

Morally incorrect incidents perceived by third year medical students in 2009 and 2015

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Abstract

The teacher-student relationship in medicine is affected by incidents performed by teachers and perceived by students as morally incorrect. The objectives were to analyze these incidents perceived by third year medical students in 2009 and 2015, according to gender, position, career year, and instance, and to compare categories and motives. This is quantitative-qualitative research, based on a survey with closed and open items: to narrate incidents and motives. The relationship between variables was established with χ^2 ($p \leq 0.05$). The survey was administered to third year students: 218 in 2009 and 2015 in mean age: 23.4 and 24.8 years old; feminine: 63.7% and 74.3%; and 199 and 209 incidents, respectively. In 2015 the incidents increased with: female students ($p = 0.005$), female teachers, classmates, first year, and oral tests. In 2009 most incidents were performed by teachers, followed by assistants, reversing in 2015 ($p = 0.05$). Psychological mistreatment was perceived greater in both years (+40%), followed by unfair evaluation ($p = 0.001$). The teacher's motives prevailed (+60%). Differences between the years could be due to: increasing female population among students and teachers, changes in the teaching positions, delegation of responsibilities of teachers, subjectivity in oral tests, and increase in social violence translated to the academic environment. (Gac Med Mex. 2017;153:33-9)

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Introduction

The moral bond established by the teacher with the student in medical education is important, since the way it develops might determine how the relationship with the patient will be, in educational practice and in

future professional activity¹. Some authors consider medical education as a moral enculturation process². Each faculty has its own culture, to which the newly admitted student will have to adapt, perhaps through a rite of passage consisting in humiliating or denigrating acts³, which constitute morally incorrect incidents.

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An adequate teacher-student bond should be based on respect, justice and trust. However, in recent times it shows conflicts not only for causes inherent to the institutions and education in general, but also because of morally incorrect incidents such as cheating by students⁴ and abuse by teachers. On the latter aspect, studies are carried out in different medical schools of the world, and especially of the USA, where the severity, motives and consequences of student-perceived mistreatment are assessed⁵⁻⁹. Also in different faculties of Latin America there is research on these subjects¹⁰⁻¹³. In these studies, more than 50% of students refer having experienced incidents of mistreatment coming from teachers^{2,5-7,12-15}.

In these works, specific forms of mistreatment or abuse are found: verbal, academic, discriminatory, physical and sexual. These facts could be considered morally incorrect towards the student, but students might also perceive other actions similarly considered. A morally incorrect act is understood as teachers' behaviors that students perceive as being wrong according to personal values and/or rules they believe should be complied with in medical education¹⁶. In addition, these acts may be distinctly assessed by teachers and students in different periods within a given Faculty of Medicine owing to different factors that may influence³.

Therefore, the first objective of this study was to analyze if third-year medical students of different periods (2009 and 2015) in a state university perceived morally incorrect incidents caused by teachers, taking the undergraduate program year when the incident occurred, gender and teaching position of the teacher and the setting where it was produced, into account. A second objective was to compare the different categories of incidents perceived on said periods by the students and the reasons referred by them on why they believe the incidents occurred.

Material and methods

The type of investigation was quantitative-qualitative, within the frame of the cross-sectional, descriptive, exploratory category.

To meet the outlined objectives, a survey was developed based on articles on medical student mistreatment^{2,5-15} and on the review of two experts in the development of questionnaires. It was also tested in a group of 30 third-year students. Based on this analysis, some items were reformulated for better understanding.

The survey was finally comprised by an introduction where the purposes and indications for its completion

were explained. It was semi-structured, with closed items (gender, age and undergraduate program year of the student; teaching position and gender of the teacher participating in the incident, setting –teaching-learning or assessment process– and year of occurrence) and two open items where students were asked to narrate a morally incorrect incident caused by a teacher involving the student, a classmate or a group of students, describing the circumstances in which it occurred and specifying which they believed were the reasons that caused the incident. This general terminology was used in order for the students to feel free to reveal acts they considered to be morally incorrect.

The survey was administered to three Pathology Department commissions of third-year medical students on years 2009 and 2015, which were randomly selected at different shifts, accounting for 15% of the population. For this, the first 10 min of a class were taken. The researchers made a brief introduction, where they explained the characteristics and purpose of the survey. The research administrators were not teachers or even acquaintances of the students and, therefore, they did not exert any external coercion that would have made the students feel vulnerable. In addition, the fact that taking the survey was anonymous and voluntary was orally clarified. Only 5% returned it blank, stating their desire not to complete it and making use of their freedom of choice.

This research, survey and informed consent were approved by an Ethics Committee of a Hospital associated with the Faculty of Medicine.

To analyze the open item, a morally incorrect act was regarded as any behavior of teachers perceived by students as being wrong according to personal values and/or rules they believe have to be complied with in medical education¹⁶. This item was analyzed by the first two authors together looking for equal or similar incidents, which were classified into 7 categories:

- Psychological abuse: humiliation, denigration or underestimation.
- Unfair evaluation: lack of criterion, importance to specific contents or not corresponding to the program, vague or confusing questions, or grades based on good or bad relationships.
- Disinterest on the student: teacher late arrivals or absenteeism without previous notice, smoking in the classroom, not answering to concerns, talking on the cell phone or not looking at the student in an oral exam.
- Discrimination by gender, age, clothing or ethnicity.

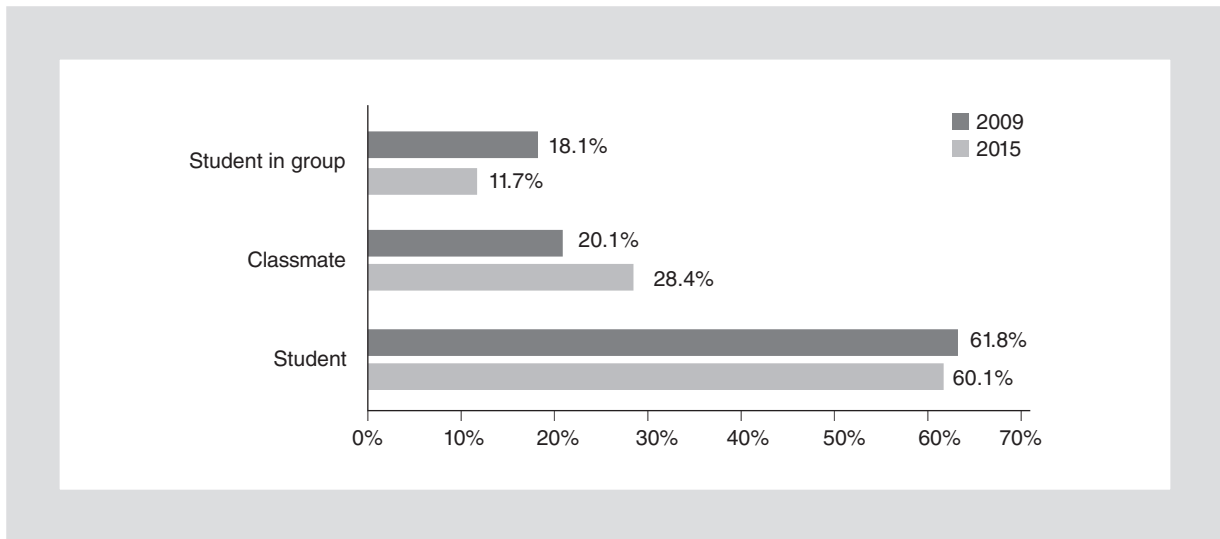


Figure 1. Protagonist of the incident reported by 2009 and 2015 students.

- Sexual harassment: double-sense language, jokes referred to these aspects or exchange of good grades for sexual favors.
- Pedagogic failures: not explaining the student the mistakes in an exam or inappropriately using class time.
- Physical abuse: pushing and shoving or throwing objects at the student.

Once these categories were established, these authors individually categorized the incidents. There was 5% discrepancy, arriving to total agreement after a second analysis in collaboration.

As for the reasons of these incidents, they were classified into 4 categories:

- Of the student: not knowing the answers or being nervous.
- Of the teacher: arrogance, lack of respect, lack of interest, overdemand, intolerance, pedagogic failures, tiredness, personal problems, personal characteristics (sadism, racism, misogyny) or lack of patience.
- Of the institution: disorganization, lack of agreement between teachers or lack of control.
- Of the teacher-student relationship: resentment due to discussions or sentimental involvement beyond the academic setting.

For data analysis, a spreadsheet (Microsoft Excel) was used, where data on the items was captured. Items were analyzed by establishing relationships between variables through different crossings in order to establish comparisons between years 2009 and 2015 groups. Crossings were also carried out in order to

compare the existence of similarities and differences between morally incorrect facts and the reasons according to category between groups. The existence of significant relationship on these crossings was verified using a non-parametric chi-square test ($p \leq 0.05$).

Results

The survey was completed by 218 third-year students in 2009 and 224 in 2015. Three surveys were dismissed in both groups due to lack of clarity. Mean age of 2009 students was 23.4 years (standard deviation [SD] = 2.45), and the female gender accounted for 63.7%. In 2015, mean age was 24.8 years (SD = 5.1), and the female gender accounted for 74.3%.

A total of 41 students in 2009 (19.0%) and 25 in 2015 (11.2%) did not refer any incident. In addition, on both years there were students who referred more than one incident: 11 in 2009 and 18 in 2015, which accounts for a total of 199 and 209 incidents, respectively.

In comparison with 2009, in the year of 2015 there were more incidents whose protagonists were female students (69.3 vs. 50.5%), with a decrease for both male students (17.7 vs. 28.8%) and mixed groups (12.9 vs. 20.7%) ($p = 0.0005$).

With regard to who had the incident, whether the student him/herself, he/she with his/her group or a classmate, the percentage of incidents occurred to the latter increased in 2015 (28.4 vs. 20.1%) ($p = 0.0532$) (Fig. 1).

As for the undergraduate program year when the incident occurred, the percentage of first-year incidents was increased in 2015 (63.6 vs. 57.8%) ($p = 0.8613$).

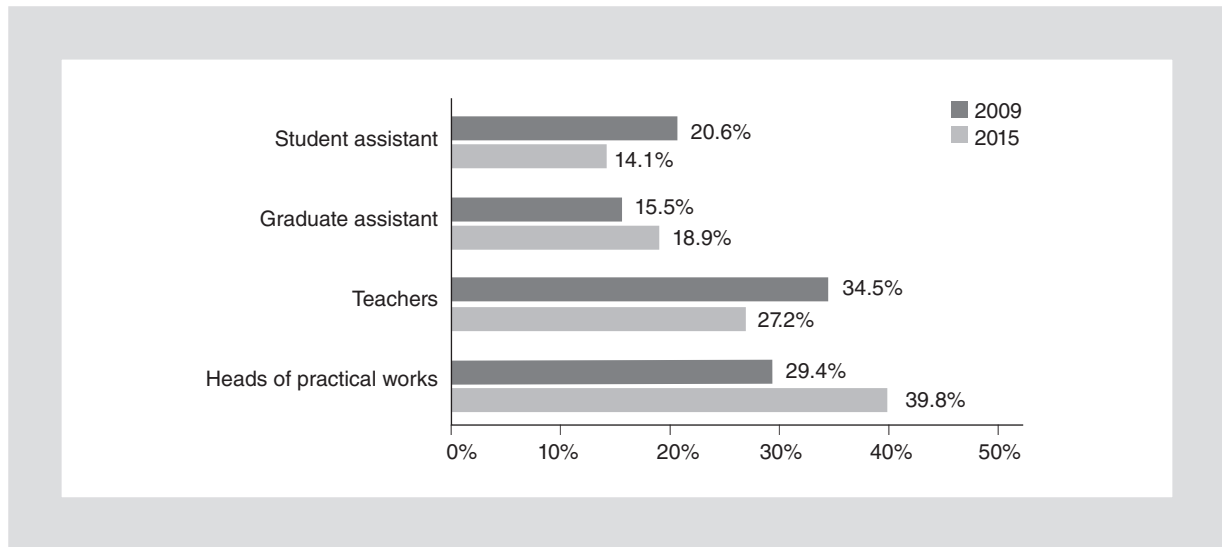


Figure 2. Teaching position of the teaching staff member protagonist of the incident reported by 2009 and 2015 students.

Taking into account the teacher's gender, the percentage of incidents was higher in 2015 in comparison with 2009 for the female gender (42.1 vs. 38.4%) ($p = 0.4442$).

With regard to the teaching position, most incidents in 2009 were originated by teachers (34.5%), followed by heads of practical activities (29.4%), whereas in 2015 this relationship was inverted (39.8 vs. 27.2%) ($p = 0.0449$) (Fig. 2).

In both years, more than half the incidents occurred during oral assessments, with the percentage increasing in 2015 (61.5 vs. 52.0%). In second place, they occurred during practical activities, with the percentage slightly decreasing in 2015 (13.2 vs. 15.0%) ($p = 0.2557$).

In 2009, 251 incidents were categorized and 259 in 2015, given that 51 and 48 incidents have had more than one category, respectively. More than 40% of them, on both years, comprise psychological abuse, in first place, and unfair evaluation in second place ($p = 0.001$) (Fig. 3).

Psychological abuse was expressed as follows:

- "In an oral exam, a female teacher told a pregnant student that she was not going to be able to be a good mother because she didn't understand the subject (embryology)".
- "I submitted a written final, and had gone to look for the grade. The professor who summoned me told me that my final was awful and that I wasn't about to pass. He looked at my report card and smiled as he told me: "What a pity, you got a 1

(one) in the final, and to think that you have partials of 7,8 and 9... if I were you I would jump under a train instead of celebrating Christmas" (the date was December 19)".

With regard to unfair evaluation, one student stated:

- "At the moment of grading the assessment, the examiner consulted with the female assistant of the corresponding shift. Since she had a bad relationship, she decided it deserved a 4 (four) and not a better grade as the examiner thought"

With regard to disinterest, one student stated:

- "In a first-year partial oral exam, a female assistant who was giving me the exam didn't stop looking and manipulating the cell phone, as if she wasn't paying attention to what I said".

With regard to discrimination, incidents in 2009 were related to gender, age and clothing. In 2015, in addition to these aspects, half the incidents were related to ethnicity.

In 2009, 254 motives were recorded, and 258 in 2015, with 42 and 67 students indicating more than one, respectively. On both years, more than 60% of the morally incorrect incidents' reasons correspond to motives of the teacher. Less than 10% were represented by those of the teacher-student relationship, followed by motives of the student him/herself and of the institution, with less than 7% ($p = 0.4936$). As for motives of the teacher, surveyed subjects referred in a higher proportion those related to arrogance and pedagogic failures ($p = 0.012$) (Fig. 4), expressing it as follows:

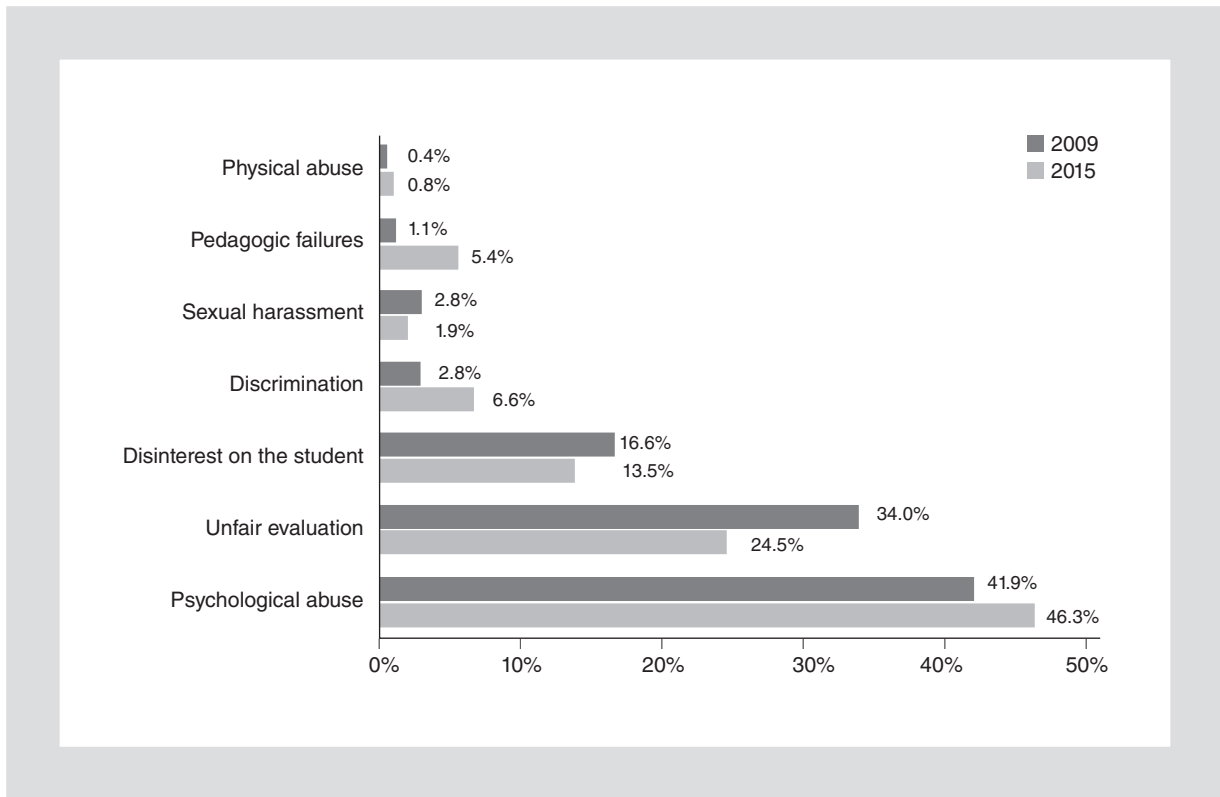


Figure 3. Categories of incidents reported by 2009 and 2015 students.

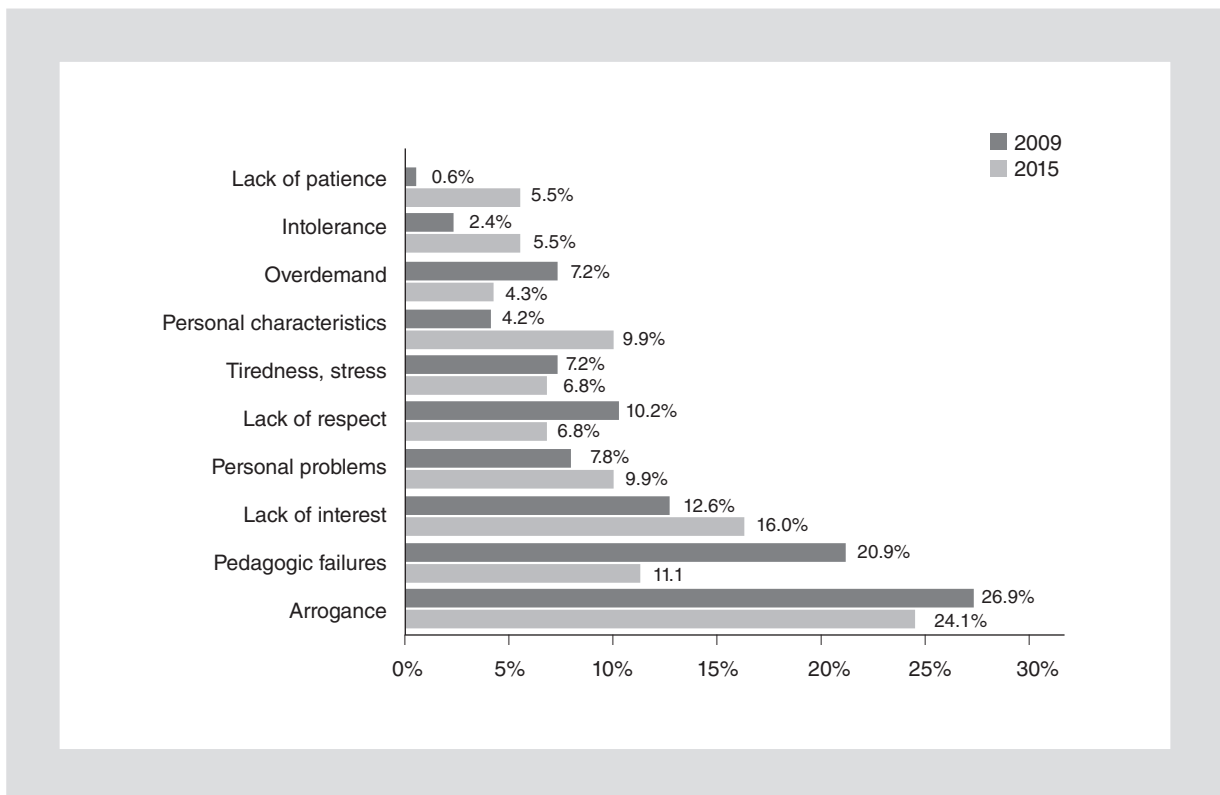


Figure 4. Categories of the teacher's motives indicated by the students of the years 2009 and 2015.

- “Abuse of power; more than one teacher forgets that he/she was once a student”.
- “Believing that a second-year student or a freshman can be able to have the same comprehensive knowledge on a subject as teacher”.

As for the motives associated with the teacher-student relationship, one student expressed it this way:

- “Surely the teacher holds a grudge against me due to some comment I made in a previous class”.

Discussion

In medical education, teacher-student moral relationship is highly important, since it might determine the bond between the student or professional and the patient¹.

In our study, there was no difference in the number of incidents referred by 2009 and 2015 students. In 2015, the number of incidents involving female students was increased, which might be due to the increase of the female population pursuing a medical degree over these years^{17,18}. Although the highest percentage of incidents was referred to the surveyed individual, it increased in those involving a classmate. Maybe access to communications and to groups in social networks contributes to an exchange of incidents between students. The percentage of incidents occurring at first year was also increased in 2015. This might be due to changes occurring in the faculty staff between 2012 and 2014. The percentage of female teachers participating in these incidents was also increased, perhaps as a consequence of an increase on female faculty personnel. A significant difference was observed between years with regard to the teaching position. It might be that professors have increasingly less participation in academic activities, restricting themselves to theoretical lectures on the subject they are specialists in, with the rest of educational activities being derived to the heads or managers of practical activities, with less contact with students. Incidents in oral assessments increased in 2015. This type of tests is the one with most conflicts, since a “face-to-face” relationship is established between people that perhaps had no previous contact during the course and only interact in exams. In addition, teachers may lack common assessment criteria between courses. It should be remembered that oral exams are the least objective, valid and reliable evaluations. Those who assess may be unaware of the student’s performance in class and act based on general appearances, perhaps judging performance under a stressing situation

that may be not representative. In addition, the student might be adversely predisposed at the teacher based on appearance, position and rumors.

With regard to categories of incidents, the most referred to on both years was psychological abuse, although in a lower percentage to that reported in specific works, given that students in this work referred other conflicts^{3,5,6,10,12}. In the literature, this form of mistreatment is usually the most common, sometimes exceeding 50% in prevalence^{6,16}. Pedagogically, it might be considered a negative reinforcement to achieve specific objectives¹⁵, maybe to face future clinical problems¹⁹.

In 2015, incidents involving psychological abuse, discrimination and pedagogic failures were increased, with those related to unfair evaluation being decreased. A reason why the former two might have increased could be given by social violence permeating the academic setting. In addition, the increased foreign population in the faculty of medicine (mainly of Brazilian nationality), might raise apprehension in those teachers who interpret that freely training foreigners that will later return to their countries of origin represents a flight of public funds^{5,7,16}.

The second category referred by both groups was unfair evaluation. This may be due to the fact that for educators it implies having objective and fair criteria according to the purposes and contents of the course. For students, it can lead to stress and/or anxiety, since sometimes a course or a school year is at stake. However, in the literature, abuse does not occur during assessment, except in two works^{5,14}.

Disinterest on the student is the category referred at third place on both years with similar percentages. These attitudes might be related to the lack of a model to follow in the teaching practice. Educators state the following: “I do it because my teachers did so”². It should be noted that many work *ad honorem*, which might entail lower commitment with students and with the teaching-learning process, as reflected in a study¹⁵.

The reasons students argued as causes of the incident were similar for both years, with those referring to the teacher prevailing: arrogance, disrespect and lack of interest. These attitudes might be due to the paternalism that characterized the doctor-patient relationship until a few years ago, which may have been transferred to the teacher-student bond.

In spite of the differences observed in incidents and motives, the students considered that teachers show a lack of pedagogic principles applicability in educational activities.

Morally incorrect incidents are often not reported by students because they consider that no measures are implemented about them or out of fear of reprisals^{2,20}. Some longitudinal studies demonstrate that, in spite of concrete actions to eradicate mistreatment being taken, it does not decrease^{3,9,15,16}.

Some works include term definitions or characterizations in the surveys^{8,10}, while others allow for items to be freely interpreted^{6,15}, as occurred in the present study. Perhaps the occurred incidents have caused anxiety, stress, decreased self-esteem, burnout, etc. in the students, according to their personality. These data were not investigated, which constitutes a limitation of this work, unlike other studies^{5,15}.

Although the obtained results suggest interesting findings, they should be taken cautiously, since they only involve early years' medical students. It should be considered that when retrospectively narrating an incident it may have been under- or overvalued, depending on psychological characteristics that were not assessed, and express attitudes, values and different hierarchical organization criteria, thus losing objectivity^{3,8}. However, it should be mentioned that there is an investigation that shows there is no relationship between the student's sensitivity and the perception of mistreatment²¹. Morally incorrect actions can be considered as being subjective facts. Therefore, no objective criterion was used to validate the narrations, except for the experts assessment when the survey was developed and comparisons with other investigations. It is also possible that different students narrated the same incident.

Students in both groups perceived their teachers' behaviors with regard to moral commitments (respect, interest and justice), which shape every human bond, and commitments with vocation and teaching-learning and assessment processes (disinterest for the student and unfair evaluation). Therefore, having activities between teachers and students would be necessary to analyze and reflect on these moral aspects of the relationship and, from there, establishing concrete actions to be taken in order to improve this bond such as, for example, observation of classes by faculty authorities, creation of specific codes, filing of complaints

and creation of a special committee to address complaints, among others.

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