

Perception of Respect for the Rights to Education and Decent Work in Resident Doctors

Percepción de respeto a los derechos de educación y trabajo digno en médicos residentes

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JUAN ANTONIO LUGO MACHADO^a

Prolongación Hidalgo Bellavista, Ciudad Obregón, Sonora, México

ORCID: <https://orcid.org/0000-0003-4864-8546>

PATRICIA EMILIANA GARCÍA RAMÍREZ

Prolongación Hidalgo Bellavista, Ciudad Obregón, Sonora, México

ORCID: <https://orcid.org/0000-0002-0187-1890>

ELIZABETH MEDINA VALENTÓN

Prolongación Hidalgo Bellavista, Ciudad Obregón, Sonora, México

ORCID: <https://orcid.org/0000-0003-3342-8487>

MARIO ANDRÉS SEPÚLVEDA MARTÍNEZ

Prolongación Hidalgo Bellavista, Ciudad Obregón, Sonora, México

ORCID: <https://orcid.org/0000-0002-5546-3171>

ABRAHAM SALDAÑA MÁRQUEZ

Prolongación Hidalgo Bellavista, Ciudad Obregón, Sonora, México

ORCID: <https://orcid.org/0000-0003-2181-2334>

ESMERALDA ORTEGA VILLA

Prolongación Hidalgo Bellavista, Ciudad Obregón, Sonora, México

ORCID: <https://orcid.org/0000-0003-2497-8428>

^a Correspondence author: juan.lugo.imss@gmail.com

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ABSTRACT

This article is a descriptive, prospective, and cross-sectional study to assess the opinion of residents regarding respect for their rights to education and decent work from April to May 2021. We include variables, such as age, gender, year of residence, specialty, as well as the survey results. Descriptive statistics were applied, as well as Pearson's χ^2 . **Results:** The answer was 64, age 28.1 years, men 57.9, first year 37.2, second 32.2, third 14.9, fourth 15.7 by specialty Anesthesiology 19, Cardiology 6.6, Medicine of the critically ill 0.8, Internal Medicine 18.2, Nephrology 0.8, Ophthalmology 8.3, Otolaryngology 5.8, Radiology and imaging 19.8, Traumatology 18.2, Urology 2.5 In 70.8 of the respondents, they perceive that their rights to education are favorable They are at a high and very high level, in relation to favorable decent work, 64.2 perceive it as high and very high. Traumatology described the lowest levels in both dimensions; however, no significant difference was found between all specialties when applying Pearson's χ^2 with a value of $p = 0.8498$ ($p = 0.05$). **Conclusion:** Slightly more than three out of four of our respondents believe that in general their rights to education and decent work are at high to very high levels of respect. Traumatology represented the specialty with low to very low levels of perception. The overload reflects the effect on their social, family and academic life.

Keywords

rights; education; labor; doctors.

RESUMEN

Este artículo es un estudio descriptivo, prospectivo, transversal, para valorar la opinión de los residentes de medicina sobre el respeto a sus derechos a la educación y al trabajo digno, entre abril y mayo 2021. Se incluyeron variables como edad, género, año de residencia, especialidad, así como los resultados de la encuesta. Se aplicó estadística descriptiva, así como χ^2 de Pearson. **Resultados:** La edad promedio fue 28,1 años, de los cuales el 37,2 % estaba en primer año; el 32,2 %, en segundo; el 14,9 %, en tercero, y el 15,7 %, en cuarto. En cuanto a especialidades, los residentes estaban en anestesiología (19 %), cardiología (6,6 %), medicina del enfermo crítico (0,8 %), medicina interna (18,2 %), nefrología (0,8 %), oftalmología (8,3 %), otorrinolaringología (5,8 %), radiología e imagen (19,8 %), traumatología (18,2 %) y urología (2,5 %). El 70,8 % de los encuestados percibe que sus derechos a la educación favorables se encuentran en nivel alto y muy alto. En relación con el trabajo digno favorable, el 64,2 % lo percibe como alto y muy alto. La residencia en traumatología describió los niveles más bajos en ambas dimensiones; sin embargo, no se encontró diferencias significativas entre todas las especialidades al aplicar el χ^2 de Pearson, con un valor de p de 0,8498 ($p = 0,05$). **Conclusión:** Poco más de tres de cuatro partes de nuestros encuestados opina que, en general, sus derechos a la educación y trabajo digno se encuentran en niveles alto a muy altos de respeto. Traumatología representó la especialidad con niveles de percepción de bajo a muy bajos. La sobrecarga horaria refleja el efecto en su vida social, familiar y académica.

Palabras clave

derechos; educación; laboral; médicos.

Introduction

The well-being of medical residents is vital as they function in multiple roles as trainees, teachers, and patient care providers within the clinical setting. These roles require them to interact daily with numerous people and subject them to many stressors and pressures that, in turn, affect their well-being and how they care for patients. Adverse stressors may take the form of bullying, harassment, or discrimination (1). The 2018 National Resident Survey in Canada reported that 78.2% of all residents experienced at least one form of bullying or harassment in the previous year (2). The most frequent types of unwanted behaviors reported by residents included inappropriate verbal comments (3) and working as punishment (4). The sources of these acts have been the staff physicians, nurses, and

other health care professionals (5), and other resident physicians have also been reported (6).

Psychological abuse, gender discrimination, sexual harassment, physical abuse, homophobia, and racial discrimination are common problems during residency training (7). About 50% of residents report psychological abuse (8). A study in the United States described how women attending their hospital internships perceived discrimination during training and those who suffered this type of violence were medical school students (87%), resident physicians (88%), and interns (91%). These results suggest that harassment and discrimination are commonplace and that complaint mechanisms are inadequate or insufficient (9). The above-mentioned studies describe the proportion of circumstances transgressing human rights in students and are studies of "educational practices" in first world countries, where the quality of education is higher than in developing countries. So, what should be expected in developing countries? On the other hand, "Medical education from a human rights-based approach to health" (10), evaluated from a human rights-based approach to health by the World Health Organization (11), shows in a concrete and articulated way the value of the rights to education and decent work, in addition to the right to health of the population (12).

In the educational-labor environments, reciprocal actions are generated among the main actors and situations that facilitate the violation of the human rights of the trainees (13). The ambiguities that are exhibited in the norms that regulate undergraduate and graduate educational-labor plans propitiate environments that violate their universal rights (14).

International efforts to protect health by promoting human rights and recognizing the many determinants of health have evolved over more than half a century (15). We employed in our work the instrument developed by Vázquez Martínez et al. (10) to assess the point of view of our resident physicians.

This instrument has 32 items: 15 for the right to education and 17 for the right to decent work. Favorable events are those in which their rights

were respected and unfavorable events indicate abuse of these rights. The instrument of Vázquez Martínez et al. (10) has an overall Cronbach's alpha of 0.931, and by dimension, it was 0.887 for the right to education and 0.869 for the right to decent work.

Each item has five possible responses (always, almost always, sometimes, almost never and never) and is scored inversely (favorable: always = 4 and never = 0; unfavorable: always = 0 and never = 4) (10). The maximum score of the instrument, which translates to 100% respect, is 128 points per resident (60 for respect for the right to education and 68 for respect for the right to decent work). The score of the events makes it possible to detect what should be promoted or what should be eradicated (10).

Methodology

This research consisted of a descriptive-cross-sectional study, in which, from April to May 2021, a questionnaire with the instrument of the author Vázquez Martínez et al. (10) was sent electronically with Google Docs, completely anonymously to a group of 225 resident physicians of different specialties of the Hospital de Especialidades 2. A total of 145 residents (64%) responded, 24 surveys (16%) were eliminated for being incomplete, and 121 (83%) were included. We asked about variables such as age, gender, year of residency, and specialty. Descriptive statistics with measures of central tendency and dispersion were performed.

Results

The average age was 28.1 years (range 25-29). There were more men (n = 70; 57.9%) than women (n = 51; 42.1%). In terms of year of residency, first-year residents were 45 (37.2%); second-year residents, 39 (32.2%); third-year residents, 18 (14.9%); and fourth-year residents, 19 (15.7%). By specialty, anesthesiology was represented by 23 residents (19%), cardiology by 8 (6.6%), critical medicine by 1 (0.8%), internal medicine by 22 (18.2%); nephrology

by 1 (0.8%); ophthalmology by 10 (8.3%); otorhinolaryngology by 7 (5.8%); radiology and imaging by 24 (19.8%); traumatology and orthopedics by 22 (18.2%); and urology by 3 (2.5%). See Table 1.

Table 1
Distribution of demographic variables in 121 resident physicians

Age	Gender: n (%)	Specialties: n (%)	Year: n (%)
28.1 (25 to 39) ± 4	Female (42.1)	Anesthesiology	23 (19)
		Cardiology	8 (6.6)
		Critical Care Medicine	1 (0.8)
		Internal Medicine	22 (18.2)
		Nephrology	1 (0.8)
	Male (57.9)	Ophthalmology	10 (8.3)
		Otorhinolaryngology	7 (5.8)
		Radiology and Imaging	24 (19.8)
		Traumatology and Orthopedics	22 (18.2)
		Urology	3 (2.5)
		Fist	45 (37.2)
Second	39 (32.2)		
Third	18 (14.9)		
Fourth	19 (15.7)		

70.8% of respondents perceive their favorable education rights as high and very high; in contrast, 29.1% perceive them as medium to very low. In relation to favorable decent work, 64.2 % perceive it as high and very high; in contrast, 35.8 % perceive it as medium to very low (Table 2).

Table 2
Level of respect and favorable rights in education and dignified work in 121 resident physicians

Level of respect	Favorable right to education (%)	Favorable right to dignified work (%)	General respect for the rights studied (%)
Very high	40.9	29.2	70.1
High	29.9	35	64.9
Medium	16.9	23.7	40.6
Low	6.8	6.1	12.9
Very Low	5.4	6	11.4
Total	100	100	

Regarding the respectful treatment given by the teachers to the residents, this was weighed at high and very high levels, while the opportunity to perform medical-surgical procedures in the simulators was considered at low or very low levels (Table 3).

Table 3
Educational entitlement events that are favorable to 121 resident physicians

	Always	Almost always	Sometimes	Almost never	Never
1. I received support to attend the academic activities corresponding to the study plan.	68	32	18	2	1
2. My professors at the medical unit efficiently attended to the doubts I had during the medical care processes in which I participated.	67	40	12	1	1
3. The assistance given to me by my professors at the medical unit was always respectful and patient, addressing me in an appropriate manner.	66	43	12	0	0
4. I had support from teachers and academic authorities for the completion of academic work or academic-administrative procedures.	62	38	18	2	1
5. I felt an atmosphere of cordiality and respect within the medical unit where I was located.	60	40	17	4	0
6. The grades I obtained in the course were determined solely based on the educational objectives achieved.	56	45	18	2	0
7. My teachers in the medical unit had adequate working conditions to fulfill their educational role.	54	49	16	1	1
8. In the medical unit in which I was as a doctor in training, the teaching-learning process was prioritized over the demand for medical care	48	40	23	8	2
9. My professors or tutors at the medical school were attentive to my academic development at the medical unit.	42	42	18	10	9
10. The medical school allowed me to exchange experiences and knowledge with foreign medical students or professionals through the forums or activities that they carried out.	30	24	35	14	18
11. The schedule I covered allowed me to develop leisure activities.	25	24	32	32	8
12. I had the opportunity to perform medical-surgical procedures in simulators.	16	17	27	23	38
Total	594	434	246	99	79
Percentage	40.9	29.9	16.9	6.8	5.4
Level of respect	Very high	High	Medium	Low	Very low

In the case of unfavorable events affecting their right to an education, 70.8% of surveyed residents rated it as high or very high, while 29.2% rated it as medium to very low (Table 4).

Table 4
Unfavorable educational entitlement events in 121 resident physicians

	Never	Almost never	Sometimes	Almost always	Always
1. I received discriminatory treatment because of my gender, appearance, or any other personal characteristic.	78	15	14	4	10
2. I made diagnostic or therapeutic errors due to lack of academic supervision during the assistance activities I performed in the medical unit.	43	43	26	2	7
3. I made diagnostic or therapeutic errors due to a lack of clinical competencies.	32	46	32	2	9
Total	153	104	72	8	26
Percentage	42.1	28.7	19.8	2.2	7.2
Level of respect	Very high	High	Medium	Low	Very low

As to favorable events regarding the right to decent work, 64.2% of residents rate them as high to very high, and 35.8% perceive them as medium to very low (Table 5).

Table 5
Favorable events in the right to decent work

	Always	Almost always	Sometimes	Almost never	Never
1. I had motivated communication and support from my immediate supervisor.	49	38	26	5	3
2. I received supervision during my care activities by the medical unit staff.	47	51	19	3	1
3. I had effective public safety measures to protect my personal safety during my residency.	41	46	29	4	1
4. The healthcare care tasks I received at the medical unit were in accordance with the technical-professional training that corresponds to my educational level.	39	55	25	1	1
4. I received appropriate feedback on the tasks I performed.	38	43	32	6	2
5. The homework assignments I received were appropriate and fair.	36	51	25	7	2
6. I received fair remuneration for my work	35	31	31	11	13
7. The medical unit I was in provided me with the necessary material to perform my work in a dignified manner.	34	51	29	7	0
8. I consider that the hours included in my academic-working day were adequate for my responsibilities.	26	39	36	12	8
9. I was able to stop working to take care of necessities such as resting or eating during the workday.	25	40	43	11	2
10. I received support or benefits from an organization (student, union, trade union, or any other organization) interested in improving the conditions of resident physicians.	18	21	21	14	47
Total	388	466	316	81	80
Percentage	29.2	35	23.7	6.1	6
Level of respect	Very high	High	Medium	Low	Very low

Concerning unfavorable events regarding the right to decent work, 56.1% perceived them as high or very high, while 43.9% perceived them as medium to very low (Table 6).

Table 6
Unfavorable events on the right to decent work in 121 resident physicians

	Never	Almost never	Sometimes	Almost always	Always
1. During the last year of my residency, I suffered sexual or other harassment by my superiors or coworkers.	85	14	10	6	6
2. During the year ending, the public safety conditions of the environment where I conducted my residency were a threat to my personal safety	42	37	24	8	10
3. During the academic-working day, my health was put at risk.	41	34	30	9	7
4. During the last year, I made diagnostic or therapeutic decisions without the advice of the professors, assigned physicians, service chiefs, or medical directors of the institution.	34	37	28	11	11
5. During my stay in the healthcare unit during the last year, I felt anxiety or fear of punishment or being discharged.	33	31	30	12	15
6. The length of the workdays at the healthcare unit or hospital interfered with my social and family life.	5	14	29	39	34
Total	240	167	151	85	83
Percentage	33.1	23	20.8	11.7	11.4
Level of respect	Very high	High	Medium	Low	Very low

When describing comparatively the perception of favorable events by specialty, we found that traumatology and orthopedics were characterized by lower perceived weights in relation to the other medical specialties (Figure 1).

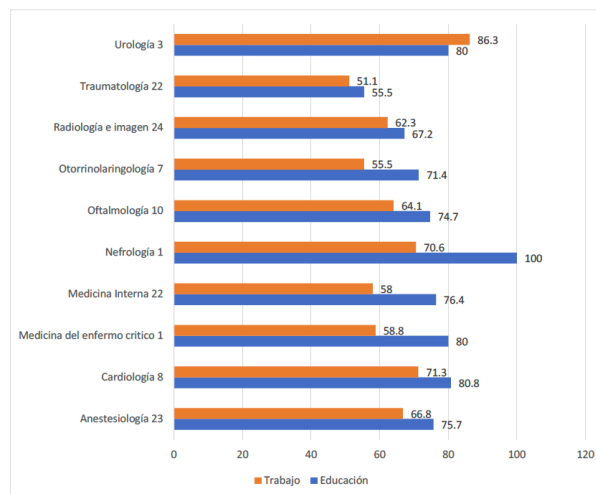


Figure 1
Perception rate of favorable events by specialty in a sample of 121 resident physicians

When Pearson's χ^2 was applied to evaluate the significant difference between the percentages of perception of favorable educational and work events by gender, no significant difference was found, with a value of $p = 0.877$ ($p = 0.05$). Similarly, the analysis was carried out for the different specialties and the perception of favorable events in these two items, without finding significant differences. There was a value of $p = 0.8498$ ($p = 0.05$).

Discussion

This survey had a response rate of 64% of the resident physicians to whom it was sent. In the demographic variables, the age in this series was similar to that described by Vázquez Martínez et al. (10): 29.8 years. The male gender (57.9%) was lower than that described by Vázquez Martínez: 78.5%. The degrees of residency were similar to those also described by Vázquez Martínez: first year (R1): 42%; R2: 23%; R3: 28%, and R4: 6%. We found R1: 37.2%; R2: 32.2%; R3: 14.9% and R4: 15.7%. According to our survey, slightly more than three quarters felt that, in general,

their rights to education and decent work were at high to very high levels of respect, better than that described by Vázquez Martínez et al. in a sample of 605 physicians; the majority described a medium or high level of respect (10) while, separately, in our series, respect for the right to education (70.8%) and decent work (61.3%) was higher than reported, with 58% for education and 57% for decent work.

In the favorable event of the right to education, that related to the respectful treatment given by the teachers to the residents was considered as high and very high in general; however, the opportunity to perform medical-surgical procedures in the simulators was weighed as low or very low, similar to that described by Vázquez Martínez et al. (10). Item 11 of Table 3 asks whether the schedule covered allows for leisure activities. This was weighed from medium to low, indicating that work schedules reduce the possibilities for leisure, similar to that reported by Vázquez Martínez et al. (10). This has repercussions on the social, family, and academic lives of the residents.

Currently, educational programs and strategies are obsolete. The evolution in educational paradigms exceeds the strategies prevailing in hospital clinical settings; however, not only do educational changes point out the incongruence in the way of educating our residents, but also in the dissemination and knowledge of the Universal Declaration of Human Rights and the recognition of various labor rights. Nor was there the knowledge of the effect on mental health, as there is today.

Excessive workload has serious repercussions for students. In terms of restorative sleep (2,3), its impact on mental health (stress, depression, anxiety, among others) is clearly noted (4,5). Undoubtedly, shifts of up to 36 continuous hours affect physical and mental health (6). On the other hand, the participation of the university in these aspects was rated as low to very low, and this is a call for attention to the educational institutions that endorse postgraduate degrees in medicine so that they offer a greater commitment and participation in their training.

There are laws, regulations, and norms that regulate the rights of resident physicians; however, they are still insufficient to guarantee that their labor and universal rights are respected.

When comparing between specialties on the perception of favorable events in education and work in general, we found that traumatology and orthopedics were characterized by perceiving lower weights with reference to the other medical specialties. However, no statistically significant differences were found between medical specialties or between genders.

Conclusion

Our survey presented some demographic variables similar to the study that served as the basis for us to replicate its instrument in a sample of our resident physicians. Three-quarters of our respondents felt that, in general, their rights to education and dignified work were at high to very high levels of respect. In the favorable event of the right to education, that related to respectful treatment of residents by teachers was rated high and very high. The opportunity to perform medical-surgical procedures in the simulators was weighed as low or very low.

Likewise, there is a need for a greater commitment on the part of the universities that endorse the courses, given that there is no real commitment. In the opinion of our respondents, the time overload reflects the effect of excessive scheduling demands and its impact on their social, family, and academic life. Our results, compared with the previous study by Vázquez Martínez et al. (10), showed some areas of similarity; but the general perception of favorable events for education and decent work was weighed at higher levels than those of the same author. Even with the above, the existing rules, regulations, and laws are incapable of guaranteeing respect for the labor and educational rights of resident physicians in training.

Limitations

This was a survey study, and its limitations lie in the fact that the respondents' feelings can be significantly influenced by the situation that is happening at the precise moment they answer the survey.

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Ethical considerations

This work was submitted for evaluation by the Health Research Committee of our hospital, and its registration number is in process.

Conflict of interest

The authors declare that they have no conflicts of interest.

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