

Reasons analysis of medical interns-patient conflict in China: a survey analysis

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Abstract: Clinical internship is a way that medicos put their theory knowledge into clinical practice. The knowledge and skill that medicos obtain from practice are very important to medical students' future employment prospect. In recent years, as a result of diverse reasons, the rise of conflict between medical interns and patient brings about a few problems in instruction administration of school and hospital. We conducted the study in a teaching hospital in China, using a qualitative and a quantitative design. Based on the analysis of the survey, we hold that the main reason of conflicts increasing is Chinese students have fewer opportunities in clinical clerkship because of booming enrollment. The intern-patient conflicts can be reduced only when medical college increase educational resources input, especially the terms for the skill training.

Keywords: interns clinical internship interns-patient conflict reason analysis

INTRODUCTION

Previous studies showed that open and clear communication between doctors and patients can facilitate optimal delivery of health care[1]. Mutual understanding between doctors and patients can be enhanced when both parties actively engage in dialogue and exchange of information during consultations[2]. However, the conflict of between doctors and patients is always inevitable. Conflict is often a challenging situation as it can evoke feelings of helplessness, frustration, confusion, anger, uncertainty, failure, or sadness. The doctor should recognize these feelings and develop skills to identify problematic responses in the patient or themselves to de-escalate the situation and enable the relationship problems to be turned into a clinical success[3]. Due to the lack of communication skills, the conflict incidence of medical interns and patients often is higher than that of doctors and patients.

Medical interns are a kind of students who have finished all courses but are neither residents nor graduate students. Typically for five-year program students in China, interns are the 4th to 5th-year students [4]. However, for students in the seven-year or eight-year programs, the year of intern varies from 4th to 7th [5]. Internship is an intense and formative period in the life of a physician. In the first few months of residency, interns must assume a new role and a concomitant set of responsibilities and expectations[6].

In recent years, doctor-patient conflict is increasing in China. The conflict of medical interns and patients can influence interns' service idea and learning effect. We therefore conducted a survey in medical

interns in Shandong Wanjie Medical College to explore the conflict reason of medical interns and patients.

MATERIALS AND METHODS

Questionnaire design

A survey was conducted, using a questionnaire to collect the data. The questionnaire consisted of 67 questions divided into seven sections. The topics included medical interns' questions (such as communication with patients, attitude to patients, operation being nonstandard and malpraxis) and patients' questions (such as never trusting medical interns, not satisfied with the interpretation of the disease and not satisfied with operation). The questionnaire was reviewed by a panel of experts.

Participants

Copies were distributed to 3034 medical interns from Shandong Wanjie Medical College over a period of 12 months from 2012 to 2013, and ultimately 2872 completed forms were received.

RESULTS

Of the 3034 copies of questionnaires sent out, 2872 (94.7%) eligible questionnaires were returned and included in the analysis. The median internship length was 11 months. The questionnaires showed there were different conflict between 37 (1.29%) interns and patients. These conflicts have a common characteristic: the frequency of the conflict has an association with internship time, see Table 1. 56.63% of 37 conflicts occur in first month, and then conflict number gradually reduced as the extension of internship time. Only 2.41% incidents occur after eight months.

From Table 2, the conflicts that caused by students because of lacking communication skill were highest in all events, along with service attitude, operation being nonstandard and malpraxis. From the perspective of

patients, the mistrust to interns was the main cause of the conflict, and other conflicting cause contain dissatisfying with explain and operation of interns to disease.

Table 1 Time of interns and patients conflicts

| Time | Cases | % |
|--|-------|-------|
| 1 st month | 22 | 56.63 |
| 2 nd -3 rd month | 9 | 21.69 |
| 4 th -7 th month | 5 | 13.25 |
| ≥8 th | 1 | 2.41 |

Table 2 Reason of intern-patient conflict

| Conflict reason | Cases | % |
|------------------------------------|-------|-------|
| Student factors | | |
| Unsuitable verbal communication | 8 | 20.48 |
| Bad service attitude | 4 | 9.64 |
| Operation barbarism | 2 | 6.02 |
| Malpraxis | 1 | 2.41 |
| Patient factors | | |
| Distrust intern | 11 | 30.12 |
| Unsatisfactory for illness explain | 6 | 16.87 |
| Unsatisfactory for cure operation | 5 | 14.46 |

FINDINGS ANALYSIS

From the perspective of students

Internship is an intense and formative period in the life of a physician. In the first few months of residency, interns must assume a new role and a concomitant set of responsibilities and expectations [6]. At present, the average age of Chinese medical interns was about 22 years. They have their own advantages, such as they have all kinds of ideal and the intense desire of seeking knowledge. But some shortcomings also exist on interns, because most students are only children or from a well-off family. They are often seen as arrogant, confident, and self-centered, spoiled, lack of responsibility and poor self-management. When facing patients, interns take poor care for patients and work initiative that caused by their escape behavior from dirty, tire and bother. Therefore, the 8 cases(9.64%) of all conflicts were induced by surly services.

Before 2000, about 44 000-98 000 deaths are attributed to medical errors in USA each year [7]. Many of those errors are caused by faulty or incomplete communication between doctors and patients [8]. Traditionally, interns receive little training in effective handoffs [9]. Before clinical practice, the interns' knowledge, attitude, behavior, and practice from classroom teaching have a little difference compared with clinical operation. These difference often bring interns much fear to operation failures and errors, and the more fears result in the more errors. From Table 1, about 56.63% cases occur in the first month.

In recent years, Chinese students have fewer opportunities in clinical clerkship because of increased enrollment. Under the condition of less clinical practice,

interns can not flexibly apply their textbook knowledge to clinical practice. For example, when infusion to the patient, interns can only do simple operations and not give patients some advices about drug effect and side effects. Patients with chronic diseases often consult some question due to their depression, anxiety or unsure induced by disease, for instance "Can my disease be cured?" However, interns can not patiently explain disease characteristics and drug efficacy and side effects, and only tell patients cooperate with treatment. These communication skills are short of humane care and often cause damage to patients. Sources of 16.87% conflict were the above reason.

About 6.02% conflicts were caused by interns' poor operational skills. A clinical teacher should now guide for 3 to 5 students, and whose clinical practices were limited because the contradiction between too many students and limited clinical practices. Limited clinical practices bring interns poor operational skills.

An essential component of the delivery of health care is the relationship between the patient and the health care provider [10]. Several studies on communication in health care have repeatedly shown the importance of the doctor's communication skills [11]. By communicating with a patient, a physician gets to know the patient's problem and creates a therapeutic relationship necessary for its management and, if possible, its solution. The quality of the relationship between a doctor and a patient is a key factor in the effectiveness of care. Good doctor-patient communication is associated with a higher level of patient satisfaction and better compliance [11-12].

Furthermore, optimizing doctor-patient communication can lead to better patient health and outcomes [13].

Beginning clinical interns have overcautious, stiff, uncommunicative traits, and they only put their attention in operation but have no any communication with patients. For unreasonable requests from their patients, such as family members want into the sterile room, students can not offer a reasonable, patient and detailed explain, and only say to family members, "No Admittance!" 20.48% conflicts were caused by the bad doctor-patient communication.

From the perspective of patients

Latest study showed that patients with a low education level often have a higher conflict probability owing to their being unprepared for a participatory style of communication showed in hesitancy to participate during consultations [14]. In addition, when patients with high expectations of cure disease found their condition worsened, they often showed unhealthy emotions, angry, mood swing and weakened self-control. Sometimes, these complaints from patients or family members were transferred to the medical staff. When interns contact with patients or family members, conflicts often explosive because their bad mood and mistrust to interns.

In summing up, in recent years the conflicts of intern-patient are increasing with Chinese medical college booming enrollment. The reasons of conflicts maybe not only come from students but also from patients. Early residency is a crucial time in the professional development young physicians. In order to avoid more conflicts, before residency, students should undergo more comprehensive skills training than in the past. These skills include communication skills, standard operation and simulate explaining illness, et al.

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