

QUALITATIVE STUDY TO EXPLORE PERCEPTION OF STRUGGLERS IN MEDICAL COLLEGE

Naseer Alam Tariq, Taimur Azam Khan*, Aqsa Zahid**, Khadija Qamar**, Barik Hassan Ahmed***

Combined Military Hospital Multan Pakistan, *63 Medical Battalion Multan Pakistan **Army Medical College/National University of Medical Sciences (NUMS) Rawalpindi Pakistan, ***Princess Royal University Hospital, United Kingdom

ABSTRACT

This article presents the finding of interviews to explore perception of strugglers in Medical Collage. Aim of study was to acquire into those circumstances which drive strugglers into Medical Collages short of their goals leading towards failures. Utilizing the qualitative research design information was gathered through classroom observations and student interviews. Improved understanding of what motivates students will prompt them to modify their strategy so as to foster self-directed efforts towards their goals. Students who lack motivation intermixes intellectual ability, content knowledge, emotional stamina and goal striving with diverse learning environments. Attributional retraining (AR) is a motivation-enhancing treatment designed to offset the dysfunctional explanatory thinking that can arise from lack of motivation, lame excuses often raised by students of their failure and unsatisfactory learning experiences. The theme includes academic performance, failure and motivation level which translate academic efforts into strugglers perception.

Keywords: Attributional retraining, Dysfunctional, Motivates, Perception.

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INTRODUCTION

Educational psychologists have continued to search for variables that could be manipulated to maximize their academic gains to improve student's learning and performance. Curriculum, learning environment, teachers and culture of institutes are such variables which influence the attitude and motivation of students and resultantly their learning and performance. Human motivation, defined as an energized and consistent goal directed behavior, has always been a subject of interest for many for various reasons, one of an important one being that motivation covers all the reasons which cause a person to act. These reasons may be negative like fear or positive factors like money, promotion or recognition¹.

Literature Review

Lot of research has been carried out on this vast subject due to its significance and effects being intangible. Intelligence of students is their

inborn ability^{2,3}, but their learning and thinking styles are the preferred ways of using the abilities they have^{4,5}.

Lumsden (1995) realizes that school is a social event; if a student does not feel as though he or she belongs, their motivation will wane. It is the responsibility of school administrators and teachers to create such a climate at both the school and the classroom level. Lumsden (1995) in line with previously cited research, found that student motivation benefits from autonomy.

Newble and Entwistle (2001) have described the learning approach of students as surface, deep and strategic⁶. Purpose of study was to acquire into those circumstances which drive strugglers into Medical Collages short of their goals leading towards failures.

MATERIAL AND METHODS

Utilizing the qualitative research design information was gathered through classroom observations and student interviews.

Qualitative Approach

Qualitative methodology was employed in order to provide more representative view of

Correspondence: Dr Khadija Qamar, HoD of Anatomy Dept, Army Medical College Rawalpindi Pakistan

Email: colkhadijaqamar@gmail.com

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data. It invites participant's involvement and expression in context of their problems in direct way which is true representation of subject matter.

Participant Selection Strategy

Study was started after obtaining ethical approval from the ethics committee. Informed written consent was attained from all participants of study. All the participants were approached individually to gather information. Only those relegated students from MBBS and BDS classes were approached who had desired information needed to achieve the objectives of study. After observations by concerned faculty on subject matter 15 students were purposively chosen to be interviewed as in qualitative studies smaller sample size is acceptable but it should be large enough so that all the desired perceptions and feedback from the participants is achieved till saturation. Interviews were conducted in total of 4 hours duration and 8 hours of transcription time was also calculated.

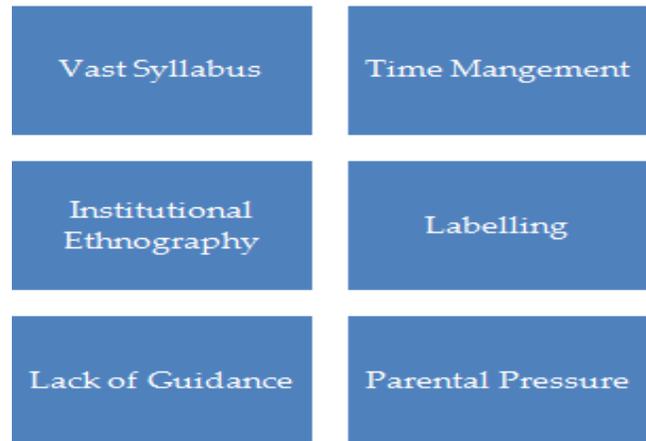
Data Collection Strategy

Purposive random sampling technique was used for acquiring data. Study involved personal observation of the class in operation and students interview. Interview were conducted in open ended, semi structured format. Each participant was interviewed one time and interview lasted about 15 minutes on average.

To insure authenticity of the data, there were multiple participants, multiple occasions of data collection, and multiple sources of data. This allowed for triangulation; multiple sources of data used to build trustworthiness in the data and analysis (Glesne and Peshkin, 1992). Contrary analysis, the process of seeking data that would contradict emerging themes of the data, was also employed to insure authenticity.

Themes identified through literature search and through analysis of data have many commonalities and most of the themes are overlapping. The themes and sub themes which were identified from the data of Educational assessment interviews are discussed.

Presenting Problems



Vast Syllabus: Most of the participants reported that extended syllabus made it difficult to revise the concepts near the exams. Few of the BDS students were also confused regarding the different available books and the vast subject content as compared to the MBBS students.

Time Management: Second most common issue raised by the students of both the programs was, time management. They were confused as to how to revise all the concepts at the time of exam which further added to the exam anxiety.

Institutional Ethnography: Few students also pointed out the problem of adjustment in this particular environment. Upon further probing they said that the discipline and rules made their adjustment very difficult in the college. Two students were of the view that the immense measures taken to discipline them are fruitless and rather distract them from their studies. As they find it difficult to follow rules and repeated punishments lead to a decrease in the motivation level and hence a retaliation to not to study.

Labeling: Two of the students said that once they had a supple in the exam they were constantly labeled by their peers as well as their teachers as being supple holders. And this made them further disappointed, disturbed and unable to concentrate on studies.

Example of the representative statements is as follows:

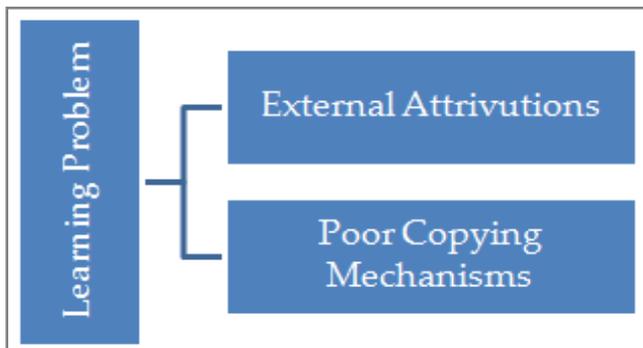
“Once a failure is always considered a failure by everybody”.

Lack of Guidance: Few students reported that the main cause of their failure was the lack of guidance. On further probing they admitted that teachers were helpful and the seniors also helped the students that asked from them. But neither had they gone for help nor anybody offered any routine guidance.

Parental Pressure: Two students admitted that they selected MBBS program because their parents wanted them to become doctors and they themselves were interested in art or management sciences and would select the same if provided the opportunity. One of them was still of the opinion that he should quit MBBS and join any other field.

Learning Problems

The second theme identified from the literature was learning problems. All the students were asked if they could attribute their failure to their learning problems. Following subthemes emerged from the data:



External Attributions: Most of the students were of the view that there was nothing wrong in their learning styles nor there was any gap in the teaching. One of the student even reported that there was some problem in the marking as I had attempted the paper to the best of my knowledge.

Example of the representative statements are:

“I can study if I want to”.

“I don’t think I have any issue in my learning”.

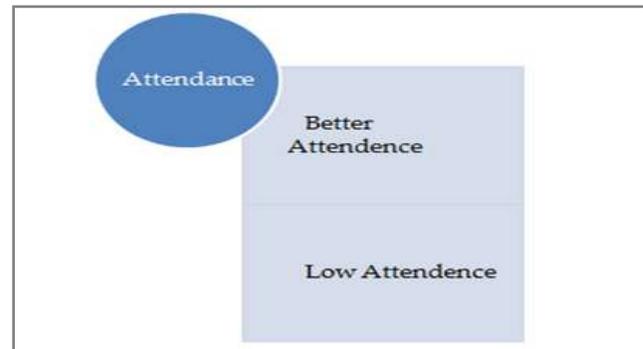
Poor Coping Mechanisms: Few students reported that they are unable to study under pressure. So that at the time of paper they are either unable to recall the facts even though they had revised all or they just ran out of time although they knew the whole paper.

Personal Issues

The third major theme that was seen in literature was what the students think of their personal situation. Almost all of the students were suggesting that they are trying their best to study hard. A few of them had already sought help from their seniors and working on their time tables.

Attendance

One of the major factors affecting student’s performance was their attendance. Only two subthemes emerged from the data:



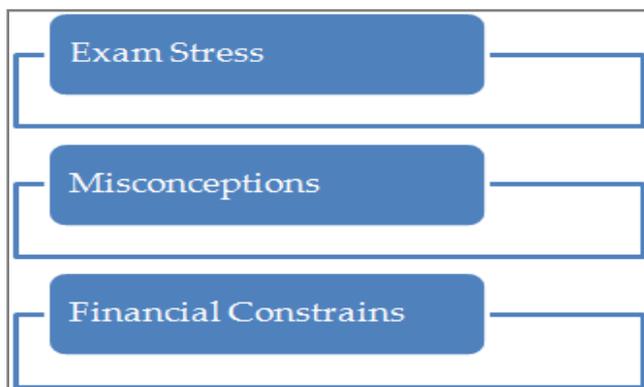
Better Attendance: According to most of the students they had either average attendance or full attendance which did not affect their result or internal assessment.

Low Attendance: Two to three students reported that their attendance was short. Out of which two were sick during the academic year and one student’s mother was diagnosed of cancer which led to his decreased attendance

Motivation Level

Exam Stress: Few students stated that it was difficult to concentrate before and during exam. One student reported that he keeps on forgetting before the exam which increases the anxiety and hence decrease motivation. One of the relegated student reported that she cannot face her peers

after the supplementary exam and this decreases her motivation.



Misconceptions: Some students had the misconception that their ultimate goal was to enter the medical college and now they do not need to work hard. And that study would not be a problem. After failing their exams the disappointment led to a decrease in motivation level.

Financial Constrains: Few students also stated that relegation after supplementary can lead to financial constrains which hamper their learning and hence a decrease in motivation level.

DISCUSSION

Some students reported that their motivation level had increased after the support of their peers or from their seniors. Many students concentrate on learning only to score optimally in the examinations. This issue encompasses the whole educational cycle whereby instructional strategies should be aimed at activating prior knowledge, improve class participation and incorporate interactive learning thereby bringing into play working memory of the students that then aids to transfer information into long term memory. The examination system needs to be designed such that assessment is carried out against clearly defined outcomes and it should ensure competence and aid at predicting future performance as a medical practitioner⁹. The role of trained medical educationists rather than subject specialists in rectification matters is also imperative.

For the achievement of the above-mentioned goals there are strategies such as observations and interviewing students taking time to explain the importance of their learning activity i.e. learner's oriented activity, showing concern and appropriate hearing of the reasons put forward for non-participation in learning activities, allowing the students to choose the learning activities as per their personal choice, developing a learning center displaying menu of different learning activities developed based on personal preferences and allowing them to select activities as per their choices and facilitating students to carry out selected activities in the groups of alike minded.

The above-mentioned strategies will let the students feel empowered of their learning milieu through reinforcement of their right of self-determination and personal choice.

This grave problem of a group of very talented medical students should be understood and solved by application of principles of adult learning, problem solving and interactive approach. Students should be trained in meta-cognitive strategies so that their learning can be improved¹³.

Students who attribute to factors which are external, stable and uncontrollable indicate low self-efficacy. External attribution on students implies the difficult task which is not under their control. This is likely to cause anger or frustration. The always well prepared sessions reflects internal attribution to effort as stable & controllable¹⁴.

Attribution that can also be labeled to the external and uncontrollable factor of task difficulty. This external attribution is actually a false attribution to performance and a refuge to modify her internal attribution.

Some attributes to factors which are internal, stable and controllable and indicating high self-efficacy. This response is more close to that of a mastery-oriented learner who expects that he will make errors and often sees mistakes as natural, useful, and a valuable source of feedback about

their learning proces¹⁵. This is a correct attribution on internal, stable & highly controllable factor as effort. This attitude is progress-oriented.

Some show responses typical of an anger affective response resulting from a controllable, external and stable attribution. They may attribute any dislike as an external, stable & controllable attribution.

Some showed response again as an external, stable, and uncontrollable attribution i.e. task difficulty with some element of internal, unstable and uncontrollable attribution¹ i.e. lack of enthusiasm and interest. This response is of helpless orientation type. Its locus is external and it is controllable^{16,17}.

Students who attribute their poor feedback to 'task difficulty' may underestimate their self-efficacy as very low.

Students might have been performing well in other domains e.g. clinical skills etc but now may fail to generalize their self-efficacy in the domain of medical education. This may adversely affect their self-efficacy¹⁸.

The perception of students about their self-efficacy of teaching skills is also important. The attribution response¹⁹ of the students to the feedback can lead to wrong and weak perception of their self-efficacy regarding teaching skills. In spite of efforts being made, students are confronted with serious challenges that might be affecting their academic achievement levels.

The mastery-oriented learners welcome academic challenges and, in fact, they are typically able to marshal their resources and attention so as to approach challenging tasks constructively and systematically²⁰.

These students have main interest in learning the skill/content are willing to take on difficult tasks beyond present capability view mistakes as learning opportunities. This study also finds students help seeking strategies to be the least utilized as they insignificantly report seeking help from peers or instructors when

needed, not focusing much on the use of others in learning²¹.

The helpless orientation individuals focus on their personal inadequacies and often attribute their difficulty to a lack of ability, and display negative affect (including boredom and anxiety). Thus, they often shy away from challenging tasks and are reluctant to seek assistance if they are having difficulties. Some of the students have shown helpless orientation by displaying similar attribution responses. In helpless orientation individuals focus on their personal inadequacies and often attribute their difficulty to a lack of ability, and display negative affect. Providing motivation to helpless oriented ones require the strategy of listening and identifying the content of their statement and the type of attribution error.

Teachers can help by using the original statement and expanding it into an adaptive reply discussing the effects of attributions and focusing on controllable causes. Let them understand their emotional reactions to success and failure. They help in portraying the problem accurately and considering alternative causes of success and failure for them. By focusing on effort than on ability can help students²².

CONCLUSION

The purpose of this study was to gain a more complete understanding of what factors drive strugglers into Medical Collages short of their goals leading towards failures. Conclusions were then drawn from a number of themes that emerged from a study of the relegated students from each of MBBS and BDS classes. Our study has increased our knowledge about the types of factors leading to decreased motivational levels and how these have implications for their academic performance. We have established the stimulating forces and strategies boosting their progress in learning.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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