SHORT COMMUNICATION

Lived experiences of undergraduate medical students after failure in final professional examination: A phenomenology

Khadija Farrukh[1], Ambreen Usmani[2]

Abstract

The objective of the study is to focus on the actual phenomenon of medical students' exposure to failure. The research aims to highlight the lived experiences of undergraduate medical students after failure in final professional examination, from the student's point of view. Study was conducted in Bahria Medical and dental college Karachi, Pakistan.

Interpretative phenomenological approach was used to explore the lived experiences of students who failed in the final professional MBBS examination. Interpretivist and pragmatic research paradigms were used for philosophical explanation of the phenomenon. Semi-structured interviews were conducted for data collection. These interviews were repeated until data saturation was reached. Interviews of participants were initially audio-recorded and then transcribed. Non-verbal communication was transcribed using observation method and following continuum of lexicalisation ranging from symbolic gestures to phrases or words omitted or adapted to enhance thick description and interpretation of latent content analysis. Verbal data was analysed by content analysis, non-verbal and verbal data were integrated, and phenomenological interpretive method was used in this study. Constant reflection on data or parts of data contributed to the understanding of the phenomenon. Data was organised in codes and themes using atlas ti-9. Results showed 16 codes under three themes, i.e. personal, social, and academic factors. Interpretive phenomenological approach applied in this study helped to uncover the complexity of medical students' failure.

Keywords: Phenomenology, Lived experiences, Medical students, Professional, Failure.

DOI: https://doi.org/10.47391/JPMA.7147

Submission completion date: 17-06-2022

Acceptance date: 12-11-2022

[1]Department of Medical Education, Bahria Medical and Dental College, Karachi, Pakistan; [2]Department of Anatomy, Bahria Medical and Dental College, Karachi, Pakistan.

Correspondence: Khadija Farrukh. Email: khadijafarrukh2010@hotmail.com
ORCID ID. 0000-0002-7331-5316

Introduction

Phenomenology is a qualitative study design which embraces an open-ended approach to describe a phenomenon by participants who experienced it in real life situation. It takes into consideration a dialogic relationship between the participant and its environment. In this study the participants were studied in relation to their specific situation in life as we cannot think of individuals in segregation and must always relate them to the context in which they live. In short, in interpretative phenomenological analysis to understand the phenomenon of interest from the perspective of participants, this research focuses on the participants within their world. Phenomenology is essentially exploration of how and why participants behaved in a certain way, from their perspective.[1]

There is a gap in qualitative research done on lived experiences of failure in undergraduate medical education in Pakistan. Few studies that previously focussed on this topic collected data through verbal interviews; however, non-verbal communication for data collection is important for thick description of phenomenon under study as this subject is sensitive and involves emotions, therefore, collection of non-verbal communication data will enhance the understanding of the phenomenon. Although few studies have highlighted the issue of the experience of failure in undergraduate medical students, literature focussing particularly on the medical students' perspective is inadequate.[2] This study has highlighted students' lived experiences which will help to identify the mechanism by which students can be motivated. Previous studies on medical students have shown contrasting results, with some delineating a positive change whereas others suggest that hardly any lesson was learned from failure; few studies showed reluctance of students to talk about failure. The study explored the experiences relevant to this student group, and narrated how they are amplified by various contextual factors. Phenomenology helps us to learn from experiences of others although human beings learn from experiences of others and at the same time they are also reluctant to undergo this process, because they feel that similar situation or circumstances might not be encountered by them. The experience of failure demonstrates the incongruence for these high achievers

who were not used to face such failures, and how they perceive themselves and how they would actually like to be perceived. The researcher had set aside prior predispositions, biases, and preconceived ideas about the phenomenon. This process allows researchers to develop an attitude to focus on the views reported by the participants. Almost 10 percent of medical students encounter academic failure at some stage of undergraduate medical studies according to literature research.[3,4] Efforts to identify weak students as early as possible and extending support to them according to their specific problem might stop the cycle of failure. Key to supporting struggling students is to identify reasons for poor performance, which is possible by understanding their lived experiences.

Method and Results

Qualitative phenomenology approach was employed. Philosophical paradigm used was interpretivism and pragmatism. According to interpretivists, studies on humans must go beyond empirical, and objective evidence should include subjective views, emotions, experiences, and values. Interpretivists also debate that reality is multi-layered and complex and a single phenomenon can have multiple interpretations. The phenomenon like experience of failure, that cannot be directly counted, requires interpretation. Pragmatism seeks information on problem by investigating its complex interrelated elements in order to understand the entire situation.

Data was collected using semi-structured interviews, four months after failure. Interviews were carried out until data saturation was reached. Final analysis was done using atlas ti-9. Inductive research approach was used. Ontological assumption was that lived experience is an interpretive process. Epistemological assumption was that the researcher is part of the world and not biased-free but understands the world by interpretation. Phenomenological reduction was done, i.e. setting aside all theories and beliefs on the phenomenon under study. Horizontalisation as part of phenomenological reduction process was done to give equal chance and value to all participants involved in the research. During synthesis, researchers intuitively integrate the verbal and non-verbal communication data portrayals and combined explanations, elucidating the essence and meaning of the phenomenon. Data was collected from May 18th -May 30th, 2022, after approval of the institutional ethical review committee. Students were informed that participation will be voluntary and not a formal requirement by their medical college as a consequence of failure. Consent was taken and confidentiality was assured.

Purposive sampling technique was used; 12 students who failed in the final professional MBBS examination fulfilled the criteria. Inclusion criteria included those who failed in final professional MBBS examination, and who gave consent. Exclusion criteria included those who passed in final professional MBBS examination, and who did not give consent.

A phenomenological interpretive method was used in this study and the data was analysed by content analysis, in three steps. First, naïve or simple reading was done for basic understanding, followed by structural analysis i.e. arranging text systematically and relating it further, and finally comprehensive or complete understanding. After naïve reading, initial open codes were formulated which were updated by understanding to axial and selective codes and finally after comprehensive understanding

Table-1: Data Analysis of Non-verbal Communication.

	Students											
Q. No.	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
1	SS	EM	SS	SS	EM	SS	SS	SS	EM	SS	SS	SS
2	SS	SS	EM	SS	SS	EM	SS	EM	EM	EM	SS	SS
3	EM	EM	EM	SS	EM	SS	EM	EM	SS	SS	EM	EM
4	SS	SS	EM	EM	SS	SS	SS	SS	EM	SS	SS	SS
5	SS	SS	EM	LH	EM	EM	SS	LH	EM	SS	EM	LH

Kinesis: Facial Expressions: Sad (SS), Laughter (LH), Surprised (SP), Anger (AG), Embarrassed (EM); (Body Movements): Eye Rolling (ER); Chronemics and paralinguistic: (Pauses in speech/ Tone of voice): Pause (PP), High pitch (HP), Low pitch (LP).

Table-2: Data Analysis and coding.

Open Codes	Axial Codes	Selective Codes /Themes
Regular change in accommodation during examination	Instable accommodation	Personal Factors
Transportation issues	Financial issues	
Deficient financial resources		
Lack of motivation	Psychological instability	
Emotional trauma		
Post-failure struggle		
Stress		
Procrastination	Burnout	
Fear of failure		
Low-self esteem		
Lack of study plan	Lack of self-regulatory learning	
Lack of strategy		
Lack of time management abilities		
Peer pressure	Social Factors	
Embarrassment/Social stigma of failure		
Parental Pressure		Social Factors
Lack of support group		
Family commitments		
Extensive curriculum	Academic issues	Academic Factors

themes were generated. In the process of data analysis, there were constant iterative cycles of reflecting on the codes formulated, removing unrelated codes, and organisation and re-organisation of similar codes. Constant reflection on data or parts of data contributed to the understanding of the phenomenon.

Results showed the participant's experiences under three main themes: personal, social and academic factors; these are related to students' lived experiences of high-stake professional examinations failures.

Personal Factor: Emotional trauma, stress, and anxiety after failure in high stake medical examination is the most common experience mentioned by all the participants; overall personal factors emerged as the most dominant theme.

"I was emotionally drained" (five second pause).

"I feared failing again (two second pause followed by laughter)."

Social Factors: Most students face significant parental pressure and social stigma attached with experience of failure, which further declines their motivation. It is commonly seen that many students took admission in medical college to fulfil their parents' dreams so they already lacked intrinsic motivation.

"The stamp of failure will stay with me throughout my life (Embarrassed facial expression)."

"Now, how I will face my parents? I never wanted to be a doctor in first place; I am living my parents' dream."

Academic Factors: Most students agreed that they find medical curriculum too extensive to cover and need self-regulatory attributes to manage such a vast course work.

"I personally believe our course was too extensive."

Discussion

Results showed that personal factors, and parental and social influence predominantly affects students' experiences of failure; however, environment also influences the phenomenon to some extent but the major contributor is lack of self-motivation and determination. There are two main reasons for that; first, in our culture medicine is thought to be the most prestigious and respected profession for both female and male students; and despite being a conservative culture, females are encouraged to join shoulder to shoulder. But, unfortunately, parents force their children to choose this highly demanding profession which is a cause of lack of motivation in these students; secondly, burnout due to extensive curriculum and lack of self-regulatory attributes. Most students explained failure as a very embarrassing experience. It's high time that norms of social stigma associated with failure be changed. We should strive to change from a fixed mind-set to growth mind-set which explains failure as a pit stop where you refuel your energy and redirect your strategy, and continue your journey towards success. It is important to reframe failure by facing it without shame, reframing towards growth mind-set, acknowledging the beauty of trying hard to succeed, and reflecting on issues to be resolved and strategies to be reframed. Findings from this study suggest that sorting out factors affecting students' experiences remains naive since many factors were involved and reality is more complex, all of which may collaborate to cause failure.[5] Stress and vulnerability should be recognised among medical students using mentoring programmes and required support should be provided. However, findings from this study suggest that there may be significantly higher chances of failing the second time among susceptible students. Whenever the subject of student failure has been explored, multiple studies in literature showed the reasons for students' poor performance to be personal problems or issues.[2,3,6,7] Although formative assessments are important source of identifying such students, more student-specific support and feedback throughout the course is needed.[8,9] Such students tend to take little personal responsibility for their performance and were reluctant to seek help.[10] Continues feedback through innovative assessment methods as programmatic assessment aligned with mentoring can give them customised help, which is only possible after identifying weak students and, furthermore, iidentifying areas to be improved. It is usually perceived that medical education is stressful, and this stress might affect negatively on the cognitive functioning and learning ability of students in a medical college.[11,12] Most medical students have not experienced failure before entering medical college; they are in the habit of succeeding academically. The mentors and medical educators should prepare students to learn from their failure and learn to face failure effectively as it will help them to function better in the real world and as physicians, as in real world failure is both ample and unavoidable for all physicians.

While many previous studies used quantitative methods for understanding the phenomenon of failure before the failure occurs, this study used phenomenological approach to give in-depth insight to the lived experiences of students who experience high stake failure in undergraduate medical examination. The major limitation of this study is that the study participants are from a single medical institute.

Conclusions

Interpretive phenomenological approach applied in this study explored the complexity of these students' experiences of failure from their point of view. Emotional trauma following failure and social pressure further decreases students' motivation. We need to encourage such students and add a phrase with assessment drives learning that is "learning from failure".

Disclaimers: None.

Conflict of Interest: None.

Funding Source: None.

References

1. Neubauer BE, Witkop CT, Varpio L. How phenomenology can help us learn from the experiences of others. Perspect Med Educ 2019; 8: 90–7.
2. Reed DA, Shanafelt TD, Satele DW, Power DV, Eacker A, Harper W, et al. Relationship of pass/fail grading and curriculum structure with well-being among preclinical medical students: a multi-institutional study. Acad Med 2011; 86: 1367–73.
3. Adam J, Bore M, McKendree J, Munro D, Powis D. Can personal qualities of medical students predict in-course examination success and professional behaviour? An exploratory prospective cohort study. BMC Med Educ 2012; 12: 69.
4. Bloodgood RA, Short JG, Jackson JM, Martindale JR. A change to pass/fail grading in the first two years at one medical school results in improved psychological well-being. Acad Med 2009; 84: 655–62.
5. Dewar A, Hope D, Jaap A, Cameron H. Predicting failure before it happens: A 5-year, 1,042-participant prospective study. Med Teach 2021; 43:1039–43.
6. Rohe DE, Barrier PA, Clark MM, Cook DA, Vickers KS, Decker PA. The benefits of pass-fail grading on stress, mood, and group cohesion in medical students. Mayo Clinic Proc 2006; 81: 1443–8.
7. Nagandla K, Gupta ED, Motilal T, Teng CL, Gangadaran S. Performance of medical students in final professional examination: Can in-course continuous assessments predict students at risk? Natl Med J India 2018; 31: 293–5.
8. Iwata K, Furmedge DS, Sturrock A, Gill D. Do peer-tutors perform better in examinations? An analysis of medical school final examination results. Med Educ 2014; 48: 698–704.
9. Cleland J, Arnold R, Chesser A. Failing finals is often a surprise for the student but not the teacher: identifying difficulties and supporting students with academic difficulties. Med Teach 2005; 27: 504–8.
10. Ratnapalan S, Jarvis, A. How to Identify Medical Students at Risk of Academic Failure and Help Them Succeed? An Interview with a Medical Educator. Med Sci Edu 2020; 30: 989–94.
11. Najimi A, Sharifirad G, Amini MM, Meftagh SD. Academic failure and students' viewpoint: The influence of individual, internal and external organisational factors. J Educ Health Promot 2013; 2: 22.
12. Dadpe AM, Shah DY, Vinay V, Shetkar P. Factors Facilitating Academic Success in Dental Students After Initial Failure: A Qualitative Study. J Dent Educ 2018; 82: 1155–61.