

**PhD Theses**

**SOCIAL PSYCHOLOGICAL DETERMINANTS OF THE  
FORMATION OF MEDICAL STUDENTS'  
PROFESSIONAL IDENTITY.**

**POSSIBILITIES OF DEVELOPMENT.**

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## **The goal of the dissertation and the identification of its theme**

Spreading of biopsychosocial approach, which is the new doctor role conception of the 21st century assumes the dispatch and the reform of the preceding hierarchical, submissive/dominant doctor-patient relation to a balanced partner relation. Expectations from patients include the claim of technical service on a proper level and doctor-patient *relationship* fulfilled with confidence, too. At the same time medicine vainly reach phenomenal achievements e.g. the lengthen of life-span, discontentment with remedy is becoming more acute.

It is incontrovertible that the personality of the medicinal is „doctormedicine”- using Bálint Mihály’s metafora -, but the educational, academic courses are more dominant in the medical training. Elements of professional rolebehaviour can be forestalled in practice classes with ever growing headcount by would-be doctors through observational learning. Conscious forming and facilitating the development of profession character does not get enough emphasis through the 6 years of medical training.

The aim of the career socialisation programme demonstrated in my tractate is to compensate this deficit, processing of such a complex generative method, which puts the personal and the professional identity together into the center.

With the claim of practice-intented medical training end in view I worked out my three-level programme, which includes three types of educational technics. On the basis of these the following aims could be suggested:

1. How does the medical students represent the sick person and illness form and change and his or her relation to these phenomena.
2. How and on which levels do the educational methods adopted in the medical training attend in forming the career image, the medical identity and the professional identity.
3. Eventually our aim is to build the most intensive and effective method into the semesters of academic training.

I achieved my programme with attemptive goal with voluntary, questioning students within the confinement of special college.

## Adopted methods and process of the research

*Elements of the three-level career socialisation programme, which includes three types of educational technics:*

- I. Junior Bálint-group
- II. Imaginative, picture visualisation
- III. Expressive, dramatic visualisation complemented with projective technic

<b>Adopted method</b>	<b>Representational level to be examined</b>	<b>Reflective procedure</b>	<b>Communicative level (after Foulkes)</b>	<b>Interpretation of demonstrations</b>	<b>Analyse technic</b>
Junior Bálint-group	Conscious	Logical-rational	Social level (present) Translational level Projective level	Interpersonal	Content analysis
Imagination	Praeconscious, Unconscious	Picture, symbolic	Primordial (ancient level) Social level (present)	Intrapsychical	Content analysis with Rorschach marks (column V)
Dramatic visualisation + projection	Conscious, Praeconscious, Unconscious	Logical-rational; Symbolic, picture	Social level Translational level Projective level Primordial level	Interpersonal Intrapsychical	Process analysis Content analysis Quantitative data processing

Table 1: Levels and technics of analysis

The use of empirical studies are included in my tractate, I examine the medical student's representation about the patient, his or her relation to the sick person, his or her conformation

of medical profession character in the process of education, and in his or her own natural surroundings. Within the confinement of the three level programme, which adopts three types of educational technics we get the opportunity to examine which educational technic is able to visualise all the psychological qualities in the most effective way, which contribute to the conformation of representations and this way to the process of career socialisation.

From the III., IV., V., and VI. year 60 medical students' cases were content analysed in the *Junior Bálint-group*.

From the I., III. and VI. class medical students' *imagined* representation about patient have been compared in the next stage of my research – in a horizontal study. 23 first-year students, 22 third-year students and 17 sixth-year students were relaxed were asked to close their eyes and imagine a sick person individually. I made notes of what I heard then I recorded the typewritten records with the marks (column V.) of Rorschach test. I brought in new marks such as self-presence, feeling-remembrance, death-association. From the found marks of column V. I selected those reactions, which occurred at least once in every participant. And they were 23 or more in case of first-year students, 22 or more in the third year and 17 or more in the sixth year. All the other marks were counted as „not peculiar” to the given class. I summarized the most common specific reactions, which were peculiar to the given class then I interpreted them, but further quantitative examinations were not carried out.

The third element of career socialisation programme, is the first period of integrative medicinal relationship training group. It was circumstantially introduced in the tractate; the *expressive-dramatic* method, in which a novel on a story of illness was elaborated on by the students in dramatic way. This method for developing skills includes elements of bibliotherapy, Bálint-group and drama acting. The literary work entitled *The patient* by Nagy Lajos was chosen. In the course of choosing the novel the following criteria was considered: 1. no exact diagnosis in the story; 2. more but not elaborated characters played a part; 3. neutral story, less emotional. All these requirements are necessary in order to create proper conditions for appearing of the associations. A story with little information creates such an ambiguous situation, that we try to complete a made up story so it works as a projective surface. The momentum of distance facilitates further the pick-up of projections, i.e. that the chosen novel shows an event in a distant time (here the story is weltering in the 1930s). The novel is about a woman who was operated due to a sort of cancer. This is all we know about the illness. We came to know that the husband is worried about the result of the histological exam, and the wife feels uncomfortable because of being alone when she wakes up after the operation. Grandparents who are worried about the leading lady have a part in the story,

furthermore there is a scene between the patient's husband and the doctor who made the operation.

Altogether 6 groups, 4 groups of medical students and 2 groups of psychologist students (n=74) participated in the fixed testing of the 20-hour short-intensive training. A medical and a psychologist group's dynamic and content analysis were introduced in my tractate. The processing was based on the typewritten records of 10 sessions of the groups working with the same confine conditions and technic. Records were processed in accordance with the central issue of session (manifest issue) and with the evolving dynamic potency trends. As I worked with the phenomena like qualities, quantification was not used.

The second big unit of the research was testing on a big sample (n=313) with questionnaire based on the used novel and projective contents outlined in the course of drama. Presentation mode of symptoms, the illness impregnated in personal story and the patient's sex how can influence the interpretation of illness story depended on the interpreter's sex and professional background - these questions have arisen in this stage of the research. So we were eager to know that after listening to an illness story how do the opinions concerning the patient and his or her illness change depending on the patient's sex. Furthermore, we could establish any difference in point of the opinion-shaper's sex and profession (medical-psychologist student). We chose subjects who are in training, first-year and third-year students in order to get more information in the matter of how the professional and social-cultural aspects influence each other in the interpretation of symptoms and patients' behaviour during the process of education and career socialisation. Because students are between laymen and professionals.

As representations do not exert their effect directly, they can not be examined very well with direct methods, so we applied projective technic in order to unfold them. Novel elaborated in the drama game was used as projection surface and we also created a version with leading man just the opposite of the original version with leading lady (woman patient). In order to unfold associations in connection with the novel, attributions, adjustments and stereotypes in connection with illness and the patient a „paper-pencil” questionnaire was devised. It included 23 open-questions, which helped or rather disclosed that process of projection during which the persons and the lines of the novel are becoming concrete fantasy in the respondent. Questions are in connection with the patient who was operated, with her illness and her relatives and therapist so they examine the representations in reference to the illness, ill-role and to the medicinal role. Fantasies in the matter of the story have been expanded in time, too: we asked about the events before getting into the hospital or rather future events both inside and outside the hospital. Questions in the matter of the respondent's own feelings made up a

different group: in connection with the protagonist and the therapist or rather in reference to the whole novel. Answers were analysed according to the respondents' sex, age and specialisation. 313 subjects completed the questionnaire. Original version (with leading lady) of the novel was used on 183 occasions, the modified one (with leading man) was used on 130 occasions. 189 first-year and third-year medical students from Debrecen and 124 first-year and third-year psychologist students from Szeged participated in the study. The novel was read by a study leader to the students always in university, classroom environment, but out of class.

		frequency	percentages
sex	male	90	28,8
	female	223	71,2
specialisation	doctor	189	60,4
	psychologist	124	39,6
age group	18-20	151	48,2
	21-25	162	51,8

Table 2: Distribution of sample according to sex, specialisation and age

### Data analysis

As the first step of questionnaire analysis I perused them, I selected and filtered the relevant informations. Then representations appearing in the texts was determined. Content analysis of questionnaires made by two independent analyst, who harmonized their results. On the basis of these results content categories have come off. We identified together 31 different categories, 13 categories were related to the patient (for example age, occupation, bodyweight, neatness, egoism, extraversion-introversion, optimism, desires, fears, marriage, important persons); 10 were related to his or her illness (for example place of the problem, etiology, physical/psychological lifestyle, previous events, hospital actions, sequence of story); 5 were related to the medical professional (for example age, inner character, outer character, would the respondent like to be treated by him/her); eventually 3 categories were related to the respondent's own feelings. Coding made by two independent coders. Rate of interrater reliability (Kappa) between coders were inside of 0,52-0,87 interval. They discussed the

uncertain cases, then they reached consensus. Their results have been checked up by Csabai Márta, Szili Katalin and me.

We fixed the data according to the determined categories with binary codes correspond to content categories. Data have been analysed by SPSS and LEM programmes. Applied statistical methods were ANOVA, khi-square test and log-linear analysis.

## **Results**

### **Thesis-like assignment of results**

Content analysis of *cases of the Junior Bálint-groups* showed that the most frequent problems are the fear of intimacy, physical contact; communication with patients in chronic and in terminal state; aggressive feelings towards the patient, which are repressed, but activated from time to time and the fear of responsibility incidental to remedy.

Content analysis of *imagined ill-pictures* with Rorschach-marks (column V.) confirmed that the most serious problems for the medical student are the previously assigned psychic burdens. Grading of first-year students' imagined pictures shifts of contact emphasis and gap emphasis were the most frequent reactions. Interpreting this we recognize that the biggest difficulties for the student are touching the patient's body, entering into the patient's intimate sphere, to be interested in the patient's physical functions and emotional states. Imagined ill-pictures of third-year students their family members appear principally (feeling-remembrance), having fears for them, bereavement arisen from losing them (death-association) appear in the imaginations.

Sixth-year students see their own cases principally their distresses/anxieties and fears are derive from everyday of remedy. „Meeting with death”, communication with patients in chronic and in terminal state; the fear of responsibility incidental to remedy (frustrated association) are characterized by their pictures.

Remarkable difference between the 6 training group that participated in the *dramatic* elaboration of novel about illness story were not found neither dynamically nor contently. Understanding of groupdynamic processes showed that students have strong claim for self-knowledge, and their roleassurance for the career is also strong. This kind of group work is not, or less covered at the university. To start a career socialisation group, which partially includes self-knowledge elements is necessary.

It has been proven during process analysis and content analysis that groupwork enhances first of all the relation sensibility, the ability to accept the other's (patient) aspects and allows the automatic identifying without distress with both the people of the medicinal relation, the

doctor and the patient. *Qualitative* experience of doctor-patient meeting could be acquired mostly with the help of drama.

Accordingly our dramatic method exerts its effect on two levels: on the one hand on declarative, conscious, verbal level („what I do and what I say”) on the other hand on implicit i.e. relation level („how I do and how I say”). This latter is very important in order to develop nonverbal skills, thus reading meaning and giving meaning skills of scenic informations are important part of everyday medicinal work.

Results of the questionnaires correspond with results known from literature, namely more increased symptom perception and more frequent taking medical advice are peculiar to women and there were differences among the symptom descriptions in connection with the man and woman protagonist. The respondents projected somatisation mechanisms onto the symptom and the story with leading lady. Man patient was characterized more simply and his symptoms were explained with stress and risky behaviour. It was proven that gender difference was far more purposeful factor than respondents' profession. Similarity among psychologist-and medical students' sick representations is interesting because their educational, socialisation process is completely different. Similarities among psychologist-and medical students' representations (psychosomatic etiology, gender stereotypes) could arise from this period, because effects of cultural representations and gender stereotypes are stronger than of professionals during university years. On the other hand it was strengthened again that there is far bigger similarity among professional and lay representations than they (professionals and laymen) would think.

Effect of stereotypes in connection with genders is very strong on professionals' story analysis, but they also have strong effect on the patients' display of symptom and illness behaviour. It has a large importance in the field of practice and curing.

Summarized we can establish, that traditional – and does not necessarily conscious - cultural stereotypes (prejudices in connection with the „feminine” and „masculine” illness behaviour) play outstanding role in the conformation of illness-representations. These exert their influence especially in that cases, if informations in connection with illness are incomplete or not properly structured. Important practical consequence of the research that both laymen and professionals (doctors and psychologists) should be helped to get more exact, more detailed, well-structured anamnesises – well-suited illness stories into the patient's personal story - in the consulting rooms. The essential message of research that it must be established during career socialisation, in the psychologist-and medical training for professionals.

At the same time high similarity of projective contents appeared in the questionnaire examination and in the drama group. It proved that the chosen novel is able to call forth the students' typical stereotypes and representations in connection with illnesses, and with patients. The drama group put the emphasis on to make these stereotype representations to be conscious, to experience and to form the emotional relations in connection with these representations.

I suggest my new result to be accepted, that complex experiment using educational technics, which are built onto each other, effectively helps the medical career socialisation on more levels and from more aspects.

## **Publications by the author related to the topic of the dissertation**

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