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Incidence, Severity, And Significance of Medical Student Abuse

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In a survey of the incidence, severity, and significance of medical student abuse as perceived by the student population of a major medical school in Nigeria, 171 (74%) out of a total 231 respondents stated that they had been abused at some time while enrolled in medical school. The abuses ranged from verbal, physical, psychological to sexual. Fifty-three (22.9%) of the students reported having become more cynical about academic life and the medical profession as a result of these episodes. Sixty (26%) felt that they were worse off than their peers in other professions. Forty-four (19%) reported that they would have chosen a different profession had they known in advance about the extent of mistreatment they would experience.

Summarizing the positive and negative effects that medical school had on their lives, 180 (77.9%) cited the ability to withstand stress as a positive by-product among others, and 231 (99.7%) saw the fact that they had no time for social life as negative. We conclude that medical student abuse should not be dismissed as an isolated event; rather it should be a major concern of those involved in medical education.

Key Words: Medical Student, Abuse, Major Nigerian Medical School

INTRODUCTION
Numerous studies have highlighted the sources of stress experienced by medical students during their medical education. Some of the factors highlighted include the competitive, authoritarian and rigid structure of the medical school with consequent stifling of the students developmental needs, lifestyle changes with resultant personal sacrifices in order to maintain good academic grades, interpersonal conflicts between students and those involved in their clinical training, anxiety and depression related to academic difficulties, and increased financial difficulties, among others.

The identification of abuse as a contributory factor to stress in medical students was first made by Silver in 1982 when he drew attention to a "gradual transformation" in medical students and attributed it to a phenomenon he called "medical student abuse." These students, while eager and enthusiastic at the time of admission to medical school, became cynical, frightened, depressed, and frustrated after spending some time in medical school. Subsequently Rosenberg and Silver reported the findings of two groups studied by them that supported the original speculations. The two groups consisted of physicians and self-selected sample of medical students. They reported that the abusive way they had been treated during their medical education had a long term negative effect on them and that it resulted in inferior learning, alteration in their feeling about becoming physicians and the way they met challenges of medical school. Baldwin et al in 1988 reported disturbing levels of verbal and physical mistreatment as well as sexual harassment and sleep deprivation in a mid-western medical school in USA. Finally in 1990, Silver and Glicken showed that almost half (46.4%) of the medical students of the University of Colorado School of Medicine interviewed by them had been abused at some time during the course of their medical education by the teaching staff, residents and others. To our knowledge, there has been no documented evidence of the occurrence of abuse in medical schools in Nigeria, and no study has been carried out on the subject.

In order to explore the abuse in medical students education in Nigeria, we undertook an investigation of the incidence, severity, and significance of abuse as perceived by the student population of a major medical school. At a time when there is an increasing number of young people going into medicine and experts are voicing increasing concern about stress,
harassment and the need for critical changes in medical education, the problem of medical student abuse in our opinion deserves special attention.

METHODS

All the 235 medical students preparing for the final examinations in the year 1996 at the University of Nigeria, Enugu Campus were asked to participate in the study. This group was chosen because the final year students have gone through all the stages of basic medical education and therefore have the most experience.

The students received a questionnaire with written instructions explaining that they were not required to give their names, gender, age, ethnic group or any other personal information that would make responses easily identifiable. This was to ensure anonymity and confidentiality. It was further stated that the answers they provided would enable us to determine their perception as to whether or not abuse occurred at their institution and if it was a significant problem. The questionnaire was self administered and contained a list of abuses (verbal, physical, psychological, sexual, ethnic, religious, intimidation, unnecessary medical risks) that the students might have experienced in their medical school career. The students were not required to cite the sources of the abuses. The second part of the questionnaire asked the students about the severity of the abuse and its significance. Finally, we sought to know the general effect of medical school career on the respondents.

RESULTS

Of the 235 students who received questionnaires, 231 completed and returned them, giving a response rate of 98.3%.

Table 1 gives the percentage of the students who reported having been abused at some time while in medical school. One hundred and seventy one (74%) of the students have experienced verbal abuse. One hundred and twenty nine (55.8%), 116 (50.2%), and 109 (47.1%) have experienced psychological abuse, intimidation and unnecessary medical risks respectively. Physical, ethnic, religious and sexual abuse were experienced by only 14 (6%), 12 (5.2%), 2(0.9%) respectively of the respondents.

Table 2 shows the percentage of students reporting about the effects of the abuses on them. One hundred and twenty nine (55.8%) of the respondents reported that at least one of the episodes of the abuse that they experienced had been of major importance and very upsetting. Fifty-three (22.9%) reported that they were cynical about academic life and medical profession as a result of these experiences and forty-four (19%) said that they would have chosen a different profession had they known in advance about the extent of mistreatment they would experience. Sixty (26%) of the respondents felt they were worse off than their peers in other professions and 42 (18.2%) thought the abuse will always affect them. Positive effects of medical school, as reported by the students, include ability to work hard, reported by 169 (73.1%); ability to withstand stress 180 (77.9%); being observant 127 (55%); being disciplined 192 (83.1%); and being conscious 155 (67%). The negative effects include no time for social life reported by 210 (90.9%) and verbal abuses and intimidation 171 (74%) students respectively. (Table 3).
Table 2: Number and Percentage of Students reporting about the Effects of the Abuses on them

<table>
<thead>
<tr>
<th>Effects</th>
<th>Positive Response</th>
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<tr>
<td>1. Is any one of the experienced episodes of major importance and upsetting?</td>
<td>129 (55.8)</td>
</tr>
<tr>
<td>2. Will the abuse always affect you?</td>
<td>42 (18.2)</td>
</tr>
<tr>
<td>3. Are you cynical about academic life and medical profession as a result of these experiences?</td>
<td>53 (22.9)</td>
</tr>
<tr>
<td>4. Do you feel that you are worse off than your peers in other professions?</td>
<td>60 (26)</td>
</tr>
<tr>
<td>5. Would you have chosen a different profession had you known in advance about the extent of mistreatment you would experience?</td>
<td>44 (19)</td>
</tr>
<tr>
<td>6. After qualification, will you leave medicine because of the stresses involved?</td>
<td>14 (6)</td>
</tr>
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</table>

Table 3: Number and Percentage of Students reporting Positive and Negative Effects of Medical School

<table>
<thead>
<tr>
<th>Effects</th>
<th>No.</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Positive</td>
<td>1. Ability to work harder</td>
<td>169</td>
</tr>
<tr>
<td>2. Ability to withstand stress</td>
<td>180</td>
<td>77.9</td>
</tr>
<tr>
<td>3. Being observant</td>
<td>127</td>
<td>55</td>
</tr>
<tr>
<td>4. Being disciplined</td>
<td>192</td>
<td>83.1</td>
</tr>
<tr>
<td>5. Being time conscious</td>
<td>155</td>
<td>67</td>
</tr>
<tr>
<td>Negative</td>
<td>1. No time for social life</td>
<td>210</td>
</tr>
<tr>
<td>2. Verbal abuses and intimidation</td>
<td>171</td>
<td>74</td>
</tr>
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</table>

DISCUSSION

The findings of this study confirm previous reports that abuse, as perceived by students, is a frequent occurrence in medical schools. In our study verbal abuse, psychological abuse, intimidation and unnecessary medical risks were experience by 171 (74%), 129 (55.8%), 116 (50.2%) and 109 (47.1%) respectively of the students interviewed. Almost two thirds (55.8%) of the students who reported episodes of abuse felt the experience to be of major importance and very upsetting and 42 (18.2%) thought that it would always affect them. These findings suggest that abuse, as perceived by students, is a particularly disturbing cause of stress and one that, if ignored, may lead to negative effects on the students. Stress and anxiety are known to be important factors in causing academic difficulties.

Some of the difficulties include alteration in their capacity to learn, their feelings about becoming physicians, and the way they met the challenges of medical school, lowered self-esteem and less effective patient care. The frequency of perceived verbal and psychological abuse, and unnecessary medical risks in our study is similar to that of Sheehan et al. In their study, verbal abuse, psychological abuse and necessary medical risks accounted for 85%, 47% and 40% respectively. Physical, sexual, religious, and ethnic abuse are comparatively low in our respondents. In the present study only 6% reported physical abuse, 0.9% sexual abuse, 5.2% ethnic abuse and 3.9% religious abuse as against 50% for sexual and ethnic abuse respectively. Some of these differences in incidence of sexual abuse in our report can be attributed to two reasons. First, information about sexual experiences is not freely discussed in the Nigerian society. Second, our respondents' perception of sexual abuse may have excluded subtle or implied abuse and harassment. Ethnic and religious abuses are low in our study because the eastern region of Nigeria in which this study was carried out is traditionally a tolerant society. As regards to our respondents' perception of the effect of the abuse on their attitude towards medicine or commitment to becoming a doctor, 53 (22.9%) stated that they were cynical about academic life and medical profession as a result of these experiences. Nearly one-fifth (19%) said they would have chosen a different profession had they known in advance the extent of the mistreatment they would.
experience and 60 (26%) thought they were worse off than their peers in other professions (Table 2).

However, only 14 (6%) of the students had seriously considered leaving medicine after qualification as a result of the stress involved (Table 2). These findings draw attention to the extent which abuse in medical school education can contribute in destroying motivation, enthusiasm, excitement and joy of medical school.

The students cited a number of positive and negative by-products of medical school career (Table 3). The high price they had to pay for these "positive effects" of medical school was the severe lack of time for social life. Those involved in curriculum design should take note of this serious situation.

We recognise that this study has not made any attempt to objectively validate the abusive episodes reported by the students, and that what students perceive as abuse may not constitute abuse in objective, ethical or legal sense. However, we believe that what is important is not the actual event itself. Instead the interpretation or perception of the event by the individual concerned may have the greater impact on him. We are of the opinion that this preliminary identification of the scope of abuse of medical students could serve as the basis for further research. We hope also that those involved in medical education will examine these issues more critically with a view to taking positive measures to alleviate them.

REFERENCES

Medical Student Abuse


