

## **Study on the Self Esteem and Strength of Motivation of Medical Students**

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### **Abstract**

*The purpose of the present study was to identify the problems faced by medical students. Generally medical students face many problems in their early first professional year of MBBS. For a developing country like Pakistan medical profession is highly important. In the present study it was attempted to find out the motivation level between male and female medical students. The hypotheses were that male medical students will show higher level of strength of motivation than female medical students. Instruments applied in this study were the biographic data sheet and the other scale used was The Strength of Motivation for Medical Students Questionnaire. In order to achieve this objective a purposive convenient sample of 100 participants comprising of 50 male and 50 female medical students from different medical colleges of Rawalpindi and Islamabad was collected. The data was analyzed and presented in both tabular form and graphic form with description. Findings of the present study suggest that male medical students have a high level of motivation in comparison to female medical students. This research supports all hypotheses.*

### **Introduction**

Motivation is an internal state or condition (sometimes described as a need, desire, or want) that serves to activate or energize behavior and give it direction, a desire or want that energizes and directs goal-oriented behavior; or it can be the influence of needs and desires on the intensity and direction of behaviour. According to Schiefele, Krapp, and Winteler (1992) most motivation theorists assume that motivation is involved in the performance of all learned responses; that is, a learned behavior will not occur unless it is energized. The major question among psychologists, in general, is whether motivation is a primary or secondary influence on behavior. That is, are changes in behavior better explained by principles of environmental/ecological influences, perception, memory, cognitive development, emotion, explanatory style, or personality or are concepts unique to motivation more pertinent.

In other gender comparisons, Harter (1985) reported higher ratings of global self worth in boys than in girls for grades 5-8. A review of the literature by Schiefele, Krapp, and Winteler (1992) strongly suggests that male students' performance accords their interest level more than is the case for female students. Specifically, female students' academic performance is less associated with their interests than male students' academic performance. There is some research that suggests that boys are more likely to pursue performance goals than mastery goals. While boys are more likely to pursue performance approach goals than girls, it was found that each gender has similar recourse to performance avoidance goal strategies. Boys are more likely than girls to attribute failure to bad luck or other external factors rather than their own lack of ability, and boys' self-worth is more resilient in contexts that emphasize competitive behaviors where boys are more likely to maintain academic motivation and to attribute their successes to internal factors like ability and effort. When researching high achieving male and female students, It was also found that the high achieving boys were more likely than high achieving girls to perceive themselves as academically strong, to seek a position of superiority and to be more socially aggressive in favorable learning contexts. In English and Mathematics boys have higher levels of performance orientation and appear to be more concerned than girls to demonstrate high ability relative to others.

## Humanistic Theories

Humanistic Theorists attempted to synthesize a large body of research related to human motivation. Prior to Maslow, researchers generally focused separately on such factors as biology, achievement, or power to explain what energizes, directs, and sustains human behavior. Maslow posited a hierarchy of human needs based on two groupings: deficiency needs and growth needs. Within the deficiency needs, each lower need must be met before moving to the next higher level. Once each of these needs has been satisfied, if at some future time a deficiency is detected, the individual will act to remove the deficiency. These needs are:

- 1) Physiological needs: hunger, thirst, bodily comforts, etc.;
- 2) Safety/security needs: out of danger;
- 3) Belongingness and Love needs: affiliate with others, be accepted;
- 4) Self Esteem needs: to achieve, be competent, gain approval and recognition.
- 5) Self-actualization need: to find self-fulfillment and realize one's potentials.

### Maslow's Hierarchy of Needs

It is a theory of motivation and personality developed by the psychologist Maslow. Maslow's hierarchy explains human behavior in terms of basic requirements for survival and growth. These requirements, or needs, are arranged according to their importance for survival and their power to motivate the individual. The most basic physical requirements, such as food, water, or oxygen, constitute the lowest level of the need hierarchy. These needs must be satisfied before other, higher needs become important to individuals. Needs at the higher levels of the hierarchy are less oriented towards physical survival and more toward psychological well-being and growth. These needs have less power to motivate persons, and they are more influenced by formal education and life experiences. The resulting hierarchy of needs is often depicted as a pyramid, with physical survival needs located at the base of the pyramid and needs for self-actualization located at the top. Maslow's hierarchy specifies the following levels:

2. Safety needs: Once the individual's basic physical needs are met, his or her needs for safety emerge. These include needs for a sense of security and predictability in the world. The person tries to maintain the conditions that allow him or her to feel safe and avoid danger. Maslow thought that inadequate fulfillment of these needs might explain neurotic behavior and other emotional problems in some people.
3. Love and belonging needs: When the individual's physiological and safety needs are met, needs for love and belongingness emerge. These needs include longings for an intimate relationship with another person as well as the need to belong to a group and to feel accepted. Maslow emphasized that these needs involve both giving and receiving love.
4. Esteem needs: Esteem needs include both self-esteem and the esteem of others. Self-esteem is the feeling that one is worthwhile, competent, and independent. The esteem of others involves the feeling that other people respect and appreciate the person. Once the person has satisfied his or her basic needs, concerns about worthiness emerge. The focus becomes not just surviving, but doing well according to meaningful communal standards.
5. Self-actualization needs: These are the needs associated with realizing one's full potential. As these needs emerge, the person focuses on doing what he or she is meant to do in life—developing his or her talents and abilities to their fullest extent.

### Role of Motivation in Education

Motivation is of particular interest to Educational psychologists because of the crucial role it plays in student learning. However, the specific kind of motivation that is studied in the specialized setting of education differs qualitatively from the more general forms of motivation studied by psychologists in other fields.

Motivation in education can have several effects on how students learn and how they behave towards subject matter. It can:

1. Direct behavior toward particular goals
2. Lead to increased effort and energy
3. Increase initiation of, and persistence in, activities
4. Enhance cognitive processing
5. Determine what consequences are reinforcing
6. Lead to improved performance.

Students are not always internally motivated, they sometimes need situated motivation, which is found in environmental conditions that the teacher creates.

### **Medical Students and Motivation**

Medical students are naturally motivated to become a doctor. This motivation may be generated by a need for esteem, for self-actualization or for knowledge and understanding. Its strength is in balance with whatever energy the student is willing to invest, or sacrifices the student is willing to make to meet these needs. From the beginning of their medical career, students must decide on this balance. Even without a realistic image of required investments and sacrifices, applicants for medical school have perceptions that guide their decision to start a medical career.

Medical students are known to be highly motivated students, if measured by drop-out rate and time investment and compared with other students in higher education. Strength of this motivation can be seen as an independent variable, predicting behavior, but also as a dependent variable, affected by experiences in the past. Two fairly recent phenomena in undergraduate medical education may influence this strength, and indirectly its impact on academic success. One is the worldwide increase in the number of female students, who within a short period of time, often came to outnumber male medical students. The other is the enrolment of students with a graduate background when they start medical school. North America has employed this two-cycle model for a long time as the only curriculum structure, but in Europe and Australia, the admission of students who have graduated academically, into a shortened medical course or in a higher program year of a regular course, is relatively new. So, in most countries, students are admitted into medical school at the age of 17–18 years, directly after high school, whereas in North America and Canada students are admitted to medical school around the age of 23 years. Gender, academic background and maturity may well affect how motivated students are to pursue medical school, but the extent of these effects is not known. Baum, & Axtell, (2005).

Mecca et al., (1989) studied the effects of age, gender and educational background on strength of motivation for medical school. The aim of this particular study was to determine the effects of selection, educational background, age and gender on strength of motivation to attend and pursue medical school. Graduate entry (GE) medical students and Non-Graduate Entry (NGE) medical students, were asked to fill out the Strength of Motivation for Medical School (SMMS) questionnaire at the start of medical school. The questionnaire measures the willingness of the medical students to pursue medical education even in the face of difficulty and sacrifice. GE students had higher strength of motivation as compared to NGE students. Age was the single largest predictor. Maturity, taking developmental differences between genders into account, was used as a predictor to correct for differences in the maturation of males and females. Still, the gender differences prevailed, though they were reduced. Pre-entrance educational background and selection also predicted the strength of motivation, but the effect of the two was confounded. Strength of motivation appears to be a dynamic entity, changing primarily with age and maturity and to a small extent with gender and experience.

### **Objectives of the Study**

The basic objectives to conduct this research are as

- To explain the phenomenon of motivation in respect to medical students
- To study the differences in the level of motivation of male and female medical students.

### **Instruments**

Following instruments were applied in this study:

#### **The Strength of Motivation for Medical Students Questionnaire**

It is a 15 item, is a self-rated questionnaire. The SMMS-questionnaire was constructed by combining medical, educational and methodological backgrounds, with help of a senior medical student. A large number of items were generated, discussed, rephrased, and reduced to a questionnaire of 15 statements. All statements were accompanied by a five point rating scale ranging from disagree to agree, describing situations realistic to applicants or medical students. Each item is constructed to measure the readiness to start and/or continue medical training against some sacrifice, e.g., time, money, energy.

Eleven items are indicative, i.e., having a positive relation with motivation (e.g., ‘I would still choose medicine if even that would mean studying in a foreign country in a language that I have not mastered now’); five are counter indicative, i.e. having a negative relation with motivation (e.g., ‘I would quit studying if I would be 95% certain that I could never become the specialist of my choice’).

### **Biographic Information Sheet**

In this respondent has to fill different areas regarding age, gender, marital status etc

### **Sample**

Target population for this research was medical students from their first year of MBBS. Convenient and purposive sampling both was used. Sample for this research, consisted of 100 students from different medical colleges of Rawalpindi and Islamabad, among them 50 subjects were male medical students and 50 were female medical students.

### **Procedure**

Prior to data collection, permission was taken from the concerned authorities of medical institutes. After that consent was taken from all subjects. While collecting data an attempt was made to take the ethical issues into account. After establishing the rapport and ensuring the confidentiality, information was collected. It was made clear to them that data will be kept confidential and will be used only for research purposes. The subjects included 100 medical students among them 50 were male and 50 were female medical students. Questionnaires were distributed in form of groups as well as individually. The participants were instructed for answering to the questionnaires honestly and not to leave any item unanswered. Questionnaires were collected and thanked them for their cooperation. After collecting data, results were drawn statistically. In the end, conclusion was drawn out to see whether the hypothesis on which the research was conducted has been proved or rejected.

### **Statistical Analysis**

#### **Coding**

Coding scheme is used to convert qualitative into quantitative data. Coding means the transformation of data into a form understandable by computer soft ware. The classification of information is an important step in preparation of data for computer processing with software. One code should apply to only one category and categories should be comprehensive. In this research it will used quantitative techniques that why coding keys used for the data analyses. For option YES/no codes are available for the option daily, once in a week, once in a month, and for the option 1,2,3,4 and respectively.

#### **Tabulation**

Tabulation process includes tables based on the quantitative data. Tabulation process is used in research analyze the results of Questionnaires. In this study, tables and percentages will be used to analyze the data.

### **Results and Discussion**

**Table 1: Choose Medicine as a Profession**

S. No	Agree %	Disagree %	Don't Know %	Total
Males	42	5	3	50
Females	29	16	5	50
Total	71	21	8	100

Table 1 shows that 42 % of the male medical students agree from the statement 3 that they would still choose medicine even if that would mean studying in a foreign country in a language that they have not yet mastered while 29% female medical students agreed.

**Table 2: Any Other Profession**

S. No	Agree %	Disagree %	Don't Know %	Total
Males	39	7	4	50
Females	26	21	3	50
Total	65	28	7	100

The above given Table 2 demonstrate that 39 % of the male medical students agree from the statement 6 that if they wouldn't consider any other profession than medicine while 26% female medical students agreed.

**Table 3: Giving Precedence to My Work over Family**

S. No	Agree %	Disagree %	Don't Know %	Total
Males	41	7	2	50
Females	11	29	10	50
Total	52	36	12	100

The above given Table 3 demonstrate that 41 % of the male medical students agree from the statement 11 that they would like to become a doctor, even giving precedence to work over family while 11% female medical students agreed.

**Table 4: Spend a Lot of Time to Study Medicine**

S. No	Agree %	Disagree %	Don't Know %	Total
Males	39	8	3	50
Females	15	30	5	50
Total	54	38	8	100

The above given Table 4 demonstrate that 39 % of the male medical students agree from the statement 14 that they would like to study medicine, even if have to spend a lot of time on topics that later turn out to be a waste of time while 15% female medical students agreed.

### **Conclusion**

This research report achieved the objectives of explaining the phenomenon of motivation in respect of strength of motivation for medical students. Keeping in view the above This research report achieved the objectives of explaining the phenomenon of motivation in respect of strength of motivation for medical students. Keeping in view the above given details of the research being conducted it seems that overall the male members of the society are more determined to seek a profession as well as to excel in the professional life. It is an obvious fact that in the Pakistani society males are overburdened to handle the financial matters of their family. They are considered as the head of a family who has to look after each and every matter of their family .Whereas female member's help and coordinate their male members in all these issues. This might be the reason of less motivation in female medical students in comparison to the male medical students. It is the need of the time to realize the problems of medical students, as well as to make strategies to solve their problems being highlighted by the present research.

### **Recommendations**

The following suggestions were made to solve the problems for a future research:

- It may be reiterated that the sample size of the study should be increased
- Subjects from diverse areas should also be included to increase the generalizability.

## **References**

- Baum, K. D., & Axtell, S. (2005). Trends in North American medical education. *Keio Journal of Medicine*, 54(1)
- Harter, S. (1980). Manual for A Scale of Intrinsic versus Extrinsic Orientation in the Classroom. Denver, CO: University of Denver.
- Harter, S. (1985). Manual for the Self-Perception Profile for Children. Unpublished manuscript, University of Denver
- Maslow, A. (1954). *Motivation and Personality*. New York:Harper and Row
- Maslow, A. H. (1987). *Motivation and Personality* (3rd ed.). New York: Harper & Row.
- Mecca, A. M., Smelser, N. J., Vasconcellos, J. & et al., (1989). *The Social Importance of Self-esteem* University of California Press, 1989.
- Schiefele, U., Krapp, A., & Winteler, A. (1992). Interest as a predictor of academic achievement: A meta-analysis of research. In K. A. Renninger, S. Hidi, & A.