



RESIDENCY - COMMUNICATION, PERCEPTION, DECISION

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Abstract

The residency examination represents a defining stage in the career of Romanian physicians, marking the transition from graduate status to that of a resident doctor. The present study analyzes residency both as a standardized examination and as a personal decision, drawing on empirical data collected from three questionnaires: students (N=87), graduates/residents (N=23), and employers (N=7). The results reveal that the choice of a medical career is predominantly vocationally motivated, that there is a perceived gap between theoretical training and labor market expectations, and that migration remains a viable option for graduates. The paper integrates empirical findings with the specialized literature concerning the condition of medical residents and current educational policies.

Keywords: residency, medicine, communication, perception, decision, migration

Introduction

In Romania, the residency examination is one of the most important milestones for young medical graduates, serving as a true bridge between university-level theoretical education and specialized medical practice. It involves not only the evaluation of knowledge but also a personal decision regarding professional direction, workplace, and, in many cases, even the country in which the physician will practice.

The specialized literature shows that residency is perceived both as an opportunity and as a source of tension and uncertainty (Iacob & Unciuleac, 2021; Ivan, 2020). The analysis by Iacob and Unciuleac (2021, p. 124) highlights the complexity of this decision-making moment, seen simultaneously as a test of competence and as a rite of passage. Participants in the study (young physicians) describe the experience of the exam as dominated by pressure, competition, and uncertainty. At the same time, the declared motivations are deeply vocational, the desire to help others, to validate the value of their studies, and to gain professional autonomy.

This paradox between idealism and psychological exhaustion reflects the structural conditions of the Romanian medical system. According to Iacob and Unciuleac (2021), the public discourse surrounding the residency exam is amplified by the digital space, where candidates express frustration and distrust in the fairness of the procedure. Furthermore, the recent increase in the passing threshold (Lefter, 2023) has heightened stress levels, while the migration of doctors (Popa & Vlădescu, 2019) continues to represent a reaction to the misalignment between training and professional opportunities.

Therefore, residency should be understood not merely as a knowledge-based examination but as a moment of identity redefinition, choice, and social assumption of the medical profession.

Methodology

The purpose of this study was to analyze how medical residency training is perceived by graduates of faculties in the field of medical sciences (medicine, dentistry, pharmacy), a process influenced both by the perception of the residency examination and by the score obtained in that examination.

In recent years, each residency exam has generated multiple public debates, controversies, and petitions (Ivan, 2020; Lefter, 2023) concerning the choices made by graduates who obtained eligible scores. Through this research project, we sought to understand how a medical specialty is chosen (or accepted) and to highlight a critical issue, the growing risk that the residency examination becomes merely a selection mechanism, while the decisions of young doctors are made for reasons other than vocational motivation or personal aptitudes.

External factors tend to dominate these choices, including the prestige of the city or specialty, as well as information circulated in the public sphere about certain medical disciplines, which may exert a limiting effect (Iacob & Unciuleac, 2021).

A relevant issue when analyzing attitudes toward the residency exam concerns the sources of information available to students and the extent to which this influence such a critical decision. Hence, the first research question (RQ1) was formulated as follows: RQ1: Where do students obtain the information that guides them in making such a decision? The second research question (RQ2) addressed the influence of external factors: RQ2: What other sources of influence contribute to this decision, apart from personal aptitudes and individual vocation?

The following hypotheses guided the study:

H1: One of the main criteria for choosing a specialty is the prestige of the city where the residency training will take place.

H2: Another criterion concerns the perceived degree of responsibility associated with different specialties.

H3: Graduates also make choices based on the perceived prestige of the specialty itself.

For instance, surgical specialties have undergone a rapid evolution, not only in terms of technology and teaching methods (Târcoveanu & Moldovanu, 2009), but also regarding public expectations of surgeons, a perception that may act as a limiting factor.

The study followed the principles of a descriptive and exploratory sociological survey. Three distinct questionnaires were applied: one for medical students (N=87) at the University of Medicine and Pharmacy of Craiova (UMF Craiova), one for graduates/residents (N=23) of UMF Craiova, and one for employers (N=7), representing private healthcare organizations from Craiova. Data were collected through an online voluntary questionnaire. The analysis was mixed: quantitative (frequencies and percentages) and qualitative (open-ended responses).

Data were analyzed comparatively, integrating both quantitative results and qualitative comments to highlight the convergences and differences in perception across the three groups. Internal validity was ensured by aligning questionnaire items with the research objectives, while external validity was limited to the UMF Craiova population. The study's limitations include the small sample size and the absence of longitudinal analysis. Nevertheless, the consistency of responses and the thematic convergence among groups provide sufficient reliability and relevance for the conclusions.

Results

1. Motivation for Career Choice

Both students and graduates reported that their decision to pursue medical studies was primarily driven by vocation and the alignment with their personal abilities (94% of students and 89% of graduates). Financial motivations or considerations related to job security had a significantly lower weight in their responses.

Figure 1. Summary of Graduates' Perceptions on Professional Path and Medical Training (source: Graduates' Questionnaire)

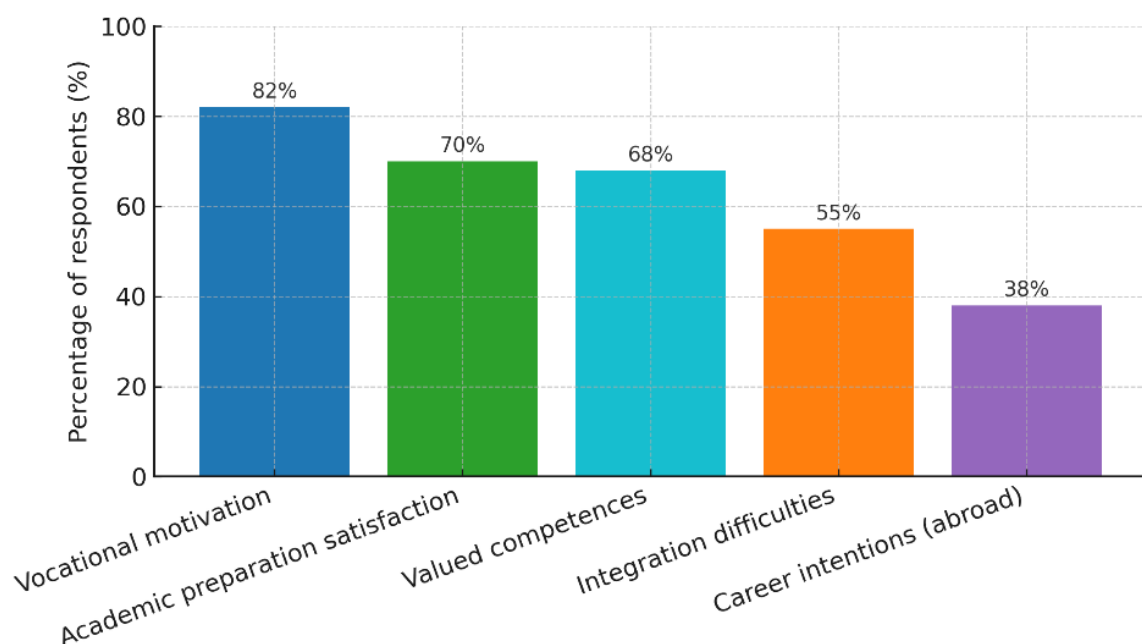
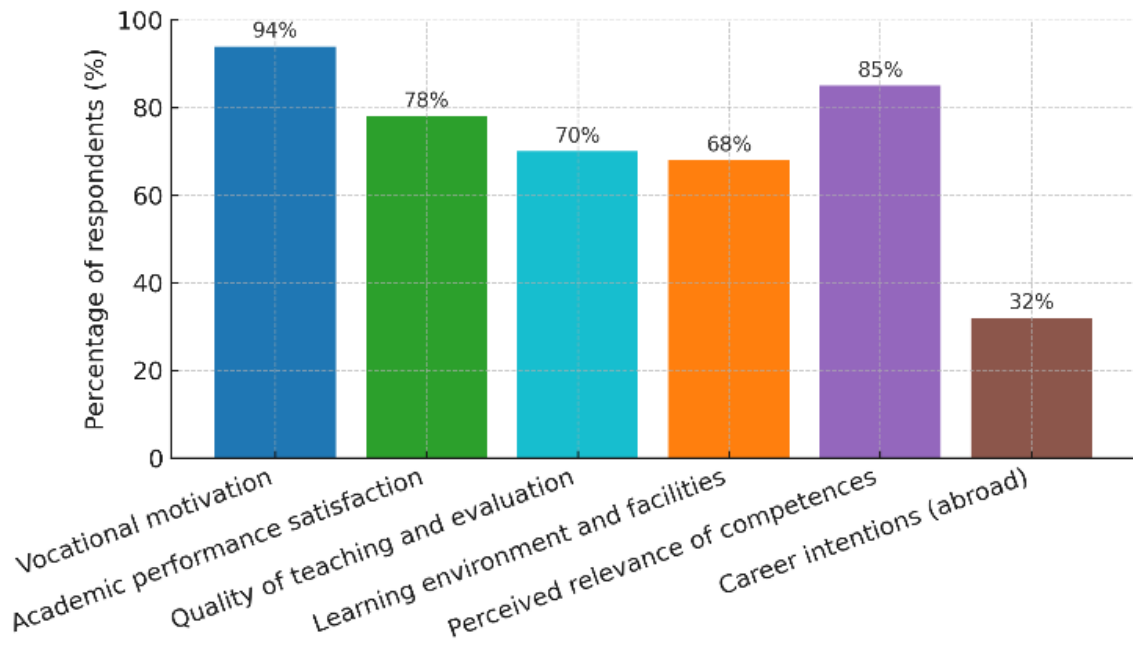


Figure 2. Summary of Students' Perceptions on Medical Education and Career Motivation
(source: Students' Questionnaire)



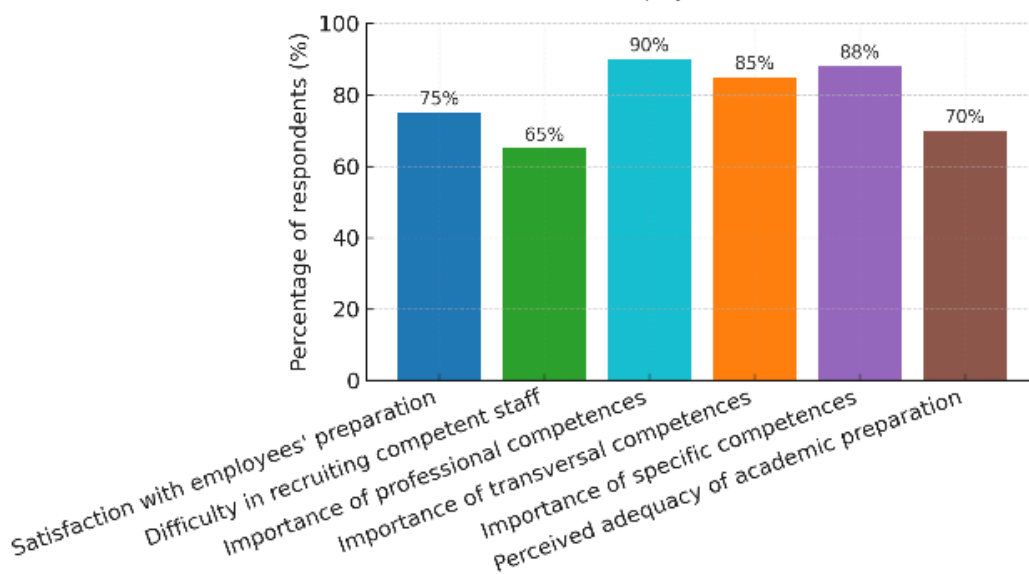
2. Factors Influencing the Decision

The majority of respondents (85% of students and 61% of graduates) stated that their decision was strictly personal. The influence of family members or academic staff was secondary, suggesting a high level of autonomy in career choice.

3. Evaluation of Training and Competences

Both students and graduates identified the following as essential for integration into the labor market: practical skills, communication abilities, time management, and digital competence. Employers confirmed the importance of these skills but placed greater emphasis on practical experience and adaptability, indicating a gap between academic training and real-world professional requirements.

Figure 3. Summary of Employers' Perceptions on Medical Graduates' Competences
(source: Employers' Questionnaire)



4. Perspectives and Challenges

A significant proportion of graduates intend to seek employment opportunities abroad, a trend confirmed by the literature on physician migration (Vlădescu et al., 2016; Popa & Vlădescu, 2019). Local employers report difficulties in recruiting competent personnel and emphasize the need for more substantial practical training.

Discussion

The results confirm the observations made by Târcoveanu and Moldovanu (2009), according to which the residency system continues to face persistent structural problems despite legislative changes. The training of residents remains a process marked by tension between theoretical rigor and the lack of an efficient formative infrastructure. The “Decalogue” proposed by the authors remains highly relevant today, emphasizing the need for mentorship, hands-on involvement, accountability, and professional ethics.

The central hypothesis is thus confirmed: residency is a deeply personal decision, yet one influenced by systemic and cultural factors. The perception of the residency exam combines professional pride with uncertainty about the future. The public campaign “Internet vs. Residency” revealed that public perceptions of the examination are tense and often amplified by online discourse (Iacob & Unciuleac, 2021). The recent increase in the passing threshold (Lefter, 2023) may result in unfilled training positions but also in greater psychological pressure on candidates.

Conclusions and Directions for Future Research

The study demonstrates that residency is perceived as a personal and primarily vocational decision rather than a pragmatic one. Residency functions simultaneously as an evaluative process and as a transformative professional experience. The choice of medical specialty is mainly based on vocation but is shaped by economic and institutional factors.

Respondents perceive a gap between the competences acquired during academic training and those demanded by employers, while migration remains a major option for graduates. As a general recommendation, a stronger alignment is needed between theoretical training, clinical practice, and labor market demands.

Future academic research should be expanded to include other university centers, longitudinal studies on professional integration, and methodological triangulation (interviews, focus groups), as well as international comparative analyses of residency training models.

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