

Original Article

Academic and Psychosocial Impact of Wearing Eyeglasses Among Medical Students and Trainee Doctors: A Cross-Sectional Study.

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Abstract

Objective: To evaluate the relationship between eyeglass wearing and academic performance and psychosocial outcomes in medical students and trainee doctors.

Methodology: The present study was a descriptive cross-sectional study conducted at MMC/Bacha Khan Medical College between April 17 and September 18, 2025. 150 eyeglass-wearing individuals aged 18 to 35 years were sampled using a consecutive sampling method. Data on demographics, academic performance, and psychosocial experiences were collected using a structured questionnaire. Chi-square or Fisher's exact tests were used to analyze associations, with Monte Carlo simulation used for sparse data. A significance level of 0.05 was used as the threshold.

Results: Myopia was the most common refractive error (78%), followed by hypermetropia (19.3%) and astigmatism (3.3%). There was a significant difference in the distribution of refractive error by field of study ($p = 0.03$), but not by gender, age, or years of eyeglass wear. A higher percentage of participants reported improved academic performance after vision correction. Still, no significant correlation was found between the type of refractive error and problems in reading, clinical tasks, or procedural performance ($p > 0.05$). The psychosocial outcomes, such as embarrassment, social avoidance, confidence, and self-esteem, were mostly similar between groups (all $p > 0.05$), but some participants experienced negative outcomes.

Conclusion: Eyeglass use was associated with self-reported improvements in academic performance in medical students and trainee doctors, and no significant difference in psychosocial outcomes. The results are subject to interpretation due to the cross-sectional design. Further longitudinal studies are needed to establish causal relationships.

INTRODUCTION

Vision impairment is A major global public health concern that affects millions of individuals, including medical students.¹ Among the various causes, uncorrected refractive errors remain one of the most common, with an estimated 12.7 million children and adolescents aged 5–15 years affected worldwide.[1] In Pakistan, several studies have shown that visual problems among students are highly prevalent, with reported rates ranging from 10% to 30%.[2,3] The scale of the issue is significant, as poor vision not only affects daily functioning but also has long-term consequences on academic performance, quality of life, and future career opportunities.[4]The burden of uncorrected vision problems extends beyond the individual, influencing both the healthcare system and society. These issues can increase healthcare expenditure, reduce work productivity, and negatively affect overall life satisfaction.[5] In academic environments, unaddressed visual problems may contribute to poor academic achievement, higher absenteeism, and even increased dropout rates.[6] Over time, such challenges can lead to reduced economic prospects and heightened vulnerability to mental health concerns.[7]For medical students, the psychological and social implications of wearing eyeglasses can be particularly meaningful. This group already experiences high academic stress, pressure to excel, and demanding workloads. Eyeglasses, while medically beneficial, may also influence how students perceive themselves, affecting confidence, self-image, and interactions with peers and patients.[8] Some studies indicate that medical students who wear eyeglasses may experience insecurity, self-consciousness, or stigma, which can affect their emotional well-being. Although vision impairment and the benefits of optical correction have been widely studied in general populations and school-going children, there is a noticeable lack of studies focusing on medical students and trainee doctors, a group with uniquely high academic, clinical, and psychosocial demands. Existing studies primarily evaluate the effects of eyeglasses on visual acuity and academic performance.[9] Yet, they rarely explore the psychosocial consequences such as self-esteem, professional confidence, social interactions, and perceived stigma within this high-stress training environment.[10] Furthermore, the current literature fails to address how eyeglasses affect clinical task performance across different stages of medical education. These gaps highlight the need for studies that specifically examine both the academic and psychosocial impact of wearing eyeglasses among medical students and trainee doctors. The purpose of this study is to address these knowledge gaps and provide evidence to inform future policies and initiatives to improve access to eye care and support the overall well-being of medical students. Although the literature exists, the overall gap in understanding the academic and psychosocial effects of eyeglass use among medical students and trainee doctors remains large, especially in low- and middle-income countries such as Pakistan. Most studies have not measured academic achievement, clinical functioning, and psychosocial well-being concurrently in this group. Therefore, this study aims to address this gap by critically assessing academic and psychosocial performance associated with eyeglasses among medical students and trainee doctors in an integrated manner.

Material and Methods

Study Design: This descriptive cross-sectional study was conducted among medical students and trainee doctors at MMC/Bacha Khan Medical College, Mardan, Pakistan, from 17 April to 18 September

2025 to evaluate the academic and psychosocial impact of wearing eyeglasses. Participants with refractive errors were included and provided with eyeglasses to correct their vision. However, those with known causes of visual impairment other than refractive error, such as cataract, glaucoma, trauma, or allergies, and those with known learning disabilities were excluded. Questionnaire items assessing academic and clinical performance were adapted from previously published studies evaluating the impact of refractive errors on educational and functional performance. Subject experts reviewed these items for content validity before use. Eligible participants were recruited using a consecutive sampling technique. The sample size was determined using the OpenEpi sample size calculator (www.openepi.com), which is based on the one-population proportion formula. Assuming a prevalence of 50%, a 95% confidence level, and a 5% margin of error, the minimum required sample size was 150 participants. Data were collected, and the effects of wearing eyeglasses on academic performance and psychosocial well-being were assessed using a structured, pretested questionnaire. The questionnaire items assessing academic and clinical performance (reading ability, clinical task performance, and procedural difficulties) were adapted from previously published literature evaluating the impact of refractive errors on academic and functional performance Subject experts reviewed them to ensure content validity. Psychosocial variables were measured using a five-point Likert scale ranging from strongly disagree to agree strongly. Data collection was conducted after pretesting and content validation of the questionnaire. Data analysis was conducted using IBM SPSS Statistics 26.0.0 (IBM Corp., Armonk, NY, USA). Descriptive statistics were presented as frequencies and percentages. Where necessary, the Pearson chi-square test or Fisher's exact test was used to assess associations between categorical variables. In sparse data, Monte Carlo simulation was used to obtain exact p-values. Any p-value less than 0.05 was deemed statistically significant. Data visualization (comparative bar charts) was used to illustrate trends in academic performance. Academic performance was measured using self-reported categories such as Excellent, Good, Fair, and Poor, with respect to overall academic performance and performance in the participants' recent examination. Participants were required to provide an account of their academic performance before and after wearing eyeglasses. Academic performance was measured as a change from a lower category (e.g., Poor or Fair) to a higher category (e.g., Good or Excellent) following the onset of eyeglass use. This method has been adopted in previous studies evaluating the effect of visual correction on academic performance.

Results

Baseline characteristics and distribution of refractive errors. The participants in the study were 150 (92 males and 58 females) aged 18 to 35 years. The most common refractive error was myopia, found in 117 participants (78.0%), followed by Hypermetropia (n=29, 19.3%) and astigmatism (n=5, 3.3). The distribution of the refractive errors did not differ significantly by gender (p = 0.61) or age (p = 0.36). However, there was a statistically significant difference in fields of study (p = 0.03), with myopia being more common among MBBS students (84.3%) and hypermetropia more common among BDS students (38.1%). There was no significant correlation between eyeglass type, duration, and refractive error (p = 0.46). These findings are summarized in **Table 1**—relatedness between the type of refractive error and academic and clinical performance. The relationship between the type of refractive error and perceived academic performance and clinical performance was evaluated. A greater

percentage of the respondents who had myopia said that eyeglasses influenced their reading medical texts (42.7%) and clinical work (36.7%) than those with Hypermetropia or astigmatism. Similarly, there were more difficulties in the clinical procedures among the myopic participants (54.7%). These, however, were not statistically significant for reading ability ($p = 0.21$), clinical task performance ($p = 0.08$), and procedural difficulties ($p = 0.13$). The results are shown in detail in **Table 2**—academic performance after the use of eyeglasses. Participants' academic performance significantly affected self-reported performance with the use of eyeglasses. The percentages of those who reported achieving outstanding academic performance increased by 28.0 percent when they wore eyeglasses and by 46.7 percent when corrected. On the other hand, percentages of people in the Fair and Poor categories decreased significantly. Overall, 53.3% of the respondents reported that their academic grades had improved since they started using eyeglasses. These findings are illustrated in **Figure 1**—psychosocial outcomes related to wearing eyeglasses. The respondents had various psychosocial experiences related to the use of eyeglasses. Negative social experiences, such as negative comments, embarrassment, social avoidance, and perceived influence on social interactions, were observed but did not differ significantly between groups with refractive errors. In particular, the negative comments showed no statistically significant differences ($p = 0.85$); neither did embarrassment ($p = 0.49$), avoidance of social situations ($p = 0.71$), nor influence on social interactions ($p = 0.70$). Similarly, the psychological variables such as anxiety or stress ($p = 0.14$), confidence ($p = 0.67$), self-esteem ($p = 0.86$), perceived social support ($p = 0.26$), and perceived influence on appearance ($p = 0.64$) were also similar in groups. These results indicate that the psychosocial outcomes with eyeglasses were largely similar among participants, irrespective of the type of refractive error, as evidenced by Table 3.

Table 1. Distribution of Refractive Errors Across Baseline Characteristics (N=150)

Variable	Category	Myopia n (%)	Hipermetropia n (%)	Astigmatism n (%)	p- value
Gender	Male	74 (80.43)	16 (17.39)	2 (2.17)	0.61
	Female	43 (74.14)	13 (22.41)	2 (3.45)	
Age Group (years)	18–25	84 (78.50)	21 (19.63)	2 (1.87)	0.36
	26–30	28 (80.00)	5 (14.29)	2 (5.71)	
	31–35	5 (62.50)	3 (37.50)	0 (0.00)	
Participant Category	TMO	26 (76.47)	7 (20.59)	1 (2.94)	0.03
	House Officer	8 (66.67)	2 (16.67)	2 (16.67)	
	MBBS Student	70 (84.34)	12 (14.46)	1 (1.20)	
	BDS Student	13 (61.90)	8 (38.10)	0 (0.00)	
Duration of Eyeglass Use	Less than 1 year	14 (73.68)	4 (21.05)	1 (5.26)	0.46
	≥1 year	103 (78.63)	25 (19.08)	3 (2.29)	

Distribution of refractive error types according to demographic and academic characteristics of the study participants. Data are presented

as frequency (percentage). Associations were analyzed using the Pearson Chi-square test or Fisher's exact test, where appropriate. A p -value <0.05 was considered statistically significant.

Table 2. Association between refractive error type and perceived academic and clinical performance among medical students and trainee doctors

Variable	Response	Myopia n (%)	Hypermetropia n (%)	Astigmatism n (%)	p- value
Do you think eyeglasses impact your ability to read medical texts?	Yes	64 (42.7)	15 (10.0)	4 (2.7)	0.21
	No	53 (35.3)	14 (9.3)	0 (0.0)	
Do you feel eyeglasses affect your ability to perform clinical tasks?	Yes	55 (36.7)	7 (4.7)	2 (1.3)	0.08
	No	62 (41.3)	22 (14.7)	2 (1.3)	
Have you experienced difficulties during clinical procedures?	Yes	82 (54.7)	15 (10.0)	2 (1.3)	0.13
	No	35 (23.3)	14 (9.3)	2 (1.3)	

Association between refractive error type and perceived academic and clinical performance among medical students and trainee doctors. Data are presented as frequency (percentage). Associations were assessed using the Pearson Chi-square test or Fisher's exact test with Monte Carlo simulation when appropriate.

Figure 1. Comparison of Academic Performance Levels Before and After Wearing Eyeglasses

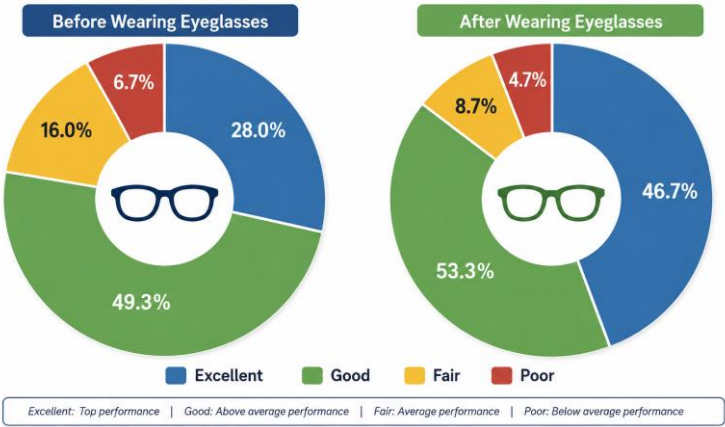


Figure 1. Comparison of self-reported academic performance before and after wearing eyeglasses among medical students and trainee doctors. The proportion of participants reporting excellent and good academic performance increased after vision correction, whereas the proportions reporting fair and poor academic performance decreased.

Table 3. Psychosocial Experiences Associated with Eyeglass Use Among Medical Students and Trainee Doctors (N = 150)

Variable	Myopia n (%)	Hipermetropía n (%)	Astigmatism n (%)	p- value
Received negative comments (Yes)	44 (37.6)	11 (37.9)	1 (25.0)	0.85
Felt embarrassed or ashamed (Yes)	18 (15.4)	5 (17.2)	0 (0.0)	0.49
Avoided social situations (Yes)	25 (21.4)	6 (20.7)	0 (0.0)	0.71
Social interactions affected (Yes)	39 (33.3)	11 (37.9)	2 (50.0)	0.70
Anxiety or stress related to eyeglass use (Yes)	20 (17.1)	9 (31.0)	1 (25.0)	0.14
Confidence affected (Yes)	27 (23.1)	9 (31.0)	1 (25.0)	0.67
Self-esteem affected (Yes)	39 (33.3)	11 (37.9)	1 (25.0)	0.86
Support from friends or family (Very supportive)	52 (44.4)	15 (51.7)	1 (25.0)	0.26
Effect on physical appearance (Somewhat positive)	32 (27.4)	6 (20.7)	1 (25.0)	0.64

Psychosocial experiences associated with eyeglass use according to refractive error type among medical students and trainee doctors. Data are expressed as frequency (percentage). Comparisons between groups were performed using the Pearson Chi-square test or Fisher's exact test. A p-value <0.05 was considered statistically significant.

Discussion

This study evaluated the association between eyeglass use and academic performance and psychosocial outcomes in medical students and trainee doctors. The results show that a significant percentage of the respondents have improved academic performance since they started wearing eyeglasses. Nevertheless, due to the cross-sectional design and reliance on self-reported data, the results should be interpreted as perceived rather than causal relationships. The same has been observed in other studies, with optical correction associated with enhanced academic performance and learning effectiveness.[11] The type of refractive error (myopia, hypermetropia, and astigmatism) was not significantly associated with differences in academic or clinical performance in the current study.[12] Though a greater percentage of myopic participants had problems with reading and clinical activities, the difference between them was not statistically significant. This implies that although visual difficulties may be observed across groups, the type of refractive error may not be a good predictor of perceived academic or clinical performance.[13] In terms of psychosocial outcomes, the results showed that a significant percentage of respondents experienced embarrassment, negative comments, social avoidance, and a lack of confidence.[14] These, however, did not vary significantly among refractive error groups. Notably, the absence of statistically significant differences between the groups should not be interpreted as a lack of psychosocial influence. On the contrary, it means that these experiences are quite characteristic of all types of refractive error. These results coincide with prior literature that presents both positive and negative psychosocial experiences of using eyeglasses, such as problems with self-image, stigma, and social perception [12,6]. Although some participants reported positive perceptions, e.g., greater confidence and social comfort, these observations should be interpreted with caution.[15] The study

design does not permit causal conclusions, and the outcomes do not show statistically significant differences in psychosocial outcomes across groups. Thus, the interpretation, which indicates an improvement in confidence or social interactions, cannot be viewed as conclusive but rather as exploratory.[16] The same precaution has been highlighted in earlier Studies on the subjective results associated with vision correction[17] The other notable observation is that academic performance gains were more common in tasks with detailed visual participation, including the reading and clinical tasks. This is consistent with evidence indicating that proper visual correction facilitates functional academic performance by reducing visual load and enhancing task efficiency[18,19] Nevertheless, such results are based on self-report measures and need to be confirmed by objective academic performance measures in future studies. Irrespective of these findings, several limitations have to be noted. The study is cross-sectional, and thus does not allow causal interpretations. The use of self-reported measures introduces potential recall and social desirability bias. The study was conducted at a single institution, and the sample was rather homogeneous, which limits the generalizability.[20] The questionnaire was also not properly validated, and critical confounding variables such as study habits, socioeconomic status, and mental health were not controlled for. The small number of hypermetropic and astigmatic participants also reduced the statistical power to perform subgroup analyses, increasing the risk of a type II error. Moreover, psychosocial responses to the use of eyeglasses may be influenced by cultural perceptions, and these differences can be observed across populations.

CONCLUSION

Eyeglass use among medical students and trainee doctors was associated with self-reported improvements in academic performance. However, due to the cross-sectional design, these findings reflect perceived associations rather than causal effects. Refractive error type was not significantly associated with differences in academic or clinical challenges. Although psychosocial outcomes did not differ significantly across groups with different refractive errors, a notable proportion of participants reported negative experiences, including embarrassment, social discomfort, and reduced confidence. These findings indicate that eyeglass use may have psychosocial implications that are consistent across groups rather than absent. Early identification and correction of refractive errors should be encouraged within medical institutions to support academic functioning. Future studies using longitudinal or experimental designs are needed to evaluate better the causal impact of vision correction on academic and psychosocial outcomes.

Authors' Contributions (ICMJE)

Shafqat Ali Shah: Conceptualization, study design, supervision, statistical analysis, interpretation of data, critical revision of the manuscript for important intellectual content, final approval of the version to be published, and accountability for all aspects of the work.

Muhammad Bilal: Data collection, data curation, literature review, data analysis, manuscript drafting, revision of the manuscript, final approval of the version to be published, and accountability for all aspects of the work.

Muhammad Tariq: Study supervision, interpretation of findings, critical review of the manuscript for important intellectual content,

final approval of the version to be published, and accountability for all aspects of the work.

All authors meet the International Committee of Medical Journal Editors (ICMJE) authorship criteria, approved the final manuscript, and agree to be accountable for all aspects of the work, ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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Data Availability Statement: The datasets generated and/or analyzed during the current study are available from the corresponding author upon reasonable request.

Declarations: The authors declare that this manuscript is original, has not been published previously, and is not under consideration for publication elsewhere.

Conflict of Interest: The authors declare no competing interests or conflicts of interest related to this study.

Ethical Approval

Ethical approval for this study was obtained from the Institutional Review Board (IRB)/Institutional Study Committee of Bacha Khan Medical College (BKMC), Mardan, Pakistan (**Approval No. 1124/08/2024**). The study was conducted in accordance with the ethical principles of the Declaration of Helsinki. Written informed consent was obtained from all participants before enrollment in the study.

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