



ORIGINAL ARTICLE

MEDICAL STUDENTS' EXPERIENCES OF ORGANIZATIONAL PRACTICES WITHIN THE HIDDEN CURRICULUM: A QUALITATIVE STUDY

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Background: The hidden curriculum comprises the implicit values, behaviours and organizational practices that influence learning beyond the formal curriculum. Students' interactions within the educational environment shape their understanding of professionalism, accountability and institutional culture. This study aimed to explore medical students' experiences of the hidden curriculum within the educational environment. **Methods:** A qualitative exploratory study was conducted at CMH Kharian Medical College from August to November 2025 after approval of the Institutional Ethical and Review Board. Twenty-two MBBS students from different academic years and genders were recruited through purposive sampling. Data were collected using semi-structured interviews conducted in English or Urdu. Interviews were audio-recorded, transcribed verbatim, anonymized using participant codes (P1–P22) and analysed with Braun and Clarke's thematic analysis framework with NVivo 12 Pro software. **Results:** Four themes emerged: Institutional accountability and responsiveness, Institutional communication and digital support, Institutional hierarchy and student participation, and Organizational constraints and staff support. Participants described variable experiences of complaint pathways and institutional responses. They also highlighted opportunities for improved communication, professional interactions, student participation, and organizational responsiveness. **Conclusion:** Organizational practices may contribute to the hidden curriculum by shaping students' perceptions of accountability, communication, hierarchy, and professional relationships. Strengthening transparent communication, student participation and organizational responsiveness may support a supportive educational environment and professional development.

Keywords: Educational Environment, Hidden Curriculum, Medical Education, Medical Students, Qualitative Research

Pak J Physiol 2026;22(3):170–4, DOI: <https://doi.org/10.69656/pjp.v22i3.1959>

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INTRODUCTION

The concept of the hidden curriculum was initially introduced by Philip Jackson in 1968, who described the implicit learning that occurs through the experiences of students within educational institutions.¹ In medical education, Frederic Hafferty played a pioneering role in establishing and developing the concept by distinguishing the formal, informal and hidden curricula and highlighting the influence of institutional policies, organizational practices, evaluation processes, and resource allocation on what medical students learn. Hafferty's work shifted attention from what medical schools formally teach to what students actually learn from their surrounding educational environment.²

Medical education extends beyond the formal curriculum of classroom teaching, clinical training and assessments. Students also learn through their everyday experiences within the educational environment, where institutional culture, organizational practices, interpersonal interactions and administrative processes collectively shape their professional attitudes and behaviours.³ These unspoken lessons, commonly

described as the hidden curriculum, have been widely recognized as an important component of medical education and professional socialization. The hidden curriculum refers to the implicit values, norms, behaviours, and expectations that students learn through their interactions with people, systems and organizational culture rather than through formal teaching alone. These experiences can contribute to professional identity formation by influencing values such as accountability, respect, communication, fairness, and ethical conduct.⁴

The educational environment includes not only faculty and learning activities but also the organizational systems that support students throughout their academic journey. This organizational framework operating behind all of these activities is equally very important.⁵ Medical students frequently interact with institutional processes related to admissions, attendance, assessments, academic records, examination documentation, hostel services and official communication. These routine experiences influence on perceptions of students that how institutions value transparency, responsiveness and professionalism. Positive interactions may reinforce trust, collaboration

and organizational responsibility, whereas inefficient or inconsistent processes may convey unintended messages that become part of the hidden curriculum.⁶

Globally, medical schools are increasingly recognizing that the quality of the educational environment should extend beyond curriculum design to include institutional culture, student support, communication systems and organizational practices. Student-centred educational environments can promote not only academic achievement but also professionalism, ethical behaviour and professional identity formation.⁷ Despite this growing awareness, research in medical education has predominantly focused on curriculum reform, teaching strategies, assessment methods and student wellbeing, while comparatively less attention has been given to how students experience the hidden curriculum through everyday institutional interactions.² Understanding experiences of students will provide valuable information regarding aspects of the educational environment that may not be identified through routine institutional evaluations. Exploring these experiences will help the educators to recognize and implicit the organizational messages that can influence on learning, professionalism and student's relationships with their institution. Limited qualitative evidence is available in Pakistan on how institution-specific organizational practices contribute to the hidden curriculum in medical education. Exploring these experiences can provide insight into the implicit lessons that students can receive about accountability, communication, hierarchy, participation and professional behaviour.

Therefore, this study was guided by the research question: How do medical students experience institution-specific organizational practices as part of the hidden curriculum, and how do these experiences influence their professional development? The study aimed to explore medical students' experiences of organizational practices as part of the hidden curriculum and their perceived influence on professional development.

METHODOLOGY

This qualitative exploratory study was carried out to explore medical students' experiences of the hidden curriculum within the educational environment at CMH Kharian Medical College. A semi-structured interview approach was used to obtain details students' everyday experiences focusing on organizational practices, communication, institutional responsiveness, student participation, and experiences relevant to professional development. The study was completed over four months, from Aug to Nov 2025, after approval from the Institutional Ethical Review Board of CMH Kharian Medical College (Ref: No. CKMC/IERB/AC-00269).

A purposive sample of 22 MBBS students from different academic years and both genders who had

direct experience with institution-specific organizational practices was selected. Students were approached through the college, informed about the study and invited to participate voluntarily. Maximum variation was considered during recruitment to capture diverse student experiences. The sample size was determined by recruitment until no substantially new perspectives were emerging. Students on prolonged leave or those unwilling to participate were excluded. All participants were able to communicate either in English or in Urdu.

The interviews focused on students' views the hidden curriculum within the educational environment, including organizational practices, communication processes, institutional responsiveness, complaint mechanisms and other everyday interactions that influenced their learning and professional development. Participants were encouraged to share real experiences and explain how these interactions shaped their educational experiences and perceptions of the institution. To maintain confidentiality, each participant was assigned an identification code (P1–P22). Interviews were conducted in English or Urdu according to participant preference, audio-recorded with consent, and later transcribed verbatim. The interviews were conducted by a researcher with a background in medical education who was familiar with the institutional setting. Each interview lasted approximately 30–45 minutes and was conducted at suitable private locations within the institution to ensure confidentiality and minimize interruptions. The researcher had no direct role in evaluating the academic performance of the participating students. The interviewer maintained a neutral approach, used open-ended questions and avoided leading participants towards particular responses. Reflexive consideration of the researcher's position and potential influence was maintained throughout data collection and analysis. The study was reported in accordance with relevant COREQ recommendations.⁸

Data was analysed using Braun and Clarke's six-step thematic analysis framework. The process involved familiarization with the transcripts, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report.⁹ NVivo 12 Pro (QSR International) was used to organize transcripts, manage coding, and support theme development. Codes and themes were repeatedly reviewed and refined through comparison of participants' responses.¹⁰

RESULTS

Analysis of the interview data identified four major themes reflecting medical student's experiences of the hidden curriculum within the educational environment. These themes highlighted how organizational practices, communication, institutional processes and everyday interactions influenced students' educational experiences

and professional development. Participant codes are provided for each subtheme to show the range of students contributing to the finding. Direct quotations are included to support the themes and demonstrate that the findings were grounded in participants' experiences.

Theme-1: Institutional values and accountability

Sub theme-1.1: Perceptions of fairness and transparency (P2, P5, P8, P14, P19)

Students described uncertainty regarding how or where concerns should be reported. Sometimes the lack of clear complaint pathways influenced their perceptions of institutional fairness, transparency and accountability.

"Sometimes I had an issue but I was not sure which office I should approach." (P5)

"There should be a clear place where students can report their problems." (P14)

Sub theme-1.2: Institutional responsiveness to student concerns (P3, P7, P11, P16, P21)

Many participants reported that complaints were addressed sometimes immediately and sometimes only after considerable delay or did not result in visible action. These experiences shaped their confidence in the institution's responsiveness to student concerns.

"Sometimes my concern was dealt with quickly, but at other times I had to wait for a response." (P7)

"I raised the issue, but I was not sure what happened after that." (P16)

Theme-2: Professional communication and relationships

Sub theme-2.1: Digital communication and student support (P5, P8, P12, P17)

Participants believed that online services for notices, attendance and academic records could be further improved to facilitate timely communication.

"It would be easier if all the important information was available on one online portal." (P12)

Sub theme-2.2: Reliance on manual administrative processes (P1, P6, P10, P15, P20)

Students shared that several routine institutional tasks still depended on paperwork and manual procedures.

"For some simple things, we still have to fill out forms and visit the office." (P10)

Sub theme-2.3: Timeliness of institutional communication (P2, P7, P14, P22)

Some students reported occasional delays in receiving institutional updates during busy academic periods.

"During examinations, sometimes information reaches us later than expected." (P22)

Theme-3: Hierarchy and student participation

Sub theme-3.1: Professional communication with institutional staff (P3, P9, P11, P16)

Students felt that communication with institutional staff was professional but sometimes limited opportunities for open discussion.

"They are respectful, but sometimes you feel hesitant to discuss things openly." (P9)

Sub theme-3.2: Opportunities for student voice (P4, P10, P13, P18)

Participants believed that student feedback could be considered more frequently in decisions affecting them.

"It would be helpful if students were asked for their opinion before some decisions are made." (P13)

Sub theme-3.3: Rule-oriented institutional practices (P6, P12, P15, P21)

Many students described the institutional system as structured and policy-driven in routine matters.

"Most things are done according to the rules, so there is a proper procedure to follow." (P15)

Theme-4: Organizational culture and systems learning

Sub theme-4.1: Understanding institutional responsibilities (P3, P6, P10, P15, P22)

Students observed that staff members were generally helpful but had to work within institutional policies and procedures. Certain issues required senior approval, which sometimes delayed action.

"The staffs usually try to help, but sometimes they have to wait for approval from seniors." (P3)

Sub theme-4.2: Learning from organizational constraints (P1, P7, P13, P21)

Some participants recognized that heavy workloads during examinations or admissions occasionally slowed institutional processes.

"During admissions or examinations, the offices are very busy, so sometimes the process takes longer." (P21)

DISCUSSION

This study explored medical students' experiences of the hidden curriculum within the educational environment and identified four major themes related to institutional values and accountability, professional communication and relationships, hierarchy and student participation and organizational culture and systems learning. Rather than viewing these findings only as administrative concerns, they can be understood as examples of how institution-specific organizational practices transmit implicit expectations and values to students. The findings suggest that students learn about accountability, authority, communication, participation and organizational responsibility through everyday institutional experiences, even when these lessons are not formally included in the curriculum. This interpretation is consistent with the concept of the hidden curriculum, which recognizes that organizational structures and cultural practices influence what students learn beyond formal teaching.¹

Institutional accountability was reflected in students' experiences of complaint pathways and responses to concerns. Some students reported that these processes were not always clear or equally timely. The

importance of these experiences lies not only in administrative resolution but in the messages, they may convey about whether speaking up is encouraged, concerns are valued, and organizations accept responsibility. From a hidden curriculum perspective, complaint handling mechanisms are important because they reflect transparency, accountability and institutional willingness to improve.¹¹ Javed *et al*¹² suggested that unclear or unresponsive complaint processes may discourage students from raising concerns and can influence their trust in institutional systems. This is particularly relevant to professionalism because future physicians are expected to recognize problems, communicate concerns appropriately and participate in systems that can promote the safety of patients and quality improvement. Thus, institutional responses to student concerns may serve as an indirect model of how professional organizations respond to problems and accountability.¹³

Professional communication also formed an important part of student's experiences. Participants generally described interactions with institutional staff as professional, although some perceived them as formal or less open to discussion. Everyday communication can therefore act as an informal model of professional relationships, teaching students through observation how respect, responsiveness and professional boundaries are practiced. Similarly, participant's comments about manual processes and digital services are relevant beyond efficiency. The way an institution communicates and organizes routine services can implicitly signal the value placed on accessibility, responsiveness and respect for learner's time.¹⁴

Participants noted that some routine tasks still relied on manual paperwork and that digital services such as portals for notices, attendance or records could be further improved. Universities across the world are increasingly using student portals, automated notices, digital attendance systems and online complaint mechanisms. Such systems improve convenience, reduce delays and allow better record management.^{15,16} Timotheou *et al*¹⁷ also described that in many countries some administrative functions are still on manual processes, there may be opportunities for further enhancement through digital solutions. Strengthening digital systems can reduce unnecessary office visits and save the time of students.¹⁷ Beyond improving efficiency, timely communication and accessible digital services may also promote a supportive educational environment in which students experience professionalism through organizational responsiveness and respect for their academic needs.¹⁸

Institutional hierarchy requires particular consideration because medical education naturally involves differences in knowledge, experience, responsibility and authority. Although hierarchy is

necessary for supervision and accountability, students' experiences of how authority is utilized may influence what they learn about professional relationships. Participants described communication as generally professional but sometimes formal and felt that student input could be considered more often. When students observe predominantly top-down decision-making, they may learn that organizational position determines whose voice is heard. Constructive communication and inclusion of student feedback can therefore play an important role in strengthening institutional relationships. These experiences implicitly teach students how organizations value communication, collaboration and shared decision-making, all of which contribute to professional identity formation. A balanced professional environment that remains approachable may improve trust and cooperation, as discussed by Gautam *et al*¹⁹. Their findings related to organizational constraints further demonstrate the role of organizational culture in the hidden curriculum. Students recognized that staff were generally helpful but worked within policies, approval processes, and periods of increased workload. Rather than representing only administrative limitations, these experiences exposed students to how professional organizations function within rules, competing demands, and shared responsibilities. Such exposure may contribute to systems.²⁰ Teamwork, and an understanding of organizational responsibility. This interpretation is consistent with research by Porlares and highlights organizational culture as an important influence on the hidden curriculum and professional development.²¹

LIMITATION & RECOMMENDATIONS

As it was conducted in a single medical college, student experiences may differ in other institutions with different educational environments and organizational cultures. The use of purposive sampling and self-reported responses may also have influenced the range and accuracy of views shared. Future studies should include multiple public and private medical colleges and use mixed-method approaches to gain a broader understanding of hidden curriculum within different educational environments. Further research should also explore the perspectives of faculty members, administrative staff, and institutional leaders to better understand how organizational practices contribute to the hidden curriculum and influence students' professional development.

CONCLUSION

The hidden curriculum within the educational environment plays an important role in shaping medical students' experiences and professional development. The findings identified areas such as institutional accountability, professional communication, student

participation, and organizational culture, which convey implicit messages about professionalism, collaboration, and institutional values. While many systems were viewed positively, there remains scope for further improvement. Strengthening transparency, student engagement, communication, and organizational responsiveness may foster a more supportive educational environment and positively influence the professional identity formation of future physicians. These findings do not establish a direct effect on professional identity formation but suggest areas that may influence students' professional development.

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Received: 10 Jun 2026

Reviewed: 9 Sep 2026

Accepted: 10 Sep 2026

Contribution of Authors:

Authors approved the draft and are accountable in ensuring that questions related to accuracy or integrity of the work are duly investigated and resolved.

AMF: Concept, Study design, Supervision

WAB: Manuscript writing, Bibliography

AM: Manuscript writing, Transcription

HK: Conducting interviews, Data collection

ZQ: Manuscript writing, Bibliography

AQ: Result compilation, Final proofreading

Conflict of Interest: No conflict of interest is declared

Funding: No funds have been received from any agency