

A Qualitative Content Analysis of "Problem Students": How Can We Identify and Manage Them?

Soleiman Ahmady

Department of medical education, Virtual School of Medical Education and Management, ShahidBeheshti University of Medical Sciences, Tehran, Iran

nasrin Khajeali (✉ nasrinkh2009@yahoo.com)

Assistant professor of medical education, Fasa University of Medical Sciences, Fasa, Iran

Masomeh Kalantarion

Department of medical education, Virtual School of Medical Education and Management, ShahidBeheshti University of Medical Sciences, Tehran, Iran <https://orcid.org/0000-0003-4778-3973>

Mitra Amini

Clinical Education Research Center, Shiraz University of Medical Sciences, Shiraz, Iran

Research note

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Abstract

Objectives: Problem students is one of the important issues in medical education. This qualitative study aimed to identify the problem students and the ways for managing these students from the educational experts view. Purposive sampling was used, and data collection continued until data saturation was achieved. The participants were 12 higher education experts and policymakers. Data analysis was performed by the content analysis method based on the Heidegger approach.

Results: After data analysis, five main themes and 28 categories, and 164 codes were extracted. The reasons for changing a student to a problem students was: student self-regulation skills, multilayer interactions, curriculum failure, identification policy and supportive solutions. The results indicated that despite revision in the curriculum, there were shortcomings in identification and management of problem students. This study emphasized that we could identify and manage this type of students with the best approach by faculty development, reviewing the faculty member recruitment, strengthening counseling centers, improving the exams, and screening the students on arrival.

Introduction

The American Internal Medicine Association (1999) defines a problem students as a learner that shows a problem so significant that it requires individual intervention with authorities such as a program manager. Van et al. (1998), on the other hand, define a problem students as "a learner whose academic performance has declined significantly due to an emotional, cognitive, structural, or individual problem"[1, 2]. It can ensue consequences such as addiction, apathy, anxiety, depression, and even suicide [1]. Problem students have various causes such as inappropriate teaching methods, improper use of teaching aids, the physical and social environment of the classroom, and the motivation of students and loneliness, family circumstances, and biological factors [3].

Therefore, the problem students is of particular importance regarding medical students due to their job sensitivity and direct relationship with people's health [3, 4]. In these students, dropping out will further entail poor performance in hospitals and medical centers, sometimes leading to irreversible conditions. Due to the importance of identifying these students, and little evidence for identifying and providing support for them, we aimed to explore how to identify and manage problem students among the students of Shahid Beheshti University of Medical Sciences. To the best of our knowledge, no research has been conducted on this issue in Iran; therefore, this study aimed to identify and manage "problem students" in medical education.

The data collection was performed via a semi-structured, semi-structured interview allow participants to show their opinions in their own words freely. It can provide valid and reliable data.

Methods

This qualitative approach was designed and implemented by a content analysis method [5].

Participants

The study population consisted of a director, experts in student support system, and the faculty members, who had a history of dealing with "problem students."

Data gathering

Researchers used purposive sampling to provide their expert opinion on problem identification and management. Sampling continued until data saturation, and 12 respondents entered the study.

Semi-structured interviews were done based on general questions such as the following questions:

- -Did you have any experience in dealing with problem students? How did you identify them? (May you define an objective example of coping with problem students?)
- -What are the barriers and problems for problem students? Can you talk more about this?
- -In the current education system, what criteria (formal and informal) are problematic for comprehensive identification? By what criteria are they identified? What services do they receive?
- -What happens to them in the end?
- -What strategies are needed to be able to manage them?
- -What strategies are required to be able to support them?

Data analysis

The data were analyzed by the inductive qualitative content method [5]. After each interview, the interviews were immediately transcribed. Then, the text of the meetings was reviewed to gain a general understanding. After that, each summarized unit was abstracted and named with a code. The codes were categorized based on similarities and how to merge them.

Trustworthiness

Dependability, the codes were checked with participants, and the accuracy of the information was examined.

Guba and Lincoln's criteria were used to achieve credibility and dependability [6]. Credibility, the interpretation and report (or a portion of it) were given to the members of the sample (informants) to check the authenticity of the work.

Furthermore, the findings were verified by external auditors familiar with qualitative research. It means that parts of the interview text, along with the relevant codes and classes produced by the two observer's casual with qualitative research, were examined and confirmed. To make the findings transferable, we tried to transcribe the participants' sentences verbatim.

Ethical considerations

Participant's information was kept confidential to the researcher, and individuals had the option to withdraw from the study at any stage of the research.

Results

Five main themes emerged in this study: self-regulation skills, multilayer interactions, curriculum failure, identification policy, and supportive solutions.

Self-regulation skills

This theme containing three more related categories including: self-awareness, low goal setting, and inability to describe oneself without judgment.

One participant ascertained: I think one of the significant challenges is that they don't have self-awareness, and that's why they're justifying it instead of rooting the problem out.

Another respondent argued that: Nothing terrible happens to students because they don't realize at all. One skill is self-awareness—the ability to look at oneself.

Multilayer interactions

This theme refers to the four categories: family role, peer role, hidden curriculum, and teacher-student relationships.

Family members both positively and negatively contribute to the prevention or creation of problematic students.

Participants said in this regard: "We have another problem. There are parents, called helicopter parents, according to our field. Helicopter parents are those who raise their children under the age of 18 in the lap of luxury. Then, they immediately bring their children to university and throw them down. They're spinning up. They're neither going to take our hand nor helping us to see what we should do. The story of our intervention is that the family has to intervene, but they are inefficient".

Participants in the study reported that the hidden curriculum and teacher-student relationships also played an essential role in creating or preventing problem learners.

One of the participants says: our teachers are generation x, students of generation y and z, and this difference between the generations causes them not to read each other's words. Student-teacher relations are disrupted and cause academic failure.

Curriculum failure

The most common codes are presented in this theme. This could be described by three categories: Inappropriate curriculum, ineffective teaching, and evaluation are the causes of curriculum failure.

One of the respondents said: teachers' inability to effectively communicate when teaching led to problem students.

A participant commented about the inappropriate curriculum: "For example, our problem is about the expected curriculum. Some students believe that the content of the medical curriculum is irrelevant to their future job needs. Hence, differences between the expected and experienced curricula sometimes make a huge discrepancy that can lead to disappointed students.

Identification policy

In this study, it has been stated that the identification system isn't systematic.

Some participants reported: some institutions identified a problem student based on formal criteria, while others identified informal group meetings, so there was no comprehensive identification policy.

Supportive strategies

In this category, supportive strategies have been proposed based on the role of family, peers, educational system, and teachers.

One participant said:"

In the educational system, in addition to assessing knowledge, we measure items such as study skills, learning style, etc., it can help us not have problem students.

Another participant reported:

The failure is desirable in some cases when the individuals have no talent in a particular field. So, these failures warn us to encourage the student to choose another field.

Discussion

This study aimed to explain the understanding of experts regarding the identification and management of problem medical students.

Self –regulation skill is the first theme of this study. Participants reported this skill is one of necessary skills for medical students. Guntern (2017) stated a significant relationship between self-regulatory skill and academic achievement [7].

Multilayer interactions was another theme in our study. Steinert points to the critical role of classmates and teachers in identifying and helping problem students [8]. If the teacher-student relationship is well established, educational goals will be achieved with more quality and ease. That was similar to our study.

Another important finding of the current study was the theme of curriculum failure in higher education. Participants cited the inappropriate curriculum, ineffective assessments, and lack of effective teaching methods as factors of curriculum failure. These results are consistent with Roos's study [9]. Therefore, curriculum should be tailored to the needs of the community, so students can provide valuable insights for the curriculum and this has impact on the learning process, which is essential for educational centers.

Regarding the theme of identification policy, the participants pointed out the lack of a comprehensive system of identification and ineffective intervention, consistent with the results of Shakurnia (2008) and Shams [10, 11]. Therefore, a global identification system and effective response are required to support problem students.

The last theme was about supportive strategies. In this regard, Students can be supported through family, peers, educational systems, and teachers. These strategies have been reported in Steiner's study [1].

Despite the revision in the medical curriculum, there were shortcomings in the identification and management of problem students. The present study emphasized that we could identify and manage the problem students with the best approach by faculty development, reviewing the faculty member recruitment, strengthening counseling centers, improving the exams, and screening the students on arrival.

Limitations

A limitation of the present study was that some participants did not allow to record conversations; hence, the researcher had to write down everything she heard. Another limitation was that the researcher made several appointments to interview the experts, but the interviews were postponed due to the professors' busy schedule.

Declarations

Ethics approval and consent to participate

This study was approved with an ethical approved number IR.SBMU.SME.REC.1397.003 in Ethic committee of School of Virtual, and Management and Medical Education, ShahidBeheshti University of Medical Sciences. Informed written consent to participate was obtained from all respondents participate in the study voluntarily, and the name of them was not mentioned in the scripts.

Consent for publication

Written informed consent was obtained from the participants for the publication of this research note.

Availability of data and material (data transparency)

The datasets used and analyzed during the current study are available from the corresponding author on reasonable request.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

SA and N kh contributed to the study, coordination, participated in the acquisition of data and drafted the manuscript. MK and MA participated in the acquisition of data and analysis and drafting the manuscript. All authors read and approved the final manuscript.

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