

STUDENT’S FAILURE IN POST-GRADUATION; STUDENT’S PERSPECTIVE

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ABSTRACT

Background and Objectives: Failing post-graduation exams is a multi-dimensional experiential phenomenon which can cause significant set-backs to students. The reasons and factors involved within, if addressed properly in time, can decrease the frequency of failing students. Hence, we find it important to identify the reasons and factors from students’ perspective involved in their failure in an attempt to make their post-graduation exams a manageable task.

Methodology: This qualitative study was carried out at UHS and consenting participants were interviewed for their experiences of failing their postgraduate exams in basic health sciences. One-to-one semi-structured interviews were conducted until data saturation was achieved. Themes were extracted from the information provided and results were drawn.

Results: Exam-related issues and non-congenial educational environment were the most commonly stated reasons (69.2%) from a total of 13 participants. The second most stated reason was personal factors? (61.5%). Some of the students (30.7%) complained about the lack of orientation in the beginning of their course which cost them time. Academic inefficiency was stated by 3 students (23%) and income stress was stated by 2 students (15%).

Conclusion: Student’s perspective regarding exams, departments and academics may be taken in account for a better outcome. Students not performing well may be identified before final exams and remedial approaches may be implied.

Key Words: Post-graduation Exams, reasons for failure, personal attributions, exam-related issues, environmental issues, income stress, remedial programs.

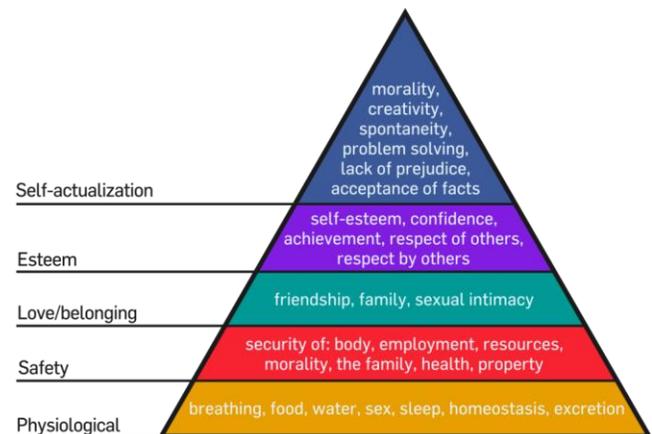
INTRODUCTION

A post-graduate exam is a high stake exam and unlike under-graduate studies, most of the students opt for post-graduation by their own choice. Be it any reason, either earning better livelihood or excel in one’s profession, doing post-graduation is not easy. It involves way more hurdles as compared to the under-graduate program where one doesn’t have to take care of family or house hold. Where a doctor is not a formal student instead has a career of examinations to face one after the other and passing these membership or fellowship examinations, is a difficult task.¹ At this point of life, a person can’t take more risks in his life which could bring him set-backs. Hence not passing the exam could be more than just carelessness, one being irresponsible or not interested in the subject. In postgraduate examinations, high failure rate of doctors is an alarming sign of a pervasive disease, affecting the whole system of medical education, ultimately the health infrastructure.¹

According to Maslow’s Hierarchy of needs, people need certain motivation to achieve their definite needs. It is when one need is satisfied a person hunts for the

next one, and so on.²

Like Maslow (1954), Ryff and Keyes (1995) and Ryan and Deci (2000) afterwards, stipulated that universal human needs be fulfilled to enhance a person’s feelings of well-being. They suggested that the psycho-



Maslow’s Hierarchy of Human Needs

logical needs, for example, for close social relationships, mastery, and autonomy, are incorporated into human beings, hence, the fulfillment of these needs pave ways to higher subjective well-being. Subjective well-being refers to how people experience the quality of their lives and involves emotional reactions and cognitive judgments both.³

A person can only work well and reach to the levels of achievement when his physiological needs, safety, love and respect, are satisfied. Wellness and mental health are two very important factors helping students to make smooth transitions between different changing learning environments and an ever growing burden on their physical and mental capacities.⁴

According to the existing record of PM&DC there are 126,931 registered medical practitioners having degrees of MBBS and who have also completed house job of 1 year. Each year, about 8000 fresh medical graduates are added in to this list.

(<http://abdulmajeedabid.blogspot.com/2012/>.⁵) Majority of the medical graduates in Pakistan, desire to move to the USA, UK, Australia or the Middle East countries. As per a statement and report prepared by Jeo News Pakistan in August 2012, our country is among the biggest exporters of new doctors to the state funded National Health Service in Great Britain.

After graduation, the most popular post-graduation program amongst doctors is FCPS also known as Fellow of College of Physicians and Surgeons. It includes 4 years of medical training at the tertiary care hospital of Pakistan. The second and attractive opportunity is to gain a residency in the US where you can practice the highest training standards of the world.

The third usual choice for a medical student is to pursue post-graduation in the United Kingdom and the forth and the latest option is doing post-graduation in Australia.

Those who want to do post-graduation in basic sciences, try seek admissions in national institutes offering 2-4 years of Master degree programs. Master degree programs and diplomas are also being popularly sought in clinical subjects these days.

A medical student after being selected from a dynamic process of intermediate and MDCAT exams, graduating from a government/private institute, then being centrally inducted for post-graduation, if he fails in his exams at this point, it is a state of great debacle for him and a question mark to the institute as well.

Forsyth *et al* (2008) surveyed students and found that effort is the common factor that cause failure or success in their academic tests.⁶ Moreover, it is also considered that outcomes somehow depended upon the ability to grasp, psychological wellbeing of a person and his family, future concerns, ambition, relationship with family and friends and environment at school. There are other dimensions as well that trigger a certain mental ability in some students such as the fluctu-

tuations of expectations, related reactions and behavioral changes of one's surroundings that cause the changes in mental stability, controllability and ability to asses oneself unbiasedly.

Every student has his own unique experience of the exam process. This experience is multi-dimensional and therefore best studied by qualitative means as qualitative research methodology investigates, describes, or generates theory, particularly for vague and crude concepts; sensitive and social concepts; and complicated human intentions, behaviours and motivations.⁷ Hence, a qualitative study was designed to understand the reasons of students failure in post-graduation from their perspective in an attempt to minimize those factors for a better exams experience.

PARTICIPANTS AND METHODS

Phenomenological, qualitative study was conducted in the University of Health Sciences, Lahore. Post-graduate students who had failed any of their exams were included in the study. Semi-structured interviews were conducted and continued until data saturation was achieved. We had a total of 13 volunteer participants who were from different age groups, gender and demographic & educational backgrounds enrolled in master programs of basic sciences, offered by the University. The interviews were audio recorded from the selected participants and important notes were taken.

The interview transcripts were analysed manually using Giorgi's⁸ phenomenological method which aims to reveal the meaning of a phenomenon, experienced by human beings through the identification of essential themes.

RESULTS

There were a total of 13 participants, 3 males and 10 females. Out of 10 female students, 3 were married and 1 male student amongst the three, was married. Out of 13 students, 9 were graduates of government supported medical college/public sector medical college and 4 were private. The admission in M.Phil. was based on their choice to go for further studies by 8 students. Rest of them had opted for it as an opportunity which they could not miss. On inquiring about their source of income, 9 of the students were being supported by their family and were not doing any jobs. Whereas, 4 of them had to earn to support themselves or the family.

Contextualizing our findings within existing theory, evidence, and practice, a total of 35 reasons were stated by the students, which they attribute to their failure. Out of these reasons, six themes were identified and were categorized as personal problems, academic inefficiency, departmental issues, exam-related issues, income stress and non-congenial educational environment.

The relative frequency of the themes was recorded

as:

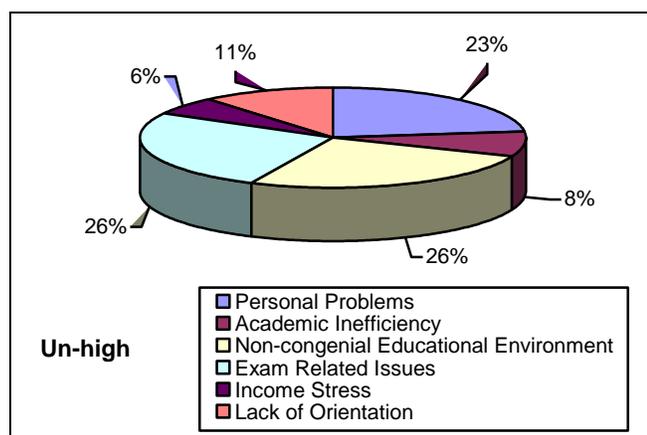


Fig. 1: Frequency of the reasons attributed by the participants.

Exam-related issues and non-congenial educational environment were the most commonly stated reasons. All the 9 students (69.2%) had stated that exams were not from the designed curriculum and didn't follow table of specifications (TOS). Non-congenial educational environment was stated by 9 students (69.2%) who were not comfortable in their departments.⁷ They also had commented on the deficiency of qualified faculty for their particular subjects.

The second most stated reason was personal (61.5%). Among the 8 reasons, marriage, pregnancy and disease were common. Some of the students⁴ (30.7%) complained about the lack of orientation in the beginning of their course which cost them time. Academic inefficiency was stated by 3 students (23%) which included under-preparedness, non-serious behaviour, difficulty in understanding the subject and

difficulty in doing research. Income stress was also stated by 2 students (15%). Though four students were earning along with their studies but only two of them attributed it to their failure as it has caused them divided attention.

DISCUSSION

The exam-related issues and non-congenial educational environment were the foremost causes which participants had attributed to their failures. Exams-related issues included mostly the out of course paper. They had their concerns regarding the table of specifications (TOS) designed for their particular subjects which were not followed properly in the exams.

P10 said: "TOS was not followed at all. We were first year students and the paper was from the second year syllabus. We had given the application for that after which critical index was applied on our exam. Two students out of five managed to get through."

P8 related; "There is no well defined TOS in my subject so far."

P2 mentioned; "My subject specialty is laboratorial, but my paper was 80% clinical. Consequently nobody could pass through."

One of the two participants (P9), who had their theory paper cleared but failed in viva, regarded it as "External examiner's clash with the internal examiner."

Exam-related problems were not rated this much in other studies. Raja AC. in his paper (Oct, 2016) complains about the examiners coming to take their exams and their biasness and said: "Can the competence of a medical student in just one or two cases in the final year exam be used to judge his overall fitness to become a doctor? Wouldn't all the training for the past four/ five years in medical school be worth anything at all? Why can't the overall competence of a

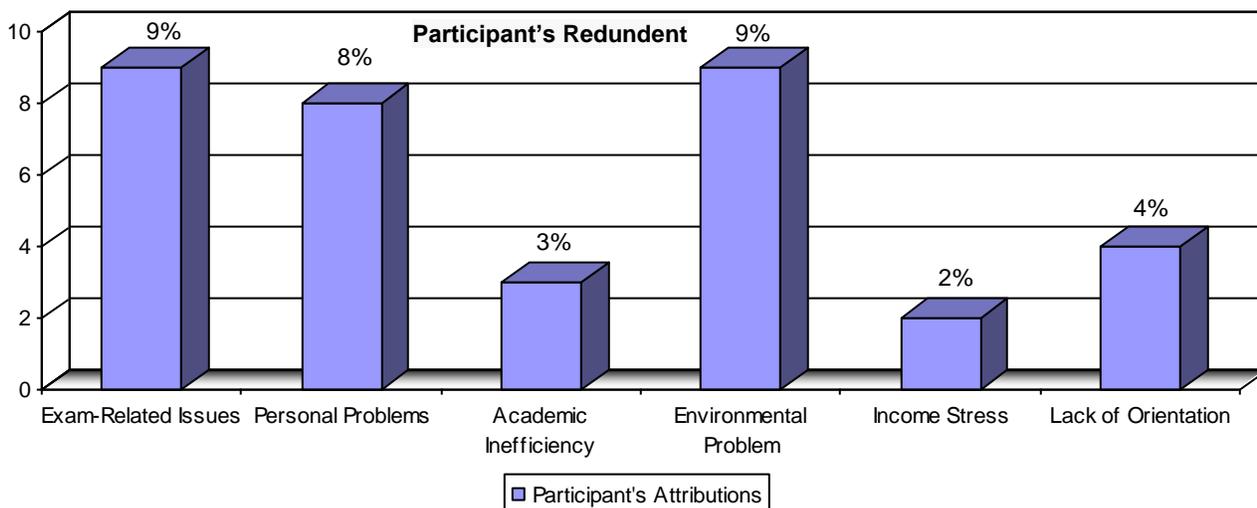


Fig. 2: Frequently attributed reasons by the participants.

doctor be judged during the two-year housemanship period?" The exam system must be revised when we have better tools of assessment now which may be used reliably.⁹

The environmental factors included departmental issues, relations with fellows and faculty members and logistics. A good healthy environment accelerates learning process otherwise impedes effective learning. It gives you a sense of peace and security. P7 said: "There is no department. See! Any department is by a supervisor, and we had a very bad one."

P4 narrated: "We were never valued, no lectures, no feedbacks. Our subject must have a separate qualified supervisor, shouldn't be merged with other similar programs. It was only after we had failed, we got support."

Social isolation was another reason participants had integrated into a plethora of causes we were gathering. P13 reasoned: "I was the only male student in my department and couldn't get many chances of combined studies. The other students used to hide academic stuff and had made the environment very political." Patel (2015), in his article demonstrates the reasons for students failure, a similar study, where all the students had regarded a good conducive environment essential element for success.¹⁰ They regarded the ability to draw on the support of other students to engage in group studies, was critical for success. They felt that they had been socially isolated for a number of reasons that had disadvantaged them in the end.

P5 continued: "I was the only student, had no pioneers and fellows".

Talking about the relations with fellows and faculty, P6 had said: "We fellows had a very good bonding, but the relationship with the faculty was bizarre! They give you a very warm smile in front, but they don't value you in fact."

Emotional and social factors are complexly tied into experiences of students' academic failure. The analysis demonstrated that failure can generate significant emotional trauma for the students. Their personal problems and academic insufficiencies were closely interlinked which they never wanted to become public as to hurt their dignity. As a consequence, they never seek support.¹¹

"Emotions! Emotions are destroyed here. There are too less of the students in the department, you have to be good with them no matter how bad they treat you for you have to spend two years here", P11 stated.

P6 said: "Sorry! But too many of black sheeps!"

Personal problems, was the second most stated reason. Students had inevitable events happening in their lives owing to which they couldn't get through.

"I got pregnant when I was admitted here. Though my department had supported me with my condition

but it became difficult for me to manage", P9 reasoned.

"I had my wedding before my final exams, made things bit difficult for me," P12 stated.

For P1, it was a bit complicated: "I have a medical condition I can't talk about in my department. I don't want to be isolated or a person people look down at. I couldn't get through it".

"My father's death was a great debacle for me", P11 said.

Najimi et al (2013) provides further evidence that students' personal problems, poor relationships and mental health problems can develop from and complicate, the academic difficulties.¹² Regardless of this complexity, mostly the remediation comprises of provision of even more teaching which would not be fruitful in managing these complexities.

Lack of proper orientation was identified as a separate theme since it came out from a significant number of participants.

P1 said: "It took me 6 months to understand what we exactly have to do in research."

P5 had somewhat same views: "I had taken a long time of 8 months to settle in the department."

Assoa Ettien (2010)¹³ writing the factors involved in failure, renders it as third factor which implies to the learner himself and his new environment in the university. When many learners reach the university, they experience a sudden change in the teaching method in high school, where teachers used to take their time to explain the lessons, make correct assessments, and at the university level where some teachers just come and read their lectures, or talk as in a conference, ignoring the needs of students.¹³ This sudden breakdown in the process of learning is a source of serious difficulties for students to adapt to and get adjusted in their new environment and is a potential source of failure.

Academic inefficiencies were stated by three students who were generous enough to admit the shortcomings on their part as they said:

P7 said: "I couldn't anticipate the level of difficulty."

P11 stated: "I didn't have any background of my minor subject and we were always taught like we have a prior knowledge of it. I gave my minor subject more hours to understand and memorize it, but couldn't make it".

A study by Patel et al., 2015, states that boosting students' self-efficacy (faith and confidence to achieve their specific tasks), reflective learning along with building their professional confidence would provide us with certain resources through which personal struggles can be directed and utilized in effective ways.¹⁰

Income stress was mentioned by two of the male participants. We found a majority of girls inducted in post-graduate programs which may be related to the

fact that bread winning is the responsibility of men which makes it difficult for them to continue further education. This problem was faced by two male students who were supporting their families.

P13 exclaimed; "Distance! Lahore isn't my city and I've to earn for my family as well. Students on deputation at least don't have to worry about bread and butter. Money is the problem".

Most of the students had it as a first academic failure they had ever experienced and hence it was a state of denial for them. Even after couple of months of failure, P5 stated: "I still cry on it and haven't come out of it."

P2 stated: "I haven't told my family about it, they have never heard of it from me since I had been a bright, shining star of my family."

P11 stated: "I was at the verge of quitting the program, but had some other commitments which kept me in this place."

Seven students had stated they were not given feedbacks or were identified as at-risk students before exams whereas timely feedbacks play a key role in education where students are striving to reach their learning goals.¹⁴ Graded evaluations along with the feedbacks from departments usually guide students if their efforts are being adequate, superlative or unsatisfactory. According to self-regulatory models of achievement, students expend their energies reviewing their inputs and outputs in response to these evaluations. They try to identify the factors causing failures and finding the answers for them, they adapt themselves accordingly.¹⁵

It is clear, however, that this demands an integrated effort on many fronts. The improvement in health infrastructure is of particular importance. Various measures to improve the objectivity and reliability of examinations have improved the results but overall situations still remains dismal mainly due to fact that the health infrastructure is not conducive to the quality training.¹⁴ This has serious implications for those concerned with academics and teaching in this country. They will have to look beyond the curricula's, training programmes and examinations in order to improve the output.

It is **concluded** that in the light of above-mentioned findings, we conclude that academic failure is considered not only a personal problem but also a social problem. Having these issues highlighted, fundamental steps must be taken to minimize these problems in order to have more success rate amongst post-graduate students.

Authors' Contribution

SZ: Study concepts, designing, draft paper writing.
JSK: Study finalizing, study concept, paper refining.

This research work is attributed to UHS, Lahore. There is no conflict of interests involved.

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REFERENCES

1. Farooq, S. High Failure rate in Postgraduate Medical Examinations - Sign of a widespread Disease. *J. Pak. Med. Assoc.* 2005; **55 (5)**: 1-4.
2. Tay, L. and Diener, E. Needs and subjective well-being around the world. *J. Pers. Soc. Psychol.* 2011; **101 (2)**: 354-365.
3. McLeod, S.A. Maslow's hierarchy of needs. [online], Available at: <www.simplypsychology.org/maslow.html>, Accessed 25th January 2018.
4. Lee, J. and Graham, AV., 2001. Students' perception of medical school stress and their evaluation of a wellness elective. *Med. Educ.* 2011; **35 (7)**: 652-9.
5. Abdul Majeed Abid, [online], Available at: <<http://abdulmajeedabid.blogspot.com/2012/>>. Accessed 25th January 2018.
6. Forsyth DR, Story PA, Kelley KN, McMillan JH. What causes failure and success? Students' perceptions of their academic outcomes. Springer Link. Springer, Dordrecht; 2008. Available from: <https://link.springer.com/article/10.1007/s11218-008-9078-7>
7. Maudsley, G. Mixing it but not mixed-up: mixed methods research in medical education (a critical narrative review). *Med. Teach.* 2011; **33 (2)**: 92-104.
8. Giorgi, A. Sketch of a psychological phenomenological method. *Phen & psychol res.* Pittsburgh: Duquesne University Press, 1985: 8-22.
9. Raja AC. Root cause of failure in final exams - Letters | The Star Online. Nation | The Star Online. The Star epaper; 2016. Available from: <https://www.thestar.com.my/opinion/letters/2016/10/13/root-cause-of-failure-in-final-exams/>
10. Patel, R.S., Tarrant, C., Bonas, S. and Shaw, R.L. Medical students' personal experience of high-stakes failure: case studies using interpretative phenomenological analysis. *BMC Medical Education*, 2015; **15 (86)**: 371-379.
11. Ginsburg, S., Regehr, G. And Lingard, L. The disavowed curriculum: understanding students' reasoning in professionally challenging situations. *J. Gen. Intern. Med.* 2003; **18 (12)**: 1015-1022.
12. Najimi, A., Sharifirad, G., Amini, M.M. and Meftagh, S.D. Academic failure and students' viewpoint: The influence of individual, internal and external organizational factors. *J. Educ. Health Promot.* 2013; **2 (22)**: 1-4.
13. Assoa E. An Examination of Students' Failure Problem at the UFR/SEG of the University of Cocody. *Atlan Int Uni Honolulu, Hawaii*; 2010.
14. Holland, C. Critical review: medical students' motivation after failure. *Adv. Health Sci. Educ. Theory Pract.* 2016; **21 (3)**: 695-710.
15. Okun, M.A., Fairholme, C., Karoly, P., Ruehlman, L.S. and Newton, C. Academic goals, goal process cognition, and exam performance among college students. *Learn & Ind Diff.* 2006; **16 (3)**: 255-265.