**Why mistreatment not be reported** **in clinical setting? View point of trainees, Kerman, Iran, 2013**

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**Abstract:**

Mistreatment with medical students is a major source of stress for them. Studies indicates high incidence of it, especially in clinical settings. In most cases, students experienced mistreatments do not report it to authorities. Present study investigated related factors of failure to report mistreatment**.** This was a cross sectional study carried out in Kerman medical school, IRAN. All students in internship and clerkship stage and also residents selected through census method. Experiences of mistreatment and reasons for not reporting it evaluated using a questionnaire. Data analyzed by SPSS19. 93% of participants experienced mistreatment but less than half of them reported it. Residents and interns reported emotional and academic mistreatment more than other groups, respectively. The most reason for not reporting mistreatment was students did not think report would accomplish anything. Our study showed experience of mistreatment in clinical setting is common, but the cases reported to the authorities are less than reality. Educational systems should take extensive efforts to detect and prevent mistreatment to improve the teaching – learning environment.

**Key words:** mistreatment, clinical setting, medical student, report

**Introduction:**

Mistreatment has been reported in different occupational environments. Studies throughout the world show that medical profession is also no exception to this issue1. In a profession that trains individuals to be kind and compassionate towards patients, it is expected that the same traits observed in educational environments .However, in the majority of cases, the situation is different with this2.

In 1982, Silver stated while many students are eager and excited at the beginning of medical training, over time, they became pessimistic, depressed, or frustrated. He found it may be due to bearing unnecessary and avoidable mistreatment. He called this phenomenon medical student abuse3. Medical students abuse is an international phenomenon that has been documented by several studies. Reports from medical schools in the United States, Pakistan, Finland, Spain and Australia show that this phenomenon often occurs. The prevalence of mistreatment with medical students varies from 74% to 98%2.

Rautio showed that medical students experience each form of mistreatment more than other students4. Some teachers express that mistreatment is as inevitable part of medical education5. It seems that mistreatment with medical students is common in clinical settings. It is due to more interaction between professors and students at this stage and using small groups teaching techniques that are necessary for clinical training. Among clinical wards, mistreatment is more common in surgical ward which is thought to be due to male dominance and power driven authority2. Several studies have shown a large percentage of medical students who experience mistreatment, suffer from psychological consequences4-6. It can have adverse effects on health and performance3, 7-9. In a study, students reported inappropriate communication with perpetrators, low self-esteem and depression as the most effects of experiencing mistreatment2. Mistreatment in clinical environment cause emotional stress in students who have been physically and psychologically under pressure due to the large volume of pre-clinical curricula10. Schuchert showed verbal mistreatment affect medical students' confidence in clinical procedures without regard to race, age, gender, abilities and public confidence11. Despite the high prevalence of medical student abuse, reporting it to the relevant authorities is less than the reality3, 12.

We have limited studies in Iran on this issue. Given that previous studies show high prevalence of mistreatment in clinical environment and students who have this experience do not report it to the authorities, this study aimed to investigate related factors of failing to report mistreatment in the clinical settings from the viewpoint of trainees.

**Methods:** This research was a cross sectional study carried out between April to September 2013 in Kerman University of Medical Sciences (KUMS), located in Kerman province, south- eastern area of Iran. All medical students in clerkship and internship stage and also medical residents who were studying in Kerman University of Medical Sciences during 2013 selected through census method. Data were collected using a two section self administered questionnaire .The first section contained demographic data such as age, gender, marital status, duration of studying and educational level(internship, clerkship, residency) .The second part was a questionnaire which had been used in similar study in Japan3.

The questionnaire was translated into Persian and back-translated. The validity (face and content) and cultural differences of the questionnaire was confirmed by the panel of experts. Its reliability determined in a pilot study. Mistreatment was divided to four types. They includes verbal and emotional (shouting, humiliation, insult), Physical (physical injury or being threatened to it), academic (being assigned tasks as punishment, being threatened with an unjustly bad score or failure) and gender discrimination (being assigned tasks or being evaluated based on gender). Experience of each abusive behavior as well as reporting it to relevant authorities were identified. It took fifteen minutes to complete the questionnaire.

The questionnaires were completed anonymously and voluntarily. Trainees were assured that the data will be used only for research purposes. The study including questionnaire were approved by the research review and medical ethics board at Kerman University of Medical Sciences .Data analyzed by SPSS version 19. Frequency distributions of responses was calculated and compared by using the 2-tailed Fisher’s exact test or the chi square statistic.

**Results:**

One hundred sixty eight questionnaires were completed (response rate was 75%). Ninety one (54%) participants were males and 124 (74%) single. Eighty seven (52%) were in clerkship, 45 (27%) in internship and 36 (21%) were in residency stage. 156 (93%) participants stated ,during current clinical stage, faced with behaviors that was annoying for them. Verbal and emotional mistreatment(89.2%) was the most common abusive behavior had been experienced.

After that, respectively ,were academic abuse(73.2%), gender discrimination87(56.5%) and physical abuse(19.2%). Table one show the status of mistreatment reporting to relevant authorities according gender, marital status and educational level. The report of annoying behavior by participants had no statistically significant difference according gender, marital status. Residents have reported verbal and emotional mistreatment more than other groups (p=0.005). Interns have reported physical mistreatment more than other groups (p=0.002). The average age was significantly higher in those who reported verbal (p=0.04) and academic (p=0.001) mistreatment. Table 2 shows the frequency of reasons for refusing to report mistreatment by participants. The most common reason was that reporting mistreatment would not accomplish anything.

**Discussion:** This study investigated related factors of failure to report mistreatment in the clinical settings from the viewpoint of trainees. The results showed a high frequency of mistreatment in our clinical settings (93%). Despite the high frequency of these behaviors, less than half of physical mistreatment, twenty percent of verbal - emotional and less than ten percent of gender discrimination and academic mistreatment were reported to authorities. Similar studies also showed under-reporting of such annoying behavior to the relevant authorities. Katalin and colleagues revealed only a third of students had experiences of abusive behavior reported it to the authorities 12. Another study showed that only thirty one percent of students reported experienced annoying behaviors to someone else 9.

It appears that under reporting of mistreatments be due to fear of perpetrators' retaliation and its consequences12. Verbal and emotional mistreatment had been reported more than other types. It might be due to more emotional reaction to it that has stimulated trainees to report it. Residents have reported emotional and academic mistreatments more than other groups. Perhaps they were more familiar with the clinical setting and had more experiences about the process of reporting. We found no significant difference in reporting of annoying behaviors between male and female, single and married. According Participants' statement the most common reason for refusing to report mistreatment was that reporting mistreatment would not accomplish anything. This reflects the negative attitude of students toward our educational systems and its inefficiency in the prevention and elimination of these behaviors. Nagata-Kobayashi revealed the most common reason for failing to report mistreatment was that students did not realize mistreatment so serious to report it to the authorities3. Cultural differences can cause different reactions to behavior annoying.

Another factor that our participants stated as the common reason for failing to report mistreatment was they did not know how to report. In similar study in Japan only nine percent of students failed to report due to the lack of knowledge about reporting process. This issue indicates in our educational system despite the high prevalence of mistreatment, our students do not have adequate knowledge on how to report such behavior. Elniki and colleagues found students do not report mistreatment due to fear of retaliation and attitude regarding that reporting does not have worth9. It is also worth to mention that moral character of students influence to report or not report mistreatment. Students with very rigid moral conscience (superego) can exaggerate the problem and others with poor moral conscience may report it less12.

However, mistreatment with medical students in clinical setting is a common systematic problem that requires coordinated attempts in various dimensions for eradication12. The educational system should prevent any mistreatment, consider students rights and convert discouraging learning environments to supportive learning setting13. Most medical students know their teachers as a model in future professional setting. Experience of annoying behaviors may induce negative attitude towards medical profession in the minds of students7.

**Conclusion:** Experience of mistreatment is common among medical students in the clinical setting. But the report of them to the authorities is less than actual amount. Whatever the reason is, fear of the consequences, the moral character of students, lack of awareness of the reporting process, Negative attitude towards system, and the educational system should take extensive efforts to detect, correct and prevent these behaviors to improve the teaching-learning environment.

**Limitation:** our study was a cross sectional study. Another limitation was that data collection was according to the trainees' self report; it seems not to provide precise evidence. Individuals' reaction to a behavior may be completely different. Annoying behavior may be understood normal for someone else. On the other hand, since time has passed they may have forgotten the real reaction that they had after being involved errors.

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Table 1: The frequency of reported mistreatment to relevant authorities according gender, marital status and educational level

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mistreatment Type** | | | | | | | | | | | | | |  | |
| **Gender discrimination** | | | | **Academic** | | | | **Physical** | | | | **Verbal and emotional** | |
| 87(56.5) | | | | 115(73.2) | | | | 30 (19.2) | | | | 140 (89.2 ) | | **Frequency** | |
| **No** | **Yes** | | | **Yes** | **No** | | | **Yes** | **No** | | | **Yes** | **No** | **Mistreatment reporting** | |
| 4(5.8) | 65(94.2) | | | 6(7.1) | 78(92.9) | | | 9(45.0) | 11(55.0) | | | 19(18.64) | 83(81.4) | **Single** | **Marital** **status** |
| 1(5.0) | 19(95.0) | | | 3(9.7) | 28(90.3) | | | 440.0) | 6(60.0) | | | 9(23.7) | 29(76.3) | **Married** |
| 0.89 | | | | 0.64 | | | | 0.79 | | | | 0.5 | | P value | |
| 2(3.4) | | | 57(96.6) | 4(6.0) | | | 62(94.0) | 7(36.8) | | | 12(63.2) | 15(19.0) | 64(81.0) | **Male** | **Gender** |
| 3(10.0) | | | 27(90.0) | 5(10.0) | | | 44(90.0) | 6(54.5) | | | 5(45.5) | 13(21.3) | 48(78.7) | **Female** |
| 0.33 | | | | 0.40 | | | | 0.34 | | | | 0.73 | | P value | |
| 3(5.9) | | 48(94.1) | | 0(0) | | 60(100.0) | | 1(11.1) | | 8(88.9) | | 8(11.6) | 61(88.4) | clerkship | Educational level |
| 1(3.7) | | 26(96.3) | | 4(12.1) | | 29(87.9) | | 6(60.0) | | 4(40.0) | | 8(19.5) | 33(80.5) | internship |
| 1(9.1) | | 10(90.9) | | 5(22.7) | | 17(77.3) | | 6(54.5) | | 5(45.5) | | 12(40.0) | 18(60.0) | residency |
| 0.8 | | | | 0.002\* | | | | 0.06 | | | | 0.005\* | | P value | |

\*significant level at PV<0.05

Table 2: The frequency of reasons for refusing to report mistreatment by participants

|  |  |  |
| --- | --- | --- |
| **Reasons** | | Num (%) |
| 1 | When this experience occurred, thought it is not offensive behavior | 9(7.75) |
| 2 | Thought it is not so significant problem as to be reported to those in authority | 16(13.79) |
| 3 | Thought reporting mistreatment would not accomplish anything | 41(35.34) |
| 4 | Thought reporting abusive behavior by a medical student would become troubling | 14(12.06) |
| 5 | I myself dealt with it directly | 12(10.34) |
| 6 | I did not know to whom it should be reported | 25(21.55) |
| 7 | Scared that the report would strongly influenced my evaluation | 12(10.34) |
| 8 | Annoying behavior did not persist | 17(14.65) |
| 9 | Afraid that the reporting would not be kept confidential | 12(10.34) |
| 10 | Do not think this problem will be dealt fairly | 20(17.24) |
| 11 | Did not want to be labeled | 9(7.75) |
| 12 | Afraid that they do not believe me | 3(2.58) |
| 13 | Concerned about being blamed | 6(5.17) |
| 14 | Did not want to think about abusive experience more | 8(6.89) |
| 15 | Afraid my professional career in the future negatively affected | 4(3.44) |
| 16 | Because of the annoying behavior, I was disappointed of the current situation of education in the clinical setting | 15(12.93) |

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