$\mathcal{O}$riginal Research

eJM

What is an appropriate social scenario for staff and students at an Australian Rural Clinical School? A survey of 4th and 5th year medical student's resident in rural Tasmania

Emma Beddows[1], Harry Laughlin[2], Alana Easthaugh[3], Darren Liew[4], Kim Robitschko[5], Michael Buist[6]

[1]General Practice Registrar Tasmania, Burnie, Australia, [2]Department of Anaethesia, Royal Hobart Hospital, Hobart, Australia, [3]Department of Medicine, St. Vincent's Hospital, Melbourne, Australia, [4]Department of Emergency Medicine, The Northern Hospital, Epping, Melbourne, Australia, [5]School of Medicine, University of Notre Dame, Perth, Australia, [6]Faculty of Health, University of Tasmania, Hobart, Australia

Address for correspondence:
Michael Buist, Faculty of Health, University of Tasmaniam, Hobart, Australia. E-mail: michael.buist@utas.edu.au

ABSTRACT

Introduction: The degree of comfort that medical students have in different social settings with staff and faculty has not been documented. **Methods:** We undertook in 2012 a survey of 53, 4th and 5th year medical students at the University of Tasmanian Rural Clinical School to determine the incidence of previous inappropriate social invitations/interactions and perceptions of comfort to five different hypothetical social scenarios of different appropriateness. **Results:** Two students had received what they considered to be an inappropriate invitation. Most students were comfortable with communal public social situations. However, in an overt "date" scenario eight students were either completely at ease with or comfortable. 18 students although uncomfortable with this scenario would still attend and only 14 students would decline the invitation. **Conclusion:** There needs to be increased awareness that certain social interactions between health professionals when there is significant difference in hierarchy may not always be appropriate.

INTRODUCTION

Sexual harassment and bullying in the workplace in the medical workforce has been a prominent recent issue for the profession in Australia and in particular the Royal Australasian College of Surgeons [1-5]. Published reports and surveys suggest that this is a common problem, both here and in other countries, with up to three quarters of women experiencing sexual harassment in the workplace [6-13]. Men are also harassed and bullied but less frequently [8,9]. Within the medical hierarchy medical students are in a particularly vulnerable position, by virtue of being in the most junior position and in most circumstances not having the protection of being an employee [8-13].

We hypothesized that, medical students, who are resident throughout the Australian Rural Clinical School (RCS) network may be more exposed to harassment and bullying by virtue of the small community that they live, work and study in. This study came about because of the issue and tradition of inviting medical students into the homes of some individual RCS faculty

for dinner. Anecdotally faculty felt that this was a hospitable act and one of welcome to students, whereas students sometimes felt uncomfortable with such invitations and certainly felt that they could not decline them. Faced with this dilemma one of the faculty member and a group of students decided to survey both staff and faculty about their attitudes to a variety of social situations of different appropriateness. The aim of the survey was to determine if there were differences between what staff and faculty viewed as appropriate social situations.

METHODS

Approval to undertake this study was granted from the Tasmanian Human Research Ethics Committee as a low risk study (H0012347). The survey used a simple Likert scale and was given separately to both 4th year and 5th year students during a group learning week in 2012. The survey was in two parts. The first part asked questions about the respondent's actual experiences with student and faculty social situations. The second part of the survey was a set of five different hypothetical social situations of different appropriateness, ranging from communal public gatherings to at the other extreme a one on one situation that subjectively could be interpreted as a "date." Both the questions and scenarios were derived by an iterative process between the student researchers.

The survey was undertaken at the Tasmanian RCS in Burnie, Tasmania. Senior faculty did not allow the students to survey the faculty. Due to the small number of potential respondents, at a single site, the survey was intended for use as a pilot to validate the survey questionnaire (Appendix 1) with a view to application throughout the Australian RCS network in a more definitive study. The results were entered into an excel spreadsheet and descriptive statistics were used to display the frequency of response to each social situation.

RESULTS

There were 53 responses to the survey from students (100% response rate) 27 being 4th years and 26 being 5th years. There were no responses from faculty. 27 respondents (50.9%) were male and 34 (64.1%) were of Caucasian ethnicity. In response to the questions most students (51, 96.2%) responded that they had been asked to participate in a social situation with faculty with most students (51, 96.2%) being either "completely at ease" or "comfortable" with the invitation. Only one respondent reported being "uncomfortable" with the invitation. Two students responded that they had taken part in a social interaction with faculty that in their opinion was inappropriate.

When asked what type of social interaction would be appropriate for students and faculty, the vast majority indicated either a "casual communal barbeque at the RCS or neutral facility" or "small group interaction at a location other than the RCS." No students responded to the "no social interaction" option. Two students indicated that the most appropriate social interaction would be "one on one interaction in a private location."

With respect to the hypothetical scenarios the majority of students were either "completely at ease" or "comfortable" with the first two situations of either a communal barbeque or small group interaction at the hospital café [Figures 1 and 2]. Scenarios three and four where the social situation moved to an individual invitation outside of the RCS or hospital had a more mixed degree of comfort from the students [Figures 3 and 4]. Eight students were either "completely at ease" or "comfortable" with the overt "date" scenario. Although 14 students responded that they would not accept such an invitation, eighteen would do so even though they felt "uncomfortable" in doing so [Figure 5].

DISCUSSION

Main Findings

All students felt that some sort of social interaction between staff and faculty was appropriate with the vast majority opting for a communal function in a public location or the RCS itself. Although only two students had ever received an inappropriate social invitation, a significant minority would attend the last hypothetical situation which subjectively was a "date." This survey did not ask the respondents for the rationale of their options, so we cannot answer the question as to why the students would go along with such an invitation. The question
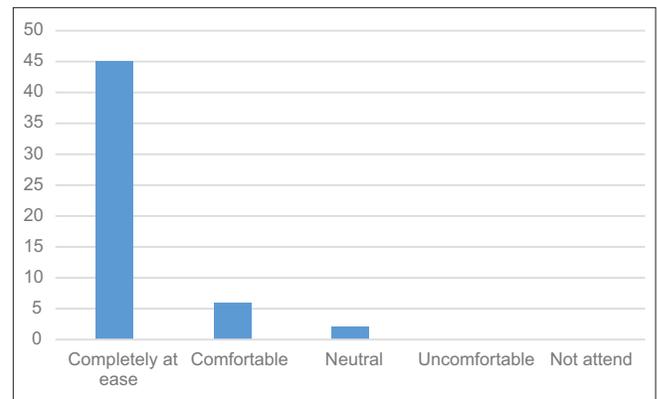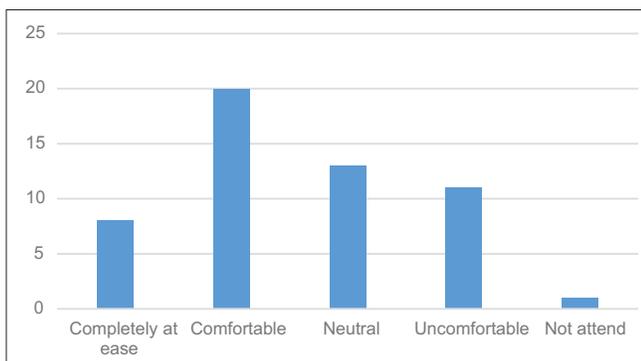

Figure 1: Casual barbeque dinner for all students and staff at the Rural Clinical School (*n* = 53)
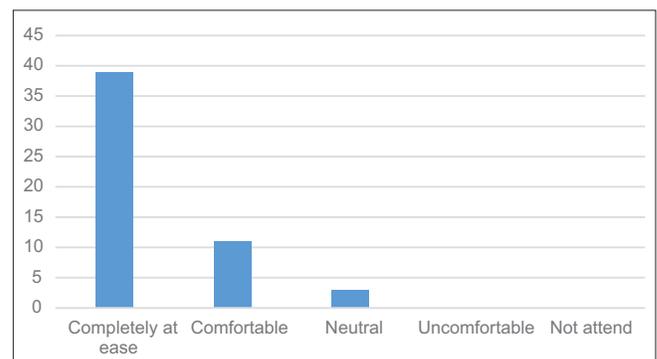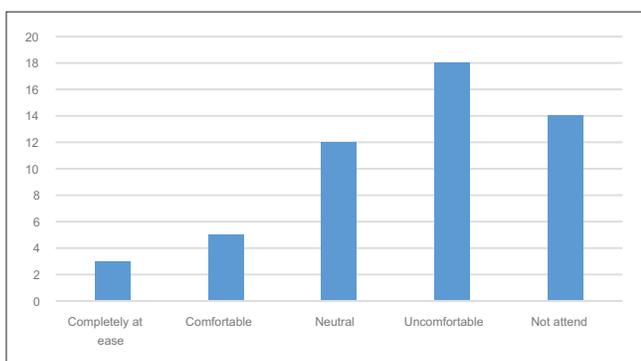

Figure 2: Coffee at hospital cafe with a small group of students and one faculty member (*n* = 53)
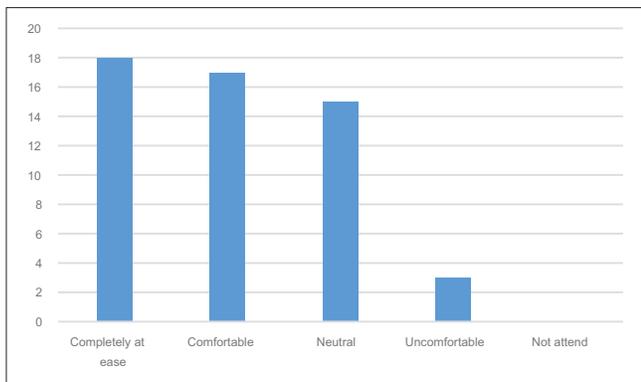
Figure 3: Coffee at a cafe in town with one student and one faculty member (*n* = 53)

Figure 4: Dinner at faculty members' house with the faculty members' family present and one student (*n* = 53)

Figure 5: Dinner at a restaurant followed by a movie, between one student and one faculty member (*n* = 52)

that triggered the research, namely the appropriateness, of the dinner invitation to the faculty member's home was answered with a mixed response. This suggests that not all students are comfortable with this type of hospitality.

Study Limitations

The major limitation of this study was the faculty intervention that did not allow for individual faculty members to participate in the survey, which meant that the primary aim of the study could not be fulfilled. However, this intervention, in itself suggests a certain amount of sensitivity to social interactions

---

Box 1: What we know about this subject
Harassment and bullying in the medical workforce is an important problem for the profession
Medical students particularly in rural areas may be vulnerable due to, isolation, their junior position and having no protection as an employee
What constitutes an appropriate social setting between staff and faculty has not been determined

Box 2: What this research adds to this subject
Most but not all students are comfortable with student faculty public communal social gathering
There was a more variable response from students to scenarios that were less public
2 out of 53 (3.7%) respondents reported having been involved in what they considered to be inappropriate social situations with faculty

between faculty and students. This type of survey and methodology, undertaken in 2012 would probably be more acceptable today after all the issues of harassment in the profession were publicized in 2015. It is possible, that such a survey could provide information, on where to draw the line on appropriate social interactions within the profession particularly in instances where the hierarchical power differential is significant.

Although this study had a high response rate, the number of participants was low, and the study was only undertaken at one RCS. These limitations affect the generalizability of the results, however, this methodology could be used to survey the entire Australian medical student population. It is the intention of the authors to use this pilot study to inform a much larger study and associated grant applications.

CONCLUSION

This small survey suggests that social interactions between faculty and students are appropriate and that this should occur in a communal setting in a public place. Not all students are comfortable with other more personal, although hospitable, invitations. More research is needed to understand the factors behind some student's motivation to attend more personal invitations.

REFERENCES

1. Mathews B, Bismark M. Sexual harassment in the medical profession: Legal and ethical responsibilities. Med J Aust 2015;203:189-92.
2. Hollands M. Bullying and harassment: Can we solve the problem? Med J Aust 2015;203:192.
3. Watters D, Hillis D. Discrimination, bullying and sexual harassment: Where next for medical leadership? Med J Aust 2015;203:175.
4. Lillebuen S. Senior female surgeon urges trainees to stay silent on sex abuse in hospitals. Sydney Morning Herald 2015;7. Available from: http://www.smh.com.au/national/senior-female-surgeon-urges-trainees-to-stay-silent-on-sex-abuse-in-hospitals-20150307-13xusq.html. [Last accessed on 2017 Jan 20].
5. Open letter: Sexism in surgery humiliates me every day. Sydney Morning Herald 2015;10. Available from: http://www.smh.com.au/comment/sexism-in-surgery-humiliates-me-every-day-20150310-13zty9.html. [Last accessed on 2017 Jan 20].

6. Fnais N, Soobiah C, Chen MH, Lillie E, Perrier L, Tashkhandi M, *et al.* Harassment and discrimination in medical training: A systematic review and meta-analysis. Acad Med 2014;89:817-27.
7. Rademakers JJ, Van Den Muijsenbergh ME, Slappendel G, Lagro-Janssen AL, Borleffs JC. Sexual harassment during clinical clerkships in Dutch medical schools. Med Educ 2008;42:452-8.
8. Nora LM, McLaughlin MA, Fosson SE, Stratton TD, Murphy-Spencer A, Fincher RM, *et al.* Gender discrimination and sexual harassment in medical education: Perspectives gained by a 14-school study. Acad Med 2002;77:1226-34.
9. Silver HK, Glicken A. Medical student abuse: Incidence, severity, and significance. JAMA 1990;263:527-32.
10. Lubitz RM, Nguyen DD. Medical student abuse during third-year clerkships. JAMA 1996;275:414-6.
11. Richardson DA, Becker M, Frank RR, Sokol RJ. Assessing medical students' perceptions of mistreatment in their second and third years. Acad Med 1997;72:728-30.
12. Richman JA, Flaherty JA, Rospenda KM, Christensen ML. Mental health consequences and correlates of reported medical student abuse. JAMA 1992;267:692-4.
13. Babaria P, Abedin S, Berg D, Nunez-Smith M. I'm too used to it": A longitudinal qualitative study of third year female medical students' experiences of gendered encounters in medical education. Soc Sci Med 2012;74:1013-20.