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# A Phenomenological Approach to Understand the Challenges Faced by Medical Students

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## Abstract

Life in a medical school is more challenging, when compared to other disciplines like arts and engineering. The innate nature of the medical curriculum and the demands of the profession have created extensive pressure on its students, leading to the prevalence of high stress levels and stress related disorders in them. The mental health of future doctors is very important for quality patient care. Hence it is high time for medical institutions to design interventions to mitigate this situation. A significant amount of research has gone into identifying the predominant stressors of medical education and the prevailing stress levels amongst medical students. However, there is dearth in research efforts that explicitly explain: the manifestation of stressors in different stages of medical education; coping strategies of students; and the kind of support required by the students to cope up with these challenges. Hence this study uses a phenomenological approach to understand the phenomenon of stress amongst medical students of a private medical college in South India. The study found that academic pressure, homesickness, faculty and institution related factors challenge the students. It was also found that the students require support to handle these challenges. These findings have interesting and important implications for institutions and policy makers, with respect to designing interventions to provide a congenial learning environment for our future doctors.

## Keywords

Phenomenology, Medical Students, Challenges



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# A Phenomenological Approach to Understand the Challenges Faced by Medical Students

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*Life in a medical school is more challenging, when compared to other disciplines like arts and engineering. The innate nature of the medical curriculum and the demands of the profession have created extensive pressure on its students, leading to the prevalence of high stress levels and stress related disorders in them. The mental health of future doctors is very important for quality patient care. Hence it is high time for medical institutions to design interventions to mitigate this situation. A significant amount of research has gone into identifying the predominant stressors of medical education and the prevailing stress levels amongst medical students. However, there is dearth in research efforts that explicitly explain: the manifestation of stressors in different stages of medical education; coping strategies of students; and the kind of support required by the students to cope up with these challenges. Hence this study uses a phenomenological approach to understand the phenomenon of stress amongst medical students of a private medical college in South India. The study found that academic pressure, homesickness, faculty and institution related factors challenge the students. It was also found that the students require support to handle these challenges. These findings have interesting and important implications for institutions and policy makers, with respect to designing interventions to provide a congenial learning environment for our future doctors. Keywords: Phenomenology, Medical Students, Challenges*

Medical education poses many new challenges on students throughout the world (Sani et al., 2012). Due to the innate nature of the curriculum and the demands of the medical profession, life in a medical school is not as easy as that of other disciplines like arts and engineering. Yusoff (2013) claims that the intense environment of medical education has created extensive pressure on medical students. Due to these factors, high stress levels and stress related disorders are prevalent amongst medical students (Salam, Yousuf, Abu Baker, & Haque, 2013). The prevalence of stress was 31.2 percent in three British Universities, 41.4 percent in Malaysia, and 61.4 percent in Thailand (Sani et al., 2012). Similar studies related to stress in medical education have also been carried out in Egypt, Iran, Saudi Arabia, Nepal, Pakistan and Australia (Abdulghani, 2008; Amr, El Gilany, & El-Hawry, 2009; Bineshian, Saberian, Haji Aghajani, Ghorbani, Fredonian, Bineshian, & Bineshian, 2009; Mouret, 2002; Sheikh, Kahloon, Kazmi, Khalid, Nawaz, Khan, & Khan, 2004; Sreeramareddy, Shankar, Binu, Mukhopadhyay, Ray, & Menezes, 2007; ). India has the largest number of medical schools in the world (Jayakrishnan, Honhar, Jolly, Abraham, & Jayakrishnan, 2012) and is no exception with respect to prevalence of stress among medical students. A study found 25 percent of medical students in an urban area in India to be stressed (Waghachavare, Dhumale, Kadam, & Gore, 2013).

High stress levels lead to poor physical health, mental distress, low self-esteem, and have a negative effect on the cognitive functioning and learning of students in the medical

college. (Chew-Graham, Rogers, & Yassin, 2003; Dahlin, Joneberg, & Runeson, 2005; Dyrbye, Thomas, & Shanafelt, 2006; Saipanish, 2003; Velayudhan, Gayatridevi, & Bhattacharjee, 2010). Many researchers have also argued that stress damages mental health and causes anxiety and depression not only in advanced countries, but also in developing countries (Rahman et al., 2013). Hence, it is evident that medical colleges are quite stressful, and that medical students are at high risk for distress and maladaptive coping responses that can lead to emotional and physical symptoms (Brennan, McGrady, Lynch, & Whearty, 2010). If students are distressed, it will lead to decay in humanitarian attitudes (Griffith & Wilson, 2003) and decline in empathy (Hojat, Mangione, Nasca, Rattner, Erdmann, Gonnella, & Magee, 2004). The mental health of future doctors is very important for quality patient care. Hence, it is essential to design interventions to bring down the stress levels of medical students and provide them a congenial environment.

A significant amount of research has gone into identifying the stressors of medical students. Rahman et al. (2013) identified that the teaching and learning process at the medical college was the major source of stress, followed by too many assignments, lecturers asking questions during class, and infrastructure-related issues. There are many other studies that have brought out the stressors in detail (Mahajan, 2010; Yusoff & Rahim, 2010b; Yusoff, Rahim, & Yaacob, 2010a; Yusoff, Yen, Heng, Hon, Xue, Chin, & Ahmad Fuad, 2011a).

Though the factors causing stress in medical students have been identified in detail, there is a dearth of research efforts that explicitly explain the underlying phenomenon. Less is known about how these different stressors manifest themselves during the various stages of medical education and how these stressors are handled by the medical students. There is also a lack of understanding about the kind of support they need from the institutions to handle their challenging environment. The wellbeing and mental health of medical students are important for improving the learning process and creating effective doctors to serve the society. An adequate understanding of the aforementioned areas is extremely important for future planning of effective interventions, and hence warrants further study.

When the research problem is to understand the common experiences of several individuals about a phenomenon, a phenomenological approach is appropriate (Finlay, 2009). A phenomenological study describes the meaning of several individuals of their *lived experiences* of a concept or a phenomenon. Using phenomenology, data can be collected from persons who experienced the phenomenon, and a composite description of the essence of their experience can be developed (Creswell, 2013). Thus, this study used a phenomenological approach to understand the challenges faced by medical students. The findings from the study had important implications for medical institutions pertaining to designing stress management interventions and offering them a congenial environment.

## Literature Review

It is a long-held dream of many students to secure admission to a medical college. When they enter medical college after much effort and persistence, the students may be intellectually prepared for the curriculum; however, many are not emotionally prepared for the rigors of the curriculum and the demands of their new lifestyle. A number of factors make their educational environment stressful, and can cause functional impairment in the students (Brennan, Mchrady, Lyncy, & Whearty, 2010). The three major stressors of medical students are: academic pressure, social issues, and financial problems (Vitaliano, Russo, Carr, & Heerwagen, 1984). Medical students also suffer from stress due to academic pressure, classicist criteria, and the tough nature of medical practice, which requires involvement with human suffering, death, sexuality, and fear (Abdulghani, Alkanhal, Mahmoud, Ponnamperuma, & Alfaris, 2011; Rosal, Ockene, Ockene, Barrett, Ma, & Herbert, 1997; Shah, Trivedi, Diwan, Dixit, & Anand, 2009;

Singh, Hankins, & Weinman, 2004; Takeichi & Sato, 2000). The top ten academic-related stressors identified were: tests and examinations, huge portions to be learnt, lack of time to review what has been learnt, poor marks, a desire to do well (self expectation), insufficient skill in medical practice, falling behind in reading schedule, heavy workload, difficulty understanding the content, and inability to answer teachers' questions (Mahajan, 2010; Yusoff & Rahim, 2010b; Yusoff et al., 2011a; Yusoff et al., 2010a;). The non-academic stressors identified by the researchers were: not having enough time for recreation, homesickness, relationship issues with friends, health issues, and hostel issues (Abraham, Zulkifli, Fan, Xin, & Lim, 2009). Silver and Glicken (1990) have reported that the verbal and emotional abuse that some medical students experience at the hands of faculty and staff is also a stressor. Mahajan (2010) had identified long work hours, lack of peer support, competitive environment, rigid authoritative non-encouraging faculty, an imbalance between personal and professional lives, lack of recreational activities, staying away from home, financial problems, an uncertain future, emergency situations, speedy decisions, and life and death issues as some of the stressors. In the Indian context, academic factors were the most important stressors for medical students (Waghachavare et al., 2013).

Researchers have also identified the strategies used by medical students to overcome their stressors. Johari and Hassim (2009) identified self-distraction, venting in emotion, denial, behavioral disengagement, humor, and self-blaming as the significant strategies. The other strategies were turning to religion, active coping and positive reinterpretation (Yusoff, Saiful, Ahmad Fuad, & Yaacob, 2011b). Students were also found to use a combination of emotion-focused (i.e., religion, positive reinterpretation and growth, social support, acceptance, and seeking of emotional support) and problem-focused style (i.e., active coping and planning) of coping strategies (Nikmat, Mariam, Ainsah, & Salmi, 2010). The review provided a detailed picture of the stressors and the coping strategies in the medical school environment and guided the researchers with respect to the questions to be framed in order to understand the life of medical students through their lived in experiences. Before delving into the methodology, the context for the study is presented.

## Context for the Study

Through their experiences as teachers and their interaction with college level students, the authors felt that a student–teacher relationship is not limited to knowledge transfer. Along with academic proficiency, emotional maturity also evolves as a student progresses through college. The first author's experience in developing a tool for assessing Emotional Intelligence and the second author's research in assessing the true potential of students, led to the formulation of the present study, which explores the challenges faced by medical students as they progress through their medical education. As the findings have important implications for the medical institutions and policy makers, the authors decided to disseminate the findings through a research paper.

## Methodology: Qualitative Inquiry Approach

The phenomenological approach enables the researcher to understand the nature and meaning of an experience for a particular group of people in a particular setting (Moustakas, 1994, p. 4) by encouraging individual participants to share their stories. This will enable the researchers to understand the subjective nature of the phenomenon being investigated (Kennedy, Terrell, & Lohle, 2015).

## Selection of Research Subjects

The participants of the study were from a private medical college in South India. The study was approved by the Institutional Human Ethics Committee (IHEC). Polkinghorne (1989) recommended that for phenomenological studies, researchers should interview from 5 to 25 individuals who have all experienced the phenomenon. Creswell (2007) indicated that a sample size of about 25 or so individuals, all who share the same experience under investigation, often produces saturation in qualitative research studies. Guided by the views of the above-mentioned researchers, the authors believed that each year of study, represented by 12 to 15 students, is an adequate sample size to capture the essence of the phenomenon under study.

The participants were selected through systematic random sampling. From each batch (1st, 2nd, 3rd and 4th year), every 10th student from the class roll of 150 students was selected from each batch, thus yielding a final sample size of 60. Five of the selected students were not present during the data collection, and hence the final sample size was 55. The demographics of the sample are shown in Table 1.

**Table 1: Demographics of the Sample**

| Year of Study | N | Gender | | Accommodation | |
|---|---|---|---|---|---|
| | | Male | Female | Hostellers | Day Scholars |
| I year | 14 | 3 | 11 | 12 | 2 |
| II year | 15 | 6 | 9 | 13 | 2 |
| III year | 12 | 3 | 9 | 8 | 4 |
| IV year | 14 | 8 | 6 | 11 | 3 |
| **Total** | **55** | **20** | **35** | **44** | **11** |

## Data Collection

The participants were informed in advance through the representatives of each batch. Each batch was seen separately. At the start of the session, the researchers briefed the participants about the session and a written informed consent was obtained from each person. The students were then asked to fill out a questionnaire, which asked them to describe the following:

- *What were challenging events/situations they faced in medical college life thus far?*
- *How did they feel after/following the event(s)?*
- *How did they handle it?*
- *What kind of support do they need from the institution to cope with the challenging environment?*

According to Englander (2012), situations are vital in understanding the nuances of a phenomenon, and the first question to be asked to the participant is: *Can you please describe as detailed as possible a situation in which you experienced* a phenomenon. The questionnaire was framed based on these premises.

After collecting the completed questionnaires from the participants, the researchers initiated a focus group discussion. They conducted 4 focus group discussions, with each group consisting of a mean of 14 students (Table 1). One author took the role of moderator, who initiated and prompted the discussion by introducing the objective of the activity and used

subtle group controls to encourage the participants to discuss the issues they face in their college life, their feelings towards those issues, and their strategies for coping with those issues (Krueger, 2002). The other author captured the discussion points through note-taking, without recording the names of the students, to ensure anonymity. The responses from the questionnaires collected were transferred verbatim to electronic form (i.e., on an Excel spreadsheet) for further coding and analysis. The notes from the focus group discussions were also recorded in electronic form.

## Analysis

The authors used a hard copy of the excel sheets in which they had recorded the data from the questionnaire and from the focus group discussions for coding and analysis. The Excel sheet had a unique reference number for each event expressed by each respondent (see Table 1 in the Appendix for the reference format). The authors started their analysis (each author examined the sheets separately). The first question was in regard to the challenging situations faced during medical education. They read the verbatim responses and highlighted significant statements that recurred and phrases that bring out the challenges. As they read, they employed constant comparison protocol to compare each statement with the previous one, looking for overlaps if any were present (Silverman, 2006). This helped them to form clusters of challenges (see Table 1 in the Appendix). They extracted these clusters from the entire document and grouped them under common themes. For example, they grouped fear of exams, fear of viva, lack of knowledge with respect to preparing for exams, work overload, etc. under the main theme *Academic Pressure* (See Table 1 in the Appendix for a description of the emergence of themes). Thus, they formulated the four themes, namely academic pressure, homesickness, faculty-related issues, and institution and curriculum-related challenges. Similarly, they grouped the coping strategies under self-strategies, and dependent strategies and the support required by the students, under faculty support and institutional support. Out of the 126 entries from the questionnaire, the authors were able to fit 122 entries into various themes. They dropped four responses, which were very generic and did not contribute to the objectives of the study

The notes from the focus group discussions were also read and fit into clusters that had emerged from the previous analysis of the questionnaire responses for all aspects like challenges, coping strategies, and support required (see Table 2 in Appendix for an example of one theme). The authors were able to fit all the notes into the already emergent themes. No new themes emerged from the focus group discussions.

In order to ensure internal validity of data, the authors had strategic meetings between themselves to discuss the potential codes, analysis, and potential themes (Firmin, Bouchard, Flexman, & Anderson, 2014). Experts advocate that collaborative efforts amongst multiple researchers working in a project tend to generate more reliable findings than when findings report the view point of a sole investigator (Silverman & Marvasti, 2008). In addition to this, the authors also checked the notes from the focus group discussions to confirm the emerging themes. The authors have also used low inference descriptors (Johnson, 1997) in this article as an additional means of enhancing the study's internal validity. They have provided accounts of the participants, verbatim, to the extent possible in order to help readers to see the connections between the conclusions drawn by them and the actual words of the study participants (Firmin et al., 2014).

## Findings and Discussions

Participants in the study were challenged by four major stressors, and they used different strategies to cope up with the challenges. They also sought support from the institution to overcome these challenges.

## Challenges

The major challenges identified by the respondents were related to academic pressure, homesickness, faculty, curriculum and the institution. Out of the 126 events reported by the students, 60 pertained to academic pressure, 29 to homesickness, 16 to faculty and curriculum and 17 to institution-related factors. Four events were generic and did not contribute to the objectives of the study. The challenges faced by students, their coping strategies, and the support required by the students from the faculty and the institution are presented in the following sections.

## Academic Pressure

The factors contributing to academic pressure are fear of exams, fear of viva-voce, lack of knowledge with respect to preparing for exams, fear of speaking before a group (in seminars and case presentations in clinical postings), and work overload (i.e., assignments, record works, huge portions to study, and frequent tests).

Students who gain entry into medical college by scoring high marks in their higher secondary school exams find the first year medical subjects tough to cope up with. There are instances where state rank holders fail in their first year in a few subjects, as stated by a student:

> *Another event, the most horrible event ever, I failed in my university exam in one paper [Biochem.] I'm a state rank holder— just imagine in what state I would have been. I was in a very bad state when I failed.*

Some students also expressed that they do not know how to cope up with the huge portions and lack of knowledge with respect to preparing for the exams, according to this respondent:

> *Start of first year: The course, the hours of work & the size of the books. Not knowing how to cope up with this caused a lot of trouble throughout my first year.*

The fact that students lag in preparations for exams also emerged in the focus group discussion. *They read a lot but do not know what to write and how much to write.* Students attributed their fear of exams to the fact that if they fail in the first year examinations, they will be put in an additional batch and will be separated from their class.

> *During my first year university exam, there was a break system. If we fail we want to wait for 6 months to rewrite that exam, I was emotionally filled with fear of passing the exam because I don't want to waste my father's money, my time and mostly my valuable friends.*

Another factor adding to the fear and anxiety of students is the display of marks in the general notice boards, which can be seen by students from all batches. This point was expressed

during the focus group discussions with one of the batches**.** The participants expressed that viva-voce sessions are difficult for them because they were not exposed to viva-voce in their school days, and hence are not prepared to face the sessions. They also fear these sessions because of faculty ridiculing them for wrong and inappropriate answers, according to two respondents.

> *I can study well and present in the paper. But I can't say it correctly in VIVA. VIVA are new to us. But the faculties…look in such a way that we are so dumb. Viva examinations, especially first-year viva. Even though we have studied, we feel that any mistake we make may be publically ridiculed, and also the teacher may ask any question that come to her/his mind.*

Students in the medical school had to take seminars in subjects and also had to present cases during their clinical postings. Due to the lack of exposure to such sessions, they feel they are not equipped to do the sessions, and hence find them stressful. Being scolded in front of patients and peers is also cited as one of the reasons for their anxiety.

> *Seminar sessions in classes, the lack of preparations for the seminars, and my fear of public speaking was also one event where there was enormous amounts of pressure & a feeling of sadness.*

Apart from these reasons, students also feel academic pressure due to work overload and pressure from parents to get distinction in medical college. The impact of academic pressure is best expressed in the words of students themselves:

> *Academic pressure….But I was made aware of this pressure beforehand. Yet when it comes to real time scenario; it creates distress. I'm clamp down by sleep problems like insomnia; hallucinations; scary thoughts, sudden palpitations. I simply have no remedy to these issues.*

Academic pressure is caused due to work overload, fear of exams, fear of viva, fear of failure, and lack of guidance in studying and preparing for exams. These factors are in line with the findings of previous studies (Yusoff et al., 2011a; Yusoff et al., 2010a; Yusoff & Fuad, 2010b) which cite tests and exams, huge portions, insufficient skill in medical practice, inability to answer teacher questions, etc., as a few among the top ten academic stressors.

## Homesickness

Homesickness was expressed as a stressor by the hostellers. This stressor keeps some students emotionally disturbed most of the time and has a significant impact during the first year of medical college. *The first one I would like to mention is "HOMESICKNESS". Fact is, still I am not out of it. It keeps me sick always (emotionally). This at times hinders my studies & health also.* For some, it is predominantly felt prior to their exams, and also when they return back after holidays. One student expressed, *Homesickness, especially during exams. When we have no one to support us. There is no one to just tell us that everything would be OK, or when we've just come back from home.* Inconvenient hostel conditions and not liking hostel food were also cited as reasons for feeling homesick.

### Faculty Related Challenges

Students expressed that some of the faculty are not easily approachable, and they feel scared to talk to them. This can be seen from two excerpts:

> *The faculties are not as approachable as they should be. Sometimes there is a sense of fear that they might keep a grudge and later affect us by decreasing our marks, etc.,* and *sometimes, it is so scary to communicate with some staff members. I just go the other way, when I see such staffs coming through that way.*

The students look forward to constructive support from faculty members in order to have a good learning environment. They expect to be treated with respect and are very conscious about their self-image. Any damage to their self-image creates stress in them.

> *Case presentation in front of senior doctors in clinical posting is terrific. One time I got scold from one professor because of improper systemic examination, that too in front of patient in ward.*

Rahman et al. (2013) had identified the teaching-learning process as the major stressor for medical students. The incidents shared by the students support this aspect. Silver and Glicken (1990) reported the verbal and emotional abuse that medical students experience at the hands of faculty and staff. In this study also, students had shared that faculty are also a cause for their stress.

### Institution and Curriculum Related Challenges

The inappropriate timing of certain activities was stressful for the students:

> *The first time we come to college and hostel in a few weeks before we even adjust ourselves to the new environment we have internals with loads of portions.*

> *Once the inter-batch sports meet and our internals fell on the same days. It was hard balancing both together. Somehow I did make both look good. But still, it was stressful.*

The one-hour long lecture sessions do not result in effective learning. On the contrary, they cause stress amongst the students. The students feel that they are not able to retain anything from those sessions:

> *I really get irritated to attend the class. These faculty they teach us for an hour continuously just imagine how would we sit and concentrate. That's why we don't come to class. ….Frankly speaking, we just come for the sake of attendance. I've never listened to any of the class.*

Due to lack of practical exposure, some students do not feel that they are well equipped to become a doctor. This causes a feeling of insecurity. The authors support this with the two excerpts below. The same challenge was also captured from the focus group discussions:

> *Some clinical postings like medicine/OG or other subjects must be taught in the bedside. I feel –even during clinical – it is like theory class. At the end of the day – I do not feel like becoming a complete doctor.*

> *Regarding postings we have been on clinical for 2 years but we were still not allowed to practice to put injection. This has been a very bad experience for me because my grandma asked me to put insulin injection I was afraid (all the complications running around mind).*

All the respondents of this study are Generation Y learners, who are tech savvy, technology-dependent, feedback-dependent and visual-kinesthetic learners (Reilly, 2012). They are exposed to more real-time information and have been accused of being over reliant on information technology and communication technology, to the detriment of their interpersonal skills. They prefer to learn collaboratively using goal-oriented links relevant to their future aspirations (Williams, Scott, & Paine, 2010). Medina (2014) states that the attention level of a student takes a dive approximately 10 minutes into a lesson. So it is very difficult to sustain their attention during a 45 to 60 minute session. Evidently, the *old way* of schooling, namely the teacher as *sage on the stage*, is not effective with Gen Y (Skiba, 2008). The role of a teacher is changing from a deliverer of material to a more creative designer and facilitator of the curriculum (Salam et al., 2011). Hence, faculty should revamp their teaching style by moving towards innovative pedagogy that suit these Gen Y learners. The institutions should also equip their faculty with technology and expertise to devise a renewed course delivery mechanism.

The study identified academic pressure, homesickness, faculty and curriculum-related stressors, and institution-related stressors. Vitaliano et al. (1984) and Mahajan (2010) had identified financial problems as a major stressor for medical students. However, this study did not have any instance of financial issues amongst medical students. Similarly, life and death issues as brought out by Mahajan (2010) were not discussed by the medical students in this study.

An interesting finding to be noted is that the first year of medical education was the most problematic year for students. When asked about challenging situations, irrespective of the year they were into, students recollected most of the incidents from their first year. The following excerpts will show that when asked about challenges, most of them cited their experience from the first year of medical education.

> *When I entered college, to pursue MBBS, first year was a hard time to cross by, as I was new to the way of study, I struggled a lot to pass exams. Lacked guidance to cope up to the standards.*

> *First year examination: The final examination was definitely the most terrifying event. I had a feeling that I was not ready for the exam & deeply felt that I was depressed.*

> *In first year, was very much emotionally disturbed because of new surroundings, 1st time being alone without my parents. MBBS is not my wish. My parents wish to make me a doctor. It took 2yrs to accustom here to study MBBS. Got friends in the 1st year itself which made me get through 1st and 2nd year.*

> *During my first I month of college. Difficult to accommodate with medical subjects. Med books are comparatively larger than 12th std. Books. So it took more than 6 months to accommodate & pass in a single internal assessment examination.*

It is evident that the students needed a lot of support and attention during their first year of study. As they progressed over the years in medical school, the students appeared to adapt or develop their own coping styles for handling the challenges they faced in their first year. The new environment, the stay away from home, the new method of teaching and learning, the huge amount of portions, and the lack of guidance, make the first year of medical study the most difficult time for students. When designing interventions, this fact should be taken into consideration, and the much needed support should be made available to the students during this time.

## Students' Coping Strategies

Due to the various challenges**,** the students were emotionally disturbed. When asked about their feelings due to these challenges, students had used the words like depressed, sad, irritated, angry, sad, uncomfortable, fear, etc. The most frequently used word was depressed, followed by anxious, frustrated, irritated, uncomfortable/uneasy, and fear. Anger and sadness were not mentioned much by the students. To overcome these feelings, they had used both self-strategies and dependent-strategies. A few respondents had stated that they have not yet overcome some situations like lack of practical exposure, long and monotonous lecture hours, and/or fear of speaking to faculty.

Some of the adaptive self-strategies included planning well, reading novels, listening to music, adapting to situations, meditating, accepting things as they are, reducing sleeping hours to study more, and indulging in sports activities, arts, crafts, etc. Some students had used maladaptive self strategies such as crying or skipping meals, or skipping sleep to have more time to study, as a way to cope up with their challenges. *I go to my home very week. Cry for long hours (make me feel ok).* Another participant stated he would s*tudy for long hours. Reduce my sleep. Eat less or bland diet to not sleep.*

The students reported that they get a significant amount of support from their friends, parents, and seniors to overcome their challenges**,** indicating the use of adaptive dependent strategies. They had spoken to their parents and friends regarding their problems and had sought moral support. An analysis revealed that most of the coping strategies followed by students were appropriate and in line with previous research findings. In a study, the respondents had sought emotional support and social support, and did not indulge in denial and self-blaming (Salam et al., 2013). The emotion-focused coping style described by Nikmat et al. (2010) was a dominant coping style among the respondents. Researchers (Supe, 1998; Stern, Norman, & Komm, 1993; Wolf, 1994) found that students with engagement strategy of coping are able to modify situations, resulting in a more adaptive outcome. They have less symptoms of depression; hence, interventions can be designed to encourage the students to use the engagement strategy of coping. The respondents had also shared that they need support from the various entities of the institutional environment to foster healthy learning. The kind of support they are looking for is discussed in the following section.

## Support Required by the Students

It is quite evident that medical students are troubled by homesickness, academic pressure, and faculty and institution-related challenges. The analysis also showed that the

prevalence of problems is more in the first year of medical school. Students have expressed their need for support both from faculty as well as the institution.

## Faculty Support

During first year, faculties can guide the students with respect to what to study and how to study. They should move away from the traditional style of teaching and adapt new pedagogy that suits the students. Students are expecting faculty to be more friendly and approachable, thus, faculty should motivate the students rather than intimidate them. Students look up to faculty as mentors who will guide them through tough times. Faculty members need to understand this and take the teacher-student relationship and the teaching-learning process to a higher level. The institutions should also train the faculty in new methods of teaching, like experiential learning and activity-based learning.

## Institutional Support

Most of the students require mentoring support to make their life easier at the medical school. They feel that facilitating junior-senior interactions, senior-junior mentoring, or faculty mentoring systems will be of value to them. They definitely need moral support during their exams. A carefully designed mentor-mentee program would go a long way in supporting the students. The different options for a mentor system suggested by the students were: a senior student mentoring a few juniors, faculty mentoring a small group of students, a tutor/counselor for each batch, etc.

> *Organizing senior-junior programmes to make the freshers feel better would be nice. Having study guides who would keep track of students' mental and academic state.*

> *A smaller group of students can be allotted to a particular teacher from each department who can counsel and help us like a mentor. Teachers can be a bit more approachable (certain staff).*

The institution can also consider restructuring the internal examination procedure. Students feel that rather than huge portions for each internals, frequent short tests will help them. Students suggested that they be exposed to more viva sessions and presentations, so that they can overcome their fear with respect to seminars and viva. Students are also concerned about negative implications of going to the additional batch, which stresses them the most during their first year. If they fail in any of the subjects, they will be pulled out of their regular batch and put in a separate additional batch. This causes lot of anxiety, hence students request this system to be removed. Also, the institution can schedule extra-curricular activities so that they do not clash with academic schedules (e.g., tests and internals) and help students to balance both.

With respect to faculty, students feel that the institution can train the faculty in student-friendly teaching methods. Allotment of faculty for classes can be based on the positive feedback given by students. One student commented: *College should allow only teachers who are reviewed well by students to take classes.* Another stated, *College should educate teachers on faculty/student interaction and how to motivate students.*

They also seek more interactions with alumni, and frequent bedside teaching by doctors. They also suggest formation of clubs by like-minded people (e.g., NRI club, readers

club, book club, etc.), so that they can get an opportunity to pursue their non-academic interests and rejuvenate themselves.

Most of the suggestions revolved around reducing the amount of portions for internals, taking teaching-learning process to the next level, and an efficient mentor system. By doing so, students will be much relieved of their academic and faculty-related issues, and pursue their medical education in a congenial environment.

## Conclusion

The study used a phenomenological approach to provide a rich contextual description of the challenges faced by the medical students, their coping strategies, and their expectations from the institutional setup. The major stressors and their manifestations at various stages of medical education were revealed by analyzing the lived in experience of respondents, who were at various stages of their medical education.

The prevalence of stressful environments in medical colleges has been brought out by many studies, and has been substantiated in this study. An optimum stress level has some beneficial effect on students, but when stress is prolonged, it leads to poor physical and mental health (Hernandez, Blavo, Hardigan, Perez, & Hage, 2010). When designing interventions to mitigate stress, it is essential to consider both primary and secondary preventions. Primary interventions aim to enhance mental health literacy and psychological wellbeing by providing workshops on time management, stress management, mindfulness-based stress relaxation, and coping strategies. Secondary preventions target the *at risk* group (Wong, 2008). A supportive and non-threatening environment, with faculty as facilitators and role models, can also help students to cope up with their challenges. It is high time that medical colleges, as well as policymakers, consider the complex phenomenon of the challenges faced by medical students and design suitable interventions at the student, faculty, and institutional levels to mitigate the same. The authors believe that the findings and discussions in this study will assist policymakers and medical schools in revamping the teaching-learning arena of medical schools, and provide a congenial environment to our future doctors.

This study has certain limitations. The study had a limited sample size, due to its qualitative design. Another limitation is that the data was collected from a single medical college. Future researchers can repeat this study in different medical colleges across the country to have a comprehensive understanding of the challenges. This will enable policymakers to have a clear view of the entire landscape from the perspective of students, so that they can make policies at a national level. The findings of this study will serve as a foundational base on which quantitative research with a larger sample size can be conducted; this will add more breadth to the findings.

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## Appendix

**Table 1:** Example of How the First Theme *Academic Pressure* Was Constructed From Theme Clusters Derived From the Questionnaires*

| Ref # | Challenging situations - Verbatim Response | Theme cluster | Main Theme |
|---|---|---|---|
| 7: 201332** | I had stress during examination and I had a fear whether I would pass in the exam, or not | Fear of exams | ACADEMIC PRESSURE |
| 27:201213 | Ist year internals, and examinations because of the fear of going to the addl batch and losing your batch | | |
| 41:201272 | Every night before the internal exams, I would suffer a mental disturbance which I just hate | | |
| 49:2012111 | Initial Examinations: The 1st Anatomy spotters test in which I failed for the first time. It was a blow to my confidence level and made me wonder if I'm worth it | | |
| 67:201121 | During my first year university exam, there was a break system. If we fail we want to wait for 6 months to rewrite that exam, I was emotionally filled with fear of passing the exam because I don't want to waste my father's money, my time and mostly my valuable friends | | |
| 17:2013112 | Faculty interaction, communication problems, seminars are also other problems for many students including me. Especially for tamil medium students | Fear of speaking before a group (in seminars and case | |

| | | | |
|---|---|---|---|
| 53:2012122 | Seminar sessions in Anatomy classes; The lack of preparations for the seminars & my fear of public speaking was also one event where there was enormous amounts of pressure & a feeling of sadness | presentations in clinical postings) | |
| 60:2012143 | Presenting a case in posting | | |
| 8:201341 | When I entered college, to pursue MBBS, first year was a hard time to cross by, as I was new to the way of study, I struggled a lot to pass exams. Lacked guidance to cope up to the standards | Lack of knowledge with respect to preparing for exams | |
| 18:2013113 | Not knowing briefly about the syllabus pattern and how to study makes it difficult for us | | |
| 54:2012123 | Start of first year: The course, the hours of work & the size of the books. Not knowing how to cope up with this caused a lot of trouble throughout my first year | | |
| 33:201241 | Having to write record. We were asked to write loads & loads of pages and submit it within a really short period of time | Work overload | |
| 48:2012101 | Academic pressure due to subject over load and frequent tests | | |
| 58:2012141 | Before internals, we are burdened with humongous portion which in spite of reading twice, slips from my mind. And sometimes I get bored with continuous revision | | |

*The verbatim responses were extracted from the master table which has 126 entries

**The reference number has the following format Serial number of Entry: xxxxyyz where (XXXX = Year joined; YY = Respondent number in that batch; Z = event number for that respondent)

**Table 2: Example of how the first theme "Academic pressure" was constructed from theme clusters derived from the focus group discussions***

| Ref# | Excerpts from notes taken during focus group discussions | Theme clusters | Main Theme |
|---|---|---|---|
| 2010:02** | Break batch is troubling | Fear of exams | ACADEMIC PRESSURE |
| 2013:06 | Anxious about facing viva | Fear of speaking before a group (in seminars and case presentations in clinical postings) | |
| 2013:05 | Due to lack of communication skills, instant response in viva was difficult | | |
| 2012:01 | During I year we do not know how to cope up with the huge syllabus | Lack of knowledge with respect to preparing for exams | |
| 2010:05 | I do not know what to learn and how to learn | | |
| 2012:20 | Sunday seems insignificant, feels like we are working 365 days | Work overload | |

*****These are excerpts from the excel sheet in which the notes from focus groups were recorded. The table had 65 entries

****** The reference number format is XXXX:YY, where XXXX = Year of the batch and YY = note number in that year

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