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The reasons for the decrease in learning motivation of medical students in South Iran

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Abstract:

BACKGROUND: Numerous studies have shown that the motivation of medical students has decreased. If we know what factors decrease motivation, we can predict and reinforce learning behaviors in medical students. This study aimed to explore and explain the reasons for the decrease in the motivation of medical students at Jahrom University of Medical Sciences, Iran.

MATERIALS AND METHODS: A qualitative design based on the conventional content analysis approach was used. This study was conducted at Jahrom University of Medical Sciences in 2019–2021. Data were drawn from 24 semi-structured interviews with 52 medical students in the third year to seventh year. Purposeful sampling was performed. The average interview time was (53.42 ± 22.18) minutes. The 12 individual interviews and five focus group discussions (40 participants) were immediately verbatim and analyzed by the Colaizzi method by Max-Q (2014) data software.

RESULTS: The mean age was (22/30 ± 2/16). The mean grade was (13.34 ± 1.28). After conducting 24 semi-structural interviews, 180 *in vivo* codes, 17 primary codes, six sub-categories, and two main categories were obtained. Two main categories consist of the Cultural and Socio-Economic Capital Damaged and Unmotivated Educational System.

CONCLUSION: Paying attention to the educational culture of the university and the economic, social, and cultural conditions of the society is necessary to improve students' lack of motivation.

Keywords:

Learning, medical education, motivation, student

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Introduction

Medical students are a major asset to the medical community and medical universities. The educational motivations of medical students are related to the health of the society. The poor academic performance of students is a widespread problem across all countries.[1] Studies have shown that decreased motivation is the most important reason for medical students' dropout.[2,3] Motivation is a vital prerequisite for learning. Motivation is the heart of learning, and learning is the goal of education. Motivation can affect various aspects of student behavior in educational settings.[4] Studies revealed that more than half of medical students are not motivated to complete their education.[5] Various factors, such as age, gender, family, and country's economic and cultural conditions, can affect students' motivation.[6] A review article revealed that financial gain is the primary motivator in low-income nations, whereas philanthropic objectives are prioritized in high-income nations.[7] The consequences of reduced motivation can be far-reaching, affecting not only the students themselves but also the broader society they serve. Universities need to recognize this challenge and take pro-active steps to support and engage their students.[2] Most studies have evaluated students' motivation by quantitative, cross-sectional, and descriptive methods. These types of studies examine the

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subject with the assumptions of researchers. Qualitative studies provide an in-depth analysis and explanation of the real experiences of students or stakeholders.[8] Scientists have primarily concentrated on the idea of motivation rather than controlled motivation. Therefore, explaining this concept in any context can be highly valuable and informative. Consequently, any attempts to elucidate, identify, and clarify the factors that lead to reduced motivation among medical students for community health are critical. Hence, the objective of this study is to explicate the reasons behind the decline in the motivation of medical students.

In Iran, there are more than 50,000 medical students. Studies have indicated that over 50% of them have low motivation, commonly referred to as controlled motivation.[9] Recent research shows that this number is increasing. Some studies conducted in Iran have shown that the majority of medical students have controlled motivation, with the mean motivation level being below desirable levels.[10,11] Weaknesses in teaching skills, lack of jobs, communication disorders, lack of educational facilities, disappointment about the future, and low quality of education are factors that reduce students' motivation.[2,12]

Material and Methods

Study design and setting

A conventional content analysis approach was used to collect data and analyze the controlled motivation of medical students at Jahrom University of Medical Sciences in Fars province, south of Iran. This qualitative design provides contextual descriptions and explanations of social phenomena while facilitating understanding of participants' voices, perspectives, and ideas. The purpose of this study was to address issues related to the decreased motivation of medical students. The study was conducted between April 2019 and August 2021. The report is based on the Comprehensive Criteria for Qualitative Research Report (COREQ) checklist developed by Tong, Sainsbury, and Craig in 2007.

Study participants and sampling

The study included medical students in their third to seventh year of education, with a total of 52 participants selected using a purposive sampling strategy over a 12-month period. Inclusion criteria were based on the students' interest in participating and their level of academic motivation, as determined through self-report, academic progress data, and university counseling office records. Age, gender, and grade point average were not considered as factors for maximum variation sampling. The selected students included 18 in their sixth to seventh year, 19 in their fourth to fifth year, and 15 in their second to third year of medical school.

Data collection tool and technique

In this study, perceptions, experiences, feelings, attitudes, and opinions of 52 participants about the controlled motivation were collected by the conventional content analysis method. Before formal interviews, we explained to the participants the purpose of the study. Consent was obtained, and we assured them that they could withdraw at any time. Twenty-four semi-structured interviews were carried out with the 52 enrolled participants, with 12 individual interviews, five focused group discussions (FGDs) with 40 participants, and seven repeated interviews. All the interviews were conducted in a calm and private environment. The mean of interviews was (53.42 ± 22.18) minutes. The time of the interview was based on the mental and physical conditions and tolerance of participants.

During the interviews, the participants were asked a core question: "How would you describe your experience with academic failure? Were you ever disinterested in studying at the university? If so, how did you experience this feeling? Additionally, what factors helped you overcome these educational problems?" After that, some exploratory questions were asked, such as "Can you explain more about that?", "What do you mean exactly?", "How did that happen?", and "Can you give an example?"

During the interviews conducted in Persian, deeper questions were asked, such as "which," "when," "how," and "explain?" All the interviews were recorded and transcribed verbatim for accurate data collection. Additionally, field notes were taken to supplement the recorded data. The interview outline was revised after the first FGD. The interview outline was revised after the first FGD.

After recording and transcribing interviews, data were analyzed using the Colaizi method by Max-Q (2014) data software. Deductive methods were applied to connect categories and sub-categories to the three levels of the Onion Model.

To ensure the thoroughness of the study, three participants will review their interview codes. Additionally, two faculty members will review all codes. The transcribed interviews will be read several times to comprehend them. Significant statements will be extracted and given meaning. This process will be repeated for each interview, and then meanings will be formulated, and themes will be created. An exhaustive description of everything generated will be compiled, and then a summary will be made to identify the fundamental structure of the phenomena.

The research prioritized trustworthiness and credibility, which was ensured through the use of peer checking,

member checking, and prolonged engagement spanning over 15 months. Two experts in qualitative research conducted peer checking, while member checking was done by asking the three participants to verify the preliminary findings from their interviews. The maximum variance of the sample was taken into consideration, which enhanced the conformability of the research. Researchers with prior experience in qualitative research analyzed the data to identify and categorize the initial codes separately. They then compared the codes and themes, and in cases where they did not agree, definitions were clarified and discussions continued until a consensus was reached.

Ethical considerations

The ethics committee of Jahrom University of Medical Sciences has approved the study with reference number IR.SUMS.REC.1399.091. The objectives of the study were clearly explained to the participants, and their participation was entirely voluntary. They had the right to leave the study at any time without any negative consequences. The interviews were conducted in a quiet and private location to ensure participants' comfort. Participants gave their approval to participate by signing a written consent form. Before each interview, they also provided verbal permission to keep a written record.

Results

Demographic characteristics of the participants

The age range of participants was 21 to 25 years. The mean age was 22.30 ± 2.16. The mean grade was 13.34 ± 1.28. Seventeen participants were females.

Themes and categories

After conducting data analysis, we identified 180 *in vivo* codes, 17 primary codes, six sub-categories, and two main categories. The main categories were "Cultural and Socio-Economic Capital Damage" and "Demotivated Educational System" [Table 1].

Cultural and Socio-Economical Capital Damaged

Based on the participants' perceptions, the researchers understood that the Cultural and Socio-Economical Capitals were damaged. This core category obtained "perceived frustration," "financial problems," "insecure emotional environment," and "behavioral abnormalities".

Perceived frustration

Perceived frustration consists of "spiritual erosion" and "job security". Sub-categories contain increasing the capacity of the medical student's admission, failure to meet expectations, lack of facilities, migrate, and fear of hospital infections.

S22: Oh, Why should I study more? So many students come to medicine every year. The job market is saturated.

Table 1: Codes, subcategories, and main categories derived from content analysis

Main theme	Categories	Sub-categories
Unmotivated Educational System	The teacher's inattention	Poor audience
		Unprofessional behaviors
		Communication immorality
	Neglect education	Ineffective educational atmosphere
		Incuriosity of the environment to education
		Non-functional planning
		Lack of learning facilities
		Lack of attention to educational quality
Cultural and Socio-Economical Capitals Damaged	Perceived frustration	Spiritual erosion
		Job security
	Financial Problems	Marriage
		Inequality
	Insecure emotional environment	Dependence on family
		Challenging family
		Not perceived student
	Behavioral abnormalities	Weakness in information management
		Eschewing meaning

S50: Another thing was in my mind when I came to study medicine. Both in terms of finances and income and helping people.

S10: Dear, what is the motivation? Look at the mental conditions in the country. We are strongly influenced by bad news every day or every week. Education and learning are not the main issue.

S38: I have to study hard and try for years, but in the end there is nothing. Most students are tired. Sometimes I hate studying. In the clinical departments, there is a high risk of various infection diseases, it's not worth it. Maybe I was wrong.

S5: I will not get a job here. Our officials do not care about us. My goal is immigration. Not only me, all the classmates, when we talk they say do not want to stay here. The pressure of life, or morality, or something else.

Financial problems

It consists of "financial problems, marriage, and inequality". Some codes are as follows: not having a suitable student income, financial dependence on the family, lack of married dormitory, expecting the community, showing off, and competing in excessive welfare.

S47: My friend wants to take more shifts to be able to buy what is expected of him, so she does not study enough.

S39: I married…. I have not married dormitory. Renting a house is also very expensive. You have to work in and out of college. Therefore, you say me are you motivated to study?

Insecure emotional environment

An insecure emotional environment consists of "dependence on family, challenging family, and not

perceived students". Some codes of these sub-categories contain far away from family, problems of family members, parental ignorance, emotional failures, and disrespect of students.

S3: Sometimes you feel empty. You endure so much stress, you are always in infected environments, and you work so hard, but in the end, the patient dead. Master and caregivers blame you.

S50: I have not seen my family for a long time. I do not know how they are. Leave is not enough. Ok, I'm the big child in the family. My family expects me. There are problems that I have to play my role in solving these. But I cannot. Because the lesson pressure is too much. I also give priority to the family.

Behavioral abnormalities

The behavioral abnormalities consist of "weakness in information management and eschewing meaning". Some codes of these sub-categories include virtual life, inability to time management, no purpose in cyberspace, immersion in music and movies, lack of attention to spiritual issues, and drug addiction.

S44: However, students like me spend most of their time in cyberspace. There is no way to relieve fatigue. Internet is available. We do not know what to do if the net was disconnected.

S29: For instance, I spend several hours daily on Telegram, WhatsApp, and Instagram.

S11: I am not looking for anything special on the internet. I do not have a specific goal. I turn to see what is new. Something like a movie, a song, or any other form of media that can keep me up to date.

S18: I often do not understand how time passes. I have a lot of lessons and homework.

S13: You can't call it addiction. But, many students use cigarettes. Occasionally, there might be alternative medications available. Experiencing high work pressure, difficult lessons, long work shifts, fatigue, and insomnia can all lead to restlessness.

S45: Now you are suffering from aimlessness. I give the right to the students.

Unmotivated educational system

The teacher's inattention

The teacher's inattention consists of "poor audience, unprofessional behaviors, and communication immorality". Some codes of these sub-categories include unmotivation teaching, attention to minor issues, work abuse, low quality of education, low responsibility, and insufficient knowledge.

S33: The teacher comes, visits the patients, and leaves the hospital. The master is not bored to teach me. They do not take the time to teach me. Visiting a patient in a clinic has a higher income than educating me.

S7: Instead of teaching, the professor spends time blaming and repressing students, forgetting their main task. No one takes responsibility.

S25: The lack of experienced professors in our university has made us demotivated. Oh, some professors are not employed. It does not matter to them whether we are educated or not. Quality does not matter to them at all. To say that they do not care at all whether the student learns.

Neglect education

Neglect education consists of "ineffective educational atmosphere, incuriosity of the environment to education, non-functional planning, lack of learning facilities, and lack of attention to educational quality".

S17: The educational atmosphere is soulless and monotonous. Lack of a sense of competition, and a non-competitive learning environment reduces learning in students. When the students do not receive a positive response for their efforts, the result is this. Overall learning is not important at the university.

S27: Extra programs in the hospital make us feel distressed. We are human. Do motivation and power remain for us? Our battery will discharge. Finally, I did not give any feedback.

S51: Education is incomplete. We have many shifts. We have no time to study. Time is not useful, we are working as a tractor. We also need time to learn a lesson. With this heavy shift and heavy workload, we have no motivation to learn. We want time for practical training, time for theoretical education, and time for life. There is no time to live in educational programs.

S41: Nobody asks, what you know and what you do not know. I say education is an old wheel, it spins, and we are immersed in this cycle.

Discussion

The learning atmosphere is generally regarded as a significant element that influences students' drive to learn.[13] Concerns exist about the current medical students' motivation and its effect on the quality of community health.[14] Therefore, it is important to investigate the structural factors that improve performance in the medical system.[5]

Medical students have raised concerns about the demotivating educational system. The learning environment plays a crucial role in either strengthening or weakening the motivation of students. Lack of attention to medical students is identified as one of the reasons behind their lack of motivation. Medical students feel demotivated as educational success has become a norm for their professors. All students require praise, rewards, or other forms of reinforcement in the short term. In the age group of 18–25, attention is the best way to encourage students.[15] When discussing attention, we consider both verbal and non-verbal (emotional) communication. In his review study, Kusurkar identified essential elements

for stimulating intrinsic motivation in students, such as autonomy support, adequate feedback, and emotional support.[16] Numerous studies showed that the teacher–student relationship has a very effective role in improving a learning atmosphere.[17] As faculty members carefully select specialists who excel in both treatment and research, the potential for communication barriers between students and professors is foreseeable. Unprofessional or unsuitable communication with medical students can undoubtedly impede the teaching and learning process. Establishing an effective educational system requires significant effort, but maintaining a motivated one is an even greater challenge.[18]

When students express dissatisfaction with the quality of education provided by the university, it is important to acknowledge their concerns. It is a well-known fact that students who struggle academically are more likely to perceive a lower quality of education and may attribute their difficulties to the university itself. As a fair and helpful assistant, it is important to understand and address these perceptions in a sensitive and constructive manner.[12,18] However, the university's educational administrators must review the educational processes and resolve possible problems.

A lack of hope for the future can reduce the motivation of any student. Most studies showed that career future has a strong positive and significant relationship with student satisfaction. A better career future can increase students' academic motivation.[19] This study shows that students are unsure about their policymakers in Iran. So, educational administrators must take this problem seriously and solve it. You cannot expect educational motivation from a student who does not believe in her future.

Economic inequality has a pervasive impact on society, including reducing life expectancy and hope for individuals. This includes students who are not immune to the effects of economic challenges. In Iran, where economic struggles have been long-standing, medical students are particularly vulnerable. The consequences of economic inequality extend beyond public health to spiritual well-being, leading to low levels of health and hope among medical students.[20]

Our study emphasizes the emotional challenges faced by medical students. This phenomenon is also noted in other studies, such as Weurlander's study in Sweden.[21] As suggested by socio-cultural theories, learning and becoming a professional are highly dependent on context. Consequently, emotionally difficult situations might have a strong influence on the processes of becoming a health care professional. According to the culture of Iran, students have more family dependency, so the pressures of the hospital environment and separation from family can have more destructive effects.[10,19]

Eschewing meaning is one of the main sub-categories of behavioral abnormalities. Spirituality in the medical education is a neglected concept.[13,20] Spirituality is a concept that needs to be taught and implemented. Without spirituality, one's behavioral abnormalities will be high. Numerous studies show that effective and responsive education is the result of spirituality in medical education. In recent years, much attention has been paid to spiritual issues in medical education in the world. In the United States, for example, most medical schools had included spiritual strategies in their courses.[22] Therefore, it is important to pay attention to the spirituality of medical students.

Limitation and recommendation

One of the limitations of this study was that it was conducted in only one university. Long-term engagement with data and repeated interviews are also strengths of this study. It is suggested to conduct similar research in other universities of medical sciences and for other fields of medical sciences.

Conclusions

Paying attention to the concerns of demotivation of medical students is only way to save education systems. Damaged Cultural and Socio-Economical Capital and Demotivated Educational System are dangerous and contagious in medical universities. These issues must be considered by managers and policy makers of medical education. It is suggested that this study be done in other medical, nursing, and paramedical faculties.

Abbreviation

Focused group discussion (FGD).

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Ethics approval and consent to participate

This study protocol was submitted to the Medical Ethics Committee of the Jahrom University of Medical Sciences, Iran (IR.JUMS.REC.1400.037).

Authors' contributions

All three authors have actively participated in all stages of design, Data collection and Drafting of the article.

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Conflicts of interest

There are no conflicts of interest.

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