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Student Strategies to Cope with Derogatory Comments of Clinicians/Clinical Teachers in Prosthodontics Clinic

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ABSTRACT

Background: Derogatory comments can be insulting statements that are disrespectful, unethical, dehumanizing and lead to erosion of professionalism, especially in the clinical workplace. Clinics where informal interactions frequently occur between clinicians and students are often the sites of such remarks. These comments can disrupt the learning process by affecting student's psychology, concentration, motivation, and idealization of the profession.
Objective: To identify students' strategies to cope with derogatory comments from senior clinicians and/or clinical teachers in the prosthodontics clinic.
Materials and Method: This qualitative phenomenological study was conducted at the University College of Medicine and Dentistry, The University of Lahore. The study focused on final-year Bachelor of Dental Surgery (BDS) students from both public and private institutions. Fifteen semi-structured interviews were conducted, recorded, transcribed, and coded. Data was analyzed using interpretative phenomenological analysis (IPA), resulting in the identification of codes that were clustered into subthemes and then into two main themes.
Results: Themes and subthemes identified revealed that due to derogatory comments, students started avoiding that particular teacher, they stayed away from the department, and some distracted their minds to avoid the problem. On the other hand, some think that this derogation is due to their poor clinical performance or their image which might be due to feedback from previous teachers so they tried to learn from their mistakes and tried to improve their skills and shortcomings. Other students tried to communicate with the teacher to make things better while others praised the teacher for coming on good terms and some were courageous enough to complain against the teacher but yeh they remained anonymous.
Conclusion: Students recognize the importance of the learning process and employ various strategies to cope with clinicians' derogatory comments. As medical educators, it is essential to provide platforms for students to discuss and resolve these issues comfortably, ensuring that future dentists are well-equipped with the necessary knowledge and skills to serve society effectively.
Keywords: Bias, Bullying, Coping mechanism, Derogatory comments, Microagression, Prosthodontics clinic student Strategies.

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INTRODUCTION

Bullying is a living reality in all fields of life and the medical profession is not an exception to it. Derogatory humour is a kind of bullying where the bullier finds fun in degrading the bully by passing derogatory comments. The fun is multiplied when the bullier knows that he is in a superior position and can use his influence for anything. Sometimes Medical students have to face and bear derogatory comments and humour from seniors and/or clinicians.[1,2] Several times literature reports that clinicians, residents and sometimes teachers pass on derogatory comments to patients, colleagues and students teachers also tend to pass such comments towards students.[2]

Derogatory comments can be defined as insulting statements that are disrespectful, unethical, and dehumanizing and lead to erosion of the sense of civility and professionalism, especially in the clinical workplace. A word, set of words, phrases, eye movement, facial expression, body language, attitude, behaviour even body posture or gesture that conveys a disrespectful, unethical and/or dehumanizing message to students comes in the domain of derogatory comments.[3] This thing can be done on a routine basis and may be purposeful. This is done either to look bossy, powerful, or dominating or it may be done to create some type of derogatory humour, it can be done to look cool or it can be done to appear superior. Whatever the method and whatever the purpose, derogation and humiliation are the result. Students do have the capacity to perceive these comments and they can recognize the hidden meanings of derogatory comments and double-meaning sentences. The worst part is that with the environment promoting cynicism students tend to accept such behaviour and derogatory comments as a part of training.[4,5]

No one likes to be derogated and students are not an exception to it, due to the unbalanced power dynamics between clinicians, clinical teachers and students, students usually become the target for derogation. When these acts of derogation are repeated regularly students tend to show a kind of acceptation to this type of behavior which can lead to internalization of this

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behavior. This can change the point of view of students towards medical professionalism. If this type of behaviour is displayed professionally by seniors' especially medical teachers' students can start taking it as very normal and part of their clinical training, and this may affect the true spirit of professionalism within students' minds as well.[4] Students then tend to repeat the same with their junior students and later on with junior colleagues and patients. They may think that this type of behaviour is the trademark of senior doctors leading to "ethical erosion" and become increasingly cynical in their behaviours especially when they go ahead and grow up to become a clinician and/or teacher.[2,6]

In an educational setup complaint cells are present but not effectively functional because of the power dynamics of teacher/clinician who can affect the student's career, due to this the accountability of senior teachers/clinicians is very limited. Literature is evident about derogatory comments from senior clinicians and teachers towards students; literature also explains the effects/problems it can cause in student's educational and personal life but there is limited literature on student's strategies to counter such derogatory comments and cynical behaviour.[2,7] We are currently not clear what strategies students adopt to counter derogatory comments from senior clinicians/teachers and If we know the student strategies and their point of view on such derogatory remarks only then we will be able to help them effectively and make strategies to reduce such events, also there is a cultural and social element in the student strategies due to different ethnicities, educational policies, rules and regulations of the institute and country. There are cultural and social aspects of student strategies as well and this aspect is due to different ethnicities, educational policies, rules and regulations of the institute and country.

Therefore, this study was planned to identify what strategies students make or adopt to cope with derogatory comments from clinicians/ clinical teachers in prosthodontics clinics.

MATERIALS AND METHODS

This study was conducted at the University College of Medicine and Dentistry, The University of Lahore. Participants include the students of final year BDS from two colleges, one public sector dental college and one private sector dental college. The final year was selected as the target population because they are the most senior students in a dental college and spend maximum time in clinics.

The author of this study wanted to find "what strategies do students make to cope with derogatory comments of clinicians in clinical settings?". To understand the views of students and discover the meanings in their experiences qualitative study was a good option.

Ethical review board approval was taken (dated 29/06/2020 and reference no ERC/06/20/07). The students and colleagues in this study were coded to mask their identity for their use in research and other descriptions. Since students were being questioned regarding derogatory comments from clinicians and teachers, they were expected to take clinician's and teachers' names in interviews. In case they do so the identity of the clinician/trainer/teacher is also masked.

The target population includes the final year students of BDS of all the colleges in Pakistan. However, the accessible population was the final year BDS students of one public sector and one private sector college.

Final year BDS students who faced derogatory comments from clinicians, teachers or trainers in clinical departments were included in the study 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 were excluded from the study.

For this study, It was important to find out and approach those students who faced derogatory comments in their clinical settings from senior clinicians/clinical teachers, so a targeted/purposive sampling technique was opted for. To find out the target population first of all a flyer was distributed (both manually in printed form and electronically in the unofficial class WhatsApp groups) among the students of the final year BDS session 2020 of both the colleges. In the flyer, the author requested that those students who have faced derogatory comments in clinical settings please contact the given mobile number (author's number).

- 12 students contacted the author from College A but only 8 gave consent for the study so a total of 8 interviews were conducted from College A.
- 11 students contacted the author from College A but only 7 gave consent for the study so a total of 7 interviews were conducted from College A.
- A total of 15 interviews were conducted from both the colleges.

Students of the dental college are adults, well-informed, social and hermeneutical. The students enrolled in this study were those who knew that they had faced some sort of derogatory comments, which means they can recognize, understand, interpret and make sense out of derogatory comments. This is the reason the "interpretative phenomenological analysis" is used.[8]

Semi-structured interviews were the choice for the data collection procedure. The author was the interviewer. This makes the author himself the instrument for this study. To give the freedom of speech to the participant open-ended questions were carved out for the semi-structured interviews.[8,9]

The main direction of the research was taken from The Lazarus Stress Theory. The “Transactional Model of Stress and Coping” is a framework used to find out the coping process/mechanism related to a stressful event. In our study, the derogatory comments are the stressors/stressful events. When a student faces a derogatory comment launched towards him/her, he/she may evaluate it as a potential threat (primary appraisal) there can be a person's judgment about it being controllable, challenging, irrelevant, positive or stressful. While facing a stressor a person usually evaluates the available resources and options for coping with the stressor. This is the second appraisal and it addresses what can be done about the situation.[10]

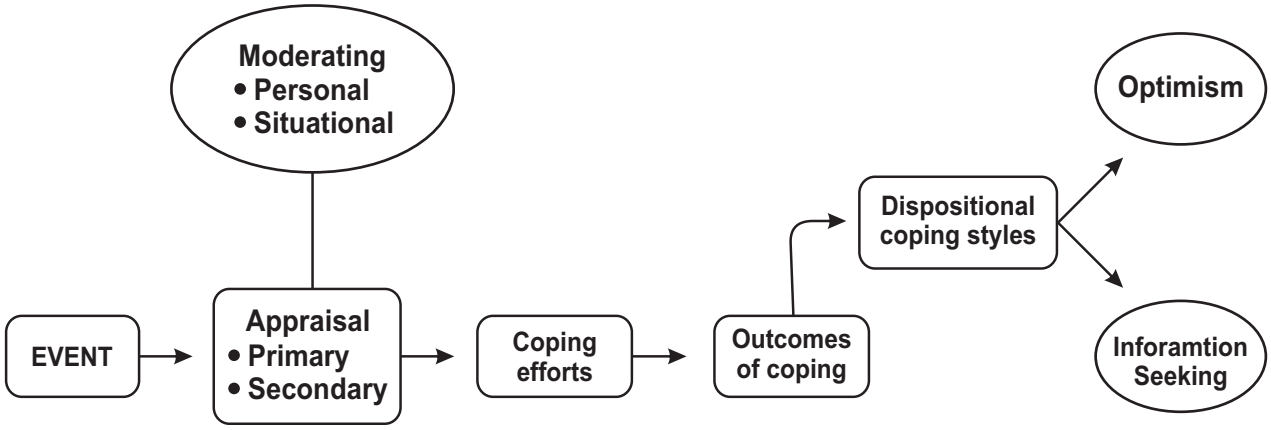


Figure 01. The Lazarus model of stress and coping

Keeping in mind the Lazarus Stress Theory. In the "Transactional Model of Stress and Coping" initially six questions were carved. Expert validation was done and it was recommended to reduce the number of questions with a few minor changes so finally, four questions were included in the study.

Table 01. Semi-structured interview questions

Sr. No.	Interview Question
Qs no 1 (question about primary appraisal)	How did you try to solve this problem in such a way that your learning remains unaffected?
Qs no 2 (question about secondary appraisal)	What has been your specific strategy or strategies to cope with the derogatory comments of senior clinicians and/or clinical teachers such that your studies remain unaffected?
Qs no 3 (question moderating factor)	What helps you gain from others like peers, seniors, parents/guardians/ college administration, or any other?
Qs no 4 (question outcomes of coping)	In what way your strategy work and help you in your learning process?

Two interviews were done initially to assess the credibility of the questionnaire and to find out if the questionnaire was understandable and addressed the research question because the basic idea was to explore the student's point of view and make them speak about the student strategies to cope with derogatory comments of clinical teachers or trainers.

Apprehensions and questions regarding confidentiality, data safety, anonymity and usefulness of all the students were answered individually. The interviews were done online using Audio Video conferencing software. The software used was Zoom Copyright ©2020 Zoom Video Communications, Inc. Students were interviewed on prescheduled Zoom meetings. 6 out of 15 students did not give consent for video as the video so the only audio conversation was done with them. All the conversations between the interviewer and interviewee were auto-recorded by Zoom software and saved on the interviewer's laptop. The interviewer also took important notes during the interviews. This was also made part of the transcribed file.

Data analysis was done through the interpretative phenomenological analysis (IPA). The updated basis of IPA was used as given by Pietkiewicz I and Smith J A. For analysis of the qualitative data, IPA provides a systematic set of procedures through which valid and reliable findings can be produced.[8] This includes primarily immersion of the interviewer into the situation, since the researcher himself was a dental student and is a dentist, mentor and working for teaching staff he can understand the student's point of view well and immerse himself in the student's situation and secondarily comfort level of the interviewee. Since the interviewer was not the teacher of any of those students they were comfortable answering him, also Some students were comfortable while replying in Urdu, some used mixed Urdu and English language while some were comfortable in English. The Urdu language was translated into English. Since the interviewer was also a dentist and familiar with local vocabulary, terms and slang the translation was done by the interviewer.

Translated Transcripts were sent to interviewees for verification (member checking) Multiple readings were done and codes were formed. Intercoder reliability was found to be 84%

RESULTS

A total of fifteen participants were part of this study.

Table 02. Participants Characteristics

Characteristic	Frequency
Gender	
Male	9
Female	6
Age Group	
20 -25	15
College where studying	
Private-sector dental college	8
Public sector dental college	7

Main Themes Identified from Data:

When the codes were studied in detail and sub-themes were considered two main themes emerged from the data:

1. Successful coping strategies
2. Unsuccessful coping strategies

Table 03. List of themes and subthemes found in the study

Themes	Subthemes	No. of Codes (64)
Successful coping strategies.	Avoid the teacher	12
	Self-Improvement	9
	Learning environment	8
	Modulators	11
	Self distractions	4
Unsuccessful coping strategies	Fear factor	6
	Student reaction	9
	Administration role	5

When data was thoroughly analyzed and meanings out of statements of participants were identified author found that derogatory comments by senior clinicians were an additional burden and a source of stress for students, they took it as a problem which must be either solved or managed somehow, during the secondary appraisal Participants identified following strategies to cope with derogatory comments of clinicians and teachers in clinical settings. Subthemes are the derived strategies of students.

Themes	Subthemes (Strategies)	Codes
Successful strategies	Avoid the teacher	Stop going to that teacher,[3] No reply,[2] Give space to the teacher,[1] No reaction at all,[1] Stay away from the department,[3] Kill ego and self-respect,[2] Limit the interaction,[1] Approaching some other teacher,[13] Approaching some classmate,[5] Approaching some senior peer,[12] No counter-argument,[2] Immoral ways to avoid that teacher[1]
	Improve me to avoid derogatory comments.	Learn from failures,[2] Work in private clinics,[1] Learn from other teachers and seniors,[7] Learn from online resources,[2] Go again and again to that teacher,[2] try to buck up my self,[4] Motivation,[2] Accept my mistake,[2] Accept criticism[3]
	Communication along with teaching and learning environment	Friendly in-charge,[2] The friendly environment from students,[1] Teacher -student relation,[3] Do not ignore the teacher,[2] Talk about the situation,[1] Communicable teacher,[1] Improving communication,[2] Praise the teacher[1]
	Family, peers, seniors other teachers.	Parents,[7] class-fellows,[10] Quota mates,[12] Senior peers,[5] Junior clinicians,[3] Postgraduate Residents,[4] Senior city fellow students,[1] Vent out our aggression,[3] Complaining the Head of Department,[2] To gain a different perspective,[1] Focus maintenance[2]
	Divert my mind	Eat food,[1] Pray to Allah,[1] Do something positive,[2] Time heals[1]
Unsuccessful strategies	Fear factor	Fear of supply,[5] Fear of admission,[7] Fear of supervisors anger,[2] Fear of insult,[4] Fear of revenge,[3] Fear of career[3]
	Student reaction	Reply publicly,[1] Tell HOD,[2] Abuse the teacher,[4] Student rights,[3] Depression,[3] Frustration,[5] Anger,[4] Student motivation and morale,[6] Self-esteem[3]
	Administration role	No complaint cell,[7] Dean And principal,[3] Administrative committee members,[3] Trust on administrative staff and policies,[2] Freedom of speech[2]

Strategies developed by students for coping with derogatory comments.

1. **Avoid the teacher**
   The simplest strategy of the students was to avoid the teacher, and to compensate for the learning process they looked for alternate sources of knowledge. These sources were group mates, classmates, senior students, house officers, postgraduate residents, junior teachers, clinicians of other institutes and online learning resources like YouTube channel subscriptions, and online teaching classes.

2. **Stay away from the department.**
   Students used to shy away from the department, Participant 4B said*" My first strategy is if the teacher is not in a good mood, I keep away from the clinical department when they have scolded one or more students its better to stay away from the department that day, next day most probably that supervisor or any teacher will be in a good mood and we can continue our learning process"*

3. **Self-Distractions**
   Some students tend to deviate their mind from the problem, relax and think about it, they feel they may make wrong decisions in a hurry so they ponder upon the problem and try to manage the situation participant 3B said" *I have to stay positive. I think due to my strategy, whatever the problem is, I deviate from that for a bit of time, relax for a while, sit down and think about it, and then once again I start considering my clinical issue to remove whatever clinical issue is, for example, the teacher is disturbing like this or any other negativity"*

4. **Improvement**
   If these comments are faced by students due to their fault or their poor clinical performance then the students take the criticism positively. They try to correct the fault, put more time into clinical, and improve their knowledge and skills to avoid such derogatory comments. A win-win situation for both teachers and students. Participant 1A *"It is like this that if it's my fault due to which such remarks are passed on by the teachers or anyone, in which*

there is my mistake, then I will improve that thing, for example, if I am late I will try to be on time to avoid such situation" Participant 3A "*what I did was I kept going to him, kept learning the work, I improved my work and he stopped commenting me"* (Name of the teacher omitted)

5. **Student image**
   Students assume that teachers take feedback from previous class teachers and make up their minds accordingly, they pass comments to students that we've heard from their previous teachers about their behaviour and attitude, so the students try to improve this situation by two methods, one they try to improve their clinical work and go again and again to that teacher to show the clinical work or at least commitment to work this improves their image so they do not have to face such comments, secondly, they try to develop a friendly environment between the teacher and themselves, so the teachers know them better and the previous image is changed, as a result, the derogatory remarks are reduced.

6. **Communication**
   Students know the importance of communication and Communication is also a part of student strategy to avoid such problems. Participant 7 B" *Sir in my case after some time I communicated with him, usually, students don't do this, but I communicated with him, I explained to him my point of view, made him realize my position and he agreed that in the heat of the moment it happened, but after that my experience with him was very good."* Participant 5B" *I guess if they improve our communication or do something by which we can easily communicate with teachers then our work becomes very easy for us"*

7. **Praise the teacher**
   Students could manage alternate ways to avoid derogatory comments like Praise the teacher to avoid derogatory comments Participant 6B *"My seniors told me that if you have to pass out you will have to praise the teachers, show them you are afraid of them, they are a big thing and you are afraid of them due to this, this will help. By doing this Next year I got 92 and 95 marks in Viva Voce although I didn't study that much. They give such marks in viva voce due to these things"*

8. **Learning from mistakes**
   Some students had to face derogatory comments due to poor clinical performance Participant 1B said" *I realized it's OK to fail at things, we are students at that time (time of clinical rotation in clinical departments) we have no studies books, we do not know anything about clinical things, and then later on I developed this strategy that we are students, we can fail, we have to learn from our failures, and then it was better to cope with it (failures)"*

9. **Vent out**
   Talking to peers senior students was an important aspect of student strategies; they gained different perspectives, managed to get good advice and got some tricks to improve their clinical performance. Similarly family and siblings were the soft part, students usually vent out in from of them. They feel light and relaxed and get motivation from the family as well. This worked as a booster for student's clinical performance.

   Participant 3B *"I have a close relationship with my family. They support but at the time a person needs a passive listener so you can just vent out in from of them, Firstly you start feeling lighter and secondly many times you realize that it was not that big deal"*

   Participant 2A *"We have some hello haye with PGRs and HOs, whenever we meet them outside the university off the record there is a discussion, then if tell them that this thing is happening to us, they will definitely give us some workable solution based on their own experience"*

10. **Complaining**
    Complaining against any of the teachers is not the primary strategy of the students, they tend to manage themselves, try to understand the situation and correct it by changing themselves, but if not effective only a few students show some courage to talk to the HOD of the department and that too about junior clinicians and teachers. None of the students talked to the administration, the Dean or the Disciplinary Committee. They thought it would fire back at them in the form of teacher's anger, grudge and failure Participant 2B said "*If HOD is not involved in derogation and some peer, demonstrator, assistant or associate professor is doing this them we will talk to our HOD"*

Model of derogatory comments and coping

When a derogatory comment is faced by the student according to Lazarus model of stress and coping the student may take it as a stressful situation. Now when this stress is generated by the teacher or clinical supervisor within the teaching clinical environment it affects the learning process (primary appraisal of stress) if the student realizes that his studies have been affected then he formulates certain strategies to cope with these derogatory comments. These strategies are moderated by the moderating factors. Once the strategies are employed then the reappraisal is done. If the strategy is successful and the learning process is restored then the process is continued from secondary appraisal if the stimulus is repeated, if the strategies are not successful and the learning process remains affected then the process is repeated from the primary appraisal, a new strategy developed until the learning process is restored.[10]

The student may employ more than one strategy in the secondary appraisal stage to cope with derogatory comments and restore the learning process.

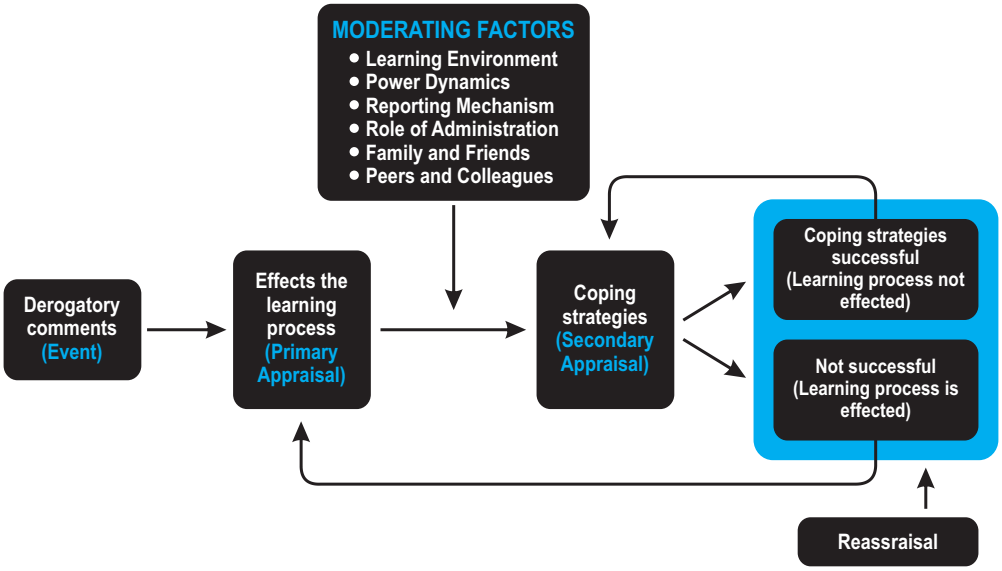


Figure 02. Lazarus' model of stress and coping modified to the model of derogatory comments and coping

DISCUSSION

The study was designed to find student strategies for coping with derogatory comments from senior clinicians in clinical settings. We were able to dig out strategies formulated by students to cope with derogatory comments from senior clinicians such that their studies remain unaffected. These strategies have not been reported in the literature. Similar strategies for generalized stressors[7,11] have been reported but precisely relative to derogatory comments what can be the strategies have not been cited in the literature to my search. We were able to modify the transactional model of stress and coping to the model of derogatory comments and coping Figure 02.

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, Psychological perception of the individual is the critical factor. Stress experienced by a person is more dependent on the person's ability to feel the threat, vulnerability and coping ability than the original stressful event itself(4,8). Now this is the reason why the student response to such derogatory comments is different from different students. 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. 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.

Universally it has been documented that students do show primary appraisal for such derogatory comments, they kind of understand it. Students were not only able to understand derogatory comments but were also able to understand the hidden meanings of these comments. They could catch up with the ethical erosion. Students tended to judge the derogatory humour from clinicians.[12-15] Students are at times victims of this derogatory humour as well they are stressed because they had not expected this thing from their role models [16,6]. 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 about their self-respect as well. They thought that if these comments are necessary they must not be in front of patients or class fellows.

"*The perception of whether a given behaviour is abusive differs between students and teachers"* A comment may be derogatory or offensive for a particular student or teacher and the same comment may not be offensive or derogatory for another student or teacher, the perception varies from individual to individual and may vary concerning the status and rank of the person as well. It might be the reason for many different modulating factors for the primary appraisal.

The modulating factors are the teaching environment, clinical environment, power dynamics, reporting mechanism, Role of administration, family friends, colleagues and peers.[11]

According to Lazarus *"The secondary appraisal is a judgment concerning what might be done, it serves as an evaluation of the benefit and consequences of a particular coping strategy, given the person's goals and constraints"*[10,16]

Once the primary appraisal of the derogatory comments is there and the students can clearly understand the existence of derogatory comments and their effect on the learning process, the secondary appraisal is bound to happen. This secondary appraisal is developed in the light and influence of modulating factors discussed above. Students develop coping strategies as mentioned by Lazarus in the phase of the secondary appraisal to overcome the loss and minimize the damage to the learning process. These coping strategies are discussed above in the results section.

Once the student has encountered stressful stimulus (one or multiple times, derogatory comments) i.e. primary appraisal and the student has come up with some sort of judgement concerning primary appraisal (formulation of coping strategies) i.e. secondary appraisal then the reappraisal phase begins.

Reappraisal is the successive valuation of secondary appraisal based on the new information gathered from the environment, these pieces of information can be due to execution of secondary appraisal. This information is usually explanatory that either the secondary appraisal was successful or not successful.

If the secondary appraisal (coping strategies) is successful and the stimulus for a primary appraisal is reduced then the secondary appraisal is continued but if the secondary appraisal (coping strategies) is unsuccessful then there is a chance that the stimulus for a primary appraisal is either changed or increased and the process is repeated from primary appraisal (primary appraisal is modified) in such a way that it ultimately culminates in successful reappraisal.

Limitations of the Study

1. The author himself is a teaching faculty, subject in charge and class in charge. He was the interviewer as well. Although all the efforts were made to assure the students about anonymity students must have kept some things hidden. This would have affected the study outcome.
2. This study elaborates only on students' points of view, the other party is teaching staff and clinicians, and their view about the derogatory comments is missing. Three-dimensional view (students, teachers and administration) will give a better understanding.
3. We were able to identify the coping strategies but the effectiveness of each strategy is yet to be explored.

Suggestions for Future Research

Teaching staff and administration can be included in the study for their view. A study should be planned where the students, teachers and administrative staff are included and a three-dimensional view is obtained about these derogatory comments.

Conflict of Interest

The study was performed in partial fulfilment of the requirements for a master's in medical education of the principal author at The University of Lahore. This research was conducted as part of a thesis project and was carried out without any commercial or financial relationships that could be construed as a potential conflict of interest.

CONCLUSION

Derogatory remarks affect the students' mental health and educational health as well. In this study, it was evident that student's learning capacity is affected as a result of derogatory remarks from clinicians and clinical teachers. Students make different coping strategies to avoid such derogation and carry on the learning process. These coping strategies may or may not be successful but the intent of the student to avoid such derogatory comments and to keep the clinical learning process unaffected is absolutely clear.

Ethical consideration

This study was approved by Institutional Review Board of University College of Medicine and Dentistry, The University of Lahore (ERC/06/20/07), Pakistan.

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Conflict of Interest

Authors declared no conflict of interest.

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AUTHORS' CONTRIBUTION

The following authors fulfill authorship criteria as per ICMJE guidelines;

Nawaz MS, Hussain S: Substantial contribution to conception and design, drafting the manuscript, final approval, agreed to be accountable for all the work.

Zulfiqar S: Substantial contribution to conception and design, data acquisition, drafting the manuscript, final approval, agreed to be accountable for all the work.

Haseeb M: Analysis and interpretation of data, drafting the manuscript, final approval, agreed to be accountable for all the work.

Shafiq S: Analysis and interpretation of data, critical revision, final approval, agreed to be accountable for all the work.

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