

Vulnerability and disillusionment as a threat to residents' professional identity development

Introduction

The medical profession developed around core values such as devotion to patients and altruism. While these values have remained important, they do not align with the modern working environment in hospitals. In addition, the modern health care environment is prone to conflicts between professionals (1). The interplay between value-work misalignment and conflicts can have negative effects on professional group membership and identification processes, which can be explained by social identity theory (2).

Our aims were:

- to describe professional group membership aspects involved in workplace conflicts for physicians in training, using social identity theory
- to identify elements to improve postgraduate training of physicians

Methods

- Semi-structured interviews on conflict experiences with 43 randomly-selected fellows and residents in four specialty departments at the Geneva University Hospitals (1).
- Inductive analysis using social identity theory, focusing on identification processes and group membership (2).

Theoretical Framework: Social Identity Theory

theory of group identification and intergroup processes



in-group: e.g., residents

- individuals view themselves as belonging to in-groups, e.g., residents
- individuals view characteristics of in-groups positively

out-group: e.g., attending physicians

- individuals view others as belonging to out-groups, e.g., attending physicians
- individuals view characteristics of out-groups negatively

Results

16 participants reported 19 situations of conflict:

- 4 interprofessional
- 15 intra-professional between residents and attending physicians (n=14) and between residents (n=1)

Conflicts focused on early residency

Group membership was expressed with regard to different aspects:

- Individual characteristics (e.g., fluency in local language)
- Setting (e.g., office space)
- Feelings (e.g., stress)
- Professionalism (e.g., errors)
- Power (e.g., status in the organization)
- Role representations (e.g., attending physicians)

I'm not fluent in French, it's not my mother tongue. But people here tend to view that as a lack of knowledge. They don't trust my decisions.
Fellow, pediatrics

Conflicts involving group processes could lead to negative consequences, notably:

- Loss of self-confidence
- Disillusionment
- Development of negative perceptions of other groups

Usually, I'm a rather confident person, but in that situation, I really stopped and started wondering about my role in everything that had gone wrong. Then I had my first evaluation, and it was a disaster: I had never had such a bad evaluation.
Resident, family medicine

We have a lot of admin work. We're here to do the paperwork, to write letters, to transfer information. But we're not with our patients.

Resident, pediatrics

"If there's someone we don't like, we don't want to become like that person. Even their qualities become negative, and we think: 'That person is just frustrated, they don't know a thing. I don't want to become like them so I don't want to work in their specialty.'
Fellow, surgery

Discussion

Most conflicts were intra-professional between residents and their hierarchy.

Most conflicts happened in early residency, indicating problems with the transition from medical school to residency.

Elements to improve postgraduate training:

- Value identities
- Perspective taking to bridge differences between groups
- Better continuity between medical school and residency

Take-home messages

Physicians in training are vulnerable to conflicts with co-workers.

Conflicts may affect professional identity development. They may lead to disillusionment and to negative perceptions of others.

Support to residents and adaptation of the working environment are needed to ease the transition into residency.

References

- (1) Bochatay, N., et al. (2017). A Multilevel Analysis of Professional Conflicts in Health Care Teams: Insight for Future Training. *Academic Medicine*, 92(11S), S84–S92.
- (2) Tajfel, H., & Turner, J. C. (1979). An Integrative Theory of Intergroup Conflict. In *The Social Psychology of Intergroup Relations* (pp. 33–47). Monterey, CA: Brooks-Cole.