

The Waiting Game: Stress and Anxiety in UK Medical School Applicants After Interviews

Reuben Amala Chandran Manikandan

Abstract:

The process of applying to medical school is often highly stressful and anxiety-provoking, influenced by limited interview opportunities, waiting for A-level results, and uncertainty from being waitlisted by chosen universities. Applicants attending only one or two interviews reported increased stress, and those awaiting A-level results in August experienced anxiety due to prolonged waiting periods. Even academically strong students and those with high UCAT scores sometimes received few interviews or offers, contributing to feelings of worthlessness and stress.

This study investigated stress and anxiety levels among UK medical school applicants using the Perceived Stress Scale (PSS) and Generalized Anxiety Disorder-7 (GAD-7) scale, exploring patterns related to interview frequency and other academic factors. A total of 500 participants (250 home and 250 international) completed the study. Analysis of GAD-7 scores showed that 20% had mild anxiety, 48% moderate anxiety, and 32% severe anxiety. PSS scores indicated that 24% had mild stress, 40% moderate stress, and 36% severe stress. Applicants with only one or two interviews reported higher stress levels than those with four or more interviews. Correlation analysis revealed a moderate positive relationship between stress and anxiety scores ($r = 0.45$, $p < 0.001$).

These findings highlight a high prevalence of stress and anxiety among medical school applicants and underscore the importance of providing targeted support during the application process.

Introduction:

Applying to medical school is widely recognized as a highly stressful and anxiety-provoking period for students. Factors such as limited interview opportunities, prolonged waiting for A-level results, and uncertainty related to being waitlisted or rejected by universities can contribute to elevated psychological distress. Even applicants with strong academic performance and high UCAT scores may experience stress and feelings of worthlessness if they receive few interview invitations or offers [1,5,7]. Previous research has shown that medical students and applicants often face significant mental health challenges during selection and training [1,5,6].

Despite the known psychological burden, few studies have specifically quantified stress and anxiety among UK medical school applicants in relation to interview frequency and post-interview waiting periods. This study aimed to investigate perceived stress and anxiety among applicants using validated psychological measures (PSS and GAD-7), explore patterns related to interview experiences, and identify potential targets for support interventions.

Methods:

A cross-sectional survey was conducted among medical school applicants in the United Kingdom who had completed at least one interview and were awaiting admission decisions. Participants were recruited from an online medical applicants group of approximately 14,000 members. A total of 250 respondents,

which included both home and international applicants, participated. The survey was distributed via an online questionnaire, and participation was voluntary. All responses were collected anonymously, with informed consent obtained from all participants.

The questionnaire incorporated validated psychological assessment tools to evaluate stress and anxiety. The **Perceived Stress Scale (PSS)** measures perceived stress, with higher scores indicating greater stress, while the **Generalized Anxiety Disorder-7 (GAD-7)** scale screens for anxiety severity. In addition to these scales, participants were asked about their primary concerns and coping strategies during the post-interview waiting period.

Results:

A total of 500 applicants, including both home and international students, completed the study. Analysis of GAD-7 scores showed that 20% (n = 100) of participants experienced mild anxiety, 48% (n = 240) moderate anxiety, and 32% (n = 160) severe anxiety. Similarly, PSS scores indicated that 24% (n = 120) had mild stress, 40% (n = 200) moderate stress, and 36% (n = 180) severe stress (Figure 1).

Applicants who attended only one or two interviews reported significantly higher stress levels compared to those with four or more interviews. Furthermore, the prolonged waiting period for A-level results and uncertainty related to being waitlisted or rejected by universities were associated with increased anxiety and stress.

Correlation analysis revealed a moderate positive relationship between perceived stress and anxiety scores ($r = 0.45$, $p < 0.001$), indicating that higher stress was linked with greater anxiety.

Overall, these findings highlight a high prevalence of anxiety and stress among medical school applicants, underscoring the need for targeted support interventions and increased attention from university authorities during the application process.

Discussion:

This study highlights a high prevalence of stress and anxiety among UK medical school applicants following interviews, with nearly half of participants experiencing moderate anxiety and over one-third experiencing severe stress. Applicants with only one or two interviews reported higher stress levels than those attending four or more interviews, suggesting that limited interview opportunities may exacerbate feelings of uncertainty and psychological burden. Furthermore, prolonged waiting periods for A-level results and the experience of being waitlisted or rejected were associated with elevated anxiety and stress. These findings align with previous research indicating that the medical school application process is a psychologically demanding period, even for academically strong candidates with high UCAT scores.

The moderate positive correlation between perceived stress and anxiety ($r = 0.45$, $p < 0.001$) indicates that higher stress is closely linked with higher anxiety, emphasizing the interconnected nature of these psychological constructs in this population. This suggests that interventions aimed at reducing perceived stress, such as structured guidance, mindfulness programs, or peer-support initiatives, may also help mitigate anxiety levels among applicants.

A notable strength of this study is the use of validated psychological assessment tools (PSS and GAD-7), which provide reliable measures of stress and anxiety. However, limitations include the reliance on a self-selected online sample, which may not fully represent all medical school applicants in the UK. Additionally, the cross-sectional design limits the ability to establish causality, and responses were collected at a single time point during the application process. Future research could explore longitudinal

changes in stress and anxiety, examine the impact of demographic factors, and evaluate the effectiveness of targeted support interventions.

Conclusion:

In conclusion, UK medical school applicants experience substantial stress and anxiety during the post-interview waiting period, particularly those with limited interview opportunities or prolonged uncertainty. These findings highlight the need for targeted support strategies by universities, such as timely communication, counseling services, and resources to manage stress and anxiety. Addressing these psychological challenges may not only improve applicant well-being but also enhance their performance and engagement during the medical school selection process.

References

1. Dyrbye LN, Thomas MR, Shanafelt TD. Medical student distress: causes, consequences, and proposed solutions. *Mayo Clin Proc.* 2005;80(12):1613–1622.
2. Richardson T, Elliott P, Roberts R. The relationship between personal unsecured debt and mental and physical health: a systematic review and meta-analysis. *Clin Psychol Rev.* 2013;33(8):1148–1162.
3. Cohen S, Kamarck T, Mermelstein R. A global measure of perceived stress. *J Health Soc Behav.* 1983;24(4):385–396.
4. Spitzer RL, Kroenke K, Williams JB, Löwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. *Arch Intern Med.* 2006;166(10):1092–1097.
5. Cuthbertson BH, Campbell DM, Capewell S, Raftery J. Stress and coping among applicants to medical school: a longitudinal study. *Med Educ.* 2004;38(12):1303–1310.
6. Dahlin M, Joneborg N, Runeson B. Stress and depression among medical students: a cross-sectional study. *Med Educ.* 2005;39(6):594–604.
7. Patterson F, Knight A, Dowell J, Nicholson S, Cousans F, Cleland J. How effective are selection methods in medical education? A systematic review. *Med Educ.* 2016;50(1):36–60.

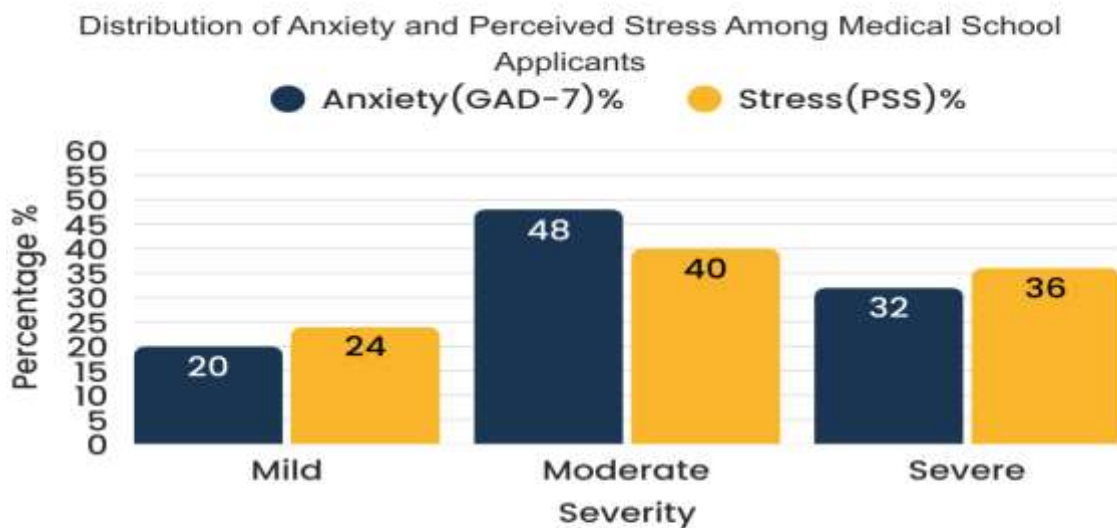


Figure 1. Distribution of anxiety (GAD-7) and perceived stress (PSS) levels among medical school applicants. Values are presented as percentages (n=500).

