career prospects (9.18%), appraisal of own skills/ aptitude (5.6%) and choice was least affected by altruistic motives (1.7%)

The respondents selected specialties of different rates- O & G (22.6%), surgery (19.6%) pediatrics (16.6%) anesthesiology (13.1%) psychiatry (.3%) and Dentistry (0%) .

Most participants (97.2%) had decided on specialty choice by the end of the 5th year.

V. CONCLUSION

Most final year medical students are still willing to do their postgraduate medical specialization but most wish to do it abroad.

A sizable number of students are now interested in other areas apart from medical practice.

The most influential factor attracting emigration is personal interest (salaries and earnings)

These results and other previous works should have significant implications for Nigerian health care policy makers.

VI. RECOMMENDATIONS

1. Government should give incentives to attract some trainee specialists into some key areas such as radiotherapy, pathology and oncology.
2. The salaries and emoluments of specialist should be reviewed as it is the most common factor causing Emigration and Brain Drain.
3. Government should curb medical tourism by establishing Quaternary medical centres at least 1 per region. Such centers should be well equipped to attract quality staff. This will help in holding back some specialists who may wish to emigrate.

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