Factors Influencing Specialty Choice Among Medical Students in Korea; a Qualitative Study

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Abstract

Background: A decline in applications to vital medical specialties, particularly general surgery, obstetrics and gynecology, and pediatrics in Republic of Korea threatens the nation's healthcare infrastructure. Despite multiple contributing factors, there is limited qualitative research exploring medical students' specialty choice decisions.

Objective: This study aimed to examine the key factors influencing Korean medical students' specialty selection processes, identify how recent healthcare policy changes affect their career decisions, and understand their preferences for training.

Methods: We conducted 24 semi-structured interviews with medical students at various educational stages, exploring their demographics, career plans, and specialty preferences. Questions covered motivations for specialization choices, preferred practice locations, and the impact of government policies. Interviews were conducted from March to April 2024, with data coded using ATLAS.ti.

Results: Career decisions were influenced by three main categories: personal factors (academic interest, self-perceived competence, sense of calling), social factors (legal risk, remuneration, long-term outlook), and inherent factors of specialties (workload). Recent healthcare policy changes significantly impacted students' career prospects, with some considering practice abroad. Training location preferences were primarily influenced by hospital volume and residency possibilities.

Conclusions: Medical students' specialty choices are shaped by personal, social, and inherent factors. Policy implementation should protect students from deterrents like legal risks, enabling choices based on aptitude and interest rather than external pressures, to maintain a well-balanced healthcare system.

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Running Title: Factors influencing specialty choice in Korea

Abstract

Background

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Conclusions

Medical students' specialty choices are shaped by personal, social, and inherent factors. Policy implementation should protect students from deterrents like legal risks, enabling choices based on aptitude and interest rather than external pressures, to maintain a well-balanced healthcare system.

Keywords: Medical education, Specialty choice, Medical student

Introduction

In the landscape of modern medicine, the choice of medical specialty by aspiring physicians holds significant implications for the healthcare system's sustainability and efficacy. Research on the factors influencing medical students' specialty preferences is vital for ensuring a well-rounded distribution of healthcare professionals across various fields.[1] As highlighted by Chang et al, understanding these factors allows policymakers and medical educators to implement targeted interventions aimed at addressing workforce shortages and maldistribution, ultimately improving patient care outcomes.[2]

A recent study of medical graduates in Poland by Michalik et al found that remuneration and career-associated factors such as work-life balance were the main drivers in specialty selection.[3] This finding emphasizes the growing importance of lifestyle considerations in medical career choices, reflecting

broader societal shifts in work-life priorities. However, other seemingly unimportant factors such as banter among colleagues about a particular specialty have been shown to influence a trainee's choice of specialty.[4] While a body of literature from around the world including countries such as the United States (U.S.) [5], Australia [6], New Zealand [7],Canada [8], China [2], and Japan[9] address factors affecting medical student specialty choice, there is little data on influences on Korean medical students.

The recent collapse of so-called "essential specialties" in the Republic of Korea, such as surgery, obstetrics and gynecology, and pediatrics, is causing considerable concern for the country's healthcare infrastructure. For example, there is a greater tendency to shun surgical specialties and choose non-clinical medical specialties such as basic sciences in medicine. [10] A similar trend is seen overseas, where students are more likely to choose specialties with a good work-life balance with lower work intensity.[3] The decline in applicants for these specialties poses a serious threat to the provision of essential healthcare services. Then, in February 2024, the South Korean government announced the Essential Healthcare Policy Package (EHPP). The EHPP was introduced to address the declining number of applicants for "essential medical fields." The plan included a significant increase in the number of medical students’ quota. The increase of approximately 2,000 students represented a sudden 70% expansion of the existing medical school quota of about 3,000 students. However, the plan was met with much opposition from within the medical community, resulting in many residents and interns resigning. The doctors argued that without addressing chronic problems, an increase in quotas will only result in suboptimal medical education and patient care. This study aims to identify the factors that

influence medical students' choice of specialty and propose strategic interventions through qualitative research.

Materials & methods

Study Design

This qualitative study aimed to explore the factors influencing specialty choice among medical students. A qualitative method was considered suitable to explore the details of participants’ decision-making processes. A purposive sampling strategy was employed to recruit 24 medical students at various stages of their medical education. Inclusion criteria comprised medical students attending medical school of Republic of Korea. Efforts were made to ensure diversity in terms of gender, year of study, and geographical location to capture a comprehensive range of perspectives.

Data Collection and Analysis

Semi-structured interviews were conducted via video conferencing platforms using an interview guide (supplementary table 1). Interviews began with demographic information collection and proceeded to explore participants' post-medical school plans across three categories: medical/non-medical, clinical medicine/basic medicine, and specialist/general practitioner. Follow-up questions probed their decision-making processes, concerns about specialty choice, considered and excluded specialties, and regional preferences for training.

Using ATLAS.ti software, we performed thematic analysis guided by grounded

theory methodology. Interview transcripts were sequentially coded to identify recurring topics and themes that emerged from students' discussions. Representative quotations were selected to illustrate each identified theme.

Ethical Considerations

Ethical approval was obtained from the Institutional Review Board of Incheon St. Mary's Hospital (approval No. 2024-1504-0003). Informed consent was obtained from all participants, emphasizing confidentiality, anonymity, and the right to withdraw from the study at any time. This study was performed with the financial support of the Catholic Medical Center Research Foundation made in the program year of 2024 (Grant number: 5-2024-B0001-00109).

Results

Demographics

Twenty-four medical students participated in this study, equally divided between males and females. The cohort included 7 pre-medical and 17 medical students, with balanced representation from capital (13) and non-capital (11) areas. Participants' high school backgrounds included 11 from capital areas, 11 from non-capital areas, and two from other countries. Two participants had physician parents. All were single. While there is no outright popularity in the preferred specialties of medical students, there is a clear trend in the excluded specialties. As shown in Table 1, among excluded specialties (55 total responses), pediatrics (16.3%) and psychiatry (12.7%) were most frequently mentioned.

Preferred and excluded specialties

As shown in Table 2, among 40 responses for preferred specialties, internal medicine, neurology, and psychiatry were most favored (10% each), with preferences generally distributed evenly across specialties. In contrast, the 52 responses for excluded specialties showed clear patterns, with pediatrics (17.3%), psychiatry (13.5%), radiology (9.6%), and obstetrics & gynecology (9.6%) most frequently excluded. Students typically avoided pediatrics due to challenges with young patients, while psychiatry was excluded based on the nature of psychiatric diseases and patient interactions.

Factors that influence the choice of major

The influential factors identified in this study fell into three categories: personal factors (academic

interests, self-perceived competence, and sense of calling), social factors (legal risk, remuneration, and long-term outlook), and inherent specialty factors (treated conditions, invasive procedures, definitive treatment potential, and workload). These categorizations are presented in Table 3 and Figure 1. Additional analyzed factors included training hospital selection criteria and perspectives on the Korean healthcare system.

1. Personal factors

1) Academic interests

Medical students often cited academic interest as a primary factor in specialty choice, developed through their enjoyment of studying and clinical experiences.

As a woman, I was naturally inclined towards gynecological conditions. Even before studying in medical school, it was a field I was very interested in and had encountered quite naturally. When I learned about obstetrics and gynecology, my interest was particularly high. Although I was exposed to various specialties during my clinical studies, obstetrics and gynecology was the first subject that I found incredibly fascinating and made me want to study more.

[female, 5th grade]

These initial interests typically strengthened through theoretical studies, leading to increased enthusiasm for specific specialties.

2) self-perceived competence

In my opinion, surgery requires a great deal of quick decision-making and flexibility, as it involves adapting swiftly to changing situations. To excel in surgery, one must be able to make prompt decisions in response to these changes. However, I consider this to be one of my weaknesses. My quick decision-making and flexibility are not particularly strong, so I have decided to exclude surgical fields from my options.

[female, 6th grade]

Additionally, I have heard that psychiatry is a very popular specialty and career choice these days. However, it does not suit my personality at all, so I have personally decided to exclude it as an option.

[female, 2nd grade]

Students evaluated their suitability for specialties based on required competencies and personality fit. For example, surgery was often excluded due to demands for quick decision-making and long operating hours, while comfort with children influenced interest in pediatrics.

3) Sense of calling

Students emphasized their desire to save lives and contribute meaningfully through their chosen specialty, particularly in fields like surgery, obstetrics and gynecology, and internal medicine.

Rather than focusing on cosmetic medicine, I've always wanted to pursue a specialty that deals more with vital organs, as opposed to fields like ophthalmology, plastic surgery, or dermatology. I've always had the desire to become a surgeon - a doctor who handles human lives more directly and does work that feels more meaningful.

[female, 5th grade]

There were also some expressions of a desire to contribute to the advancement of healthcare from a macro perspective, such as helping to improve cancer survival rates and equalizing access to care for preventable chronic diseases like diabetes.

In the case of diabetes, there are many aspects that can be prevented. Socially, it's more likely to affect poorer people. Or, for example, in New Zealand where I grew up, indigenous people are more likely to develop diabetes due to lack of proper support. So, I became very interested in diabetes as a condition that requires a more comprehensive approach, including policy considerations, and needs long-term care. This interest led me to endocrinology."

[female, 1st grade]

2. Social factors

1) Legal risk

Students frequently expressed concerns about legal risks, particularly in specialties such as cardiothoracic surgery, general surgery, internal medicine, and obstetrics and gynecology.

For me, the priority of "vital specialties" has completely diminished. The biggest event that led to the decline in pediatrics residency applications after 2019 was the Ewha Womans University Mokdong Hospital incident. Recently, there have been many news articles about patient deaths. For example, a case where a planned wedge resection turned into a lobectomy, leading to a compensation of 700 million won—cardiothoracic surgery ruled out. Or a case where a resident missed an aortic dissection, potentially leading to imprisonment—emergency medicine ruled out. There was also a case where a brain aneurysm burst and the situation was mishandled, resulting in negative news coverage—neurosurgery ruled out. The specialties I considered dynamic and cool were vital ones, but they are condemned by the public and it's difficult to quit once you start, which is something I dislike.

[male, 6th grade]

Korean healthcare providers face exceptionally high rates of criminal charges for medical errors. From 2013 to 2018, the rate of such criminal charges for Korean physicians has been about 15 times higher than Japan and a staggering 566 times higher than the UK. A 2020 incident in Seoul, where four infants died in a neonatal ICU, resulted in criminal trials for medical staff. Although ultimately acquitted, this case has discouraged young doctors from pursuing high-risk specialties, highlighting the severe consequences of South Korea's approach to medical malpractice.[11]

2) Remuneration

Financial considerations significantly influence specialty choices, with some students attracted to specialties like orthopedic surgery for its practice flexibility and promising outlook in an aging society.

~~ For these fields (pediatrics, cardiothoracic surgery, internal medicine), no one pursued residency because it was clear there was no promising future. Now, with the government announcing that even popular fields like orthopedics, ophthalmology, and otolaryngology will not allow for profitable private practices or guaranteed earnings for specialists, who would want to become a resident?

[male, 6th grade]

Students expressed particular concern about vital-related specialties' low economic rewards, citing training period challenges, impact on personal life decisions, and financial risks of private practice as major deterrents.

3) Long-term outlook

Socio-structural factors and specialty characteristics significantly influenced students' choices. Low

birth rates discouraged interest in obstetrics/gynecology and pediatrics, while limited career advancement and persistent challenges deterred students from thoracic and general surgery.

I haven't definitively ruled out any specialties, but due to the low birth rate in our country, I tend to exclude obstetrics/gynecology and pediatrics as a basic consideration. It's like how orthopedic surgery becomes popular in an aging society - for the same reason, there's a tendency to avoid obstetrics/gynecology and pediatrics.

[male, 5th grade]

~~ Our school held a thoracic surgery camp on campus. When I went, I saw that the youngest professor was running it, and the age at which this youngest professor was appointed was 45. Seeing this, I investigated other hospitals, wondering if it was just our school. But when I checked, they were all similar. Seeing that all of them, for men because of military service, were getting their first assistant professor position in their early to mid-40s, I realized there really is no future here.

[male, 4th grade]

Inherent factors of specialty

1) Disease conditions treated by specialty

2) extent of invasive procedures

3) possibility of definitive treatment

Students' specialty preferences were influenced by the nature of conditions treated, invasive procedures involved, and treatment outcomes. Some avoided specialties where treatment pathways felt less fulfilling.

~~ I didn't find rehabilitation medicine particularly appealing when I interned at our hospital. However, I thought it might be different if I interned at another hospital ~~ During my rotation there, I realized that rehabilitation medicine focuses more on patient care rather than curing the disease itself. It felt more about how to improve the patient's condition to be closer to a healthy state, which made me feel somewhat frustrated and unfulfilled. ~~ Therefore, I decided to exclude rehabilitation medicine from my considerations.

[female, 6th grade]

Students often excluded psychiatry and rehabilitation medicine due to less visible treatment outcomes, while preferring vital care specialties for their direct impact on patients' lives.

4) Workload

The lifestyle demands of hospital-based practice influenced students' specialty choices, with some considering general practice for better work-life balance. Despite interest in surgical specialties, many students prioritized lifestyle considerations.

And I am currently enjoying student life so much that I want to maintain a lifestyle as close to this as possible. So, naturally, even though I found scrubbing in and being in the OR fascinating, I don't think I want to pursue that specialty. ~~ Initially, I found it exhilarating and satisfying, receiving praise and all, but ~~ the thought of doing this for the rest of my life, day in and day out, where the thrill and excitement fade away and it just becomes routine work, led me to rule out all the demanding specialties.

[female, 6th grade]

And when I consider aspects of life and lifestyle, if surgery demands being on-

call and coming in even when I'm at home, those kinds of things, seeing that work-life balance is disrupted with shattered work-life balance and no return, I felt it's something I simply couldn't do.

[male, 4th grade]

Psychiatry and anesthesiology attracted interest for their better work-life balance and structured schedules, particularly appealing to students seeking both professional success and family life balance.

Other analyzed factors

Factors that influence choosing a training hospital

1) Hospital volume

Hospital volume and case diversity significantly influence training hospital selection. Major university hospitals in metropolitan areas attract students by offering extensive patient exposure and diverse clinical experiences essential for professional development.

Of course, there are many more patients in the metropolitan area. I believe that I can gain much more experience as a doctor and have more opportunities to study. Also, I want to build my life in the metropolitan area until I am in my 30s or 40s, which makes it more appealing.

[female, 3rd grade]

This preference for metropolitan hospitals reflects both professional aspirations and personal life planning, while hospitals outside metropolitan areas are often viewed as limiting due to lower patient volumes.

2) Chance of passing residency

Students strategically consider location and specialty choice based on acceptance probabilities. Metropolitan hospital positions in popular specialties are seen as highly competitive, leading to

backup plans involving regional hospitals or less competitive specialties.

However, since it is realistically difficult to pursue such specialties in the metropolitan area, my plan is to try for a minor specialty at a regional hospital. If that doesn't work out, my plan is to apply for an internal medicine position at any hospital in a major city.

[female, 6th grade]

Students often prefer their university hospital for residency, citing advantages like easier specialty selection, financial incentives, and institutional preference for graduates. However, academic performance can limit both hospital and specialty options, requiring careful consideration of realistic choices.

Opinions about the Korean healthcare system

Medical students expressed deep concerns about vital specialties even before the EHPP implementation:

I'm interested in general surgery, internal medicine, neurosurgery, cardiothoracic surgery, and emergency medicine. Even pediatrics, which is often considered unpopular, I find quite attractive and worthwhile. So, it's not that I've excluded these specialties. I didn't rule them out during my clinical rotations. Rather, they were ruled out for me by the country and its people. It's not a case of 'I shouldn't do this specialty,' but rather 'This specialty isn't possible in this country.' ~~

[male, 6th grade]

Students worry about vital specialties' sustainability due to systemic issues including frequent lawsuits, forced assignments, and public perception as mere public goods. The exodus of current residents from these fields and government restrictions on billing practices further diminish their appeal. These concerns have led some to consider international practice options.

Impact of the Essential Healthcare Policy Package

The EHPP implementation triggered widespread medical student walkouts and resident resignations, driven by concerns about procedural legitimacy, inadequate communication, and policy enforceability issues.

1) Negative perceptions of prospects in vital specialties

It is truly disheartening to observe that policymakers seem to view physicians solely as an adversarial upper echelon that must be dismantled, rather than seeking points of compromise. ~~ Given these circumstances, I harbor significant concerns about my ability to continue practicing in the specialties that currently interest me, potentially for the duration of my career, within this country. Furthermore, I anticipate a growing reluctance among other medical professionals to pursue these specialties.

[female, 2nd grade]

Furthermore, regarding these policy aspects, there is a pervasive narrative suggesting that one should not pursue essential specialties in Korea, and even more extreme views posit that practicing medicine in Korea altogether should be avoided. ~~ Although the exact outcomes remain unclear, there is a palpable concern that these policies could have a detrimental impact on one's career as a physician in an essential specialty. ~~

[female, 5th grade]

2) Decreased willingness to specialize in a vital specialty

Moreover, my contemplation regarding surgical specialties has become

significantly more complex. The prospect of increased litigation and diminished physician protection measures has led me to question the necessity of pursuing such a challenging path. ~~ The principles and aspirations that initially guided my career considerations appear to be undergoing substantial transformation.
[female, 6th grade]

There has been a noticeable shift in the attitudes of peers who previously expressed a strong inclination towards vital specialties. ~~ The collective resolve appears to have weakened significantly. Furthermore, the public perception adds another layer of complexity to this issue. ~~ It appears to be a policy that fails to address the concerns that medical students have when considering vital specialties. ~~
[female, 6th grade]

3) Consideration of obtaining a foreign physician license
When considering whether things will change favorably for essential specialties in 10 or 20 years, I think the likelihood is quite low. Now, I'm having more doubts about specialty choice, and I'm becoming more interested in options like the United States Medical Licensing Examination (USMLE) for practicing abroad.
[female, 4th grade]

~~ So, I'm contemplating whether to pursue these vital specialties in this country or to consider going abroad. In preparation for this series of events, if I were to go abroad, while surgical specialties might be challenging, I'm considering whether it's right to leave for other specialties for the sake of my

future and my children. I've been pondering these thoughts throughout this year-long situation."

[male, 4th grade]

The pessimistic outlook for vital specialties in Korea has led students to seriously consider international practice options, weighing specialty choices against opportunities abroad for their long-term career prospects.

Discussion

This study provides valuable insights into the complex factors influencing specialty choice among medical students in the Republic of Korea through qualitative analysis of in-depth interviews. Our findings reveal three primary categories of factors - personal, social, and inherent specialty factors - that shape medical students' career decisions, with recent healthcare policies significantly impacting their choices.

Our analysis revealed that while personal factors such as academic interest and self-perceived competence remain important drivers of specialty choice, social factors, particularly legal risks and financial considerations, exert a strong negative influence on students' willingness to pursue vital specialties. The study notably found that many students feel these specialties are "ruled out for them by the country and its people" rather than by personal choice.

The emergence of three distinct categories of influence aligns with previous research on specialty choice factors. However, our findings suggest that in the Korean context, social factors may carry disproportionate weight in deterring students from vital specialties. The significant impact of legal risks on specialty choice, particularly the finding that Korean physicians face criminal charges at

rates 15 times higher than Japan and 566 times higher than the UK, highlights a unique challenge in the Korean healthcare system.

The study revealed that academic interest and self-perceived competence remain fundamental to specialty choice. The emergence of a "sense of calling" as a motivating factor, particularly in life-saving specialties, suggests that intrinsic motivation still plays a crucial role despite external pressures. This finding echoes previous research on the importance of personal values in medical career choices.

Legal risks emerged as a particularly powerful deterrent, with students explicitly citing recent incidents such as the Ewha Womans University Mokdong Hospital case as reasons for avoiding certain specialties. The study revealed concerning trends in how medical malpractice is handled in Korea, with criminal charges being substantially more common than in comparable countries. Financial considerations also played a significant role, with students expressing concerns about both immediate training period compensation and long-term economic prospects. The implementation of the EHPP appears to have exacerbated these concerns, leading some students to consider practicing abroad.

The nature of work within each specialty significantly influenced students' choices. The study revealed a strong preference for specialties offering better work-life balance, such as psychiatry and anesthesiology, over more demanding fields like surgery. The possibility of definitive treatment emerged as an important consideration, with some students avoiding specialties where treatment outcomes were less tangible.

Our findings suggest an urgent need for policy reform to address the

deterrents facing students considering vital specialties. We propose that policy interventions should focus on the following topics. First, reforming the medical malpractice system to align more closely with international standards. Second, developing support systems for practitioners in high-risk specialties. Third, ensuring adequate compensation and working conditions in vital specialties. And fourth, creating protected training environments where students can develop skills without excessive fear of legal consequences.

Strengths and Limitations

The equal gender distribution and inclusion of students from various regions and educational stages enhanced the representativeness of our findings. However, the study's timing during the EHPP implementation may have influenced responses, potentially emphasizing current policy concerns over long-term factors.

Conclusions

The findings highlight a critical threat to the sustainability of vital specialties in Korean healthcare. While personal factors and specialty characteristics influence career choices, social factors - particularly legal risks and policy changes - appear to be creating significant barriers to pursuing certain specialties. Urgent policy intervention is needed to ensure that students can choose specialties based on their interests and capabilities rather than being deterred by external pressures. The future of Korean healthcare depends on creating an environment where vital specialties remain viable and attractive career options for medical students.

Acknowledgements

None.

Conflicts of Interest

None of the authors have any conflict of interest.

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Figure Legend

Figure 1. Factors Considered by Students When Choosing a specialty, in bubble map format.

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Supplementary Files

Supplymentary table(interview questions).
URL: http://asset.jmir.pub/assets/889b616c17b54aaeeaff324a3490271b.docx

Table 1, 2, and 3.
URL: http://asset.jmir.pub/assets/ef1b39b73e186243188c03fbfcf0b2a9.docx

Figures

Factors Considered by Students When Choosing a specialty, in bubble map format.