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A Comparative study of Social Support and Professional Identity Development among female MBBS Students in Government and Self-Financing Medical Colleges

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ABSTRACT

The present study aimed to compare perceived social support and professional identity development among female MBBS (Bachelor of Medicine and Bachelor of Surgery) students studying in government and self-financing medical colleges in Kerala. A total of 251 female MBBS students were selected from medical colleges across Kerala using purposive sampling. Data were collected using a Personal Data Sheet, the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988), and the Professional Identity Scale adapted from Brown et al. (1986) and Adams et al. (2006). A comparative cross-sectional research design was employed, and the data were analysed using descriptive statistics and independent-samples comparisons. The findings indicated relatively high levels of perceived social support (M = 63.94, SD = 12.28) and professional identity development (M = 32.02, SD = 4.67) among the participants. Comparison across institutional settings revealed no significant differences in perceived social support or professional identity development between female MBBS students from government and self-financing medical colleges. The findings suggest that female MBBS students across both institutional settings experience comparable levels of social support and professional identity development. The study highlights the importance of supportive educational and interpersonal environments, including peer support, faculty guidance, mentoring, and professional socialisation, in fostering the psychosocial well-being and professional development of medical students irrespective of institutional type.

Keywords: Social Support, Professional Identity Development, Female MBBS Students, Government Medical Colleges, Self-Financing Medical Colleges

INTRODUCTION

Medical education is a demanding academic and professional process that requires students to adapt to rigorous academic requirements, clinical training, and professional responsibilities. Undergraduate medical education is also an important period for the development of professional identity, as students gradually internalize the values, attitudes, behaviours, and responsibilities associated with the medical profession. Professional identity development extends beyond the acquisition of clinical knowledge and skills and involves developing a sense of belonging to and identification with the profession (Cruess et al.,

2014). It is a dynamic and socially constructed process shaped by interactions with peers, educators, clinicians, patients, and the broader professional environment (McLean et al., 2015).

Perceived social support is another important psychosocial resource during medical education. It refers to an individual's perception that emotional, informational, and practical support is available from significant people in their social environment. Zimet et al. (1988) conceptualized perceived social support in terms of support from family, friends, and significant others. The availability and perception of supportive relationships can contribute to students' sense of security, belonging, and psychological well-being. In demanding educational environments, social support may also provide students with emotional reassurance, guidance, and encouragement to manage academic and professional demands (Cohen & Wills, 1985).

Professional identity development and perceived social support are particularly relevant among female medical students, whose professional development occurs within interpersonal, educational, and social environments. Interactions with peers, faculty members, mentors, family, and significant others may form an important part of students' experiences during medical training. However, the nature of students' educational environments may differ across types of medical institutions. Government and self-financing medical colleges may vary in institutional structure, educational resources, student backgrounds, and learning environments, although students in both settings undergo formal medical education and prepare for the same professional role.

Despite the importance of social support and professional identity development in medical education, limited attention has been given to whether these experiences differ between government and self-financing medical colleges, particularly among female MBBS students in the Indian context. Examining these constructs across institutional settings may provide useful insights into students' psychosocial experiences and professional development and may help identify whether student-support and professional-development approaches need to be institution-specific.

Therefore, the present study aimed to compare perceived social support and professional identity development among female MBBS students studying in government and self-financing medical colleges in Kerala.

The study is grounded in Weiss's (1974) Theory of Social Provisions, which conceptualizes social relationships as fulfilling important interpersonal needs including attachment, social integration, reassurance of worth, reliable alliance, and guidance. This framework provides a basis for understanding perceived social support among medical students.

Professional identity development is informed by Social Identity Theory (Tajfel & Turner, 1979), which proposes that individuals derive part of their self-concept from membership in social groups. In medical education, identification with the profession develops through interaction with peers, educators, clinicians, patients, and the broader professional community (Cruess et al., 2014). Together, these perspectives provide a theoretical basis for examining perceived social support and professional identity development across institutional settings.

REVIEW OF LITERATURE

Findyartini et al. (2022) investigated professional identity formation among 433 undergraduate and postgraduate medical students in Indonesia using a mixed-methods approach. Senior students demonstrated greater recognition and internalization of professional roles and greater self-control in professional behaviour. Qualitative findings indicated that professional identity formation is a longitudinal

and multifaceted process influenced by personal values, motivation, curriculum, learning environment, and societal expectations. The findings are particularly relevant to the present study given the similarities in broader sociocultural context between Indonesia and India.

Chu et al. (2010), in a meta-analysis of 246 studies, examined the relationship between social support and well-being among children and adolescents. The findings indicated a positive, although modest, association between social support and psychological well-being, with variations according to the source and type of support. The study also suggested that perceived social support becomes increasingly important with age, emphasizing the role of interpersonal relationships in positive psychological functioning.

Adams et al. (2006) examined professional identity among 1,254 first-year health and social care students entering interprofessional education. Professional identity was evident at the beginning of professional training, although differences were observed across disciplines. Gender, chosen profession, previous healthcare experience, understanding of team dynamics, and cognitive flexibility were identified as significant predictors. The findings suggest that professional identity begins to develop early in professional education and is influenced by both individual and educational factors.

Kutner and Brogan (1980) examined the motivations, social support, and discouragement experienced by female medical students in two southern U.S. institutions. Women reported entering medicine primarily because of a desire to serve others, seek occupational independence, and pursue an interest in science. However, they also reported comparatively limited social support and greater discouragement regarding their decision to enter medicine. The findings highlight the role of social and cultural influences in shaping the experiences of women pursuing medical careers.

Overall, the literature indicates that perceived social support and professional identity development are influenced by a combination of interpersonal, individual, and educational factors. However, limited research has specifically examined whether these constructs differ between government and self-financing medical colleges, particularly among female MBBS students in India. The present study addresses this gap by comparing perceived social support and professional identity development across these two institutional settings in Kerala.

STATEMENT OF THE PROBLEM

The present study aims to examine and compare social support and professional identity development among female MBBS students studying in government and self-financing medical colleges.

Variables of the Study

The study comprised one grouping variable and two study variables.

Grouping Variable

Type of Medical College

- Government medical college
- Self-financing medical college

Type of medical college refers to the institutional category in which participants pursued their MBBS education.

Study Variables

1. Perceived Social Support

Perceived social support refers to the perceived availability of support from family, friends, and significant others (Zimet et al., 1988).

2. Professional Identity Development

Professional identity development refers to the process through which individuals develop and integrate their values, beliefs, attitudes, and self-concept with the roles and expectations of their chosen profession (Trede et al., 2012).

Objectives of the Study

1. To compare perceived social support between female MBBS students from government and self-financing medical colleges.
2. To compare professional identity development between female MBBS students from government and self-financing medical colleges.

Hypothesis of the Study

1. There will be a significant difference in perceived social support between female MBBS students from government and self-financing medical colleges.
2. There will be a significant difference in professional identity development between female MBBS students from government and self-financing medical colleges.

METHODOLOGY

Research Design

The present study adopted a comparative, cross-sectional research design to examine differences in perceived social support and professional identity development between female MBBS students studying in government and self-financing medical colleges. This design was appropriate as the study aimed to compare naturally occurring groups without manipulation of variables or the introduction of experimental conditions.

Population and Sample

The sample comprised 251 female MBBS students, including 59 students (23.5%) from government medical colleges and 192 students (76.5%) from self-financing medical colleges. Participants represented different stages of medical training, including first-year, second-year, third-year, and fourth-year MBBS students, as well as house surgeons.

Sampling Technique

Participants were selected using purposive sampling. Female MBBS students who met the study eligibility criteria and were accessible and willing to participate were recruited from government and self-financing medical colleges across Kerala.

Inclusion Criteria

- Female MBBS students currently enrolled in recognized government or self-financing medical colleges in Kerala.
- Students willing to participate and provide informed consent.
- Students able to understand and complete the study questionnaires.

Exclusion Criteria

- Male students and students pursuing courses other than MBBS.
- Students pursuing MBBS outside Kerala.
- Students unwilling to participate or unable to provide informed consent.
- Incomplete or invalid questionnaire responses.

Tools

The following tools were used for collecting data from the participants:

1. Personal Data Sheet (Prepared by the Investigator)
2. Multidimensional Scale of Perceived Social Support (Zimet et al.,1988)
3. Professional Identity Scale (adapted from Brown et al., 1986; Adams et al., 2006)

1. Personal Data Sheet

A personal data sheet was prepared by the investigator to collect general information regarding the participants included in the study. The data included information like age, college type and year of education. The demographic information was collected to describe the characteristics of the sample and provide a better understanding of the participants included in the study.

2. Multidimensional Scale of Perceived Social Support (Zimet et al.,1988)

The Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al. (1988) was used to assess participants' perceived social support from three sources: family, friends, and significant others. The scale consists of 12 items rated on a 7-point Likert scale ranging from 1 (Very Strongly Disagree) to 7 (Very Strongly Agree). The total score is obtained by summing the scores across all 12 items, with possible scores ranging from 12 to 84. Higher scores indicate greater perceived social support. The MSPSS has demonstrated good psychometric properties, with reported Cronbach's alpha coefficients generally ranging from .84 to .92, indicating high internal consistency. The scale has also demonstrated good construct and concurrent validity across diverse populations.

3. Professional Identity Scale (adapted from Brown et al., 1986; Adams et al., 2006)

The Professional Identity Scale, adapted from the group-identification scale developed by Brown et al. (1986) and subsequently adapted for health and social-care students by Adams et al. (2006), was used to assess participants' professional identity. The scale consists of nine self-report items addressing different aspects of professional identity, including sense of membership, ties with other members of the profession, positive identification, pride, and the personal importance attached to belonging to the profession. Participants respond to each item on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Items 3, 4, and 5 are negatively worded and were reverse scored. For the present study, scores across the nine items were summed to obtain a total professional identity score, with possible scores ranging from 9 to 45. Higher scores indicate stronger professional identity. The nine-item scale demonstrated satisfactory internal consistency in previous research (Cronbach's $\alpha = .79$; Adams et al., 2006).

Data Collection Procedure

Ethical approval was obtained prior to data collection. Data were collected online using Google Forms from eligible participants recruited through purposive sampling. Participants provided informed consent and were assured of voluntary participation, confidentiality, anonymity, and the right to withdraw. Incomplete responses were excluded, and completed data were scored and coded according to the respective instruments.

Analysis of Data

Data were analysed using SPSS Version 26. Descriptive statistics were used to summarize the study variables, and independent-samples *t*-tests were conducted to compare government and self-financing college students after assessing normality assumptions.

RESULTS AND DISCUSSION

Result Analysis

Descriptive Statistics for Social Support and Professional Identity Development

Table 1

Descriptive statistics for Social Support and Professional Identity Development.

Variables	M	SD
Social support	63.94	12.28
Professional identity development	32.02	4.67

Table 1 presents the descriptive statistics for the two study variables. Participants reported mean scores of 63.94 (SD = 12.28) for perceived social support and 32.02 (SD = 4.67) for professional identity development.

Comparing college type groups on study variables

Table 2

Comparison of college groups on study variables

Variables	Type of college	N	Mean	SD	t-value
Social Support	Government	59	63.58	12.14	-.262
	Self-Finance	192	64.06	12.39	
Professional Identity Development	Government	59	32.41	4.51	.72
	Self-Finance	192	31.91	4.75	

Independent-samples *t*-tests revealed no significant differences between government and self-financing college students in perceived social support, $t = -0.26$, or professional identity development, $t = 0.72$ (both $p > .05$). Thus, neither hypothesis was supported.

Discussion

The present study compared perceived social support and professional identity development among female MBBS students from government and self-financing medical colleges. The findings revealed no statistically significant differences between the two groups in either perceived social support or professional identity development. For perceived social support, government college students obtained a mean score of 63.58 (SD = 12.14), compared with 64.06 (SD = 12.39) among self-financing college students, with a *t*-value of −0.26. For professional identity development, government college students obtained a mean score of 32.41 (SD = 4.51), compared with 31.91 (SD = 4.75) among self-financing college students, with a *t*-value of 0.72. These findings suggest that institutional type may not, by itself, distinguish students' experiences of perceived social support and professional identity development.

Participants reported an overall mean perceived social support score of 63.94 (SD = 12.28), with comparable scores across institutional groups. Since the Multidimensional Scale of Perceived Social Support assesses support from family, friends, and significant others, perceived support may extend beyond the immediate educational setting. Thus, differences in institutional type may not necessarily result in differences in students' perceived interpersonal support.

Professional identity development also showed an overall mean score of 32.02 (SD = 4.67), with comparable scores between government and self-financing college students. This finding is consistent with the view that professional identity develops through professional socialization and interactions with peers, educators, clinicians, and patients (Cruess et al., 2014). Overall, the findings suggest that factors beyond institutional type may contribute to perceived social support and professional identity development, highlighting the need for future research examining specific interpersonal and educational factors that may shape these experiences among medical students.

Implications of the Study

The comparable levels of perceived social support and professional identity development across institutional groups suggest that student-support and professional-development initiatives may be relevant across both government and self-financing medical colleges. Peer support, mentoring, faculty guidance, and opportunities for professional socialization may be useful areas for institutional support.

Limitations

The unequal group sizes and purposive sampling may limit the comparability and generalizability of the findings. The cross-sectional design prevents conclusions about changes over time, while reliance on self-report measures may introduce response bias. The study was also limited to female MBBS students in Kerala, restricting generalizability to other populations. Future studies should use larger and more balanced samples and examine specific factors such as family, peer, faculty, mentoring, and learning-environment support using longitudinal or multi-institutional designs.

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