

ORIGINAL ARTICLE

Students' lived experiences in a lower-ranked Medical College, KPK: A qualitative study.

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ABSTRACT... Objective: To understand students' experiences in a lower-ranked medical college in Khyber Pakhtunkhwa, Pakistan, and to identify their emotional reactions, academic and social adaptations and coping mechanisms to deal with academic stress. **Study Design:** Phenomenological Qualitative study. **Setting:** Medical College in Khyber Pakhtunkhwa, Pakistan, **Period:** January to March 2025. **Methods:** we conducted in-depth semi-structured interviews with ten undergraduates of medical college. Manual thematic analysis was used for data analysis. The study was designed in line with the COREQ guidelines. **Results:** Initially, students felt disappointment and a sense of failure but eventually adapted academically and socially through resilient coping strategies. Some participants felt the quality of education did not match their expectations, but others noted that hard work was more important than university ranking. Longitudinally, there was a greater emphasis on postgraduate education for future careers. The role of peer, faculty and family support were crucial for student success. **Conclusion:** This research sheds light on the complex emotional and academic experiences of students in "lower-tier" medical colleges. Students in lower-ranked medical colleges can fulfil their potential with the right institutional support, mentorship and career guidance programs, independent of the rank of their college.

Key words: Academic Adjustment, Career Goals, Coping Mechanisms, Emotional Adjustment, Lower-ranked Medical Colleges, Phenomenological Study, Student Experiences.

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INTRODUCTION

Entering medical school is a competitive process, and students admitted to top tier medical colleges are often considered to receive better education and have better employment outcomes.¹ Being denied entry into higher ranked medical schools may lead to emotional distress, adjustment problems and career concerns.² Evidence shows that students who enrol in lower ranked schools often encounter a gap between what they anticipate and what they perceive to be the quality of their education.³ This can lead to frustration, disengagement, and lower motivation to engage in educational and professional activities.⁴ However, some students can adapt and cope, making use of resources and effort to succeed academically and professionally.⁵ Most existing research focuses on students in prestigious institutions, leaving a significant gap in understanding the lived experiences of those in lower ranked medical colleges, particularly in low resource settings like Khyber Pakhtunkhwa, Pakistan. The emotional trajectories, social integration challenges,

and career goal modifications in this population remain underexplored. In this study, we seek to explore significant factors that impact students' adaptation and their attempts to cope with emotional and professional demands. Specifically, we aim to understand their emotional reactions, academic and social adaptations, and coping mechanisms for dealing with academic stress. This research may support policy making for more enabling learning environments that support students regardless of their institutional level.

METHODS

The study was a qualitative investigation, using phenomenology, to explore the experiences of students at a medical college in Khyber Pakhtunkhwa, Pakistan. This approach, which emphasises subjectivity, was suitable for this study. The study period was January to March 2025. The interviews were conducted by a female researcher (Professor of Pathology department) with two years of prior training in qualitative methods.

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She had no prior relationship with the participants to reduce social desirability bias. No repeat interviews were conducted, as single in-depth interviews provided sufficient data, this was justified by the achievement of thematic saturation. Participants were recruited purposively from a single lower tier medical college. The inclusion criteria were: (a) current undergraduate medical student, (b) originally intended to attend a different (higher-ranked) medical university but were enrolled in the current college, (c) willing to provide written informed consent. Exclusion criteria were: (a) students who had transferred from another medical college, (b) students on academic probation.

Participants were approached in person during lecture breaks. Ten undergraduate medical students were chosen to participate. Selection ensured representation of both genders, different years of study, and different levels of academic achievement. No one refused to participate or withdrew. Interviews were conducted in a secluded room on the college campus to uphold privacy and confidentiality. Participants were aware of the aim of the study. Consenting to audio recording (all participants agreed), semi-structured interviews of 45-50 minutes were conducted. Notes were also taken to record body language. An interview guide with open ended questions was used, including: "How did you react when you weren't able to get admission into a prestigious medical college?" "How have you adjusted to your current college?" "Can you describe a time when you felt a sense of achievement, despite your initial setbacks?" Pilot interviews (n = 2) were performed to confirm the appropriateness and clarity of questions. Saturation was monitored iteratively. No new codes emerged after the eighth interview, and the tenth interview confirmed that no additional themes were identified. Thus, saturation was achieved at ten interviews. Data from interviews were transcribed verbatim and thematically analysed manually according to the six steps of Braun and Clarke: (1) familiarize yourself with your data, (2) generate initial codes, (3) search for themes, (4) review themes, (5) define and name themes, and (6) produce the report. Manual coding was implemented.

Two researchers independently coded the data to

enhance rigor and develop a coding framework to identify themes and sub themes. Themes were inductively developed from the data, rather than predetermined. We did not invite participants to review transcripts and/or research findings, this is acknowledged as a limitation. The study was approved by the Institutional Review Board (IRB) of the medical college (Approval No.0036/26). After being fully informed about the study, participants gave written consent. Participants' confidentiality, anonymity, and the option to withdraw from the study at any time without penalty were ensured.

RESULTS

Themes that were identified to represent the experiences of students in lower-ranked medical colleges include: (1) Response to Admission Outcomes, (2) Adjusting to the Academic and Social Environment, (3) Perception of Quality of Education versus Expectations, (4) Modification of Career and Academic Goals, (5) Support Systems in Academic Performance, and (6) Advice for New Students in Similar Circumstances.

TABLE-I

Participant Characteristics

Pseudonym	Year of Study	Gender	Self-Reported Academic Standing
p1	Year 2	Female	Above average
p2	Year 3	Male	Average
p3	Year 1	Female	Average
p4	Year 4	Male	Above average
p5	Year 2	Male	Below average
p6	Year 3	Female	Average
p7	Year 1	Male	Above average
p8	Year 4	Female	Average
p9	Year 2	Female	Below average
p10	Year 3	Male	Above average

Theme 1: Reaction to Admission Results

Feelings of disappointment and failure were common, as many participants expressed their admission as a "failure". One student said, "I felt like a personal failure when I couldn't get into my dream college" (P2, Year 3). But many shifted their focus to acceptance and moving forward: "I thought

I should focus on what I can do and make the best of it" (P4, Year 4).

Theme 2: Coping with Academic and Social Difficulties

In terms of academic quality and support from lecturers, students reported issues with teaching. One student commented, "The teaching style here is not as progressive as I thought, and I could not follow" (P5, Year 2). Socialisation was also a challenge: "I struggled to find "academically like-minded" friends" (P8, Year 4). However, some students were able to adapt to these challenges with the guidance of faculty mentors.

Theme 3: Expectation of Education Quality

Students felt that faculty medical education competence was not as expected. One student stated, "I expected the college would have better facilities and faculty but was disappointed" (P1, Year 2). On the other hand, some students thought that student effort was more important than university rankings: "It's more about the effort you put in rather than the university" (P6, Year 3).

Theme 4: Career and Academic Goals and Motivation

Students eventually gained motivation from their

academic success despite early failures, and reframed their academic goals. One student said, "When I did well in my exams, I knew I could do well here, too" (P3, Year 1). Many set their sights on higher training in prestigious institutions: "I've changed my focus to performing well here so I can attend a top University for my postgraduate work" (P7, Year 1).

Theme 5: Importance of Support for Academic Performance

Students' adaptation was affected by peer, family and faculty support. One student said, "My peers and teachers have been very supportive with my adjustment and motivation" (P9, Year 2). Parents offered emotional support: "My family kept telling me that it's just a stepping-stone, and I'll still be able to do what I want in life" (P10, Year 3).

Theme 6: Recommendations for Students

Students suggested to new entrants that they should not worry about rankings and should focus on their own development: "Don't focus on rankings, focus on self-improvement" (P4, Year 4). They also suggested taking advantage of the opportunity: "Take every opportunity, be it research or clinical experience, or opportunities with teachers" (P6, Year 3).

TABLE-II

Themes, Sub-themes and Quotes

Summary of Themes, Sub-Themes, and Representative Quotations

Theme	Sub-Themes	Key Findings	Representative Quotation
Emotional Response to Admission Outcomes	Initial disappointment and self-doubt; acceptance and progress	Most participants reported deep disappointment; some quickly accepted their situation	"I felt like a personal failure when I couldn't get into my dream college"
Adapting to Academic and Social Challenges	Academic struggles; peer group formation	Students faced challenges with academic rigor and finding like-minded peers	"It was hard to find like-minded peers who shared my academic goals"
Perception of Education Quality vs. Expectations	Expectations vs. reality; importance of personal effort	Many felt quality did not meet expectations; others emphasized personal effort	"At the end of the day, it's about how much effort you put in"
Redefining Career Aspirations	Motivation through achievements; long-term goals	Students found motivation through exam success; shifted focus to postgraduate training	"I've shifted my focus to excelling here so I can get into a top-tier college for my PG"
Role of Support Systems	Peer and faculty support; family encouragement	Support systems played key roles in adaptation and success	"My family always reminded me that this is just a stepping stone"
Advice for Future Students	Self-improvement; resource utilization	Focus on personal growth and use available opportunities	"Don't dwell on rankings—focus on personal growth"

DISCUSSION

This research offers insights into the difficulties of students from lower-ranked medical colleges and the ways in which these challenges affect emotional responses, academic and social integration, views on the quality of education, career goals and support. The results show the complex psychological and academic journeys of these students, and highlight the importance of resilience, college support and student effort in student success.

Emotional Challenges

Early emotional turmoil of entering a lower-ranked medical college was evident. Several participants felt inadequate, frustrated, and had a diminished academic self-esteem as they felt their academic future had been jeopardised. These findings are consistent with Guadie et al, who reported that students can view the ranking of medical colleges as an important predictor of career prospects, leading to anxiety and stress.^{6,7} But the majority of participants in this study eventually adapted by emphasising self-improvement over school branding. This resilience is consistent with the research, which showed students at lower-ranked schools may experience a “growth mindset shift”, believing they can control their success more than the environment.^{8,9}

Academic and Social Adjustment

Students also struggled to adapt to academic expectations and faculty. Numerous students reported teaching, clinical experiences, and faculty involvement were not at their expectations. This is in line with Cameron and Rideout who found that students at less prestigious institutions perceive differences in educational quality and motivation.^{10,11} However, some students acknowledged these challenges were circumvented by faculty mentorship and student motivation.

Another significant barrier was social integration. Participants had difficulty connecting with peers of similar interests, impacting academic and social experiences. This is consistent with Byl et al, who reported that students at lower-status colleges feel socially isolated, especially when they hope to attend higher-status colleges. In contrast, students who intentionally built connections with peers and teachers had positive academic experiences,

emphasising the role of social integration in medical education.^{12,13}

Perception of Education Quality vs Expectations

An interesting finding was the variance in student views on the quality of education. Some were disappointed about the facilities, academics and research opportunities, while others argued the university's ranking was not the most critical factor in achieving success. This ambivalence highlights the role of student effort, in line with sKohn and Ahmed et al, who found student effort and motivation to be more important as predictors of success than the university they attended.^{14,15} A number of participants mentioned how disappointment led to an appreciation for independent learning. This finding is consistent with that of Loeng, who theorised that students in lower-tiered schools may learn greater self-regulation and self-learning techniques needed for practice.¹⁶

Career Aspirations and Academic Motivation

Despite initial setbacks, students showed a significant transformation in career goals and motivation. Some were initially disillusioned but eventually took a long-term view, looking for postgraduate education, research and training. This is in line with study, who found that students in low and medium-level colleges may adopt other career options, such as a specialty or international medical tests, to overcome perceived inequality.¹⁷ Some students viewed academic challenges as something to be overcome, consistent with previous studies who revealed that students viewing challenges as an opportunity for growth have strong medical identities and career success.¹⁸

Factors of Support and Academic Achievement

Peer, faculty and family support were key factors in success. Students who formed a connection with a faculty member reported heightened self-efficacy and career confidence, corroborating with Permatasari et al., which found mentorship in medical education to be one of the most predictive factors for student success.¹⁹

Familial support also significantly reduced emotional distress and maintained motivation. Participants reported their families supported them to reframe

their situation and focus on personal growth rather than university ranking. This is consistent with Wu and Olagunju, who observed that family support helps build resilience to overcome academic limitations.²⁰

CONCLUSION

Our research has identified that while self-doubt and disappointment prevail in students who enter lower-ranked medical colleges, success in the long run is determined by resilience, academic commitment and supportive mechanisms. Students need to take advantage of college offerings and resources. Medical colleges of any rank can make a significant difference by adopting policies, programs and services to support students and help them achieve their academic and career goals.

Strengths and Limitations

This research provides a deeper understanding of the personal and professional experiences of medical college students who wanted to study in top-ranked colleges but ended up in lower-ranked colleges. The phenomenological methodology elicited rich, contextual experiences. Rigor was strengthened by double coding and following COREQ guidelines.

There are a few limitations. First, this study was limited to a single college in Khyber Pakhtunkhwa, and may not be generalisable. Second, there was no member checking (review by participants of transcripts and interpretations), which may have impacted interpretation; this has been noted in the methodology as a limitation. Third, social desirability bias may have affected participants' responses, especially concerning areas like academic difficulties. Fourth, interviews were conducted in Urdu and English (as is the norm in Pakistani medical education), and translation into English for publication may have lost some nuances. Fifth, with a sample size of ten participants, which is common in phenomenological research, experiences experienced by students in different years and with different levels of academic performance may be overlooked.

RECOMMENDATIONS

The study suggests the following recommendations for medical colleges, especially those ranked low:

Teacher Training: Colleges should provide faculty training in good teaching practices, peer mentoring and positive teacher-student relationships.

Career Guidance: Medical colleges should have career guidance programs that offer advice on postgraduate options, research opportunities and national/ international examinations.

Peer Support Networks: Peer mentoring programs should be created to provide social support, academic collaboration and emotional well-being.

Resilience and Growth Mindset Programs: Colleges should provide workshops and counseling to teach students resilience, to view challenges as opportunities, and to motivate them to succeed despite institutional barriers.

Resource Utilisation: Students should be encouraged to make the best use of resources, such as research projects, clinical placements and office hours.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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AUTHORSHIP AND CONTRIBUTION DECLARATION

1	Sarah Arif: Conceived the design, data analysis, drafting manuscript.
2	Ayesha Junaid: Supervised the study.
3	Junaid Sarfraz Khan: Data interpretation, critical revisions.