
Students' Corner

Letter to the Editor

Expectations, competition and stress — A portrayal of a medical student's journey

Madam, Medical students all over the world are often subjected to stress and emotional disturbances. This has been increasingly reported in published literature in recent years.¹ Previous studies have shown fairly high levels of distress, such as symptoms of depression and even suicidal thoughts among medical undergraduates. It may also have a negative impact on the students' learning ability and consequently, may diminish a student's sense of worth and affect his/her academic achievement.¹ In a study involving 279 medical students from Pakistan, as many as one third of the students were found to have anxiety and depression.²

Even before entering medical school, students have an intense pressure of not only fulfilling their own career goals but also that of meeting their parents' expectations to get admission at the best institution. Securing a spot in medical school only brings with it the weight of bigger goals and expectations, as shown by a Swedish study in which year 1 students, especially females, were found to have highest degree of pressure from studies compared to senior medical students.³

Psychosocial factors may play a role in stress development among medical students. This may be due to time constraints for self, family, friends and entertainment due to the challenging medical curriculum. This could be further compounded by inadequate recreational facilities provided by the university. To assess the sources of stress among medical students in detail, a cross-sectional,

questionnaire-based survey was carried out at CMH Lahore Medical College, Pakistan. 'High parental expectations', 'frequency of examinations', 'vastness of academic curriculum', 'sleeping difficulties', 'worrying about the future', 'loneliness', 'becoming a doctor', and 'performance in periodic examinations' were the most commonly reported sources of stress. There was also a negative but statistically insignificant correlation between stress and academic performance.¹

Keeping this picture in mind, we have the following recommendations:

1. There should be elected student representatives in medical school meetings that make important decisions pertaining to academic curriculum. This would enable medical students to voice their own concerns in front of the faculty. The framework of examinations could be modified accordingly.
2. Social support groups do exist but students are often reluctant to make use of this system. A better approach could be to form a mentoring network that includes both students and faculty members (including psychiatrists).
3. A method to identify high risk students could be very helpful so that appropriate interventions could be made in a timely manner. The Perceived Medical School Stress (PMSS) scale is an example of such a tool, which measures stress factors specifically related to medical school.⁴
4. There should be zero tolerance to the usage of

drugs amongst medical students.

5. There should be recreational facilities available on the university campus.

6. Medical students sometimes have financial constraints so the University should review cases on an individual basis to grant financial aid to all deserving candidates.

Unfortunately, most studies on interventions to target stress among medical students have limitations, such as small sample size, lack of control groups, and only addressing selected groups of students.⁴ Future studies could address these limitations to give a better idea regarding the steps that need to be taken to minimize the

stress level of medical students.

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