WWW.IJRPR.COM

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

A Cross-Sectional Study of the Primary Concerns of Tehran Medical Students: The Influence of Demographic and Socioeconomic Factors

[1]Elissa Rahmati*, [2]Negin Khazaee

[1]Medical student, Medical department, Tehran University of Medical Sciences, Tehran, Iran elissarahmati7@gmail.com
[2]Medical student, Medical department, Tehran University of Medical Sciences, Tehran, Iran

ABSTRACT

Introduction: There are many concerns regarding medical students' worries and needs in university, and no similar study has conducted a systematic review on such matters. This paper explores the concerns of medical students regarding academic, nutritional, dormitory, and social concerns.

Methods: A cross-sectional study was conducted where 217 students, aged 18 years on average, were interviewed using custom structured questionnaires. Data was analyzed using mathematical formulas and graphs were designed and coded by Python to help analyze the data. This study also goes through the impact of demographic and socioeconomic factors such as age, gender, participant's previous school, and whether they are local or live in the dorms. The percentage of male participants was 54.5% and female students were 45.5%. The survey has concluded a rate of 63.6% NOET students, 15.2% private school, 9.1% governmental, and 12.1% special governmental students responses. Also, a percentage of 63.6% of students being local and 36.4% living in the dormitories was calculated.

Results: Time management issues come first with 93.51%, second with the difficulty of lessons with 82.09%, and thirdly with quality and healthiness of cafeteria food with 78.8%. Since most of the participants were of age 18 which is also the normal age for university entry, we couldn't find a strong enough association to prove this influence in this paper. Girls were 6 times more concerned about their roommates and being away from their families. Students in semi-government schools almost have twice as many concerns about social relationships with peers and the opposite sex than NOET students. All dormitory concerns were done by NOET students, which shows their concern on the matter was greater.

1. Introduction

Medical students have different concerns and worries than any other group of students when they enter university. These concerns arise because they enter from the small community of high school into the larger community of the university. Concerns can be about academic subjects, nutrition, society, and even about dormitory issues. These are concerns that knowing them will help the university allocate the right resources and measure the impact of the medical field, which is a difficult and exhausting field, on students' problems.

Among the previous studies is a 2006 study that focused on the health of medical students and their problems in the clinic, concerns they have about their jobs, and how this demanding profession has affected their personal lives. The second study was conducted in the past by the University of Singapore on Iranian and Malaysian students to examine the physical problems they encountered during their medical journey, among which iron deficiency and obesity were the most notable. The letter mentioned shows the importance of our research, and how much the university needs to know the main concerns of students, especially when entering the university so that it can distribute appropriate resources to address these problems. Proper awareness of the prevalence of each of these concerns leads to the correct distribution of university resources and funds. So far, no study has been conducted on the subject of such mental concerns, and as mentioned, studies have been conducted either on the physical aspects of students' problems or at a low level of the statistical population. Our study aims to find the prevalence of students' concerns based on their types of relevance in a questionnaire and systematically. We also examine a series of important factors that may affect this prevalence, such as gender, the three types of high schools of these students, and whether they live in dormitories. We present the results of all these materials systematically in this article.

2. Methods

A university based cross-sectional study was conducted from October to November 2024 in the medical department of Tehran's university of medical sciences located in Tehran, Iran. Convenience sampling technique was utilized to distribute the form of questions between 217 students using multiple sections of MCQ[1], likert scale and open end questions. The form of questions was taken online by the students above 18 years of age with their own consent. Those who met the criteria but weren't willing to answer some questions were naturally excluded. Questions were made with software google

[1] Multiple Choice Questions

form on online questions and distributed in the university news channel anonymously. The survey was conducted by required MCQ and likert scale questions, however open end questions were not a requirement to complete the form. To ensure the online participants are willing to participate, name or student ID number was not asked, so their identity stays anonymous. To assess the data of responses, the survey was conducted to make pie charts of the responses for each question for analyzing the sample through a number of factors mentioned. However, to assess the relationship of the certain factors mentioned including: gender, age, whether the student is local or in the dorms and Type of their previous high school including NOET (national organization for exceptional talents) — governmental — special governmental schools and private schools, we insured to check the responses of each participant by hand and one by one. The table on the left shows the list of questions asked by categorization of the type of the question: MCQ, likert scale and open end questions.

	A	B	C	D	E
1	Question Numbe	Question	Category		
2	1	How old are you	Open-ended		
3	2	What is your ger	Multiple Choice		
4	3	In which high scl	Multiple Choice		
5	4	Where are you li	Multiple Choice		
6	5	Are you worried	Likert Scale (Yes/No)		
7	6	Are you worried	Likert Scale (Yes/No/I don't know)		
8	7	Are you worried	Likert Scale (Yes/No/I don't know)		
9	8	Are you worried	Likert Scale (Yes/No/I don't know)		
10	9	Are you worried	Likert Scale (Yes/No/I don't know)		
11	10	Are you worried	Likert Scale (Yes/No/I don't know)		
12	11	Are you worried	Likert Scale (Yes/No/I don't know)		
13	12	Are you worried	Likert Scale (Yes/No/I don't know)		
14	13	Are you worried	Likert Scale (Yes/No/I don't know)		
15	14	Are you worried	Likert Scale (Yes/No/I don't know)		
16	15	Are you worried	Likert Scale (Yes/No/I don't know)		
17	16	Are you worried	Likert Scale (Yes/No/I don't know)		
18	17	How much are y	Likert Scale (1-5)		
19	18	How much are y	Likert Scale (1-5)		
20	19	How much are y	Likert Scale (1-5)		
21	20	How much are y	Likert Scale (1-5)		
22	21	What is your wo	Open-ended		
23	22	What is the mos	Open-ended		
24	23	What would you	Open-ended		

Figure1:chart made of questions based on kind of question. (made by google sheets)

As mentioned before, MCQ and likert scale questions were chosen as requirement questions by this software and were necessary for participants to answer in order to complete the form. However, the open end questions were optional. In the chart below, we will see the open end questions based on the percentage of participation.

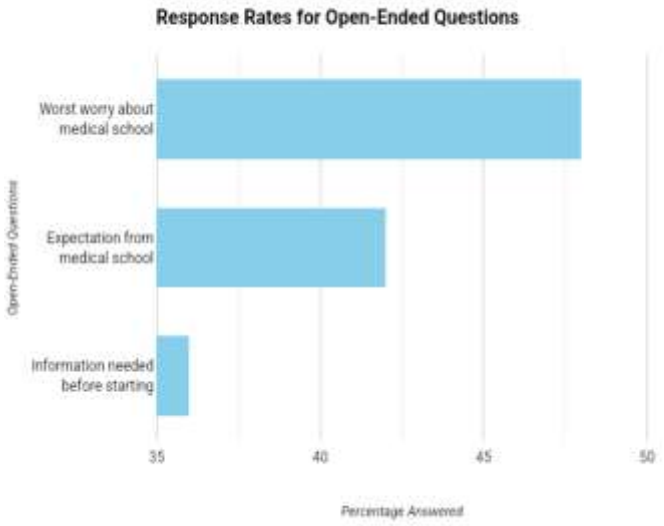

Figure2; Bar graph of number of answers with chart. (coded by python)

	A	B	C
1	Open-Ended Question	Percentage of Responses	
2	What is your worst worry abou	48%	
3	What is the most expectation	42%	
4	What would you like to know a	36%	
5			

Figure3: Sheet of responses by percentage made by google spreadsheets

The multiple choice questions used in the form had 3 options: yes no and “I'm not sure” to assess any kind of possibility and reduce the 0-1 theory on each question. It is good to note that the second question asked of the gender is an exception in this example, even though it was placed in the MCQ category. To assess the amount of agitation for certain matters more precisely, a rating likert scale was arranged from 1 to 5 (1=not that worried 2=a little worried 3=somewhat worried 4=worried 5=very worried). The usage of casual language but precise words have assessed students into better answering the questions. The higher the likert scale, the higher the importance of such matter. However, to solve the problem of closer percentages and bar graphs, the weighted average math formula was used. The formula for weighted average is:

```

Weighted Average = (Σ(x_i * w_i)) / Σ(w_i)

```

Where: `x_i`: The value of the i-th data point. `w_i`: The weight assigned to the i-th data point. `Σ`: The summation symbol

In simpler terms, we multiplied each data point by its corresponding weight, summed up these products, and then divided the sum by the sum of all the weights. This gave us the weighted average. For better understanding the matters concerning the university, the questions were categorized into subject based groups including: Education based, Nutrition based, Social based and Dormitory based. You can see the number of questions this time with their subject category on the top of the page.

	A	B	C
1	Question Number	Question (Summarized)	Subject Matter Category
2	1	Age	N/A
3	2	Gender	N/A
4	3	High school type	Education
5	4	Living situation	Dormitory
6	5	Cafeteria food quality	Nutrition
7	6	Cafeteria food cost	Nutrition
8	7	Cafeteria food healthiness	Nutrition
9	8	Medical school workload	Education
10	9	Lesson difficulty	Education
11	10	Time management	Education
12	11	Information about programs	Education
13	12	Making friends	Social
14	13	Competition	Social
15	14	Opposite sex relationships	Social
16	15	Roommate relationships	Dormitory
17	16	Homesickness	Social
18	17	Worry about workload (1-5)	Education
19	18	Worry about lesson difficulty (1-5)	Education
20	19	Worry about time management (1-5)	Education
21	20	Worry about making friends (1-5)	Social
22	21	Worst worry about medical school	Education/Social (depending on the answer)
23	22	Expectations from medical school	Education
24	23	Questions about classes/research	Education

Figure4: chart based on subject for each question made by google sheets

It is also notable to see how many percent of our questionnaire were assigned to each subject category.

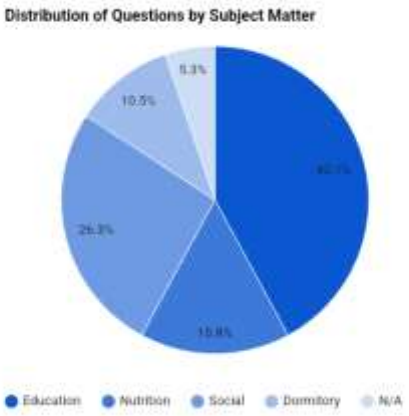

Figure 5: pie chart made on how many percent each question was assigned to.(coded by python)

The four factors analyzed in relation to the changes of the matters concerning the students were age, sex, whether the students lived with their parents and were local or if they were in the dormitory and lastly their previous school being NOET (national organization for exceptional talents), governmental, special government schools or private schools. Due to this, it is only fair to analyze the percentage of participants by such factors as well. In the first chart, you can observe the amount of responses in percentage by the first factor: gender.

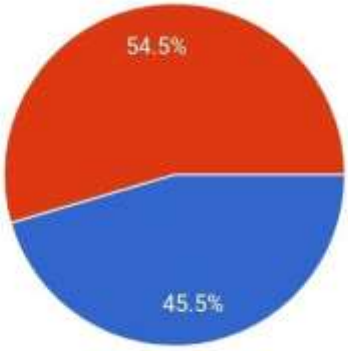

Figure6: percentage of responses based on gender, with the red color being male participants and blue being female participants. (made by google forms)

As seen in the chart above, the percentage of male participants was a total of 54.5% and female students with 45.5%, which shows the study was able to pick a fair amount from each gender to be able to analyze its effect further.

In the second pie chart, we can see the bar graph for percentage of responses based on age.

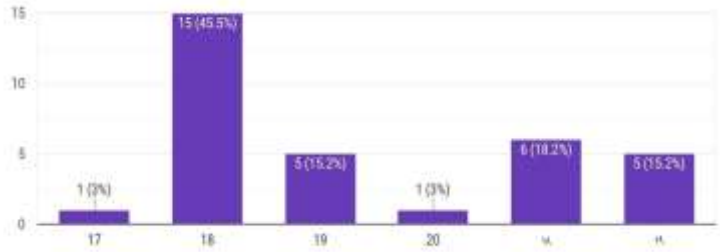

Figure7: Bar graph for percentage of participants based on age.

Based on the bar graph above, the percentage of participants younger than 18 who have skipped a grade and finished high school earlier than most and the amount of participants over 19 who have been attending university a year later are not significant.Meaning, about 94.1% of students have entered university the same year as finishing their high school education, which leaves us unable to process this relation which such a sample in results.However, please note that the two percentages both recorded as 18 or 19 years old were done because of variations of characters in the two languages English and Persian, and in the calculations done after the sum of these bars were added with no discrimination.

The third factor being assessed in this study being whether the student is a local or is living in the dormitory was very well shown in the graph below. With a percentage of 63.6% of students being local (red color) and 36.4% living in the dormitories (blue color), it allows us to assess its relation to the other questions in the result section.

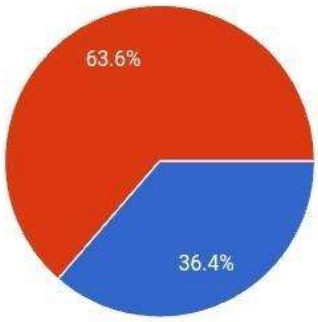

Figure8: pie chart of number of responses based on living conditions of students.

In the calculation which assesses the relationship of this factor to the dormitory related factor questions naturally, we have excluded local students and checked the others by hand one by one and compared them to machinery results.

With the last factor being the type of school, the survey has concluded a percentage of 63.6% NOET students, 15.2% private school, 9.1% governmental and 12.1% special governmental students responses.

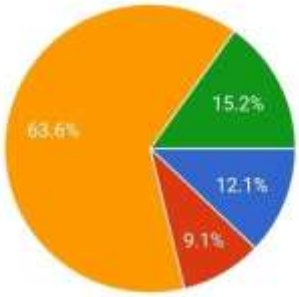

Figure9: pie chart based on the percentage of responses and the participants' high school situation.

Results

The most important and crucial concerns of medical students based on MCQ.

In this study for calculating the most concerning issue in a mathematically correct way, we shall compare the number of responses as in "yes" to the MCQ first. The MCQ designs were all required to be filled by the participants in order to submit the form, as a result the number of total responses or percentage equal to total (100%) was the same. In addition to the information, it can be concluded that by comparing the amount of "yes" responses to the concerns from the choices: yes — no — and not sure, we can calculate accurately. In the chart below, you shall see the percentage of "yes" answers to the multiple choice questions.

	A	B
1	Concern	Percentage Worried (%)
2	Quality of cafeteria food	78.8
3	Cost of cafeteria food	57.6
4	Healthiness of cafeteria food	78.8
5	Workload in medical school	87.9
6	Difficulty of lessons	84.8
7	Time management in medical school	84.8
8	Missing out on research opportunities	75.8
9	Making friends in medical school	75.8
10	Academic competition	51.5
11	Interacting with the opposite sex	45.5
12	Living arrangements in dorms	58.2
13	Being away from family	66.4

Figure9: chart about the relationship between questions and percentage of concerns.

It is good to note that for the 2 questions about dormitory, local students were excluded. The real percentage of concerns for friendships with the new student in dorms was 15.2% and for family separation was recorded 24.2%. All the percentage was calculated by google forms system itself, However because of the unfairness of such concerns the percentage in the chart is counted by excluding local students.The increase from 15.2% to 58.2%, and from 24.2% to 66.4% shows these concerns are significant among dormitory students. On the other hand, in comparison to all the students, they don't hold that much value in order to change policies or ensure public values. The chart below is the same relationship but this time with the real percentage of these concerns from a more political and financial view.

	A	B	C
1	Concern	Percentage Worried (%)	
2	Quality of cafeteria food	78.8	
3	Cost of cafeteria food	57.6	
4	Healthiness of cafeteria food	78.8	
5	Workload in medical school	87.9	
6	Difficulty of lessons	84.8	
7	Time management in medical school	84.8	
8	Missing out on research opportunities	75.8	
9	Making friends in medical school	75.8	
10	Academic competition	51.5	
11	Interacting with the opposite sex	45.5	
12	Living arrangements in dorms	15.2	
13	Being away from family	24.2	

Figure10: Relationship between questions and their real percentage without excluding local students.

It is also notable that such concerts just like the questions can be categorized in 4 subject matters: educational — social — dormitory — nutrition.Since the number of responses to these questions were all the same, there is no need for a weighted average math formula. In the chart next page, you will see a bar graph of the concern's percentage based on their subject matters.

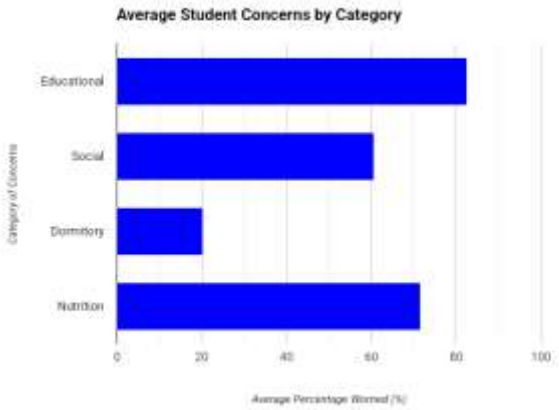

Figure11: Bar graph about percentage of the concern based on subject categorization.

Based on the bar graph above, it is observed that most of the concerns were associated with educational matters, with 82.6%. Secondly, social associated concerns with 60.7&, next nutrition concerns with 20.2% and lastly dormitory concerns with 20.2%. However, as mentioned earlier, the low percentage for dormitory factors was inspired by the fact that local students make the majority of students with 63.6% as shown in figure8 in the method section. For better understanding the matters and help to achieve policies to resolve these apprehensions, we should also mention the top priority concern in each of these subject categories.In the field of education, the difficulty of the subjects came first with 84.8%. The most rated social related concern being meeting new friends with 75.8% and in dormitory matters and nutrition field in order, both being away from their family and loved ones and having an appropriate roommate with 63.3% and quality as well as healthiness of cafeteria food with 78.8%.

The next category of questions was likert questions on a scale of 1 to 5 on same matters. In order to have a correct calculation, we should calculate the average number of Likert scales by weighted average formula explained in the method section of this paper. The next Bar graph shows the percentage of responses for each of the questions before we calculate them.

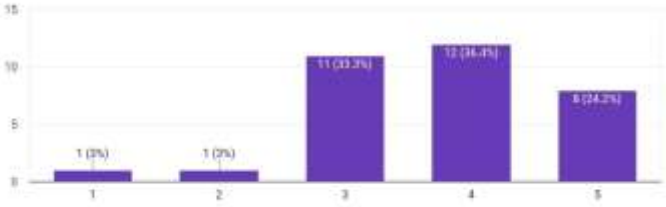

Figure12: likert scale percentages for the amount of work in med school compared to high school

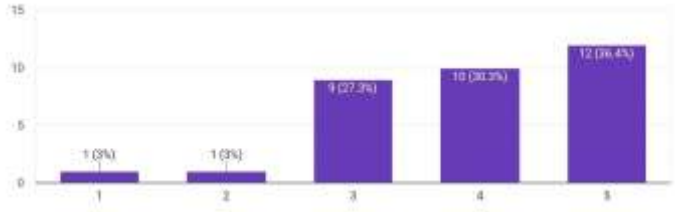

Figure13: Likert scale percentage for the difficulty of the medical school curriculum.

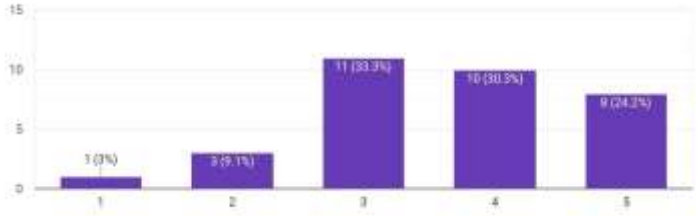

Figure14: Likert scale percentage for concerns regarding time management.

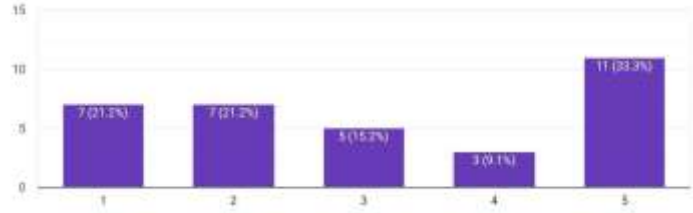

Figure15: Likert scale percentage for concerns regarding meeting new individuals.

Certainly, let's calculate the weighted average percentage using the formula and the provided data.

Weighted Average Formula:

Weighted Average Percentage = (w1 * p1 + w2 * p2 + … + wn * pn) / (w1 + w2 + … + wn)

Graph number 1

Weighted Average Percentage = (1 * 3% + 1 * 3% + 11 × 33.3% + 12 × 36.4% + 8 × 24.2%) / (1 + 1 + 11 + 12 + 8)

Calculating the numerator:

Numerator = 0.03 + 0.03 + 366.3% + 436.8% + 193.6%

Weighted Average Percentage ≈ 31.23%

Graph number 2

Weighted Average Percentage = (1 * 3% + 1 * 3% + 9 × 27.3% + 10 × 30.3% + 12 × 36.4%) / (1 + 1 + 9 + 10 + 12)

Weighted Average Percentage ≈ 29.87%

Graph number 3

Weighted Average Percentage = (1 * 3% + 3 * 9.1% + 11 * 33.3% + 10 * 30.3% + 8 * 24.2%) / (1 + 3 + 11 + 10 + 8)

Weighted Average Percentage ≈ 32.21%

Graph number 4

Weighted Average Percentage = (7 * 21.2% + 7 * 21.2% + 5 * 15.2% + 3 * 9.1% + 11 * 33.3%) / (7 + 7 + 5 + 3 + 11)

Weighted Average Percentage ≈ 23.22%.

After calculating the weighted average percentage of each bar graph, let's also observe them in comparison to one another. The bar graph below shows them in comparison.

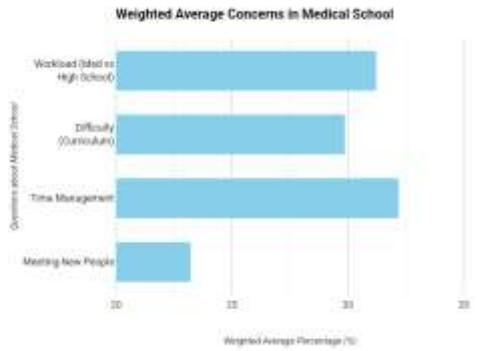

Figure15: Bar graph comparison of average weighted percentage of Likert questions.

As it can be observed surprisingly this time management has the most percentage of 32.21% and then in order we can mention: workload (med vs high school) with 31.23%, difficulty (curriculum) with 29.87% and meeting new people with 23.22%.

The next thing we have to calculate is comparing the data gathered and calculated in MCQ with this new data. Since the amount of responses to each of these questions remains the same, due to all of them being required in order to complete the form; we decided to add up the now calculated new percentages of Likert scale to MCQ questions to change figure4. However, adding the numbers will make it hard for these concerns to be compared to those who only had MCQ, so we had to again calculate an average between the two types of questions resulting in the chart below.

	A	B
1	Concern	Percentage Worried (%)
2	Quality of cafeteria food	78.8
3	Cost of cafeteria food	57.6
4	Healthiness of cafeteria food	78.8
5	Workload in medical school	78.57
6	Difficulty of lessons	82.09
7	Time management in medical school	93.51
8	Missing out on research opportunities	75.8
9	Making friends in medical school	62.61
10	Academic competition	51.5
11	Interacting with the opposite sex	45.5
12	Living arrangements in dorms	58.2
13	Being away from family	66.4

Figure16: new calculated percentages by both MCQ and Likert questions.

As observed, now with the new calculations time management issues come first with 93.51%, second difficulty of lessons with 82.09%, thirdly quality and healthiness of cafeteria food with 78.8% and the rest in order seen in figure16.

Open end question

The first open question asked participants to inform us of their concern freely. This was done in order if a concern was neglected in MCQ or Likert questions to be mentioned here. If a repeatable concern was repeated, it indicates the student's emphasis on such a matter that they felt the need to express it again in another form. In the next chart, you will see the percentage of participants who chose to respond to this open end question.

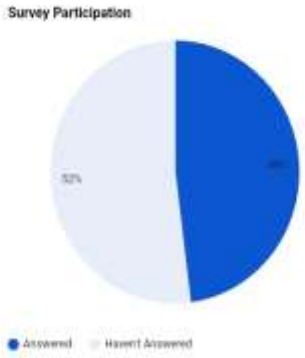

Figure17: Pie chart that shows percentage of participants who willingly answered the first open end question.

In the chart below, you can see the list of the concerns mentioned by categorized subjects.

	A	B	C
1	Question	Category	
2	The difficulty and the amount of studies	Educational-based concerns	
3	Getting a house inside the university campus near the university campus	Dormitory-based concerns	
4	The amount of lessons again that has increased from high school	Educational-based concerns	
5	The amount of lessons and lack of balance	Educational-based concerns	
6	Educational competition between students	Educational-based concerns	
7	Concerns about working alongside university	Educational-based concerns	
8	Being friends with dormitory like the people she meets in dormitory	Social-based concerns	
9	The quality of food and university cafeteria	Nutrition-based concerns	
10	Didn't like to be in the same room where people from other countries like Afghanistan or Iraq	Dormitory-based concerns	
11	Didn't like to be in rooms with more than eight to people	Dormitory-based concerns	
12	Concerns about how to read the lessons of medical school	Educational-based concerns	
13	Being moved from a small society like high school to a big society like university	Social-based concerns	
14	Concerns about university being good in Notting students of the news	Educational-based concerns	
15	Concerns to be productive and not live the same black and white life they had in high school	Social-based concerns	

Figure18: Chart based on the participants answers categorized by their subject

As evident from the table, the majority of the concerns raised by the medical students were related to educational matters, such as the difficulty of the curriculum, workload, and time management. Social-based concerns, such as meeting new people and adjusting to the university environment, were also frequently mentioned. Dormitory-related concerns primarily focused on roommate compatibility and the living environment, while nutrition-based concerns centered on the quality of food in the university cafeteria. These findings highlight the diverse range of issues that medical students face during their academic journey.

The chart below shows the number of participants who chose to answer the second open end question, being about what you most expect of medical school.

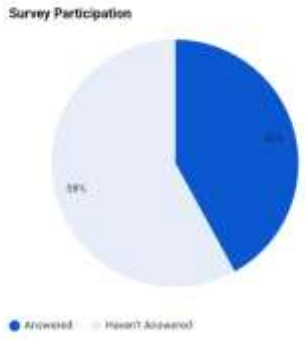

Figure19: pie chart showing the percentage of participants who answered the second open end question.

Some psychological issues regarding medical school were raised that we hadn't considered in the original idea of the project, such as one said "giving unnecessary stress to students by professors." Also concerns like adequate and fast informing Chances for students. The students also mentioned professors should put learning in their priority rather than the exam material itself.

Even one had concerns about the quality of chairs in the anatomy hall and asked for leather chairs for students.

Regarding the third open end question being "Is there anything you wish to know about medical school and its opportunities before start" we had a participation rate of 36% out of the ones who answered the required questions. The chart below illustrates this in the pie chart.

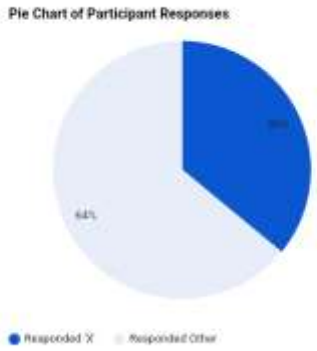

Figure20: Pie chart for percentage of participating rate in open question number 3.

Concerns students wished to know varied in different aspects. 11.7% wished to know more about academics, how to study each lesson and overcome exams. 11.7% also wanted to get informed with an overview of medical school and their path for the next 7 years. 21.7% asked to know more about athletic chances, while the same amount needed to know about research opportunities in university. Meanwhile, 33.3% or ⅓ of the participants who decided to answer this optional open end question said they didn't need any more information. The chart below shows this information in a pie chart.

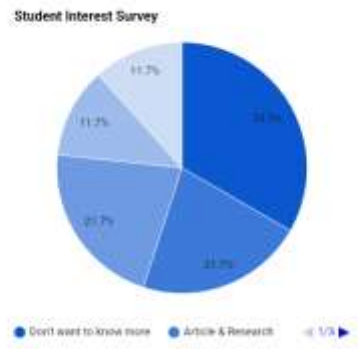

Figure21: Pie chart regarding answers for the third open end question.

As mentioned before, this article looks to also analyze 4 main factors on the students' answers regarding their concerns. The four being: gender - age - whether the student is local or lives in dormitory - type of high school the student used to go (NOET (national organization for exceptional talents) - governmental - semi-governmental - private schools)

In order to calculate the data, we checked the responses one by one regarding MCQ and Likert questions and seeing how they affect nutrition, dormitory academic and social concerns.

Influence of gender

Because the percentage of male and female participants were uneven, we used a more calculated scale. The number of concerns in each subject category divided by the number of participants by gender. The calculated number with this formula regarding food and nutrition issues was equivalent to 2.25 for females and 1.92 for male students, showing female students had only a little bit more concern regarding food than men. In means of academical concerns the number calculated for male students was 3.07 and for female students was 4.37 meaning female students had 1.5 times more concern than men. The most difference regarding the academical competition, which was more concerning for females. Social issues for females was calculated 1.5 and 1 for males, meaning females are more concerned for social cues and relationships, with the most difference being the relationship with opposite sex that was

more concerning for women. However, the biggest concern was observed in dormitory concerns for females being 0.5 and men being 0.07! Meaning, girls had 6 times more concern about their roommate and homesickness.

Influence of age

Since most of the participants were of age 18 which is also the normal age for university entry, we couldn't find a strong enough association to prove this influence in this paper. However, there were 2 participants who were older than 18 and one who was younger, meaning they had skipped grades. Having a bigger database of students will make these scarcities into more of an abundance to recognize the patterns between concerns and age.

Influence of the participant's previous school (NOET national organization for exceptional talents - government - semi-governmental - private schools)

With the same formula explained above, we divide the number of concerns in a category by the number of people by this second category, which here is the participant's previous high school. Regarding the academic concerns based on this formula created we will observe the number for NOET was 3.46, for government schools it was 3.33, for private schools 4.5 and semi-government schools 5 was observed. Considering these results, it can be concluded that students with private school and semi-governmental school academic background have more academic concerns than others. Regarding concerns related to social relationships, the numbers were calculated as follows. NOET: 1.07, private schools: 1.25, governmental: 1.66, semi-government schools: 2. We can observe that students in semi-government schools almost have twice as many concerns about social relationships with peers and opposite sex than NOET students. All dormitory concerns were done by NOET students, which shows their concern on the matter was greater. Regarding nutritional concerns, numbers were calculated as follows: NOET: 1.92, governmental:2, semi-governmental:2, private schools:2.25. Even though simple comparison could be done, the strongest association between the most and least data was 1.17 therefore we can conclude that this factor may not have any strong association with nutrition concerns.

Influence of weather the participant was in dormitory or not

Since being in the dormitories has an obvious relation to dormitory concerns, this subject category was not calculated in this section, and we only focused on academic, nutritional and social concerns.

Regarding academic concerns, for non-local students the number was 3.42 and for local students 4.21 showing that local students had slightly more concerns regarding their academics. As for nutrition issues, the number was as follows: 1.78 for local students and 2.71 for non-local students. Dormitory students had 1.5 times more concern for their nutrition in the university's cafeteria than local students. 1.28 for students in the dormitory and 1.14 for local students were the numbers calculated regarding social issues; meaning non-local students were slightly more worried about their social relationships.

Conclusion

At the beginning of this study, the concerns of medical students were examined separately. By examining multiple-choice questions, we concluded that their first concern was the increase in the volume of university courses compared to high school, with 87.9%. After that, the difficulty of the courses and time management were 84.8%, respectively. Due to the false belief that is instilled in students by parents or culture and schools, which says that after taking the university entrance exam, their courses will be reduced, and they will have more time to rest. When they enter the medical field, which is so difficult, they are faced with a large volume of courses. As mentioned in articles, the hardest thing in medical school is to convince ourselves that we belong there. It was also concluded that the lowest level of concern for students was dormitory life concerns, although it was explained in the results section that this statistic could have been falsely low due to the lack of dormitory students. If students' concerns are examined by topic, the first concern is academic issues with 82.6%, followed by judicial and nutritional issues with 60.7%, and dormitory and social problems with 20.2%.If we look at Likert questions, the first concern, unlike multiple-choice questions, will be time management. In open-ended questions, we also see a plurality of concerns towards academics. We observed a new area of concern in open-ended questions such as concerns about the level of university facilities, such as the type of chairs used in classes. After that, we examined many indicators in the questions and their effects, including age, gender, type of previous school, and whether the participants lived in dormitories. It was observed that most of the academic concerns were for students who studied in governmental or private schools. Considering that NOET has better educational facilities, we can conclude that it is consistent with the data of our studies and that students in NOET schools have fewer academic concerns. According to the National Testing Agency: "The first factor in success in the entrance exam is the students themselves. However, education in NOET schools is carried out at a higher level than in other schools. One thing that we should pay attention to about the entrance exam questions and that cannot be neglected is the level of the questions. Since a number of the entrance exam questions are difficult and conceptual, students from NOET schools can perform more successfully in the entrance exam and achieve high rankings in popular fields." Also, the level of social concerns in students from government model schools was much higher than that of students who studied in NOET and private schools, given that these students have a lower financial level on average, this result can be confirmed. It was also observed that female students were 6 times more worried about dormitory problems than men, including roommates and being away from family. Also, dormitory students were 1.5 times more likely than local students to have nutritional problems, which can be expected given that they consume more than one meal from self-service food.

References:

1.Shams S, A.H., Kianmehr A, *The prevalence of iron deficiency anaemia in female medical students in Tehran.*Singapore Med J, 2010.

2.Boo NY, C.G., Wong LC, *The prevalence of obesity among clinical students in a Malaysian medical school.*Singapore Med J, 2010.

3.Student, M., *The Hardest Part of Medical School, and How to Overcome It.* online magazine in-Training, 2016.

4.Al-Hussaini M, A.A., Al-Harbi A, Association between academic stress during exam period, dietary behavior and bowel symptoms among medical students in Saudi Arabia. Journal of Taibah University Medical Sciences, 2023.

5.Hosseini M, R.N., Shakiba M, Mental health among medical students: Roles of dorm life and exposure to clinical environment (Shiraz University, Iran). Iranian Journal of Psychiatry and Behavioral Sciences, 2021.

6.Ebrahimi A, N.A., Zarei M, The problems of students' dormitory life; a study by qualitative method (Isfahan University of Medical Sciences, Iran). Research in Behavioral Sciences, 2018.

7.Park S, J.K., Lee Y, Mindful eating, nutrition knowledge, and weight status among medical students: Implications for health and counseling practices. Nutrients, 2024.