

Medical Student Values, Socialization, and Primary Care Career Choices

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Do students choosing primary care careers undergo different patterns of attitude and value change during medical school than their counterparts in the more traditional specialties? Much of the research concerning the socialization of medical student attitudes and values implies a certain student homogeneity. Eron,¹ for example, found that students' cynicism increased while their humanitarian concerns decreased during medical school. Several other studies of medical student socialization tend to support these findings.^{2,3} These studies do not, however, distinguish between students choosing different specialties.

Reinhardt and Gray⁴ reported that significant differences in the attitude and value orientations of students choosing different specialties develop after medical school as a result of the students' experiences in postgraduate work and in practice. In a medical school study, Canning et al⁵ investigated the impact of a single family medicine course exposure on students. They found that student attitudes did not change. They concluded that the general medical school environment did not support the attitude and value changes encouraged by the course, and that an isolated course experience was not enough to cause significant changes in student attitude or value orientations. The Canning study, however, did not investigate the potential influence on attitude and value development of a wider range of influences within a specialty over a longer period of time during medical school. While Merton et al⁶ did investigate the impact of a lengthier "comprehensive care" program on student attitudes in the 1950s, little current data are available on socialization within primary care programs. The analysis described in this paper was conducted to address this issue.

Methods

One class of medical students (1977) at a private, urban medical school in the Northeast was

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surveyed by questionnaire in the first and fourth years of medical school. Students were asked to indicate their specialty choice from a lengthy list including most of the standard medical specialties and subspecialties. Student values were determined by a question asking the student to rate the importance of each of 12 items (eg, income, status, helping people) in their choice of specialty.

Through factor-analysis the 12 items listed were reduced to a smaller set of 3 factors. Factor 1, composed of people oriented and service oriented variables, was labeled *Orientation to Patient Care*. Factor 2, consisting of variables related to the quality of work life (hours, practice location, pay, and supervision) was labeled *Orientation to Work Conditions*. Factor 3 combined concerns for status and intellectual stimulation and was labeled *Orientation to the Profession*.

Mean scores on each factor were computed for the freshman and senior year for each specialty group as well as for the overall sample. Students choosing family medicine and/or specifically indicating a primary care career were then compared with the rest of the sample which included students in surgery, internal medicine specialties, pathology, radiology, and obstetrics-gynecology.

Results*

Fifty-five percent of the population sampled responded to both surveys enabling a longitudinal comparison. Of these, 16 students indicated a primary care career choice in their senior year, while 36 chose non-primary care specialties. While the small sample size precludes meaningful statistical analysis, there were several important trends in the data.

Values and Career Choices

There were substantial differences in the value orientations of senior students choosing primary care careers as compared to those choosing other specialties. Those choosing primary care scored

*More detailed results available from the author on request

Table 1. Freshman- and Senior-Year Value Orientations of Medical Students Choosing Primary Care Careers as Seniors as Compared to the General Student Population*

	Freshman				Senior			
	Primary Care N=16		Other N=36		Primary Care N=16		Other N=36	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Factor 1: Orientation to Patient Care	7.19	1.15	8.90	2.38	8.37	2.82	10.22	2.10
Factor 2: Orientation to Working Conditions	12.50	3.09	12.60	2.91	12.19	3.43	11.86	2.49
Factor 3: Orientation to the Profession	9.63	2.96	8.62	2.59	10.00	2.21	7.97	3.36

*Lower numbers indicate greater interest in factor. Factor scores range from 4 to 20
SD=standard deviation

higher on Orientation to Patient Care and lower on Orientation to the Profession than their counterparts in other fields.

These senior year differences between specialties are also evident in the freshman year. Freshmen who ultimately chose primary care careers had more of an Orientation to Patient Care and less of an Orientation to the Profession than freshmen who ultimately chose non-primary care careers.

Values and Socialization

The overall student population demonstrated a general increase in their Orientation to the Profession and Orientation to Working Conditions and a decrease in their Orientation to Patient Care. The general trends in student attitudes and values concerning patient care and working conditions were similar for the primary care group and the non-primary care group. For the factor Orientation to the Profession, however, students choosing non-primary care careers experienced substantial increases during medical school while the scores of those students choosing primary care careers decreased.

Comment

In the medical school studied, students who chose primary care careers were more concerned with people and less oriented towards the profes-

sion than students choosing non-primary care careers. Yet during medical school the primary care students experienced shifts in their attitudes and values away from a concern for patient care and towards a somewhat greater self-concern, similar to the changes found in students choosing medicine, surgery, and other specialties. This would indicate that the unique faculty and/or experiences encountered by students interested in primary care careers at the school studied were not sufficient to counteract the general socialization influence of medical school. While these results are derived from a small sample at a single medical school, they do support the conclusions of some medical educators that medical education for primary care physicians may need to be further differentiated from programs designed for secondary and tertiary care providers.⁷

References

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