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## Medical Students' Intrapersonal Strengths Enable Positive Gains from Academic Difficulty

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Abstract: Medical schools enroll high achieving students who demonstrate firm intentions to be a professional doctor. Some medical students experience academic difficulty and underperformance that creates negative impacts on students, medical education faculties, clinical training institutions and healthcare consumers. A prevailing deficit view of resultant wide-ranging challenges can offer a limited perspective that narrows processes for student supportive guidance. It is also largely unknown if there are any long-term influences on junior doctors who underperformed in training. This qualitative study offered an alternative viewpoint. Through guiding research questions, it aimed to explore medical student and junior doctor lived experiences of academic difficulty, and their perceptions of inner character strengths developments that enabled short, and long-term positive outcomes. A theoretical framework of epistemological constructivism with a Strengths-Based theoretical stance, sustained Reflexive Thematic Analysis (RTA) and Interpretive Phenomenological Analysis (IPA) phenomenologically based analysis and interpretation methods. Semi-structured, in-person interviews were conducted with 18 medical students and eight junior doctors from two Australian medical schools. In-depth, iterative exploration of meanings within transcripts and cross referencing techniques, produced four key themed findings, and 12 sub-themes. Findings demonstrated that struggling students could rise above pervasive feelings of despair and decreased confidence after underperformance or failure. A strong sense of purpose with focused determination seemed to empower student confidence and increase self-efficacy. Other confidence-boosting intrapersonal character traits like motivation and perseverance fostered academic success to graduation. Subsequent positive gains included improved knowledge and clinical skills for safe practice; enhanced empathetic understanding and compassion, that produced long-term benefits linked to effective patient interactions with satisfying clinical experiences. Doctors indicated that lessons learned from undergraduate underperformance influenced postgraduate studies related to career progression. Generally, participants felt a general satisfaction with current support initiatives at both universities, and expected contrasting responses to interview questions could not be found. Participant recommendations for future management of struggling students centered on student-targeted medical education and clinical training environments, that adhered to concepts aligned with educational psychological safety in an atmosphere of trust. This study challenges the deficit based discussions predominant in relevant literature and substitutes a positive viewpoint highlighting beneficial outcomes. Medical educators, curricula developers and remediation programmers could take note of the power of enhanced, inherent student strengths to ameliorate the negative affects of academic difficulty. Practical implications offer medical education and other healthcare disciplines, information about the value of supportive learning environments and resilience training, to improve outcomes for struggling students and junior doctors. Such a model would also move the onus of failure from just the student to a more collegial, positive interplay between educators and students. Thus, this knowledge can be utilised to reference processes in support of a psychologically safe, holistic learning environments that addresses the individual needs of all medical students, and especially those who struggle

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