

Intern's experience of abuse during training course in an educational hospital in Yazd, Iran, 2014

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ABSTRACT

Aim: Internship is an important period in the development of the physicians' professional capacity. Different types of abuse have been reported in this training period that may influence learning ability and students' potential to deliver best care in the future. The objective of this study was to determine the prevalence of perceived interns' abuse during their internship period. **Materials and Methods:** This cross-sectional survey was conducted in June 2014 among interns of an educational hospital in Yazd, Iran. The survey questionnaire was designed to gather information regarding the frequency at which participants perceived themselves to have been abused, the type and source of abuse, and the reasons why they did not report the perceived abuse. The questionnaire was reviewed by two health care administrators and two general practitioners to establish face validity. Cronbach's Alpha of survey's instrument was estimated at 0.78. The IBM SPSS Statistics version 20 was used for analysis of the survey data. **Results:** The survey conducted revealed that most of the reported abuse had academic roots (15.44 ± 5.75). Residents were most often cited as the sources of the perceived abuse, followed by professors and nurses. The Department of Pediatrics and Internal Medicine was the most frequently cited wards where the students experienced the perceived abuse. Only 11.8% of the female students reported the abuse to a third party. **Conclusion:** Raising awareness among the medical students regarding the mistreatment is important, and creating a system that monitors these behaviors accurately and reliably can also be helpful.

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Introduction

Internship is a crucial period in the professional advance of physicians. According to the previous studies, depression and loss of interest in attending the internship have been reported by the medical students who encountered abusive behavior during their internship.^[1]

Silver (1982) reported that although medical students were "truly willing and conscious" when coming to medical school, they turned "depressed, or frustrated" after a

while. In addition, he stated that these students are similar to children who faced abuse; because of suffering under similar conditions; and named this experience "medical trainee abuse."^[2] Mistreatment is defined as, "either intentional or unintentional; occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process."^[3]

Different kinds of mistreatment have already been reported in different workplaces, and healthcare is not an exception

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to face the different forms of abuse (e.g., verbal, sexual, and discrimination) within institutional environments.^[4] Keashly explained emotional abuse as actions similar to screaming, using offensive labels, withholding needed advice, hostile eye contact, and ridiculing someone in front of his/her colleagues.^[5] For example, Daugherty *et al.* in their study stated that a total of 1185 (93%) residents reported experiencing at least one incident of mistreatment, with 53% reporting being belittled by more senior residents and students report significant problems during their internship experience.^[6] Maida in her report in Medical School of the University of Chile had found that the overall rate of abuse to interns was 91%, which meant that the students reported that they had suffered at least one form of abuse during the 5 years spent in medical school.^[7] With regards to interns, it could actually affect their willingness to learn and capacity in providing good care. Although mistreatments may happen to encourage improved overall performance, the effects on receivers will probably lead to reverse results.^[11]

In this context, this study was aimed to assess the perceived experience of abuse in the field of training, and it attempts to represent the findings to the educational planners to concentrate on solving these problems in the medical students' curriculum.

Materials and Methods

This cross-sectional survey was conducted in June 2014. The questionnaire was developed by reviewing the literature to determine frequent sources and types of abusive behaviors reported by medical students.^[8,9] The resultant instrument was reviewed by two health care administrators and two general practitioners to establish face validity. Cronbach's Alpha survey instrument score was estimated at 0.78, and the finalized questionnaire comprised 14 items. The questionnaire included demographic characteristics (sex and age) and 14 questions in three domains of verbal abuse (Questions 1-4), academic mistreatment (Question 5-11), and discrimination (Questions 12-14). The purpose of designing questionnaire was determining the percentage of student's that confronting with abuse and clearing which group were the cause of abuse (professors, residents, and nursing staff). Finally, a self-administered questionnaire using 5-point Likert scale from "never" to "always" was designed. The questionnaire was scored so that higher score indicating a higher perceived abuse.

Forty medical students from one of the teaching hospital in Yazd, Iran participated in the survey. Due to the low number of samples, the method of sampling was census. The individuals were confident that the study is certainly anonymous, their contribution was voluntary, and they could quit the study anytime they want.

In this study, data were analyzed using Statistical Package for Social Sciences software version 20 (IBM). Descriptive statistics (frequency, mean, and standard deviation) and analytical statistics (Kolmogorov-Simonov, *t*-test, and Pearson correlation) were used.

Results

Demographics

Questionnaires were distributed between interns. The sample consisted of 85% female and 15% male students. The age of participants was between 23 and 27 years [Table 1].

Exposure to abuse

All 40 respondents (100%) experienced abuse at least once during their medical school training. Average scores of perceived abuse among interns were 29.37 ± 9.36 . The most common form of abuse reported by the participants was academic abuse (15.44 ± 5.75), while discrimination abuse was the least reported one (6 ± 2.47). Table 2 shows the mean, maximum, and minimum of each dimension. The pediatric and internal medicine wards were cited as the most common places where they were exposed to abuse [Table 3]. Residents were cited as the most cause of abuse (score = 193, 44.47%); and nurses were cited as the least sources of abuse (score = 101, 23.27%) [Figure 1 and Tables 2 and 3].

Reported abuse

Only 11.8% ($N = 5$) of participants perceived to have experienced abuse responded that they reported the case and all of them were female.

Abuse was not reported

About 88.2% ($N = 35$) of respondents who perceived themselves to have experienced some form of abuse during training course did not report the abuse to any third party.

Table 1: Demographic characteristics of participants

| Sex | Amount |
|----------|---------|
| Female | |
| <i>n</i> | |
| Valid | 34 |
| Missing | 0 |
| Mean | 25.1176 |
| SD | 0.72883 |
| Minimum | 24.00 |
| Maximum | 27.00 |
| Male | |
| <i>n</i> | |
| Valid | 6 |
| Missing | 0 |
| Mean | 24.5000 |
| SD | 1.04881 |
| Minimum | 23.00 |
| Maximum | 26.00 |

SD: Standard deviation

Reasons for not reporting the abuse

The following 11 reasons were reported by the interns as the causes, which they were not willing to report the abusive behaviors to any third-party:

1. Reporting abuse would not get them anywhere

2. Reporting abuse would make the situation worse
3. Tending to deal with problems by themselves
4. Not knowing who is responsible to get the reports of this mistreatment
5. Fear of being judged after reporting the abuse
6. Fear of confidentiality of information
7. Fear of facing spiteful reactions
8. Trying to avoid being labeled
9. Trying to avoid being blamed
10. Fear of remembering the abuse experience further
11. Fear that the reporting would negatively influence their professional career in the future.

| Sex | Verbal abuse | Academic abuse | Discrimination | Total score |
|---------------|--------------|----------------|----------------|-------------|
| Female | | | | |
| <i>n</i> | | | | |
| Valid | 34 | 34 | 34 | 34 |
| Missing | 0 | 0 | 0 | 0 |
| Mean | 8.7353 | 15.4412 | 6.0000 | 30.1765 |
| SD | 3.11700 | 5.75874 | 2.47411 | 9.77464 |
| Minimum | 5.00 | 8.00 | 3.00 | 16.00 |
| Maximum | 16.00 | 29.00 | 12.00 | 52.00 |
| Male | | | | |
| <i>n</i> | | | | |
| Valid | 6 | 6 | 6 | 6 |
| Missing | 0 | 0 | 0 | 0 |
| Mean | 7.5000 | 13.6667 | 3.6667 | 24.8333 |
| SD | 2.16795 | 3.07679 | 1.03280 | 4.87511 |
| Minimum | 4.00 | 9.00 | 3.00 | 16.00 |
| Maximum | 10.00 | 17.00 | 5.00 | 29.00 |

SD: Standard deviation

| Department | Percentage (frequency) |
|-------------------|------------------------|
| Cardiac | 12.5 (n=5) |
| Ophthalmology | 5 (n=2) |
| ED | 15 (n=6) |
| ENT | 7.5 (n=3) |
| Neurology | 35 (n=14) |
| Gynecology | 22.5 (n=9) |
| Pediatric | 47.5 (n=19) |
| Surgery | 27.5 (n=11) |
| Internal medicine | 42.5 (n=17) |

The total is >100% because some questions have more than one form of cite that abuse occurred. ED: Emergency department, ENT: Ear, nose and throat

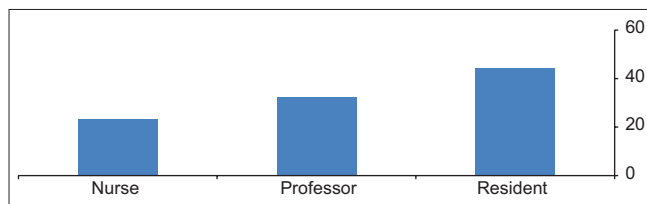


Figure 1: Source of abuse to intern's percentage

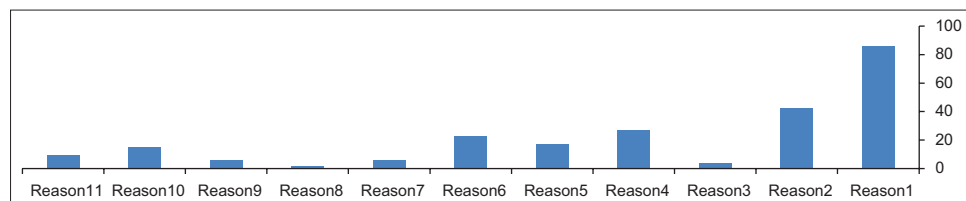


Figure 2: Percentage of reasons for not reporting the abuse cases

In most cases, respondents believed that reporting abusive behavior would not solve anything (86%) [Figure 2].

Kolmogorov-Smirnov test for normality assumption results showed that the data distribution was normal ($P = 0.498$). Based on *t*-test, verbal abuse, academic abuse, and total score of perceived abuse were not statistically significant differences by gender, but perceived discriminations were significantly different between men and women. Mean of perceived discrimination in women (6.00 ± 2.47) was higher than men (3.66 ± 1.03) [Table 4].

Pearson correlation showed that there was no significant relationship between age and verbal abuse ($r = 0.101$ and $P = 0.536$), academic abuse ($r = -0.172$ and $P = 0.290$), and discrimination ($r = -0.035$ and $P = 0.832$), as well as between age and total score of perceived abuse ($r = -0.077$ and $P = 0.639$).

Discussion

This study presents patterns of abuse to interns under five categories such as verbal abuse, academic abuse, sex discrimination, religious discrimination, and racial or ethnic discrimination in one hospital in Yazd, Iran. The report also identifies the sources of abuse, and interns' reasons to avoid reporting them.

Data analysis showed that the prevalence of perceived abuse among interns was 100%. Many studies that were carried out in this field indicated that prevalence of abuse among medical students vary between 30% in Ireland,^[10]

Table 4: Analysis of sex by abuse dimension

| | Levene's test for equality of variances | | t-test for equality of means | | | | | | |
|-----------------------------|---|-------------|------------------------------|--------|--------------------------|-----------------|---------------|--------------------------|----------|
| | F | Significant | t | df | Significant (two-tailed) | Mean difference | SE difference | 95% CI of the difference | |
| | | | | | | | | Lower | Upper |
| Verbal abuse | | | | | | | | | |
| Equal variances assumed | 1.171 | 0.286 | 0.927 | 38 | 0.360 | 1.23529 | 1.33253 | -1.46227 | 3.93286 |
| Equal variances not assumed | | | 1.195 | 9.129 | 0.262 | 1.23529 | 1.03397 | -1.09866 | 3.56925 |
| Academic abuse | | | | | | | | | |
| Equal variances assumed | 2.243 | 0.143 | 0.731 | 38 | 0.469 | 1.77451 | 2.42718 | -3.13906 | 6.68808 |
| Equal variances not assumed | | | 1.111 | 12.376 | 0.288 | 1.77451 | 1.59786 | -1.69523 | 5.24425 |
| Discrimination | | | | | | | | | |
| Equal variances assumed | 2.881 | 0.098 | 2.256 | 38 | 0.030 | 2.33333 | 1.03433 | 0.23945 | 4.42722 |
| Equal variances not assumed | | | 3.901 | 17.531 | 0.001 | 2.33333 | 0.59818 | 1.07420 | 3.59247 |
| Total score | | | | | | | | | |
| Equal variances assumed | 3.025 | 0.090 | 1.300 | 38 | 0.201 | 5.34314 | 4.10880 | -2.97469 | 13.66096 |
| Equal variances not assumed | | | 2.053 | 13.575 | 0.060 | 5.34314 | 2.60216 | -0.25435 | 10.94063 |

SE: Standard error, CI: Confidence interval

50% in Southern India,^[11] 52% in Pakistan,^[12] 62.5% in Japan,^[2] and 87.9% in Oman.^[13] There are some suggested methods for preventing abusive behavior in medical training fields such as increasing teachers' sensitivity to abusive behavior, establishment of a department to control such behaviors,^[14] introducing the standards for behavior in training, and finally developing anti-abuse policies.^[11]

However, the prevalence of self-reported abuse among the sample of interns, similar to the study conducted in Jeddah, Saudi Arabia,^[8] was higher than 90%. Therefore it is recommended that better management is practiced by trainers. It is important for all hospital staff to treat the medical students with respect. Not dealing with inappropriate behavior could have bad effect on their self-esteem that may gradually lead to unsafe care of patients.^[15] According to this study, most of the perceived abuse had academic bases. Other studies showed that the most abusive behavior was the verbal abuse.^[2,8,12,13,16] Similar results were reported by previous studies; for instance, Al-Shafae *et al.* stated that academic and verbal abuse were most reported by interns.^[8] In a study that was conducted in Lahore, the most abusers were fellow students.^[17] Different studies reported different parties in healthcare who abuse medical students. Some reported nurses^[4,16] as perpetrators and some recognized professors,^[8,18] consultants,^[19-21] and residents^[22,23] as abusers. The common perpetrators of all types of abuse in this study were residents. It is said that residents spend nearly 25% of their time as teachers.^[24] This issue should be considered that teaching requires knowledge and ethics; thus preparing residents for effective education is vital. Woolliscroft (1995) in his study suggested that "residents can serve as a positive role model for students; they must convey a willingness to be available to answer questions

and to offer guidance. Most potential conflicts can be avoided if the residents have some monthly meeting with team members and review expectations and their goals."^[25] In this study, only 11.8% who perceived themselves to be abused (all of them were women) reported the case; one study that conducted by Shoukat *et al.* indicated that men (69.7%) were more likely than women (54.9%) to report abuse ($P = 0.019$).^[26] The reported abuse in this study was low compared to the previous studies; in other studies, there reported abuse was in the range of 14.8% to 34%.^[1,5,17,19] In this study, Pediatric and Internal Medicine Departments were the most frequently cited departments where interns perceived themselves abused. Other studies indicated that internal medicine ward,^[2,8,22,27] surgery,^[9,27,28] and pediatrics^[9] were the departments where most abuse occurred.

Perceived discriminations were significantly different between men and women. Mean of perceived discrimination in women was (6.00 ± 2.47) higher than men (3.66 ± 1.03). Some studies found that there was a significant relationship between abuse dimensions, especially sexual harassment with gender ($P < 0.001$).^[2,29]

Due to religious and cultural context of Iran, no questions regarding sexual harassment were included in this study. As in other studies,^[23,30] there was no significant relationship between age and abuse dimensions.

Limitation of study

One limitation of this study was the lack of cooperation by university authorities in the implementation of this scheme in other hospitals; other limitations were that the data collated in this study were self-reported by interns and were therefore not objectively confirmed. A survey tool

on disruptive behavior with participation by most interns in a large training program may provide more valid data.

Conclusion

All participants in this research reported one or more type of abusive behaviors in their internship. For raising productivity of educators, it would be useful that raising awareness of medical students about the mistreatment and how to deal with it, encourage right reporting of similar behaviors in hospitals, and creating a system that can properly and reliably monitor these behaviors in medical training environment, would be useful.

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Conflicts of interest

There are no conflicts of interest.

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