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Research Article

Factors Influencing the Doctor of Medicine Career Choice Intention Among STEM Senior High School Students from a Private Educational Institution in Manila, Philippines

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ABSTRACT

The purpose of this study was to examine the relationship between career intention to pursue a Doctor of Medicine (MD) and attitudes, social influence (SI), and career self-efficacy (CSE) in STEM SHS students from a private educational institution in Manila, Philippines. The online survey drew a total of 103 purposively selected SHS students. The findings indicate that respondents have a strong intention to pursue a career in medicine, a favorable attitude toward MD careers, a moderate to a high SI, and a high CSE. The Spearman Rho Correlation revealed that their attitude, career self-efficacy, and social influence were all statistically significant factors of their intention to pursue a career in medicine. A positive attitude, combined with a high level of career self-efficacy and supportive family, teachers, and peers, all contribute to a student's decision to pursue a career in medicine.

Keywords: attitudes, career choice intention, career self-efficacy, medical doctor (MD), social influence, Theory of Planned Behavior

Background

Background of the study

A 2016 study published in 'Human Resources for Health' stated that there would be a global demand for about 80 million healthcare workers by 2030. However, the number of healthcare professionals is estimated to reach nearly 65 million, leaving a shortage of 15

million worldwide (Liu et al., 2017). On March 11, 2020, the World Health Organization (WHO) declared the Corona Virus outbreak or COVID-19 as a global pandemic. (Cennimo et al., 2021) As such, healthcare professionals and others have been deemed as front liners. The sudden surge of a virus outbreak caused hospitals to overflow with patients that needed

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treatment. This has highlighted the devastating shortage of healthcare professionals and facilities necessary to house people.

After the Philippines declared its first lockdown on March 17, 2020, it was as if the whole country was uprooted when everyone was forced to shift to the 'new normal'. The online distance learning setup introduced students into the world of learning virtually. Only healthcare workers and medical professionals were considered essential workers. Despite that, it was apparent how the health department and its related agencies struggled to provide and care for the infected patients, emphasizing the relevance of pursuing a career in medicine, especially among Science, Technology, Engineering, and Mathematics students.

However, most, if not all, SHS students in the country face uncertainty when making career-related decisions. There are multitudes of factors that influence a student's choice of career. Some of these factors are parental guidance and profession, interests, family and peer influence, future job opportunities, and choice of universities. (Manav Rachna Vidyanatariksha, 2014; Arcinas, 2008) These various factors affect students from a young age, ultimately discouraging them from pursuing their desired careers.

Other factors may also influence the career choice intentions, career decision-making process, and career development of students. The study aims to determine how different factors affect the students' career choice intention to pursue a degree in medicine. Influence, like other things, may come in two ways, and they may come off to someone as positive or negative impacts, making or breaking them as they make a big decision for their future.

Statement of the Problem

This study aimed to determine the correlation of the STEM senior high school students' Doctor of Medicine career choice intention from a private educational institution in Manila with their attitudes, social influence, and career self-efficacy. Specifically, this study aimed to answer the following research questions:

1. What is their attitude toward pursuing a Doctor of Medicine career?

2. What are the levels of social influence of their family, teachers, and peers to pursue a Doctor of Medicine career?
3. What is the level of their career self-efficacy?
4. What is the extent of their intention to pursue a Doctor of Medicine career?
5. How do their attitudes toward a Doctor of Medicine career, social influence of family, teachers and peers, and career self-efficacy correlate with their intention to pursue a Doctor of Medicine career?

Significance of the Study

By applying the Theory of Planned Behavior (TPB) to career choice intention, this study contributes to the production of knowledge that will aid students in determining their career paths. TPB is an excellent model for assisting SHS career counselors in identifying factors that will generate effective feedback regarding students' future career choices. The study's primary objective is to examine SHS students, particularly those who intend to pursue a career in medicine in college. The study may help them feel heard and better understand their situation. As a result of this research, guidance counselors, who aid students in academic standards and educational success goals, can now more effectively assist students in their career selection process. Additionally, family members can use this study to ascertain the relationship between their communication with the student and their college career preferences.

Review of Related Literature

Career Choice Intention

Career choice intention plays a role in career development and decision making, especially when students start to explore their career options. This section will discuss the definition of career choice intention, its domain, measures, and significance.

Defining Career Choice Intention

Intention is the state of mind where an individual's attention and experience are directed toward a specific object or behavior (Zellweger et al., 2010). It also represents the extent of willingness to try and the effort exerted in performing a particular behavior (Amani & Mkumbo, 2016). In terms of career

development, career choice intention refers to the student's *intent* regarding what they wish to do after their studies and their career plan (Cano et al., 2016). Taking the previous definitions of intention, career choice intention can also be described as the desire to perform behaviors associated with their career.

TPB and Career Choice Intention

The Theory of Planned Behavior (TPB) has been used to explain how the intention to perform a particular behavior is an effective predictor of actual behavior. It was proposed by Ajzen (1991, as cited in Cano et al., 2016) and suggested that behavioral, normative, and control beliefs guide human behavior. Behavioral beliefs refer to the desirability of the behavior being performed (Sieger & Monsen, 2015). The attitude is affected by beliefs about the outcome and whether these are positive or negative (Cano et al., 2016). It can be further separated into two dimensions: experiential attitudes indicate how pleasant an object or behavior is. In contrast, instrumental attitudes describe the worthwhileness and usefulness of the object or behavior.

Normative beliefs reflect the subjective norms related to the behavior, resulting in perceived social pressure (Sieger & Monsen, 2015). This pressure is associated with the opinions of parents, friends, and normal students when a certain action or behavior is performed. Subjective norms can also be separated into injunctive norms and descriptive norms. The former refers to "rules" about what should be done and the latter describes what people are doing (Moore & Burrus, 2019). These subjective norms influence the individual's perception and motivation about engaging or not engaging in an action (Gorgievski, 2017).

Control beliefs mainly speak of the perceived feasibility of performing a specific behavior (Sieger & Monsen, 2015) and involve the concept of self-efficacy and locus of control (Ajzen, 2002, as cited in Cano et al., 2016). The extent to which one believes themselves to perform a behavior is self-efficacy. It is theorized that behavioral avoidance stems from low self-efficacy, while high self-efficacy leads to behavioral performance and persistence (Creed et al., 2004, as cited in Amani & Mkumbo, 2016).

Meanwhile, perceived controllability or locus of control believes that people have control over their behavior. It can be classified into the internal and external locus of control, where the first indicates one's influence over certain outcomes through their ability, efforts, or skills. In contrast, the second suggests that external forces determine outcomes (Levenson, 1973, as cited in Sieger & Monsen, 2015).

With the intention being the most influential factor in behavior (Ajzen, 1991, as cited in Gorgievski et al., 2017), it can be said that when more favorable attitudes toward a behavior, positive subjective norms, and expectations to perform a behavior successfully are present, an individual will have the greatest intention (Schröeder, 2011). In the context of career development, an individual should then have a stronger intention to pursue a particular career. In a study by Tey et al. (2020), career choice intention was correlated to STEM interest and subjective norms, specifically parental, friend and teacher influences. Similarly, Amani & Mkumbo (2016) utilized a 4-point Likert-type scale to measure the strength of agreement to items like "I intend to join my prospective career after graduation" and "I will join my career upon graduation." Scores above the 6.7 mean value were considered high scores, showing stronger career intentions than scores lower than the mean indicating weak career intentions (Amani & Mkumbo, 2016).

Significance of Career Choice Intention

Drawing from the importance of career development, which is the continuous progression of an individual's internal career identity formation (Joseph, 2012) and is thus a life-long process, career choice intention is essential to students. As children grow, their career choices and aspirations shift to a more realistic concept from the initial fantasy stage (Hartung et al., 2005, as cited in Schröeder et al., 2011). Gati & Saka (2011, as cited in Twumasi et al., 2018) claim that career decision-making becomes more complex as age increases. Career choice intention also plays a role in career decision-making as individuals define what they want to do and explore their career options (Porfeli & Lee, 2012). Exploring career options and developing career choice intentions must be done

while considering one's abilities, values, and interests (Kracke, 2002).

During career preparation, students' behavioral intentions, attitudes, and values may also be subjected to change (Chen & Chen, 2011, as cited in Chen et al., 2013). These further emphasize the need to develop career choice intentions to solidify their career plans, whether long-term or short-term. While changing career paths in the middle of college is not wrong, it is better to formulate career choice intentions to ensure that the pursuit of a certain career is supported by actual intent. Attitudes, subjective norms, and self-efficacy predict intentions, and intentions predict behavior. Individuals can be guided better by studying how career choice intentions are made and the behavior caused by these intentions. When a career decision cemented and supported by a career choice intention that fits the individual is made, individual identity is affirmed, and well-being, job satisfaction, and stability can be achieved (Kunnen, 2013, as cited in Twumasi, 2018).

Factors to Influencing Career Choice Intention

Students must select the right career path. However, they may not always have all the information needed to understand the work or the career options available. Students could appreciate one component of a job but be uninformed of the other aspects. Some students, for example, may aspire to be doctors as a result of watching medical-related films on television. However, they are unaware of the qualifications and workload required before becoming a doctor. They would have to consider as many factors as possible to make an informed selection. Attitudes, social influence, and career self-efficacy can impact a student's decision.

Attitudes toward pursuing a Doctor of Medicine medicine career

As a widely defined construct comprising effect, conation, and belief intervening between stimulus and reaction, the idea of attitude has a fascinating history. Early writers, such as McDougall in his concept of sentiments and Floyd Allport in his idea of propensity set to respond, incorporated it into social psychology (Greenwald, 2014). Some social scientists have

used the term 'attitude' very broadly to refer to a wide range of subjective assessments over the years, while others have used it more strictly to refer to general evaluative judgments of goals.

Despite its vast and varied history, the term attitude is most commonly employed in current social psychology to refer to a reasonably generic and long-lasting assessment of an object or concept on a valence scale ranging from positive to negative (Wegener, 2010). As a result, attitudes are the positive or negative judgments people make about objects in the social world. People, social groupings, physical items, activities, and even abstract notions can all have these assessments linked to them. The necessity of understanding the structure of attitudes and related conceptions in which attitudes are embedded has long been emphasized by attitude theorists (Fabrigar & Wegener, 2010).

Social Influence

Rashotte's (2007) research describes a change in an individual's beliefs, feelings, attitudes, or behaviors due to interaction with another individual or a group Rashotte referred to as social influence. Conformity, power, and authority are not the same as social influence. Conformity happens when a person expresses a particular opinion or behavior to fit into a setting or fulfill another person's expectations, even if he does not necessarily hold that opinion or believe that the action is suitable. The ability to force or coerce someone to behave in a certain way by directing her consequences is power. In contrast, the power perceived as legitimate by those subjected to it is known as authority (Rashotte, 2007).

Students also consider their parents' values and expectations when deciding on a career (Arcinas, 2008). Values provide self-motivation, allowing individuals to prioritize important aspects of life (Raufman et al., 2010, cited in Joseph, 2012). As a result, if the student has chosen a career path and values do not align, conflicts are inevitable (Joseph, 2012). Parental expectations are the hopes and goals parents have for their children and are a component of parental attitudes. Hence, the values and expectations of parents significantly

impact the job paths that children pursue (Garkai, 2018; Arcinas, 2008).

Many people feel that children, particularly teens, are unconcerned about their parents' ideals (Arcinas, 2008). However, young people actually tend to share their parents' attitudes on crucial life matters and seek their direction on the most significant concerns, according to Rutter (as mentioned in Otto, 2000). As a result, children, particularly adolescents, pay attention to their parent's expectations of them, particularly when it comes to career choices (Arcinas, 2008; Jungen, 2008).

Career Self-Efficacy

Self-efficacy is a motivational notion demonstrated to be significant in acquiring and developing new abilities and knowledge, both theoretically and practically. On the other hand, people's assessments of their skills to conduct career development, choice, and adjustment are known as career self-efficacy (Anderson & Betz, 2001; Niles & Sowa, 1992). In an article review research by Klassen, R. M., & Klassen, J. (2018), they studied medical students' self-efficacy views to assess previous studies and improve future efforts. They wanted to summarize the current status of research on medical student self-efficacy and critically evaluate the construct's definition and quantification. The results showed that (a) research on the self-adequacy convictions of clinical understudies is developing and is turning out to be progressively worldwide, and (b) that almost half (46%) of self-viability measures showed calculated and functional defects.

Loaned and Hackett (2006) contended that career mediations could be outlined to extend

self-efficacy. Expressed, the four forerunners to self-efficacy might shape the premise of mediations that increment restorative career self-efficacy. Bandura's self-efficacy hypothesis, stemming from a social cognitive demonstration of behavior, has picked up observational consideration within career intention literature. Self-efficacy guarantees understanding of career choice intention and behavior; that is, self-efficacy and career behaviors are found to have causal relations.

Perceived self-efficacy is defined as an individual's judgments regarding their capabilities to plan and carry out the steps taken to achieve specific types of performances (Bandura, 2009). Academic self-efficacy is concerned with assessments on what one should do with one's skills rather than their skills themselves, and it aids in determining a person's choice of activity (Bandura, 2009). Lent et al. (2010) adopted Bandura's theory in career development, which stated that positive learning experiences influence students' potential career behavior, which they expect to be positive.

Academic planning, which can lead to educational trust, has been linked to career growth in many studies, and academic confidence is a predictor of career decision-making confidence (Brady-Amon & Fuertes, 2011; Arcinas, 2008; Paulsen & Betz, 2004). Academic self-efficacy influences students' career goals, contributing to educationally prepared future career opportunities (Bandura et al., 2009).

Methods

Conceptual Framework

This conceptual framework presents the variables to be examined in this study (see Figure 1).

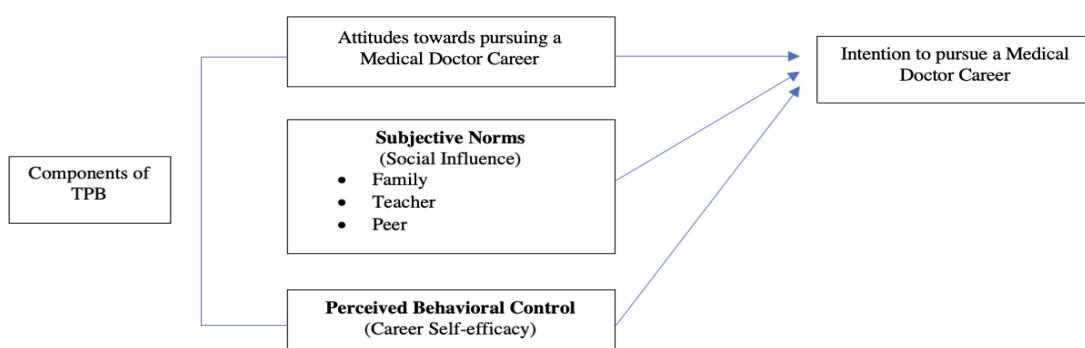


Figure 1. Conceptual Schema

Theoretical Framework:

This study identified three factors influencing career choice intention: attitudes, social influence, and career self-efficacy. As demonstrated by the framework, these three independent variables are all associated with pursuing a career in medicine.

TPB identifies attitude, subjective norms, and Perceived Behavioral Control (PBC) as determinants of intention. One's attitude toward a particular behavior is proportional to the extent one intends to engage in that behavior. Subjective norms, whether imposed by the reaction or opinion of significant people in an individual's life, such as social influence, are significant predictors of intention (Tey et al., 2020; Sieger & Monsen, 2015; Gorgievski et al., 2017). Social influence is further classified as parental, peer, and teacher influence. Self-efficacy is compatible with perceived behavioral control (Bandura, 1997, as cited in Amani & Mkumbo, 2016), and self-efficacy is associated with career intentions and performance (Epstein & Fischer, 2017). All three variables — attitude, subjective norm, and PBC — predict intention, which then predicts behavior. Based on the TPB and the framework, an individual should have a stronger intention when more favorable attitudes, positive social influence, and expectations to perform a behavior successfully are present (Amani & Mkumbo, 2016).

Sampling Methods

The study was conducted in Manila, Philippines, at a private educational institution. One hundred three SHS students confirmed their participation in the study. They were purposively selected based on the following criteria: (a) be officially enrolled as an SHS student at the institution, (b) be at least 18 years old or have submitted a signed consent form from their parents, and (c) have expressed an interest in pursuing an MD career in the future. The online survey was conducted from December 9, 2021, to January 12, 2022. A total of 103 qualified SHS students completed the survey.

Survey Questionnaire

The questionnaire was divided into five sections. The first mainly asked for the respondent's personal and family characteristics.

Information about the respondents' attitudes toward pursuing a medical career was obtained from the second section by using items adapted from Ajzen's (2002) TPB questionnaire. Additionally, several of the items were adapted from Zayabaldajane et al. (2018), Smit et al. (2020), and Mahoney (2010). The third section included items from Tey et al. (2020), Ajzen (2002), and Pianosi et al. (2016) that were modified to fit the context of this study and were used to assess respondents' social influence (SI). This section included five questions on the influence of family (SI Family), teacher (SI Teacher), and peer (SI Peer). Section 4 examined career self-efficacy (CSE), with items adapted from Lian & Chen (2006) and Tegova (2010) and structured similarly to Ajzen's (2002) TPB questionnaire. Section 5, which assesses career choice intention, incorporates items from Tey et al. (2020), Amani & Mkumbo (2016), Ibrahim et al. (2014), Lian & Chen (2006), Tegova (2010), Shahab et al. (2013), Pianosi et al. (2016), and Zayabaldajane et al. (2018). All items in sections 2–5 were evaluated using a 5-point Likert scale, with 1 indicating strong disagreement and 5 indicating strong agreement.

Data Analysis

The study processed and analyzed the gathered data using both descriptive and inferential statistics using JASP, a statistical application (JASP Team, 2022). Descriptive statistics presented central tendency measures of attitudes, social influence, career self-efficacy, and their intention to pursue an MD career. Spearman Rho correlation was used to determine the association of the mentioned factors with the career choice intention of the respondents.

The guide in assessing the results of Attitudes, SI (family, teacher, and peer), CSE, and Intention were as follows: 1.00-2.00: Negative/Low; 3.00: Neutral/Moderate; and 4.00-5.00: Positive/High. The study's significance level is $p \leq 0.05$. The results of the Spearman Rho tests are considered statistically significant if the p -values are less than or equal to 0.05. The crude estimates for interpreting the strengths of correlations of the variables examined according to Dancey & Reidy (2004) are: 0.10-0.30: weak correlation; 0.40-0.60:

moderate correlation; and 0.70-1.00: strong correlation.

Results and Discussion

This study identified three factors that influence career choice intention: attitudes, social influence, and career self-efficacy.

Profile of the Respondents

Table 1 shows the profile of the respondents and is divided into two sections: personal and family characteristics. Table 2 is presented to provide an appreciation of the characteristics of the respondents.

The personal characteristics are divided into three subsections: grade level, gender assigned at birth, and birth order. Three-fourths (75.73%) of the respondents came from grade 12. Three-fifths of the respondents were female (62, 60.19%). Two-fifths of them

(40.78%) were youngest child in their family, one-third (35.92%) were the eldest and the rest were either the middle child or an only child.

The following section for this table is the family characteristics which have four subsections: income, parents' occupation, birth order and number of household members. A little above one-fourth of the respondents have indicated that their family makes a monthly average of ₦ 51,000 - ₦ 100,000 (28.61%), one fifth (20) indicated that their family has income between ₦ 100,000 to ₦ 200,000. Eighteen indicated that their family's average monthly income is between ₦ 200,000 to ₦ 300,000. Only 15 indicated that either of their parents is in the medical field, while 88 said otherwise. Many have also stated that they only have one sibling (37.86%), and 27.18% of the total respondents said there are only 4 in their family.

Table 1. Profile of the Respondents (n=103)

Profile of respondents	Frequency	Percentage
Personal Characteristics		
<i>Grade Level</i>		
Grade 11	25	24.27%
Grade 12	78	75.73%
<i>Gender Assigned at Birth</i>		
Male	41	39.81%
Female	62	60.19%
<i>Birth Order</i>		
Eldest	37	35.92%
Middle Child	17	16.51%
Youngest	42	40.78%
Only Child	7	6.80%
Family Characteristics		
<i>Average Monthly Income</i>		
₦ 10,000 - ₦ 50,000	25	24.27%
₦ 51,000 - ₦ 100,000	29	28.16%
₦ 101,000 - ₦ 150,000	14	13.59%
₦ 151,000 - ₦ 200,000	6	5.83%
₦ 201,000 - ₦ 250,000	8	7.77%
₦ 251,000 - ₦ 300,000	10	9.71%
₦ 301,000 - ₦ 350,000	2	1.94%
₦ 351,000 - ₦ 400,000	3	2.91%
₦ 401,000 - ₦ 450,000	1	0.97%
₦ 451,000 - ₦ 600,000	0	0%
₦ 601,000 - ₦ 650,000	1	0.97%
₦ 651,000 - ₦ 950,000	0	0%
₦ 951,000 - ₦ 1,000,000	1	0.97%
₦ 1,001,000 above	3	2.91%

<i>Parents Occupation</i>		
In the medicine field	15	14.56%
Non-medicine field	88	85.44%
<i>Number of Siblings</i>		
0	11	10.68%
1	39	37.86%
2	32	31.07%
3	14	13.59%
4 or more	7	6.80%
<i>Number of people in the household (including you)</i>		
2	1	0.97%
3	7	6.80%
4	28	27.18%
5	20	19.42%
6	15	14.56%
7	15	14.56%
8 or more	17	16.51%

Legend: 1.00-2.00: Negative, 3.00: Neutral; and 4.00-5.00: Positive.

Attitude towards MD as a career choice

The respondents' attitudes toward their career choice intentions are summarized in Table 2. This section's overall median score is 4.5, with a qualitative interpretation (QI) indicating

a favorable attitude. The only instance in which respondents demonstrated a moderate attitude toward their career choice (median score of 3.00) indicates that professional recognition is not a strong motivator to pursue the career.

Table 2. Attitudes towards MD career choice intention (n=103)

Attitudes towards Career Choice Intention	1	2	3	4	5	Median	Qualitative Interpretation
<i>There is a lot that can be learned if I pursue a doctor of medicine course.</i>	2	2	8	30	61	5.00	Positive
<i>Medicine, in general, is relevant to me.</i>	1	5	7	29	61	5.00	Positive
<i>Medicine, in general, is valuable to me.</i>	0	2	6	29	66	5.00	Positive
<i>Having the title of "Doctor" is very appealing to me.</i>	6	7	18	18	54	5.00	Positive
<i>I consider the medical profession as a noble job.</i>	0	0	9	22	72	5.00	Positive
<i>I enjoy studying science subjects</i>	0	2	19	53	29	4.00	Positive
<i>Science subjects are easier for me to understand compared to other subjects.</i>	1	8	40	38	16	4.00	Positive
<i>Science and other related subjects are fascinating to me.</i>	0	0	8	50	45	4.00	Positive
<i>I am interested in health research.</i>	2	7	18	30	46	4.00	Positive
<i>I want to have a career in medicine because of the recognition associated with it.</i>	13	23	21	25	21	3.00	Moderate
Median Score						4.5	Positive

Legend: 1.00-2.00: Negative, 3.00: Neutral; and 4.00-5.00: Positive

Self-Efficacy of the Respondents to pursue MD as a future career

Table 7 presents the career self-efficacy of the respondents regarding a Doctor of Medicine course or career. Like the other sections in the survey questionnaire, this portion contains

ten questions that will help determine the level of career self-efficacy of the students. The overall median score of the section is 4.00, which falls under the qualitative interpretation of having a high self-efficacy. However, the respondents still experience a moderate level of

self-efficacy in some cases (median score of 3.00) in terms of preparedness for the challenges brought by a medical school in the future.

Table 3. Self-Efficacy of the Respondents to pursue MD as a future career (n=103)

CAREER SELF-EFFICACY	1	2	3	4	5	Median	Qualitative Interpretation
<i>I am mentally prepared to adapt to the challenges of med-school</i>	8	20	32	24	19	3.00	Moderate
<i>I am emotionally prepared to adapt to the challenges of med-school</i>	9	21	31	27	15	3.00	Moderate
<i>I can meet the academic demands of becoming a doctor of medicine.</i>	1	10	31	40	21	4.00	High
<i>I am confident that I will be able to finish a doctor of medicine course.</i>	1	12	25	38	27	4.00	High
<i>I am prepared to pursue a medical course.</i>	6	13	31	35	18	4.00	High
<i>I am confident that I can fulfill the responsibilities related to having a medical profession.</i>	3	6	26	41	27	4.00	High
<i>My skills will make me successful in the field of medicine</i>	2	11	30	42	18	4.00	High
<i>I am confident I will be successful in my chosen specialization in the future.</i>	2	8	36	30	27	4.00	High
<i>I have the qualifications of what I think a good doctor should be.</i>	4	9	31	35	24	4.00	High
<i>I am confident that I can perform well in a hospital.</i>	3	11	30	32	27	4.00	High
Median Score						4.00	High

Legend: 1.00-2.00: Low; 3.00: Moderate; and 4.00-5.00: High

Social Influence of Family, Teachers, and Peers on the respondents' career options to pursue MD

Table 4 illustrates the social influence felt by respondents from various sectors (family, teacher, and peer). In general, the findings indicate that these sectors have a moderate to high level of social influence. A median score of 4.00 for Family Influence indicates that respondents perceive and experience a high level of influence from their families. The sample scored highly on items indicating the respondent's family's perception of and involvement in his or her career choice.

Meanwhile, Teacher Influence demonstrates only a moderate level of social influence (median score of 3.00), implying that respondents do not perceive teachers' presence and involvement as having a significant impact. Peer Influence, likewise, demonstrates the effects of moderate social influence (median score of 3.00). It is worth noting that the only item that indicated a high level of social influence was item 3, which refers to peer approval of one's career choice; the remaining items have scores between 2.00 and 3.00. Therefore, it is clear that respondents value the approval of those around them.

Table 4. Social Influence of Family, Teachers, and Peers on the respondents' career option to pursue MD (n=103)

Social Influence	1	2	3	4	5	Median	Qualitative Interpretation
Family Influence							
<i>I think that my family will be proud of me if I earn a degree in medicine.</i>	1	2	9	26	65	5.00	High
<i>My parents' opinion about my college course is important to me.</i>	4	10	18	42	29	4.00	High
<i>Since childhood, my parents have expressed their support in my intention to become a doctor of medicine.</i>	11	11	19	25	37	4.00	High
<i>My parents are involved in my decision to pursue a degree in medicine.</i>	10	14	17	37	25	4.00	High
<i>My siblings encouraged me to pursue a course related to medicine.</i>	34	25	27	12	5	2.00	Low

Median Score	Teacher Influence						4.00	High	
Teacher Influence									
<i>My teacher(s) thinks that I should pursue a doctor of medicine course.</i>	11	10	54	23	5	3.00		Moderate	
<i>My teacher(s) thinks that I would do well in a doctor of medicine course.</i>	6	9	45	30	13	3.00		Moderate	
<i>My teacher has encouraged me to become a doctor of medicine.</i>	14	14	47	21	7	3.00		Moderate	
<i>I have received affirmations from my teachers regarding my intention to become a doctor of medicine.</i>	9	17	40	24	13	3.00		Moderate	
<i>I consider one of my teachers as an inspiration to become a doctor of medicine.</i>	20	29	36	13	5	3.00		Moderate	
Median Score	Peer Influence						3.00	Moderate	
Peer Influence									
<i>My peers will approve of me pursuing a medical course.</i>	5	3	13	38	44	4.00		High	
<i>I value my peers' opinion about my college course.</i>	15	15	24	37	12	3.00		Moderate	
<i>My best friend told me I should pursue a career in medicine.</i>	24	23	27	18	11	3.00		Moderate	
<i>My peers will pursue a degree in medicine, so I also want to be a doctor of medicine.</i>	33	26	26	15	3	2.00		Low	
<i>My peers from older batches have said I should pursue a doctor of medicine career.</i>	27	29	27	10	10	2.00		Low	
Median Score							3.00	Moderate	

Legend: 1.00-2.00: Low; 3.00: Moderate; and 4.00-5.00: High

Career Choice Intention to pursue MD

Table 5 shows the median scores for the items indicating respondents' intention to pursue a career in medicine. In general, the results indicate a high level of intention (median score

of 4.00). While most items have a median score of 4.00, respondents still exhibit moderate intention for a few items. These are especially those that represent youthful ambition and passion.

Table 5. Intention to Pursue a Doctor of Medicine Career (n=103)

Intention to Pursue a Doctor of Medicine Career	1	2	3	4	5	Median	Qualitative Interpretation	
<i>My professional goal is to become a doctor.</i>	9	9	20	26	39	4.00	High	
<i>Becoming a doctor is my primary career plan.</i>	12	9	21	19	42	4.00	High	
<i>I have explored all my options before choosing to pursue a medical career.</i>	7	11	26	30	29	4.00	High	
<i>I am very motivated to pursue a medical career.</i>	9	7	24	34	29	4.00	High	
<i>I believe in the principles that underlie a medical profession.</i>	5	4	15	33	46	4.00	High	
<i>In this period of the COVID-19 Pandemic, my intention to become a doctor was strengthened.</i>	10	12	17	26	38	4.00	High	
<i>My main aim in becoming a doctor of medicine is to contribute to Philippine society.</i>	10	10	15	35	33	4.00	High	
<i>Medicine is my passion.</i>	11	12	29	26	25	3.00	Moderate	
<i>Being a doctor is a childhood ambition.</i>	19	13	23	25	23	3.00	Moderate	
<i>Since childhood, I aim to pursue a career in medicine.</i>	19	24	18	22	20	3.00	Moderate	
Median Score							4.00	High

Legend: 1.00-2.00: Low; 3.00: Moderate; and 4.00-5.00: High.

Correlation of Career Intention with Attitude, Career Self-Efficacy and Social Influence

According to the TPB, intention is influenced by attitude, social influence under subjective norms, and career self-efficacy under perceived behavioral control. The correlation between intention and the three factors listed

in Table 6 is shown. There is a strong and highly significant relationship between intention and attitude, with $\rho = 0.725$ (p -value < 0.001). This is consistent with the findings of Amani & Mkumbo's (2016) study, in which attitude was also found to have a significant effect on career intention.

Table 6. Correlation of Career Intention with Attitude, Career Self-Efficacy and Social Influence (n=103)

Variables	Spearman Rho
Intention – Attitude	0.725***
Intention – SI Family	0.401***
Intention – SI Teacher	0.504***
Intention – SI Peer	0.214*
Intention - CSE	0.556***

Legend: * $p < 0.05$, ** $p < 0.1$, *** $p < 0.001$; 0.10-0.30: weak correlation; 0.40-0.60: moderate correlation; and 0.70-1.00: strong correlation.

Meanwhile, the correlation coefficients for Intention $p < 0.001$). The relationship between intention and peer influence is weak but still statistically significant, at $\rho = 0.214$ ($p = 0.30$). Teachers to SI Family and Intention to SI Teacher indicate a moderately significant relationship ($\rho = 0.401$ and $\rho = 0.504$, respectively, at appear to have the greatest influence on students' career intentions, followed by family and peers. This study contradicts Tey et al.'s (2020) finding that teacher influence is not statistically significant. Mohd et al. (2010) and Wang & Degol (2013) both found that interactions between students and teachers can foster interest. In the context of this study, teacher interactions, acknowledgment, and praise can indeed influence a student's intention to pursue a career in medicine.

Finally, the relationship between intention and CSE is moderate but highly significant, with a $\rho = 0.556$ (p -value < 0.001). CSE is a reflection of an individual's belief in their ability to perform tasks related to the career they wish to pursue. This indicates that a student with a higher level of CSE has a greater desire to pursue a career in medicine. The most influential factor on career intention is attitude, followed by CSE, SI Teacher, SI Family, and SI Peer. This contrasts with what Amani and Mkumbo

(2016) found in their study, wherein CSE is ranked last.

Conclusion

According to the study's findings, attitude, career self-efficacy, and social influence correlate positively with intention. Intention and Attitude had a strong positive and highly significant relationship, whereas Intention and CSE had a moderate positive and highly significant relationship. All three social influence variables demonstrated a significant correlation with intention. The relationships between Intention and SI Teacher and Intention and SI Family are classified as moderate, and the relationship between Intention and SI Peer is classified as weak. All of this suggests that students who have a positive attitude, a high sense of self-efficacy, and positive support from family, teachers, and peers are more likely to pursue a career in medicine.

The study's findings present quantitative data on teachers' influence on students' career choice intentions. Other research would typically suggest that the family has the greatest social influence, but this is not the case here. This allows for interventions such as increasing the teacher's interaction with the students or providing adequate feedback. Classroom

engagement may also influence a student's interest in and attitude toward career paths that correspond to the course material. Parental involvement and open-mindedness in joining career development discussions may generate positive support from the family, which is critical in encouraging the students to pursue their career goals. Fostering a positive attitude towards the career can also be done by compensating workers fairly for their services, given the competitive nature of entering such a profession. Additionally, guidance counselors should prepare students for the reality of being a doctor by assisting them in assessing and increasing their career self-efficacy. Everything stated thus far is intended to assist students in pursuing their chosen careers. A supportive environment that fosters positive attitudes and career self-efficacy, as well as a positive social influence, would undoubtedly aid them in their decision-making and career preparation.

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