Chapter VI

THE PROCESS OF PROFESSIONAL SOCIALIZATION
AND THE COLLEGE ENVIRONMENT.

( Summary of findings )

This chapter presents a summary of the findings of this study with brief discussion of some of the results in the context of the process of professional socialization and the college environment.
Professional socialization is the acquisition of the attitudes, values, knowledge and skills related to the profession. It can be said that the background of the individual’s personal orientation starts from his first thoughts to study medicine (or of any professional field for that matter). The day the child or the student becomes aware of the existence of a particular profession, he has begun to acquire information about what goes in the profession, what is valued, what image it has, and what people expect of that profession. In otherwords, seeds of professional socialization are sown in the fantasy stage of vocational development (according to Ginzberg et.al., 1957 this being below 11 years) and develop in the growth stage of vocational development (according to Super et.al., 1957 this being upto around 14th year). The results presented in Tables 2.5 and 2.6 of chapter II support this indicating that atleast 1/5th of the students had their first thoughts of studying medicine when they were below 10 years of age and so on. The socializing agents at this stage may consist of family members, school teachers, peers, relatives, family friends, role models offered by other agents like books, newspapers, fiction, films etc. Different agents among these have different amounts of influence on different
students. This is supported by our observations from Table 2.8 where different agents were found to influence the choice of medicine. These significant others in the persons immediate environment influence the student views of profession and their decisions to choose that profession by providing direct role models, as in cases where parents also belong to the same profession (which is true in about 10% of the cases as could be seen in Table 2.3), or, by indirect role models through idealized presentations of the profession and of some prominent roles (as found by Thielens, 1957 that about 63% of medical students could think of ideal doctors as providing role models). Acquisition of some professional values and attitudes also occurs in a few cases through fiction to which the student is exposed in the magazine stories, cinema stories and so on. In the informal discussions a few students did narrate how their interest in medicine was enhanced when they read stories about people in rural areas and remote parts suffer without proper care and also about how they were carried away by stories of a few heroic deeds of the doctors. The author is aware of at least one, Language (Telugu) in which doctors figure prominently in the fiction in popular magazines, novels, and influence of films and they are often idealised.

The ideas at these early stages before the student
enters professional school is sometimes vague, distorted and perhaps too much idealized, and serve the main purpose of motivating the student to enter the professional school. The strength of the attitudes, values, knowledge, skills etc. (socialization related variables), the nature of these socialization variables, reality-orientedness etc. depend on the agents socializing the student, the accuracy with which they represent the profession to him, the students' own personality, need patterns and abilities. Thus socialization occurring up to the day the student enters the professional school constitutes the background (and the first stage) of professional socialization and is in the form of idealized and narrow representations of the professional realities.

From the day the student enters the professional school, professional socialization may be thought to begin. Due to the prior socialization the student enters the professional school with a set of expectations which interact with realities. A new set of socializing agents come into the psychological field of the student: peers some time who share beliefs or have different beliefs trying to influence one another, the teachers, the seniors, the books, the professional work atmosphere (the hospital) the clients (the patients), the professional environment in general, and the college environment in particular etc. In the beginning of their exposure to this new socializing environment the beginning student is likely to face many
problems and frustrations in accommodating the discrepancy between the reality and expectancy, in tolerating the shattering of the old image and to develop a new one, and in learning altogether new and unexpected roles. The same is revealed in the studies of Becker et al. (1961), Bloom (1971), Rosenberg (1971) and a number of other investigators mentioned in chapter 3 regarding expectancy-reality discrepancies in freshmen. As the student is passing from the freshmen years to senior classes, he begins to form more realistic views of the profession due to his firsthand experiences, giving up the misconceptions he had in the beginning or strengthening the reality-oriented views, acquiring professional knowledge and skills through formal instruction in the classroom, and acquiring a few values and attitudes incidentally in the process of his interaction with the environment. The chief socializing agents continue to be the teachers, the books, peers, seniors, and expectations of the patients and the significant others present in the environment which differs from student to student.

Professional socialization of the medical student from the freshmen years of medical college is particularly influenced by the course content and curricular organization. In the first 18 to 24 months of pre-clinical years the student interactions are mostly with teachers of non-
clinical subjects and fundamental and basic sciences like anatomy, physiology, biochemistry. The student socialization at this stage is more dominated by acquisition of information or knowledge in the basic subjects. This kind of knowledge acquisition is also dominant in the pre-medical courses which are conducted in some parts of the country, in institutions other than medical colleges which do not give anything of a professional feeling to the student as he is still not sure whether he would be entering the medical college. Such pre-medical training given in medical college milieu itself (as done in a few of the colleges) perhaps gives a slight advantage to the students in terms of fastening their process of professional socialization.

By the time the student crosses the pre-clinical years, he is eager to learn about diseases, comes in contact with patients and has all the practical experiences that would enable him to build up the self-image of a 'doctor'. His interactions with the clinical faculty, with seniors who narrate their experiences with patients in the wards, with the way the senior doctors and their teachers handle the patients etc. would all enable him to develop also certain attitudes about the profession, about diseases, about patients, and various other dimensions besides the acquisition of knowledge and skills.
By the time he enters the final years, he is almost completing the course and acquired quite a few values and attitudes, besides the medical knowledge and skills. By this stage the student has developed a mature professional self-image (Stern, undated), and start thinking about his future. While professional socialization is a continuous process and still there is a way open for these students to modify their attitudes and values after a few more interactions and exposures to the hospital, other doctors, etc. during the internship and house periods, the present study was conducted at this period of socialization process of the medical students.

While part of this study concentrated on normative descriptions of the medical college environment, student attitudes towards the profession, their professional aspirations and apprehensions, achievement and work-values, a part of the study also attempted to assess the relationship between the environmental dimensions and the socialization variables. The objectives of the latter part of the study are justified in view of the results obtained by Gottheil, Hassenfeld and Gronkiewcz (1968) who found the student perceptions of their college environment were significantly related to their attitudes towards patients.
The results of this study on 466 final year medical college students drawn from 7 medical colleges revealed that the students perceive their campuses as having neither highly exciting climates nor highly disappointing climates. Students of different colleges also showed significantly differing perceptions of their respective climates indicating the fact that these medical colleges tend to have characteristically different environments. The survey on socialization variables also revealed that the sample studied have very high positive attitudes towards their profession, have an aspiration level to go up by about 2.3 steps on a 10-step ladder in the coming 5 years of their professional future, are apprehensive about their future job opportunities, and are primarily interested in service, specialization and in earning money. They seemed to value independence, social service and creativity the most when they take up a job and academic and rural work the least. Some dimensions of the perceived environments were found related to the attitudes towards profession, their expectations of the professional future, ratings of the professional present, economic and social values and academic achievement. The relationships indicated that better medical college environments tend to have positive relationships with students' perceptions of or attitudes towards their profession, their evaluations
of their professional present and expected future and the service-oriented values of the students. Negative relationship was observed between college climates and economic values of students indicating that students who view their college positively show less tendencies to emphasize economic aspects of the job they want to take. It was also found that students perceiving the climate as high on extrinsic motivation (faculty always trying to push the students to studies) and high in taking care of the variety of interests of students showed slight tendencies of relatively low academic achievement as indicated by the negative correlation coefficients. Although most of these correlation coefficients were low they were statistically significant and are in the expected directions.

In the context of the socialization process outlined earlier these relationships seem to be meaningful and similar to the observations made by Gotheil, Hassenfeld and Gronkiewcz (1968). Evidence has been presented in chapter 3 to who that personality influences the perceptions of the environment. Evidence from the researches quoted in the same chapter also indicates that the year of study in the college influences perceptions of the environment. Results of the associations between background factors and environmental perceptions as well as socialization variables presented in chapters 3 and 4 also
indicated significant associations in some cases. In view of the number of extraneous variables having relationships with perceptions of the climate, perhaps no high relationships could be expected between environmental and professional socialization variables than what is observed in this study. In the absence of a longitudinal study, controlling the personality, home background, career-choice background, socialization levels of students when they enter the college, although the relationships observed in this study cannot be treated as college effects, in a strict methodological sense, the results do indicate to the high possibility of college effects on student socialization in the directions indicated by the relationships observed. Perhaps controlling the entrance variables of socialization would boost up the relationships observed in this study between perceived environment and professional socialization. This possibility needs verification by a carefully controlled study.

Ultimately the model of the college effects and professional socialization may boil down to the following functional relationships.

The professional socialization of a doctor (his acquired professional values, attitudes etc.) is an outcome of his interaction in the college with: the socializing agents like his teachers, peers and significant others present in the college, b. the hospital
environment consisting of the patients, their expectations, organization of the hospital, handling of the patients etc., and c. the medical college environment consisting of the objective characteristics like its size, location, policies and procedures, rules and regulations etc. and the subjective climate dimensions like those investigated in this study. The interaction of the medical student with these three types of professional socialization sources is partly modified by his input variable of the socialization at the time of entrance to the college. This model is schematically represented in figure A.

In the context of the relationships indicated in this model, what is investigated in this study is only a part of one of the three sources of professional socialization i.e. the subjective climate of the college as related to professional socialization. The influence exerted by the different socializing agents of the medical college, the hospital and its objective characteristics and subjective climate and the objective characteristics of the medical college on the professional socialization is yet to be examined in order to get a holistic picture of the determinants of socialization. While longitudinal studies designed to study the process of socialization of the medical students as they pass through the different years of college would provide more insight into the different
Figure A

INPUT

The Individual Child

The image of doctor in his environment

INTERACTIONAL PROCESS

The Student

His image of profession at the point of entering the medical college

Personality variables and the need patterns of the student

OUTPUT

Socializing Agents: Teachers, Peers etc.

Medical College Environment

Hospital Environment

The Doctor with his values, attitudes, etc.

Figure A
phases and process of professional socialization, depth studies assessing the influence of the various other sources of professional socialization indicated above are suggested for a better understanding of the professional socialization.