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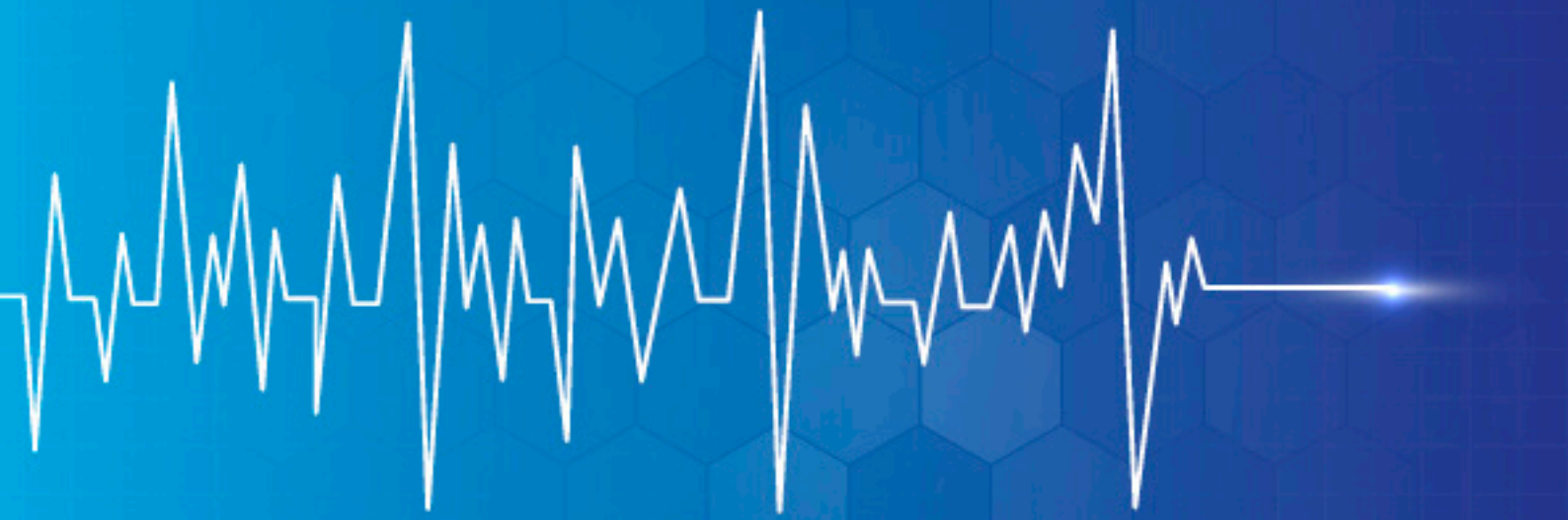

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Dropping Out of Medical Schools Among Generation Z Students in Region Xi

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ABSTRACT

Student attrition is a growing problem in medical education, especially among Generation Z students who have different experiences and expectations than previous cohorts. This study explored the lived experiences of Generation Z medical students who dropped out of some private medical schools in Davao City, Philippines. The increasing concern over student attrition led the study to evaluate students' reasons for going to medical school, their lived experiences, the challenges they experienced, and their thoughts on how to improve retention. A qualitative multiple case study technique was used and comprised six former first- and second-year medical students selected from three medical schools using purposive sampling. Data were acquired using a participant profile and extensive interviews and were analyzed thematically both within and between cases. The results suggested that motivations varied from an internal calling and family influence to external pressure and social conformity. Institutional compassion and help were evident; however, participants reported considerable fatigue, mental health problems, academic workload, economic difficulties, and lack of social support. The process of re-evaluation of identity became significant, which caused students to rethink their position in the medical profession. The study found that the attrition of medical students is influenced by a combination of academic, psychological, and environmental factors. A more just academic load, better support systems in educational institutions, and active mental health care are recommended. These findings suggest that medical education should be more accommodating and supportive in an effort to retain Generation Z students in academic environments.

INTRODUCTION

Medical education is essential to maintaining a medical workforce that can respond to increasingly complex health care needs. Despite the rapid growth of medical education programs globally (World Health Organization, 2023; Global Health Workforce Network, 2023), the inequitable distribution of healthcare services remains a challenge in many countries, especially in low- and middle-income countries due to the shortage of physicians. For a long time, the Philippines has struggled with the problem of uneven distribution of physicians and scarcity of health professionals, especially in underprivileged communities where the doctor-to-population ratio is considerably below international standards. There has been significant attention to improving admissions to medical schools, but far less attention to understanding why some students who have already entered medical school eventually decide to leave before graduation . Medical student attrition is therefore a workforce and public health priority as well as an educational issue. Medical student attrition rates are often lower than those found in many other university programmes, but the repercussions are considerable for students, educational institutions and healthcare systems. Medical student attrition is a loss of future doctors after substantial investment by the individual, institutions and society. The healthcare workforce and institutional sustainability are affected, in addition to the individual student (Picton *et al.*, 2022; Hefny *et al.*, 2024). Psychological misery, unmet career objectives, financial costs and identity disruption are all factors that can drive students away from medicine. Attrition impacts institutions' graduation rates, resource allocation, faculty workload and long term viability of education. In addition, at the health system level, each student dropping out from medical school has the potential to worsen present physician shortages and diminish the future capacity of healthcare systems to meet the expanding needs of their populations. Consequently, understanding the factors that contribute to medical student withdrawal has become an increasingly important area of medical education research, thus this study. There is a scarcity of research regarding the reasons for Filipino Generation Z students' dropping out of medical school and their pursuit of other careers, therefore it is important to further investigate the real experiences of Generation Z students who discontinue in medical schools and to understand the contextual realities that may also affect their decision to leave. This study shed light on the characteristics of Generation Z students and context-based experiences influencing their decision to leave medical school. Understanding the link among the decision to leave medical studies, actual learning experiences from the current delivery of the curriculum, and other school services will enable

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medical administrators, faculty, and staff to correct, balance, and address the dropping out problem with a more nuanced approach. In relation to that, this study provided deepened understanding on the experiences and challenges encountered by these students in medical school and how they coped with the different challenges they encountered. Aside from those mentioned, this study unraveled what are the similarities and the differences of each of the cases and how it can be addressed. For this study, the following research questions were considered: (1) What are the experiences encountered by the students while in medical school? (2) What are the challenges experienced by Gen Z students that influenced them to drop out of medical school? (3) What insights or lessons learned can be shared by the case units to the medical community about their experiences? (4) What similarities and differences can explain the experiences of all case units? Globally, the significance of the study responds to the Sustainable Development Goal (SDG) 3 on good health and well-being since physicians are the primary health providers and educators in the communities they serve. The study is also relevant to SDG 4 on quality education since it offers research-based knowledge on how to recommend a better learning environment and how to support services to Generation Z students in medical schools (United Nations, 2015). Additionally, this study may be able to address the problematic physician shortage due to low graduation rates in medical school, thereby providing potential policy input for influencing the efforts of private and government health institutes to achieve SDG 11 on making cities and human settlements inclusive, safe, resilient, and sustainable via quality and accessible healthcare systems.

LITERATURE REVIEW

Theoretical Framework

The primary theoretical lens for this study is Tinto's Theoretical Dropout Model (Tinto & Cullen, 1973). This theory suggests that student departures are influenced by a combination of academic, social and institutional elements rather than academic variables alone. Moreover, this model is important for understanding and treating institutional dropout because it provides a comprehensive framework for studying the factors that influence students' decisions to stay or leave an educational institution (Nicoletti, 2019). The Hierarchies of Needs Theory by Maslow (1943, 1954) is recognized as one of the supporting theory in this study, offering a model to identify factors that may lead to a medical student dropout rates. When these basic needs are not satisfied, students may experience higher stress and lower academic performance, resulting to attrition (Verdon & Murray, 2021). In addition, the Transactional Theory of Stress and Coping of Lazarus and Folkman (1984) allows us to understand how major life events, everyday matters and excessive workload and emotional commitment can impact human emotions and their ways of coping with stress. The last theory used to support this study is the Student Engagement Theory of Kuh (1998) which states that engagement is not only the students' responsibility but also the institutional practices that generate supportive settings. This theory is considered to be a major predictor of student achievement as well as persistence and retention, and the institutions that utilize this theory strive to improve the academic and social environment to instill a feeling of belonging and purpose for students (Kuh, 2009).

Related Literature

Medical Student Attrition as a Multidimensional Process

Medical student attrition is defined as withdrawal from medical school prior to completion of the degree, either voluntarily or because of academic dismissal, or failure to return from leave after an extended period of time. Although attrition rates are claimed to vary widely between institutions and nations, the information available indicates that leaving is rarely a single event. Attrition is better seen as a cumulative process where students' personal features and circumstances interact with academic demands, psychosocial well-being, financial resources and institutional contexts. A systematic review and meta-analysis estimated the general attrition rate of medical schools to be about 11%; however, there were significant variations among programs, definitions, and educational environments (Picton *et al.*, 2022). In 2025, a study was conducted to investigate whether or not there is a correlation between the income of a household and the academic performance of students. In the study, it was shown that there is a significant correlation between income and academic achievement, with 63.6% of students strongly agreeing that their family income has an impact on their academic performance (Magare 2025). Additional recent studies on medical attrition in various countries have enhanced our understanding on what influences the decision to drop out among students from medical school. In a scoping review of 60 attrition studies, it was found that early failure in medical school is mainly linked to cognitive factors like lack of basic knowledge or learning capacity, and non-cognitive factors like personal values and challenges, psychological qualities, and an insufficiently studied curriculum effectiveness (Hefny *et al.*, 2024).

Academic Demands, Mental Health Issues, and Burnout

Dense curricula, heavy reading, frequent high-stakes tests, long study hours, and expectations of sustained performance are all part of medical school. If well-formed, these expectations can foster competence, but if workload, time pressure, and lack of recovery overtax students' coping skills, they can be damaging. Academic workload, examination pressure, concerns about performance, lack of time, and difficulties

balancing personal and educational responsibilities have been consistently identified as factors contributing to medical student stress and poorer academic outcomes in a recent systematic review (Jeyapalan & Blair, 2024). Mental illnesses constitute a substantial proportion of the global burden of disease, affecting hundreds of millions of people worldwide. It comprises a broad range of conditions that adversely affect thought processes, emotional regulation, behavior, and functional capacity. In addition, Rosa, *et al.*, (2022, as cited in Okeke *et al.*, 2026) states that "mental illness is marked by clinically significant disturbances in cognition, emotion, or behavior that impair daily functioning. For instance, depressive disorders are characterized by persistent sadness, anhedonia, and hopelessness; adjustment disorders manifest as functional decline in response to stressors" (page 3). A number of empirical research studies have documented several factors of the dropout problems in medical schools. A study in a Thai medical school revealed that dropping out of medical students was connected with mental health issues during medical education and not due to examination failures (Wainipitapong & Chiddaycha, 2022). Emotional tiredness, disengagement or cynicism, and a reduced sense of accomplishment are common expressions of burnout. In medical students, it may emerge as chronic weariness, decreasing motivation, poor concentration, feelings of inadequacy, and detachment from learning. Burnout is not simply an individual's failure to cope with pressure; it is shaped by the organization of the curriculum, the density of assessment, competition, the learning climate, and the availability of relationships that offer support. Research among first-year medical students has found that burnout is connected with lower participation, declining mental health, feelings of inadequacy, and greater thoughts of dropping out (Prendergast *et al.*, 2024).

Generation Z, Motivation, and Professional Identity

Most of the undergraduate medical students are from Generation Z (iGeneration or Gen Z), who were born between 1997 and 2012 (21 – 25 years old). Gen Z, also known as the iGeneration, is a self-directed group of learners, proactive problem solvers, and champions for social, political, and environmental justice. They are driven to succeed and to please, with strong entrepreneurial instincts and trustworthy links to their parents. They are pragmatic, receptive to tailored experiences, and have a high goal for achievement. However, they are less emotionally resilient and less secure than previous generations, and their over-reliance on adults throughout their formative years leads to increased loneliness and isolation (Zhura *et al.*, 2022). Furthermore, the overuse of technology, especially social media, leads to anxiety, depression, loss of sleep, and feelings of inadequacy among students of Generation Z. Another study involving Ireland's medical schools, which was participated in by Generation Z students, reported feelings of inadequacy in applying medical theories to clinical practice and suffering from impostor syndrome (Lowry & Toner, 2026). A study of stressors in medical school identified a change from academic workload during the pre-clinical phase to career-related concerns during the clinical phase (Musick *et al.*, 2026). The research highlights the presence of stress throughout medical school and recommends the value of adaptive coping strategies, which are phase-specific interventions to support student well-being.

Learning Environment, Belonging, and Institutional Support

A sense of belonging is particularly important during the adjustment to medical school. When students feel welcome, connected, and able to contribute in a meaningful way, they are more likely to participate in class and ask for help when they need it. Alternatively, a lack of belonging may make one more likely to become disengaged and withdraw. Research on first-year health professions students during online learning suggested that knowledge acquisition may persist, but social connection and belonging may drop. Thus, academic delivery alone cannot mimic the relational functions of face-to-face education (Tang *et al.*, 2023). Communication with faculty is a key part of this environment. Constructive, timely, and polite feedback helps explain expectations, facilitates self-regulation, and builds students' confidence. A major research study of medical students indicated that teacher feedback was related to self-regulated learning mainly through teacher-student interaction and school affiliation (Tian *et al.*, 2025). Conversely, help-seeking may be inhibited and institutional trust undermined by embarrassing comments, dismissive reactions, contradictory expectations, or fear of being labeled a problematic student. The quality of the institutional support system a student has, which can impair their health, might affect the probability of them dropping out of medical school. A recent study shows that students who have social support are less likely to quit from their school (Calcatin *et al.*, 2022).

MATERIALS AND METHODS

Research Design

This study used a qualitative multiple-case study methodology to investigate the educational trajectories of Generation Z medical students who voluntarily departed from medical school. The multiple-case approach was chosen as acceptable since voluntary withdrawal is a complex educational phenomenon that is influenced by personal, academic, social, and institutional variables that cannot be fully comprehended using numerical metrics alone. The study aims to produce a rich description of participants' experiences, understanding, and sense-making of their decision to leave medical education, rather than statistical generalization. Each participant was considered as a separate case and cross-case analysis was employed to find common themes and differences in

experiences. The use of a multiple-case design increased the credibility of the findings through cross-participant comparisons while maintaining the diversity of each educational trip. The study thus attempted to characterize attrition not as an event but as a developmental process that developed differently across people but that exhibited substantial patterns when considered collectively.

Research Setting

The participants of the study were former medical students who voluntarily withdrew from medical colleges in Region XI, Philippines. Region XI has several higher education institutions that provide Doctor of Medicine programs to students from diverse socioeconomic, educational, and cultural backgrounds across Mindanao. The inclusion of participants from different medical schools allowed for a more complete understanding of voluntary attrition and also decreased the likelihood that the findings were simply reflective of the procedures of one single institution. While participants hailed from a diverse range of universities, the study's emphasis was placed on their educational experiences and not on comparing schools. To protect confidentiality and allow participants to speak openly about their experiences, the identity of the participating schools was suppressed.

Participants and Sampling Technique

Participants were identified by purposive sampling, and snowball sampling was used to identify other eligible individuals. The eligible participants were Generation Z medical students who had voluntarily resigned from a Doctor of Medicine program after completing at least one academic year and were willing to discuss their experiences in an in-depth interview. The study focused on voluntary withdrawal; therefore, students who were dismissed for academic or disciplinary reasons or who were still formally enrolled in other medical schools at the time of data collection were omitted. There were six participants in the sample for the study. While this number was very modest, the sample size was compatible with qualitative multiple-case study research, which prioritizes depth of inquiry and richness of individual narratives above numerical representation. The recruitment process continued until the required information power was attained, whereby the interview results yielded repetitive patterns that sufficiently responded to the research objectives while still capturing each participant's unique perspective. To protect confidentiality, pseudonyms in the form of participant codes (DO-1 to DO-6) were used throughout data collection, analysis, and reporting.

Data Collection

Data were obtained through semi-structured, in-depth interviews. An interview guide was designed based on the study objectives and relevant literature on medical student attrition, learner well-being, and professional identity building. The semi-structured format permitted participants to freely recount their experiences while at the same time ensuring that all interviews covered comparable areas of inquiry. These areas included motivations for entering medicine, experiences during medical school, factors contributing to voluntary withdrawal, and reflections after leaving the program. Interviews were performed at the convenience of both participants and the researcher, or if necessary, via secure online platforms. Interviews lasted roughly 45–90 minutes and were audio-recorded with permission from participants. Along with the interview recordings, field notes were taken during the data-gathering process, including non-verbal observations, contextual information, and emergent analytical ideas. Follow-up communication was carried out during the analytical phase to develop the credibility of the narratives when clarification of participant responses was required.

Data Analysis

Interview recordings were transcribed verbatim and translated into the English language prior to analysis. The transcripts were read several times to improve data immersion and familiarity with the participants' accounts. Thematic analysis was performed following Braun and Clarke's six phases of thematic analysis: (1) familiarization with the data; (2) generating initial codes; (3) searching for prevailing themes; (4) reviewing potential themes; (5) defining and labeling themes; and (6) putting together the report (Ahmed et al., 2025). Initial coding involved identifying significant chunks of text that represented participants' experiences, challenges, interpretations, and reflections. Similar codes were then classified into bigger categories, which were then synthesized into themes that reflected common patterns across cases. In doing this, care was taken to maintain the original meanings of the participants in constructing higher-order interpretations that related to the aims of the study. After the within-case study, cross-case analysis was conducted to explore similarities and variations in the educational trajectories of the participants. The analysis examined the interaction of motivations, educational experiences, stacking obstacles, identity development, and later reflections across time to influence participants' decisions to voluntarily resign from medical school, rather than analyzing specific topics as separate findings. This analytic approach allowed us to establish a conceptual understanding of attrition as a dynamic educational process rather than a series of discrete contributing elements.

Ethical Considerations

The study received ethical approval from the relevant institutional ethics review body before the recruitment of participants. Participation was fully voluntary, and written informed consent was obtained from all participants before data collection. Participants were made aware of the purpose of the study, interview processes, possible risks and benefits, confidentiality precautions taken,

and the possibility to withdraw from the study at any time without any consequences. To protect anonymity, identifiable information was removed from interview transcripts, and pseudonyms were employed throughout the reporting of findings. Since several conversations were about emotionally sensitive situations connected to psychological suffering, academic challenges, and individual circumstances, interviews were performed with special sensitivity to participants' comfort and well-being. Participants were reminded of their right to refuse to answer any question or to withdraw from the interview at any time.

RESULTS AND DISCUSSION

Participant Characteristics

The study participants were six former Gen Z medical students who voluntarily dropped out from the first two years of medical education in three private medical schools in Region XI, Philippines. Participants ranged in age from 24 to 28 years, with diverse educational backgrounds, although most had already completed undergraduate studies in medical laboratory science, while others completed their undergraduate bachelor's degree in biology before entering medicine. before entering medicine. Their accounts revealed considerable heterogeneity in the immediate circumstances following withdrawal. However, none of the participants reported academic incapacity being the primary reason for their decision. Instead, they uniformly recounted a cumulative effect of intellectual, psychological, economical, interpersonal, and personal events that progressively led to their decision to leave medical school. This variety of experience provided rich data from which both common tendencies and individual variances in medical student attrition could be explored.

Educational Experiences that Shaped Persistence

Before participants encountered the challenges that eventually contributed to their withdrawal, they described educational experiences that initially sustainedor gradually weakened their commitment to medicine. Four interconnected themes emerged from the cross-case analysis: (1) motivation spectrum: from calling to compliance; (2) academic demands as a culture of sustained pressure; (3) institutional compassion and support; and (4) identity reevaluation and career transition. Collectively, these themes demonstrate that persistence in medical school was not determined by any single personal characteristic or institutional factor. Rather, it evolved through the continuing interaction between students' motivations and the realities of medical education.

Motivation Spectrum

From Call to Compliance. The theme reflected the various reasons why students entered a medical field. Some were driven by a lifelong ambition of a medical career. DO-1 noted that "it's really been my dream since high school" and "I told my father that I would be a doctor" (DO-1). In contrast, other individuals cited reasons first molded by external factors. DO-6's parents pushed him to pursue medicine because they believed it would offer him a steady career and financial security. "My parents told me that if I became a doctor, I would have a stable future" (DO-6). The results show that motivation to study medicine is more appropriately characterized as a dynamic developmental process than a stable pre-admission trait. These data align with the Self-Determination Theory which suggests that autonomous forms of motivation are usually related to more psychological well-being, engagement and perseverance than externally regulated motives (Kusurkar *et al.*, 2021). Thus, persistence seemed to rest not just on the reasons students had for entering medicine, but also on whether the changing nature of their experiences continued to support the meaning and purpose of becoming a physician. These findings also align with Tinto's Theory of Student Departure (1975, 1993), which emphasizes the ongoing nature of students' commitments that are perpetually transformed by academic and social experiences. This dynamic nature of motivation may lead medical schools to reconsider their assumptions that highly motivated students require little help. Instead, institutions should provide continual chances for mentoring, career reflection, and professional identity creation that will help students continue their commitment as they face the inevitable challenges of medical training.

Academic Demands

Participants rated the academic demands of medical school as both expected and overwhelming. The demanding curriculum, the unrelenting pace of learning, the frequent examinations, and the constant pressure to perform slowly converted what looked like surmountable problems into ongoing experiences of physical and emotional tiredness. Some participants commented on the long hours of study coupled with the attempt to recuperate from earlier examinations, which left little time for restful and reflective moments. "It wasn't just the number of subjects. It was as if everything happened at once. "Before you could recover from one examination, another requirement was already waiting," DO-1 reflected. What had originally pushed them to carry on was slowly being replaced by a growing feeling of tiredness, uncertainty and diminishing confidence. Recent studies similarly suggest that burnout among medical students develops through prolonged exposure to cumulative academic stress rather than isolated high-pressure events (Prendergast *et al.*, 2024). Excessive workload, dense curricula, repeated assessments, and limited opportunities for rest have also been associated with emotional exhaustion, reduced engagement, and declining psychological well-being (Jeyapalan & Blair, 2024).

Support and Compassion of the Institution

Table 1: Experiences of Generation Z Students in Medical School

Themes	Illustrative Quotes
Motivation Spectrum: From Calling to Compliance	"It's really been my dream since I was in high school. I really wanted to be a doctor." (DO-1)
	"My father got sick, and sadly, he passed away… I made a promise to him that I would become a doctor."(DO-1)
	"I grew up with the idea of becoming a doctor… my grandma was a doctor." (DO-3)
	"My parents pressured me… be a doctor for a stable income." (DO-6)
Academic Demands	"Having to read at least 7–10 chapters per night… I accepted it because the topics have to be squeezed." (DO-2)
	"I didn't complain about the volume; I accepted it." (DO-2)
	"Of course, it's tiring…but I didn't struggle academically except anatomy." (DO-5)
	"There were just some circumstances that made it difficult." (DO-4)
Institutional Compassion and Support	"Professors gave insights even after class… they provided answers." (DO-2)
	"The dean allowed my extended LOA… the secretary was supportive." (DO-4)
	"When I had a high blood episode… I was assisted right away." (DO-2)
	"Dean said, 'I will not hold you back… I don't want to force you to stay.'" (DO-5)
Identity Re-evaluation and Transition	"I kept asking myself, 'Why am I here?'" (DO-5)
	"I wanted to be independent and make my own decisions." (DO-3)
	"My motivation for stopping med was that I wanted to transfer to law school." (DO-5)
	"It's not worth it anymore… too much pressure and time." (DO-6)

This issue emphasized the significance of the function of teachers and administrators in creating student experiences. There were a few participants who could recall faculty members being empathetic in ways that went beyond their academic obligations. These included accommodating students in personal difficulties, encouraging students in emotional difficulty, and open communication even when students were not as academically engaged. When asked about his experience of managing a mental health illness, DO-2 said, "They never made me feel like I was a burden." "My professors were understanding when I told my story. They were understanding, but finally I recognized that the difficulty I was carrying was something I needed to deal with myself" (DO-2). The study emphasizes how important institutional support and the internal team atmosphere are for students' psychological health and academic engagement, as well as how academic engagement affects well-being (Chaudhry, S., *et al.*, 2024). Notable were the institutions' reactions that were sympathetic and non-coercive, showing respect for the students' autonomy in deciding whether or not to remain in the program.

Identity Re-evaluation and Transition

This theme marked a crucial time when students re-evaluated their sense of themselves in addition to their hopes, values, and desires. There were times of insecurity (e.g. pondering on "Why am I here?"), the need for autonomy, and the re-evaluation of possible career possibilities like shifting to the legal profession or any other courses (Hayashi, M., *et al.*, 2022). The pressure and sense of being out of sync with their own priorities led some students to conclude that further education in medical school was no longer a worthwhile pursuit, as DO-5 described that "I reached a point where I asked myself if I really wanted this life or if I was simply trying to fulfill what everyone expected from me" (DO-5). Participants stressed that leaving medicine did not decrease their respect for doctors or the value of medical education, but rather reflected a growing understanding of themselves and their ability to pursue meaningful careers outside of medicine. Across cases, identity re-evaluation, therefore, emerged not as a consequence of withdrawal but as the developmental process through which participants eventually arrived at their decision.

Challenges That Culminated in Voluntary Attrition

Data showed that the students' decision to drop out of medical school was not caused by a single isolated factor but by the accumulation of emotional, academic, logistical, financial, interpersonal, and social challenges. The data revealed interrelated themes that influenced medical students' decisions to drop out: (1) burnout, stress, and mental health strain; (2) online/logistical and technological constraints; (3) academic overload and curriculum-specific difficulty; (4) negative teacher communication; (5) financial strain and economic uncertainty; (6) lack of social support and belonging gaps. These themes suggest dropout as a multidimensional interaction of psychological, academic, institutional, and socioeconomic factors, not a single cause.

Burnout, Stress, and Mental Health

Among all themes revealed in this study, burnout and psychological discomfort were the most common experiences across participants' tales. Rarely did participants connect their decision to withdraw to one unpleasant occurrence. Instead, they found a build-up of sustained academic strain, emotional exhaustion, interrupted daily routines, and waning confidence that slowly chipped away at their ability to remain engaged with medical school. DO-3 drew on her experience, explaining that the incessant worry and obsessive-compulsive behaviors started to turn her academic duties into ongoing sources of mental suffering. It was too much. "Even simple things were too big because my mind was already worrying about the next requirement" (DO-3) Recent research has demonstrated that burnout in medical students is not the result of discrete stressful events but prolonged interaction between academic commitments and depleted psychological resources (Prendergast *et al.*, 2024). Higher intentions to leave medical school, decreased empathy, and decreasing professional satisfaction have been associated with emotional fatigue, depersonalization, and decreased personal accomplishment (Jeyapalan & Blair, 2024). Burnout should not be seen as an individual psychological problem. Rather, this is a pedagogical problem that requires collective institutional interventions that combine peer support, teacher mentorship, curricular design, and readily available mental health services into a holistic strategy for student welfare.

Technological and logistical constraints

All participants agreed that the change to online learning due to the COVID-19 pandemic was unavoidable, but all participants reported distance education as a major change in their experience of medical school. These experiences showed that online learning has affected not only the delivery of instruction but also increased anxiety, decreased structure, and made academic engagement reliant on household resources. This is consistent with a study in the Philippines where medical students had obstacles in online learning, including technology constraints, poor internet connectivity, and difficulties with home studying during the pandemic (Baticulon *et al.*, 2021). Furthermore, online platforms, albeit allowing for continuity of education, were not considered suitable substitutes for the collaborative and experiential aspect of medical education. DO-1 mused, "It wasn't just that I was studying from home. It seemed like I was learning medicine on my own" (DO-1). This finding is consistent with increasing data that, whereas digital learning provided continuity in the education process, extended use of distant learning led to student alienation, decreased engagement, and digital weariness.

Academic Overload and Curriculum-Specific Difficulty

Participants uniformly stated that they entered medical school with the knowledge that the training would be rigorous. However, they characterized the cumulative rigors of the curriculum as more intense than they anticipated. Several participants described academic pressure as being less about the volume of information to be learned and more about the pace at which the curriculum required new learning to displace that which was already learned. Rest periods often became prep periods for subsequent academic responsibilities. DO-6 described this experience as "No matter how much I studied, it always felt like I was trying to catch something that was already moving ahead" (DO-6). These findings showed that students struggled not only with the content they had to learn but also with the pace and structure of the courses. Recent studies also found out that burnout, poor academic results, and the increased probability of dropping out among medical students are due to stress (Santiago *et al.*, 2024).

Negative Teacher Communication.

Another important impediment added to the situation was the presence of negative communication from the teacher. Students who experienced academic difficulties reported receiving punitive responses, fear-based comparisons, and discouraging words, insensitive feedback, or public criticism that remained memorable because they occurred during periods of heightened emotional vulnerability. Statements like "many failed here" and comments comparing one student with others showed that the encounters with certain teachers were seen as demotivating rather than supportive as described by DO-1 as "You really have to study" or "Compared to so-and-so, you are far behind" (DO-1). Recent research on the mistreatment of medical students has found that bad learning climates might influence mental health, academic motivation, and performance (Hiranwong *et al.*, 2025).

Financial Strain and Economic Uncertainty

Table 2: Themes on Challenges that Influence Generation Z Students to Drop Out

Themes	Illustrative Statement
Burnout, Stress, and Mental Health Strain	"What really made me stop… is really burnout and stress… our class… went until 11 PM."(DO-1)
	"I have bipolar disorder and… major depressive disorder… frequent burnout would get triggered again."(DO-2)
	"By second year… I was already kind of burned out… felt like I was being cornered… I couldn't see myself in medicine anymore."(DO-3)
	"I experienced being burnt out… because of the emotional burden of staying in a place that was only my second option."(DO-5)

Logistical and Technology Constraints	"Since it was online… we needed a proper internet connection… issues like electricity… unannounced brownouts… I had to use mobile data, pocket Wi-Fi, and a router… anxiety I wouldn't be able to take exams." (DO-1)
	"At first it was okay… but by finals… this isn't okay… at home there are so many distractions… no more routine."(DO-3)
	"We couldn't go out without an FM pass… waiting for announcements… I got burned out from waiting for classes to start."(DO-1)
Academic Overload and Curriculum-Specific	"General Pathology… not easy… the coverage is way more… information overload."(DO-2)
Difficulty	"Pharmacology… so many drugs to memorize… different for children and adults… really hard."(DO-3)
	"Anatomy… we only had it for one year in medtech during the pandemic… I kind of struggled with that part… I only have one day to study before the exam… three chapters… it feels really tiring."(DO-5)
Negative Teacher Communication	"After the cheating scandal… faculty got mad… quizzes changed to many identifications… in life, there are really unexpected experiences." (DO-3)
	"Sometimes… a professor always says many have failed here… not motivating at all."(DO-5)
	"Pressure from the doctor… comments comparing me to others… it feels like fear, like I have to do well."(DO-1)
Financial Strain and Economic Uncertainty	"It was mainly because of financial issues… I had debt with the school for the entire year… then paid previous debt when given money again." (DO-4)
	"There were also financial difficulties because my mom was in and out of the hospital… but my decision was really about whether I still wanted it."(DO-3)
Lacking Social Support and Belonging Gaps	I'd go straight home, study, and I didn't really have anyone to talk to. (DO-6) It's whoever sits beside you… the only person they talk to is the one sitting beside them. (DO-6)

Financial concerns were one of the most salient contextual factors affecting participants' educational persistence. Participants frequently spoke about not only financial limitations but also the emotional consequences of relying upon their families for continued educational support. DO-4 reflected, "It became harder knowing how much my family was sacrificing while I was becoming less certain that I could finish" (DO-4). The statements relate that financial constraints, along with emotional/motivational ambiguity, may cause individuals to leave medical school. Some of the respondents cited financial constraints as the main reason for leaving medical school. Working while attending school, minimal financial aid provided by the schools, and a lower-than-average household income created many of the challenges faced by these students. The issues above often cause students stress, which further complicates their ability to focus academically and potentially leads to dropping out, as found in most recent studies of college/university dropouts (Valencia-Arias, A, *et al.*, 2026).

Lacking Social Support and Belonging Gaps

Prolonged academic demands, remote learning, and personal struggles gradually reduced opportunities for meaningful peer interaction. Rather than describing overt social exclusion, participants more commonly spoke of increasing emotional isolation despite remaining members of their respective classes. Those students who identified themselves as isolated, who had little contact with their peers and who reported that there was no one to speak to, presented with an apparent absence of a support structure and a feeling of being a non-belonger. Students seem to feel less linked to their peers in medical school, as described by DO-6: "The only person I talked to is the one sitting beside me, and then I would just go straight home and study, and I didn't really have anyone to talk to" (DO-6). The quality of the support system a student has, which can impair their health, might affect the probability of them dropping out of medical school. A recent study shows that students who have social support are less likely to quit from their school (Calcatin, S., *et al.*, 2022).

Insights of Generation Z Student Drop Outs in Medical Education to Improve Retention

It is important to understand how institutions can better support Generation Z medical students to improve retention. The responsiveness and adaptability of schools to students' needs and inputs are also important, particularly policies, teaching styles, and support systems that can contribute to retaining students in the program. The results suggest that improving the retention of Generation Z medical students requires institutional strategies that address not only academic performance but also workload balance, learning resources, student voice, and mental health support. The students' statements indicate that retention is strongly connected to how

"livable" and supportive the medical school environment feels to them.

Balance Assessment Scheduling and Academic Workload

Based on the mentioned theme, overlapping quizzes, consecutive tests, thorough coverage, and ongoing deadlines can lead to exhaustion and diminished motivation. This is in accordance with recent evidence showing that medical students' burnout is often due to severe workloads, academic pressure, lack of sleep, and not spending enough time for oneself. Burnout in medical students can be predicted by low motivation, discontent, lack of support, and thoughts of quitting medical school (Di Vincenzo *et al.*, 2024). In a similar manner, a substantial association between burnout level and medical students' intention to drop out was also observed in another study (Sinval *et al.*, 2024). Therefore, the participants' suggestion of avoiding overlapping exams and providing self-directed learning days can be considered as a helpful method for retention that decreases academic overload and leads to sustainable learning.

Supportive Institutional Learning Space and Resources

Supporting the institutional learning environment and resources, highlights the need for providing suitable facilities, study rooms, adequate learning resources, and responsive administrative processes for students. The necessity for a 24/7 study area and the sharing of cadavers as an issue proves that the quality of the educational environment affects student retention. Where resources are lacking, students may feel that their learning is being jeopardized, as described by DO-1 that, "we had to share cadavers among many students because there were only three cadavers available" (DO-1). This is consistent with recent literature showing that educational satisfaction is negatively associated with dropout, while social support is associated with reduced burnout and greater educational satisfaction (Sinval *et al.*, 2024). The students' concern that feedback is sometimes "brushed off" also brings to light the importance of student voice. A recent study on constructive feedback in medical education stresses that meaningful feedback processes assist learners to feel guided, supported, and engaged in their training (Fatteh *et al.*, 2024).

Proactive Mental Health Service and Readiness Screening

Proactive mental health treatment and preparedness screening, which highlights the necessity for early, obvious, and easily accessible mental health assistance, are recommended. Participants said that they did not know about the availability of psychological services; thus, normally students are not aware of them, as described by DO-3: "I can't really remember anymore, but it's like at that time, the psych service was unavailable" (DO-3). This problem has been of great concern since some research results have associated mental health difficulties with medical student retention rates. Dropout intention was highly connected with emotional tiredness, anxiety depression, sleeplessness, and other mental health problems, and over one in five UK medical students thought about quitting (Medisauskaite *et al.*, 2025). It also emphasizes personal therapy modalities, periodic well-being assessments, and proactive mental health education. Emphasis is placed on the essence of balance, support networks, and institutional empathy, all pivotal in fostering students' drive and perseverance in medical school.

Comparison of Themes in Cross-Case Analysis

Table 3: Insights of Gen Z Student Dropouts in Medical Schools to Improve Retention

Themes	Illustrative Statement
Balanced Assessment Scheduling and Academic Workload	"If possible… avoid overlapping quizzes… if it's a long quiz, okay three topics; if short, maybe just two."(DO-1)
	"Reduce coverage a bit… give at least one day between exams… back-to-back exams make it hard to prepare."(DO-2)
	"SDL/study-at-home days… better if it's the entire day; the hard part is actually going to school (traffic)."(DO-4)
	"Balance isn't really there… deadlines, deadlines, deadlines."(DO-1
	"Sports fest exists but still some classes squeezed in."(DO-4)
Supportive Institutional Learning Space and Resources	"School could provide a 24/7 place to study… dorms are full of distractions."(DO-3)
	"We had to share cadavers… around 30 per cadaver… videos don't match real specimens."(DO-1)
	"Year-level secretary system is convenient… handles scheduling concerns with professors quickly."(DO-5)
	"We give feedback but sometimes it gets brushed off… admin says 'out of scope'." (DO-1)
	"They seemed open to suggestions but responses took a long time."(DO-4)
	"Student leaders didn't feel active; couldn't feel their voice."(DO-3)

Proactive Mental Health Service and Readiness Screening	"I lacked awareness that psych services were available."(DO-3)
	"Professors remind us you cannot function if you don't sleep… importance of rest emphasized."(DO-5)
	"During admissions, check if the student is really sure or just pressured."(DO-3
	"Before you enter, evaluate yourself if medicine is truly your top priority."(DO-5)
	"Really plan the career… have a plan B… evaluate emotional well-being." (DO-2)
	"Don't justify being toxic because mentors were toxic before."(DO-6)
	"Professors emphasize rest and life outside med school."(DO-5)

The cross-case analysis provided a systematic comparison of the experiences, challenges, and insights of the six medical students who had withdrawn from medical school by detecting patterns of convergence and divergence across individual cases. Individual personal, intellectual and social factors affected each participant's journey. Common themes emerged that revealed shared experiences that informed the decision to leave medical study. The considerable disparities in intensity, presentation and interplay of these themes highlighted the complex nature of medical student attrition and reaffirmed that attrition is not always due to a single reason at the same time. This investigation of commonalities and differences within cases offers a richer understanding of students' experiences of the transition from medical school, and how their reflections provide important knowledge to inform the development of responsive institutional policies, specific student support systems, and evidence-based interventions to improve student well-being, resilience, and retention. The cross-case analysis indicated that the students' choice to withdraw from medical school was not an individual problem, but rather a confluence of academic, emotional, social, financial, and institutional pressures that resulted in exhaustion, disconnection, and a loss of personal meaning in the pursuit of medicine. Burnout was the most common

Table 4: Synthesis of Cross-Case Analysis

Themes	**C1**	**C2**	**C3**	**C4**	**C5**	**C6**	**Freq.**	**Interpretation**
EXPERIENCES								
Motivation Spectrum: From Calling to Compliance	/	x	/	x	x	/	3/6	Moderate similarity across cases
Academic Demands	x	/	x	/	/	x	3/6	Moderate similarity across cases
Institutional Compassion & Support	x	/	x	/	/	x	3/6	Moderate similarity across cases
Identity Re-evaluation and Transition	x	x	/	x	/	/	3/6	Moderate similarity across cases
CHALLENGES								
Burnout, Stress, and Mental Health Strain	/	/	/	x	/	x	4/6	Strongest similarity across cases
Burnout, Stress, and Mental Health Strain	/	x	/	x	x	x	2/6	Lower similarity across cases
Burnout, Stress, and Mental Health Strain	x	/	/	x	/	x	3/6	Moderate similarity across cases
Negative Teacher Communication	/	x	/	x	/	x	3/6	Moderate similarity across cases
Financial Strain and Economic Uncertainty	x	x	/	/	x	x	2/6	Lower similarity across cases
Lacking Social Support and Belonging Gaps	x	x	x	x	x	/	1/6	Lower similarity across cases
INSIGHTS								
Balanced Assessment Scheduling and Academic Workload	/	/	x	/	x	x	3/6	Moderate similarity across cases
Supportive Institutional Learning Space and Resources	/	x	/	/	/	x	4/6	Strongest similarity across cases
Proactive Mental Health Service and Readiness Screening	x	/	/	x	/	/	4/6	Moderate similarity across cases

experience among participants, however the paths to burnout differed depending on each student's context, including academic pressures, mental health conditions, financial instability, unsupportive learning environments, technological barriers to online learning and feelings of social isolation. Overall, the data revealed that medical students were less likely to persist when medical school felt inflexible, burdensome, unsupportive, or detached from personal aspirations.

In summary, the context-based findings from the multiple cases indicated that retention of Generation Z students necessitates moving away from strictly performance-based educational frameworks to more student-centered and wellness-oriented learning environments. In addition, future medical students should focus on early career and identity reflection and better time management and innovation, as well as stronger resilience, in order to stay in their pursuit of their profession in medical school.

CONCLUSION

The present study showed that the experiences of the Generation Z medical students across the three institutions were complex in the interplay of personal incentives, academic difficulties, institutional environment, and psychosocial stressors. The majority of medical students entered medical school with high motivations, driven by personal goals, family expectations, and altruism. Over time, with a persistent presence of academic stressors, emotional exhaustion, financial issues, and problems within the learning environment, these motivations declined. The study reveals that medical students' decisions to leave their education are impacted by unsustainable pressures like mental health issues, academic overload, and poor faculty relationships. Protective factors such as institutional empathy, faculty support, and strong peer connections help build resilience. To enhance retention in Generation Z medical students, a holistic, student-centered approach promoting emotional health alongside academic success is recommended. This includes creating compassionate learning environments and responsive institutional measures. Ignoring these issues may result in a doctor shortage and hinder future healthcare professionals' well-being. Lastly, future quantitative research can also explore the impact of institutional interventions to reduce student attrition in medical schools, such as student mentorship programs, well-being programs, mental health services, and flexible academic policies.

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