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Factors Influencing Specialty Choice Among Mexican Medical Residents: A Comparative Study of Psychiatry and Core Specialties

Factores que influyen en la elección de especialidad entre los médicos residentes mexicanos: un estudio comparativo entre psiquiatría y las especialidades troncales

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Abstract

Objective: To analyze the factors influencing the choice of psychiatry compared to other major medical specialties among Mexican residents. **Methods:** A cross-sectional, analytical study was conducted with 300 residents from five core specialties: General Surgery, Internal Medicine, Gynecology and Obstetrics, Pediatrics, and Psychiatry. Participants completed an online validated questionnaire assessing demographic, motivational, and personality-related determinants of specialty selection. Chi-square and one-way ANOVA tests with Tukey post hoc comparisons were applied ($p < 0.05$). **Results**: The mean age was 28.3 years (SD 2.1), and 55% were female. Significant differences were observed among specialties regarding sex distribution ($p = 0.002$), type of preferred patient, academic interest, and perceived short-term economic prospects. Psychiatry residents scored lower in conscientiousness and higher in extraversion compared with surgery and internal medicine ($p < 0.05$). Negative role models and exposure to abusive behaviors were major deterrents for choosing surgery. Family background in medicine was more frequent among psychiatry and gynecology residents (48%). **Conclusion**: Psychiatry choice among Mexican medical residents is influenced by psychosocial, personality, and contextual factors rather than economic motives alone. Understanding these determinants may guide targeted educational strategies to strengthen recruitment and address the shortage of mental health specialists.

Keywords: Psychiatry, Medical specialty choice, Mexican residents, Career determinants, medical education.

Resumen

Objetivo: analizar los factores que influyen en la elección de la especialidad de psiquiatría en comparación con otras especialidades médicas troncales entre médicos residentes mexicanos. **Métodos:** se realizó un estudio transversal, analítico y comparativo con 300 residentes de cinco especialidades troncales: cirugía general, medicina interna, gineco-obstetricia, pediatría y psiquiatría. Los participantes respondieron un cuestionario validado de elección de especialidad, que evaluó factores demográficos, motivacionales y de personalidad relacionados con la elección de especialidad. Se aplicaron pruebas de chi-cuadrada y ANOVA de una vía con comparaciones post hoc de Tukey ($p < 0.05$). **Resultados:** la edad media fue de 28.3 años (DE 2.1) y el 55% fueron mujeres. Se observaron diferencias significativas entre especialidades en la distribución por sexo ($p = 0.002$), tipo de paciente preferido, interés académico y expectativas económicas a corto plazo. Los residentes de psiquiatría presentaron menor responsabilidad y mayor extraversión en comparación con cirugía y medicina interna ($p < 0.05$). Los modelos de rol negativos y las conductas abusivas fueron los principales factores de rechazo hacia cirugía. La presencia de familiares médicos fue más frecuente en gineco-obstetricia y psiquiatría (48%). **Conclusión:** la elección de la psiquiatría está influida por factores psicosociales, de personalidad y contextuales más que por motivos económicos. Comprender estos determinantes puede orientar estrategias educativas específicas para fortalecer el reclutamiento y reducir la escasez de especialistas en salud mental.

Palabras clave: psiquiatría, elección de especialidad médica, médicos residentes, determinantes de carrera, educación médica.

Introduction

The choice of medical specialties represents one of the most decisive milestones in a physician's professional development. Beyond its personal and vocational implications, this decision affects the distribution of the healthcare workforce and, consequently, the capacity of health systems to meet population needs.[1] Understanding the determinants of specialty choice has become a critical topic in medical education, as persistent imbalances between popular and underserved fields threaten service provision in essential areas of care.[2,3]

Psychiatry exemplifies this imbalance. Despite the increasing global burden of mental disorders—projected to become the leading cause of disability by 2030—psychiatry continues to attract a small proportion of medical graduates.[4] International reports indicate that the proportion of students selecting psychiatry ranges between 3% and 5% of graduating classes,[5] with a declining trend in several regions.[6,7] Shortages of

psychiatrists are particularly concerned in low- and middle-income countries, where epidemiological demand far exceeds workforce capacity.[8]

Previous research has identified multiple influences on specialty selection, including intrinsic interest, lifestyle expectations, perceived prestige, academic performance, and exposure during medical training.[9] In psychiatry, two factors appear especially relevant: the quality of undergraduate clinical experiences and attitudes toward mental illness.[10] Positive mentorship, early clinical exposure, and integrated teaching models have been associated with greater willingness to pursue psychiatry,[11] whereas stigma, perceived lack of scientific rigor, and limited procedural skills have been linked to avoidance.[12]

However, most available data derive from North America and Europe, with relatively few studies examining these factors in Latin American contexts, where sociocultural perceptions of mental health and institutional structures differ markedly.[13] Moreover, little is known about how psychiatry compares with other core specialties—internal medicine, pediatrics, obstetrics-gynecology, and general surgery—in the perceptions of Mexican medical residents. This gap hinders the development of evidence-based educational strategies to promote balanced workforce distribution.

The present study aims to analyze the factors influencing the choice of psychiatry as a medical specialty among Mexican residents, comparing them with those selecting other core specialties. By examining motivational, personality, and contextual determinants, this research seeks to contribute regional evidence to the international literature and to inform educational interventions that promote balanced workforce distribution and strengthen recruitment into mental health careers.

Methods

Study Design and Setting

A cross-sectional, analytical, and comparative study was conducted among medical residents (MRs) from different specialties in Mexico. The study adhered to the *Strengthening the Reporting of Observational Studies in Epidemiology* (STROBE) guidelines. Data collection took place between February and July 2022 through an online survey distributed via institutional mailing lists of postgraduate medical programs.

Participants and Sampling

Participants were medical residents enrolled in accredited specialty programs at public teaching hospitals across Mexico. A non-probabilistic convenience sampling method was used due to accessibility and voluntary participation. 300 MRs completed the survey. Inclusion criteria comprised (1) being currently enrolled in a medical residency program, (2) being fluent in Spanish, and (3) providing written informed consent electronically before participation. Exclusion criteria included incomplete questionnaires (>20% missing data) and self-reported previous participation in similar studies. No participant

was eliminated after initial data verification. After data verification, no participant met exclusion criteria. The sample size of 300 was deemed adequate to detect medium effect sizes (Cohen's d = 0.50) with a power of 0.80 at α = 0.05, according to *G*Power 3.1* calculations.

Ethical Considerations

All participants were informed of the study's objectives, confidentiality safeguards, and their right to withdraw at any time without penalty. Electronic informed consent was obtained prior to survey initiation. No personal identifiers were collected, and data were anonymized and stored in encrypted files accessible only to the research team. The protocol was reviewed and approved by the *Research and Ethics Committee of the Faculty of Medicine, National Autonomous University of Mexico (UNAM)*, under reference number FM/DI/4SR/2021.

Instrument

Data were collected using the questionnaire developed and psychometrically validated by Gutiérrez-Cirlos et al.,[11] which evaluates motivational, attitudinal, and sociodemographic factors associated with medical specialty choice. The instrument has demonstrated good internal consistency (Cronbach's α = 0.83–0.91) and construct validity in previous Mexican populations. The questionnaire consists of 157 items divided into five sections:

- **Section I:** 21 items assessing factors influencing specialty choice.
- **Section II:** 21 items evaluating reasons for rejecting a specialty.
- **Section III:** 40 pairs of adjectives forming an ipsative personality inventory.
- **Section IV:** 69 items assessing normative personality traits.
- **Section V:** 15 items on sociodemographic characteristics (age, sex, marital status, socioeconomic level, and type of training institution).

All items were presented in Spanish and were pilot-tested with a sample of 20 residents to ensure semantic clarity and reliability before full deployment. The mean time to complete the questionnaire was approximately 40 minutes.

Variables and Data Collection

The primary dependent variable was specialty selection (psychiatry vs. other core specialties: internal medicine, pediatrics, obstetrics-gynecology, and general surgery). Independent variables included demographic characteristics, previous academic experiences, personal exposure to mental health, and personality dimensions derived from the instrument. Data were collected electronically through a secure institutional survey platform with mandatory responses to reduce missing data and prevent duplicate submissions.

Bias Control

To minimize potential bias, participation was voluntary and anonymous, with standardized instructions across participants. The same online form was used for all respondents, and incomplete responses were automatically flagged for exclusion. Data were verified by two independent researchers to ensure consistency.

Statistical Analysis

Descriptive statistics were computed using means and standard deviations (SD) for continuous variables, and frequencies and percentages for categorical variables. Group comparisons were performed using Pearson's chi-square test for categorical variables and one-way analysis of variance (ANOVA) for continuous variables to detect significant differences among the five specialties. When ANOVA indicated significance ($p < .05$), Tukey's post hoc test was applied. The Wald test was used to examine differences in participation rates among specialties. A two-tailed p value < .05 was considered statistically significant. All analyses were conducted using *IBM SPSS Statistics* version 28.0 (IBM Corp., Armonk, NY, USA).

Results

Participant Characteristics

A total of 300 medical residents participated in the study, with 60 individuals per specialty (psychiatry, internal medicine, pediatrics, obstetrics-gynecology, and general surgery). The mean age of participants was 28.3 years (SD = 2.1). Of the total sample, 165 participants (55%) identified as female and 135 (45%) as male. However, sex distribution varied significantly across specialties: general surgery showed a predominance of male residents (69% male, 31% female), whereas pediatrics (70% female), obstetrics-gynecology (61% female), internal medicine (54% female), and psychiatry (56% female) were majority female.

Regarding marital status, 270 residents (90%) were single, 24 (8%) were married, and 6 (2%) reported being in a domestic partnership. Most participants (94%, n = 282) did not have children at the time of the study. The presence of family members in the medical profession varied by specialty: in general surgery, internal medicine, and pediatrics, approximately 70% of participants reported having no relatives in medicine, whereas in obstetrics-gynecology and psychiatry, nearly half indicated having at least one family member who was a physician.

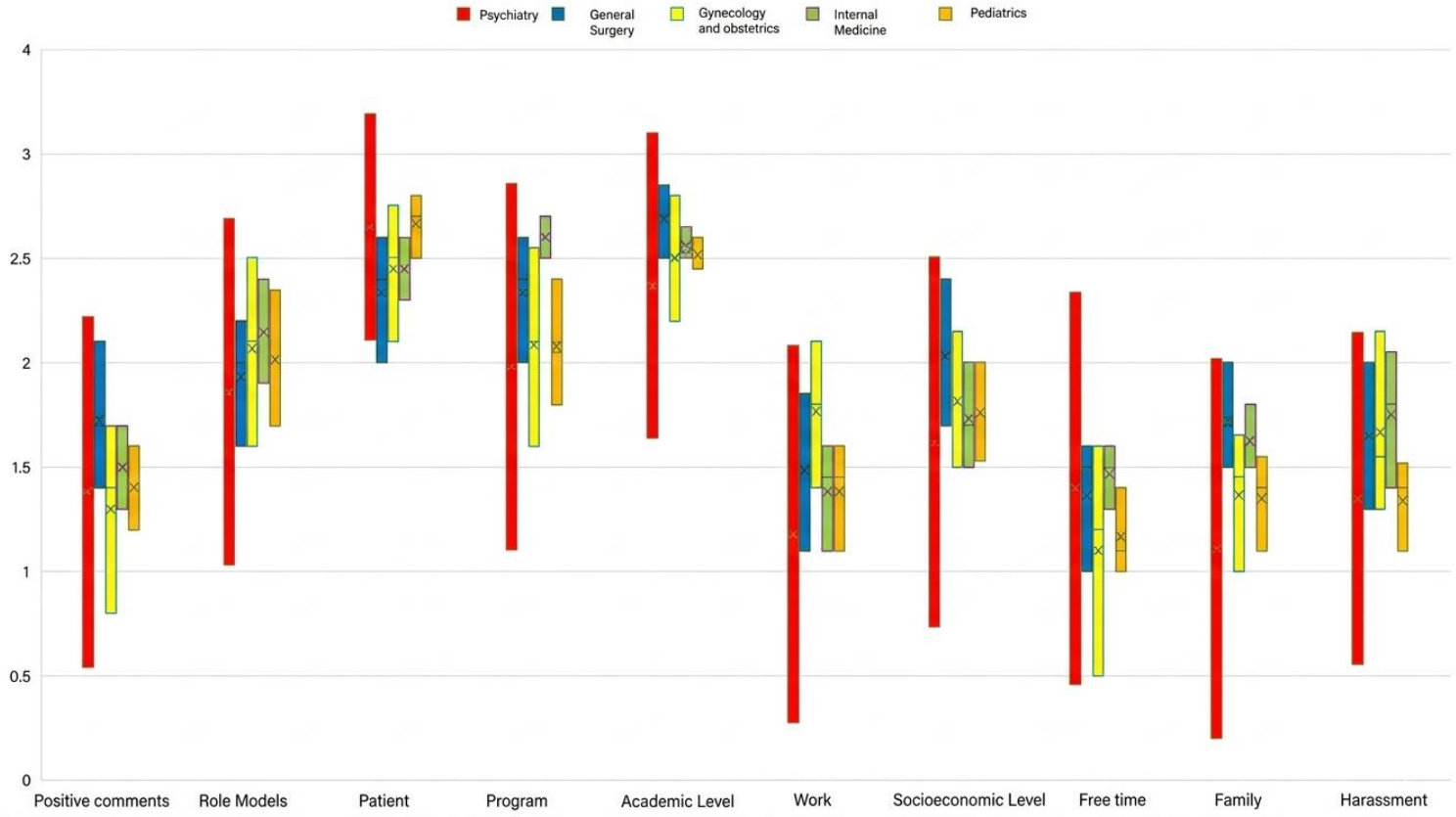
Specialty Choice and Rejection Factors

When examining the reasons for rejecting a specialty, participants identified negative role models and persistent abusive behaviors as the most relevant deterrents for not selecting general surgery. These findings were statistically significant ($p < .05$). Figure 1 and Figure

2 display the mean scores and post hoc *Tukey* comparisons across specialties for these rejection-related variables.

- A significant difference was also observed between general surgery and psychiatry in the perception of a short-term economic advantage, with surgery rated higher.
- Finally, obstetrics-gynecology and psychiatry differed significantly in perceived employment stability at the same training site, favoring obstetrics-gynecology.

Figure 1. Factors related to the choice of the five specialties studied (the one that was most interesting at the time of choosing).



The means (points) for the five specialties are shown. Post hoc analysis showed statistically significant difference (*p<0.05) between general surgery and psychiatry/pediatrics for type of patient, and between internal medicine and pediatrics for interesting academic program. Between general surgery and psychiatry regarding a good economic future in the short term and finally between obstetrics/gynecology and psychiatry regarding the possibility of getting a job at the site.

The comparative analysis of the motivational factors for specialty selection revealed several statistically significant differences between specialties. The *ANOVA* test indicated differences across specialties in the dimensions related to type of patient,

academic program interest, perceived economic prospects, and employment opportunities. Post hoc *Tukey* analysis demonstrated that:

- There was a significant difference ($p < .05$) between general surgery, psychiatry, and pediatrics regarding patient type preference, with psychiatry and pediatrics associated with higher scores for interest in long-term patient relationships.
- Differences were found between internal medicine and pediatrics in relation to academic program interest, favoring pediatrics.

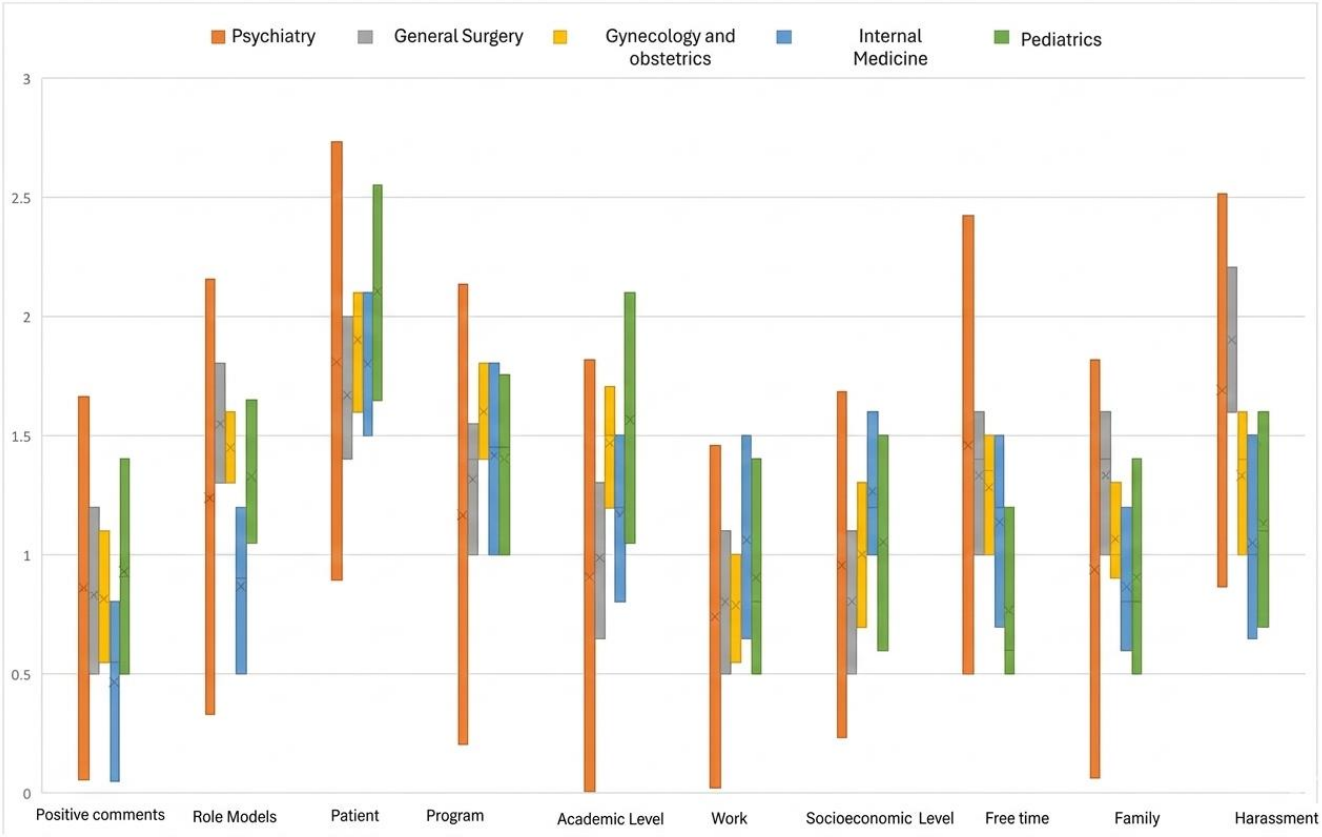


Figure 2. The means (points) for the five specialties are shown. Post hoc analysis showed statistically significant difference (*p<0.05) between general surgery and internal medicine for negative role models, and between general surgery and psychiatry with respect to the other three (internal medicine, pediatrics, and obstetrics/gynecology) for the presence of harassment.

Personality Traits

Analysis of the personality dimensions derived from the Gutiérrez-Cirlos instrument indicated statistically significant variation among specialties for two traits: extraversion and conscientiousness. Overall differences among the five specialties were significant ($p < .02$).

- The *Tukey* post hoc test showed that extraversion scores differed between psychiatry (M = 2.8), general surgery (M = 2.71), and internal medicine (M = 2.4), with psychiatry residents exhibiting higher mean values.
- For conscientiousness, significant differences were observed between general surgery (M = 3.1) and psychiatry (M = 2.5), with surgeons scoring higher.

In contrast, agreeableness, emotional stability, and openness did not show statistically significant differences among the five groups ($p > .05$). Figure 3 illustrates mean scores with 95% confidence intervals for each personality trait across specialties.

Instrument Reliability and Data Stability

The overall internal consistency of the questionnaire in this sample was satisfactory, with Cronbach's α coefficients ranging from 0.81 to 0.89 across the main dimensions. However, due to the limited number of participants per subgroup in some secondary domains, particularly in the personality subscales, the variability prevented stable estimation of certain minor factors; therefore, these were not included in the final analysis.

Summary of Main Findings

In summary, the results indicate that (1) sociodemographic profiles differed significantly by specialty, with a predominance of male residents in surgery and female residents in the remaining specialties; (2) general surgery was the specialty most frequently rejected due to negative interpersonal models and perceived hostility; and (3) psychiatry residents exhibited higher extraversion but lower conscientiousness compared with surgeons, while other personality dimensions remained comparable across groups.

No significant differences were observed regarding age, marital status, or parenthood status among the five specialties. All statistical tests maintained a significance threshold of $p < .05$.

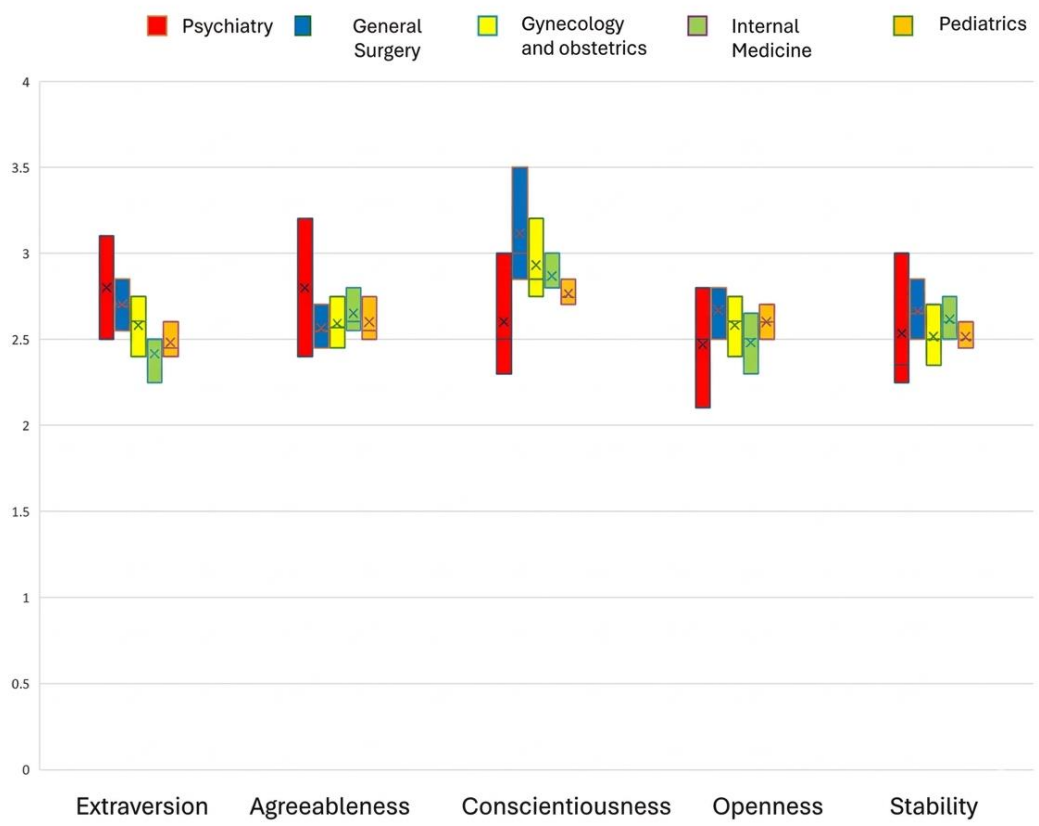


Figure 3. Responses to the normative personality questionnaire. Shown are means (points) and 95% confidence intervals (lines) by personality trait for the five specialties. Post-hoc analysis showed statistically significant difference (*$p<0.05$) between psychiatry, general surgery and internal medicine for the extraversion trait and between general surgery and psychiatry for the conscientiousness trait.

Discussion

The present study examined the factors influencing the choice of psychiatry as a medical specialty among Mexican residents, comparing them with four core medical disciplines. The findings contribute to a growing body of international research exploring how demographic, motivational, and personality-related variables shape specialty selection, especially in fields such as psychiatry where recruitment shortages persist globally.

Our results confirmed that gender distribution continues to be a relevant determinant in specialty choice. Like previous studies in Latin America and Europe, surgical specialties were predominantly chosen by male residents, while pediatrics, psychiatry, and obstetrics-gynecology attracted higher proportions of female participants.[14,15] These differences may reflect persisting gendered stereotypes in medical culture, where surgical disciplines are perceived as more technically demanding and time-intensive, while people-oriented specialties are considered more compatible with work–life balance and emotional engagement.[1] Such findings highlight the need to address

implicit biases in medical training that reinforce traditional gender roles and influence long-term professional trajectories.

The association between having relatives in medicine and specialty choice also aligned with previous research. Residents in psychiatry and obstetrics-gynecology reported higher prevalence of family members who were physicians, suggesting that social capital and exposure to professional networks may shape specialty preferences.[16] In contrast, residents from surgery and internal medicine were less likely to report medical relatives, indicating that interest in these specialties may arise more from academic exposure than familial influence.

A critical finding concerns the reasons for rejecting general surgery. Negative role models and exposure to abusive or hierarchical environments were cited as key deterrents—a pattern consistent with international evidence showing that hostile learning climates discourage applicants from entering certain fields.[9]

Goldenberg et al.,[6] and Seow et al.,[12] similarly emphasized that professional culture, mentorship quality, and perceived well-being strongly influence specialty choice, sometimes more than salary expectations or intellectual interest. Our findings reinforce that reforming training culture, rather than merely increasing positions, may be essential to restore balance in workforce distribution.

In contrast, psychiatry remains characterized by both interest and ambivalence among trainees. Although residents in psychiatry scored higher in extraversion, suggesting greater comfort in emotionally charged interpersonal contexts, they also showed lower conscientiousness compared to surgeons, echoing results from AlOsaimi et al.,[8] and Gutiérrez-Cirlos et al.[11] These differences may reflect distinct cognitive–emotional profiles favoring empathy, reflection, and flexibility in psychiatry, versus structured, procedural, and precision-oriented traits valued in surgical practice. Importantly, the absence of differences in agreeableness, openness, and emotional stability suggests that personality alone does not determine specialty choice but rather interacts with contextual and educational variables.[17]

Recent international evidence underscores that beyond demographic and motivational factors, generational and psychological dimensions also shape specialty choice. Russo et al.,[18] found that Generation Y psychiatry interns in the United States were motivated by domains of concern, control, curiosity, confidence, and contribution, emphasizing intellectual depth, patient narrative, and social impact—features consistent with our finding that psychiatry residents valued long-term patient relationships and psychosocial engagement. Complementarily, reported that surgeons displayed higher scores in maladaptive schemas such as emotional deprivation, mistrust, and emotional inhibition, while clinical specialties, including psychiatry, showed more empathic and relational orientations, providing a psychological basis for our observed differences in extraversion and conscientiousness.[19] Moreover, Balon et al.,[20] noted that psychiatry's growing appeal is linked to generational shifts, reduced stigma, and lifestyle values that

prioritize well-being and professional meaning. Together, these findings suggest that the motivations underlying psychiatry selection transcend cultural boundaries and reflect a broader transformation in physicians' professional identity, highlighting the need for educational strategies that integrate mentorship, early clinical exposure, and alignment with emerging values of purpose and balance in medical careers.

From an educational perspective, academic interest and perceptions of the training program emerged as significant determinants. Residents in pediatrics and psychiatry rated higher levels of interest in long-term patient interaction and psychosocial aspects of care, while surgical and internal medicine residents valued technical mastery and short-term outcomes. This pattern corresponds with earlier work by Grasreiner et al.,[5] and Flores-Sandí,[10] who emphasized that students often align their career preferences with the type of patient relationship they find most rewarding. Exposure to positive clinical experiences during undergraduate psychiatry rotations has been shown to increase interest in the field,[13,21] while lack of structured mentorship and limited curricular presence—approximately 4% of medical programs in Mexico—remain critical barriers to recruitment.[22]

The perceived economic and employment-related differences also reflect structural realities of the Mexican health system. Residents in surgery reported more optimism regarding short-term economic prospects, consistent with the traditionally higher private-sector demand for procedural specialties.[14] Conversely, psychiatry and pediatrics were perceived as offering less immediate financial reward but greater long-term professional stability. These perceptions may discourage students from pursuing psychiatry unless supported by institutional incentives or clearer pathways for specialization and research integration.[4]

In global context, the low preference for psychiatry remains a persistent trend despite the rising prevalence of mental disorders. Several studies suggest that enhancing psychiatry's visibility as a neuroscience-based and evidence-driven discipline could counteract stigma and misconceptions.[6,8] Curricular reforms emphasizing early exposure, role modeling, and interdisciplinary mental health education have shown positive outcomes in recruitment.[12] Within Mexico, similar initiatives could be integrated into undergraduate and early postgraduate curricula to address the imbalance between epidemiological demand and professional supply.

Strengths and Limitations

A key strength of this study lies in its multicentric sample encompassing five major specialties, allowing robust comparative analysis using a validated instrument with established psychometric reliability. The inclusion of personality and motivational dimensions provides a more comprehensive understanding of specialty choice beyond socioeconomic variables alone.

However, certain limitations must be acknowledged. The non-probabilistic sampling limits generalizability, as participation was voluntary and may have introduced self-selection bias. Cross-sectional design prevents causal inference, and social desirability bias cannot be excluded despite anonymity. Additionally, the relatively small sample size per specialty may have limited the power to detect subtle differences in some subdomains, particularly within the personality scales. Future studies could employ longitudinal or mixed method designs to track how preferences evolve across training stages and how institutional culture mediates these choices.

Implications and Future Directions

The findings underscore the necessity of developing educational and institutional strategies to improve the attractiveness of psychiatry and mitigate deterrents in other specialties. Incorporating structured mentorship programs, early exposure to psychiatry, and interventions addressing mistreatment in surgical training could have long-term benefits for workforce distribution. Moreover, integrating psychological and sociocultural components into career guidance may help align students' personal attributes with specialty demands, promoting more sustainable professional satisfaction. Future research should also explore the role of academic identity formation, intergenerational influences, and perceived well-being in shaping specialty decisions within Latin American contexts.

Conclusions

The objectives of this study were achieved. Psychiatry choice among Mexican medical residents was influenced by psychosocial, personality, and contextual factors rather than purely economic or academic ones. Gender distribution, family medical background, and perceived work environment emerged as relevant determinants distinguishing psychiatry from other core specialties. These findings contribute evidence for curriculum redesign and institutional policies aimed at enhancing recruitment to psychiatry. Promoting mentorship quality, early exposure, and supportive educational climates may strengthen interest in mental health careers and reduce the shortage of psychiatric professionals in Mexico.

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Supplementary Material

Supplementary material related to this article includes additional tables and figures describing the detailed psychometric characteristics of the instrument developed by Gutiérrez-Cirlos et al.,[11] together with

complementary analyses of personality subscales and sociodemographic variables. These materials are available from the corresponding author upon reasonable request.

Author Contributions

According to the Credit taxonomy, A.M.Z. was responsible for data curation, formal analysis, visualization, and drafting of the original manuscript. C.G.V.-B. contributed to methodology design, validation, and critical review of the text. D.G.-S. led the conceptualization, supervision, project administration, and final editing of the manuscript. C.G.-C. participated in data acquisition, resource management, and validation of the measurement instrument. E.S.-C. assisted with data collection, visualization, and initial drafting. D.S.-F. contributed to the literature review, data verification, and manuscript revision. All authors reviewed and approved the final version and accept full responsibility for the integrity and accuracy of the reported data.

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Conflict of Interest

The authors declare that they have no conflicts of interest related to the content of this work.

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