

Coping Strategies of Derogatory Comments and Cynical Humor in Clinical Teaching among Dental Students

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ABSTRACT

Objective: To identify the strategies students adopt to cope with derogatory comments from senior clinicians and/or teachers. **Study Design:** Qualitative study. **Settings:** The study was done at Punjab medical college (PMC) dental institute, Faisalabad medical University, Faisalabad Pakistan. **Duration:** 6 months from 01-03-2023 to 31-08-2023. **Methods:** The study was a qualitative phenomenological study. Final year bachelors of dental surgery students from one public and one private-sector institute were enrolled in this study. Semi-structured interviews of 10 students were conducted. Data collected was recorded by audio device, backed up, transcribed, arranged and coded. Data was analyzed using interpretative phenomenological analysis (IPA) approach. Lazarus model of stress and coping strategies formed the basis of this study. **Results:** 44 codes were identified which were grouped in 8 subthemes. These eight subthemes were further grouped into two themes i.e. Successful Coping strategies and unsuccessful Coping strategies. Ten different coping strategies were identified when the interpretative phenomenological analysis was done. Lazarus model of stress and coping was modified to derogatory comments coping model. **Conclusion:** Medical educators must provide the platform to the students where student issues can be discussed and resolved within the comfort zone of students, so we can make sure that the dentist we are producing has adequate knowledge and skill to treat the patients in society.

Keywords: Coping strategies, Cynical humor, Derogatory comments.

INTRODUCTION

Derogation with cynical humor is a worst reality in all fields of professions and the medical profession is not an exception to it. Bullying is a verbal form of abuse and are negative remarks targeting the honor, dignity,

and respect of someone. They are generally voiced publically to degrade and defame of something or someone. The bullier faces degradation by passing derogatory comments from clinicians. Sometimes Medical students have to face derogatory comments and disrespect words from seniors and/or clinicians.¹ In order to continue clinical training in the same department and with the same clinician/clinical teacher with unaffected learning students must have to cope up with these derogatory comments. They must have some ways

and/or strategies to cope up with these derogatory comments and events. Searched literature shows limited content on the student's strategies to cope with such derogatory comments and cynical behavior. Parson's and colleagues mentioned that they don't know the answer to two key questions: How do students react to the humor and slangs used by residents and other students? And with time how do they interpret the appropriateness of derogatory comments or cynical humor in the clinics/wards?² Zeyad worked on student distress, perceived stress and coping strategies. In his study derogatory comments or bullying or harassment was not determined as a source of stress.^{2,3} His main focus was on academic distress and the answer to student derived solutions related to derogatory comments and humor was still unanswered. He used brief COPE to find out the

coping strategies of students in distress². Jaden R Kohan in 2017 reported that no studies have reported student perspectives on how to address these barriers successfully.⁴ He further pointed out that student derived solutions should be explored by medical school administrators to encourage reporting of a violation of professionalism.⁵ In Pakistan educational setup has no proper complain cell who is functioning. Students did not complaint of any such clinicians because of fear.⁶ The accountability of data regarding derogation/ harassment and bullying is almost zero.

Students did not like to be a part of derogation. In medical /dental college mainly students are targeted due to highly power dynamics of teachers/clinicians. When these insulting comments are repeated regularly, students tend to adopt this type of behavior. This can change the point of view of students towards medical professionalism.⁷ If these types of act happen regularly the students can start taking it as normal and part of their clinical training. They may think that this type of behavior is the logo of senior doctors leading to ethical erosion and become increasingly cynical in their behaviors especially when they move ahead in the profession and grow up to become a clinician and/or clinical teacher.⁸

Students usually idealize their teachers and try to mimic them in all ways and if this type of behavior is displayed professionally by senior clinicians' especially clinical teachers' towards the students, they may affect the true spirit of professionalism within the student's mind.⁹ Students then tend to repeat the same with their junior students and later on with junior colleagues and patients.¹⁰

BACKGROUND

Intentional or unintentional derogatory comments and humor that is bitter, insulting, or defaming, which impairs a person's capacity to see good in others. Stress is an integral component of the medical field. Multitasking of a medical professional in the form of being a clinician, researcher, academician, trainer and himself being a student as well increases the stress. Medical professionals have used humor as a vent to shunt this pressure.¹¹

Talking about students particularly derogatory comments to make fun is so common that people have stopped regarding it as unprofessional, unethical and immoral. Even when certain sociological descriptions are put forward for this phenomena the question is still unanswered that "why humor is a vehicle for the expression of frustration?" to answer this question literature theorizes derogatory humor into three different categories i.e. humor game, locations for humor, and not-funny humor.¹²

Medical students' cynicism - is use of derogation and cynical humor about patients - is temporary, a result of the 'cruel' aspects of their socialization, which corresponds with their Once through their residencies, and after assuming some level of authority as attending doctors, they become less cynical.¹³

METHODS

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This study was conducted at PMC dental institute, FMU, Faisalabad. The participants include the students of final year BDS from two colleges, one private sector and one public sector dental college. The target population was Final year students because they are most senior students in a dental college and have spent maximum time in clinics in the student group. This study was qualitative and done from March 2023 to August 2023 The final year BDS session 2023 was the target population for this study.

BDS students interact with the teachers of different disciplines on their non clinical years. Once BDS students are promoted to Final year they have more time to spend in Clinics and hospitals for clinical exposure, so these BDS students have good exposure to clinics and hospital wards.

Semi-structured in-depth interviews were the choice for the data collection procedure. The author was the interviewer. This made the author himself as the instrument for this study. The questions of interview were open ended to participate the students with full freedom. The setting of each interview would depend on the convenience of the student either the medical student lounge or the student's home. The Purposive sampling technique is used. The inclusion criteria of this study is

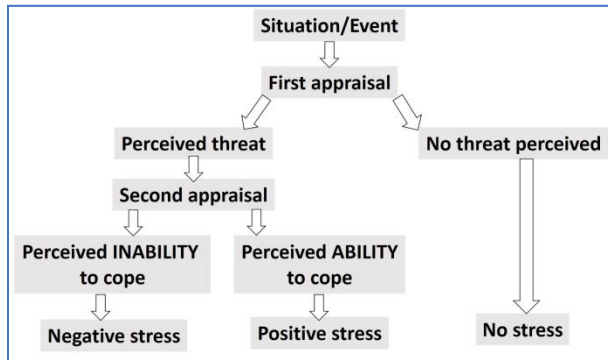
Final year BDS students who have frequently faced derogatory comments from clinicians, teachers or trainers in clinical departments and Students other than final year BDS and those students of final year BDS who feel that they have never faced or rarely faced derogatory comments are excluded in this study.

The interviews were done face to face and being recorded so the only audio conversation was done with them. All the conversation between interviewer and interviewee were Audio recorded and was saved on the interviewer's laptop. The questions regarding confidentiality, data safety, anonymity and usefulness were answered. The interviewer also took important notes during the interviews. This was also made part of the transcribed file. All the data was then backed up on the author's Gmail account as well to prevent any loss of information.

The interviews were auto-recorded which was saved on the interviewer's laptop by default. The interviewer also

took some notes during interviews and that was also made part of the transcribed data. Data was analyzed using interpretative phenomenological analysis (IPA) approach. This questionnaire was finalized after pilot testing.

Figure 1: The Lazarus stress and coping model



Then the interviews were taken, these interviews were recorded, transcribed and analyzed with the help of atlas ti by making codes, sub-themes, and themes. Initially, 44 codes were formed. Codes were clustered into subthemes. 5 of such sub-themes were formed. Sub-themes were clustered into themes and two of these themes emerged in the study.

Table 1: List of themes and subthemes found in the study

Themes	Subthemes	No. of Codes (44)
Successful coping strategies	Self-Improvement	9
	Comfortable learning zone	8
	Avoid the teacher	8
	Self-distractions	4
Unsuccessful coping strategies	Fear factor	6
	Student reaction	4
	Administration role	4

RESULTS

Derogatory comments give stress to students and their mental health is affected. They pose additional psychological burden on students mind.¹⁴ There are several effects students usually face with respect to these derogatory comments.

Participant 1B said “at first like you just accept it that it's OK, it lowers down your self-esteem” this participant further added “learning process is definitely effected, I feel at this point we do get some knowledge but we do not give respect to our teachers as they deserve”

Participant 8A said “that was my first experience, after that it took me two months to recover, I was not able to face him in this regard,”

Participant 7A “if someone passes on such comments to me, basically what happens is, I go in depression state for 2 or 3 days, I start thinking about that a lot, and this effects a lot on my studies and clinical work”

Participant 4A said “I myself felt extremely embarrassed, and then in this situation, you don't want to work as well, do not work at all, and do not pursue clinical practice at all”

These derogatory comments have impact on student's whole life. Participant 6B said this scenario creates a room for students to justify unethical behavior” final we take the wrong path, the wrong path like fake signatures of supervisors on quota books, pseudo slips of the patients and fake payment slips just to get rid of that particular quota”

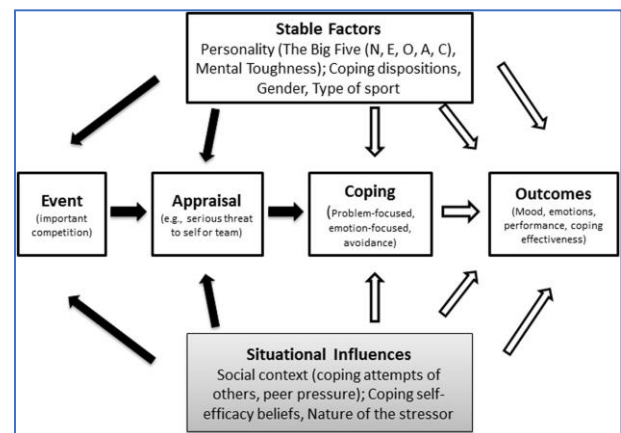
Participant 5B “when you get derogatory comments you don't take it in your brain, you don't have to do this as you go in opposite mode”

Participant 5A” personally I feel everyone has his character, and one must not be bothered due to this thing, because if someone is discriminating me due to color and/or cast it doesn't make much of a difference what he thinks about you, my opinion is it must not create any impact on you”.

Data analysis shows that student does like to think about this situation from teacher's perspective.

Participant 1A” In their clinical years they had faced very tough teachers and other are like this due to the system, they were not like this from the start, the system makes them like this, they have to bear a lot of things like stress and others and they have this type of attitude due to this reason.”

Figure 2: Lazarus model of stress and coping modified to model of derogatory comments and coping



DISCUSSION

The event in Lazarus model of stress and coping is a feeling or person's condition experienced by him when “demand exceeds the personal and social resources the individual can mobilize”. Environment and/or personal responses do not define stress.¹⁵ Psychological perception

of the individual is the critical factor. Stress experienced by a person is dependent on the person's ability to feel the threat, vulnerability and coping ability than the original stressful event itself.^{16,17} Now this is the reason why the student response for such derogatory comments is different. We found that some students took it very casually and did not bother about them at all, ignored everything and kept on learning new skills, other took it in a sense that they worked hard and tried to improve themselves so they do not have to hear them again, while some candidates had a real difficulty to manage them and they had to face depression.¹⁷ Although the intensity and frequency of these comments might be different the ability of the student to cope with them was also different as mentioned by Lazarus in his model.¹⁸

Universally it has been documented that students do show primary appraisal for such derogatory comments, they kind of understand it. Our students also had a robust primary appraisal. Participant 4A said *"teachers do use harsh words, at times the words are not harsh their attitude is offensive"* at the same time we found that these students had concerns of their self-respect as well. They thought that if these comments are necessary it must not be in front of patients or class fellows.

Students were not only able to understand derogatory comments but were also able to understand the hidden meanings from these comments.^{19,20} They could catch up the ethical erosion. Students tended to judge the derogatory humor from clinicians.²¹ Students are at times victim of these derogatory humors as well they are stressed because they had not expected this thing from their role models.²²

CONCLUSION

The author has tried to find out student strategies to cope with derogatory comments and cynical humor of clinicians in clinical settings. These strategies have been divided into successful and unsuccessful strategies. Successful strategies tries most of the times restoration of learning process. The teacher should also take the responsibility of student care during learning process. In an environment conducive of cynicism and derogation the students try to compensate the learning process by applying different strategies which may or may not successful.

When the support, guidance and knowledge transfer, is reduced from the supervisors, teachers and clinicians then students find other sources of support and guidance.²³ They can be family, friends, peers, postgraduate residents, other teaching faculty, and clinicians other than university staff, virtual learning through various media platforms and even hit and trial method of learning.²⁴ It is the college/university

responsibility to provide students a platform where they can talk about their issues and problems openly without fear of being targeted for speaking.²⁵ The problems of students must be solved so they learn well, remain composed and motivated leading to better skill development and ultimately better patient care.

STRENGTHS / LIMITATIONS

This study has several strengths and limitations common to qualitative research. The sample size is small i.e. 10 students.

The student's anonymity must have kept some things hidden. This would have affected the study outcome.

Three dimensional views (students, teachers and administration) will give better understanding. We were able to identify the coping strategies but the effectiveness of each strategy is yet to be explored. More students from other dental colleges can be enrolled to get a broader view of student coping strategies. The study should be longitudinal.

SUGGESTIONS / RECOMMENDATIONS

Student mentoring program should be initiated, so the mentors may be available for advice and also raising the student's voice.

The clinical psychologist should be a regular member of college faculty and student can have an optional and/or mandatory counseling session

Almost in all the interviews students have raised the concern of feedback about teaching faculty. A mechanism of student feedback must be fabricated.

CONFLICT OF INTEREST / DISCLOSURE

There is no conflict of interest.

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