

Perception of Female Staff Towards the Involvement of Obstetrics and Gynecology Patients in Medical Students' Training

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ABSTRACT

Objectives: This study aimed to determine the perception of female healthcare providers regarding the involvement of medical students in Obstetrics and Gynecology training.

Methods: An anonymous, self-administered questionnaire was administered to female healthcare providers in the Obstetrics and Gynecology department regarding medical students' training in 2013 (n=114) and was repeated in 2021 (n=105). Descriptive analyses were performed. The variables obtained in 2013 and 2021 were compared using paired t-tests. Statistical significance was set at $p < 0.05$.

Results: In total 219 healthcare providers participated in this study. Their perception regarding female patients' acceptance of medical students was low. This number increased from 81.6% (n=114) in 2013 to 93.3% (n=105) in 2021 for acceptance of male students ($p=0.01$). Similar findings were observed for female medical students. Agreement on the use of simulation-based training for male medical students increased from 53.5% (n=114) to 70.5% (n=105) ($p=0.01$). The percentage of healthcare providers who declined vaginal examination by a male obstetrician increased from 39.5% (n=114) to 54.3% (n=105) ($p=0.02$).

Conclusions: This study raises concerns about the clinical exposure of medical students to OBGYN training. Male medical students are at a disadvantage during training. Greater attention is needed to educate healthcare providers to encourage patient engagement during clinical training sessions. Simulation-based training should be incorporated into medical curricula.

Keywords: OBGYN, Gender, Students, Training, Healthcare Providers

Introduction

Accessibility to practical learning is integral to student development in clinical specialties. Obstetrics and Gynecology (OBGYN) is a specialty that entails the performance of intimate physical examinations such as the pap test and breast and pelvic examinations, which can be uncomfortable for both patients and medical trainees [1,2]. Consistent training and clinical guidance are vital for facilitating student success in these procedures [3].

However, the existence of sex disparities in OBGYN and the lack of training opportunities for male students demonstrate the importance of sex-related factors affecting equity in clinical practice [4,5]. These factors are particularly relevant in more conservative communities where cultural and religious expectations influence patient preferences and determine the extent of male responsibility in a clinical setting. Studies in regions with conservative cultures have shown a significant selection of female physicians over male physicians because of embarrassment and cultural expectations [6]. This also dissuades male graduates from specializing in OBGYN [7]. Differences

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in accessibility between female and male students have led to considerations of how OBGYN staff influence the clinical exposure of male students [8,9]. Female healthcare providers' attitudes towards male students have not been widely discussed in the literature.

Therefore, this study examined how female staff in OBGYN perceive the presence of medical students in general and male students in particular in various clinical situations, as well as changes in those perceptions over time. These findings can help us understand the complex cultural and professional barriers and the need for equitable solutions to gender disparities within specialties.

Methods

This prospective longitudinal survey used an anonymous self-administered questionnaire distributed to female healthcare providers (nurses, midwives, and physicians) in the OBGYN departments of two teaching hospitals (Tawam and Al Ain Hospital, Al Ain, UAE). It was administered between September 30 and November 30, 2013, and between March 31 and May 31, 2021. In May 2019, the two departments were merged into a single department at one site. Ethical approval was obtained from the Al Ain Research and Ethics Governance Committee and all participants provided informed consent.

The questionnaire consisted of 28 questions with five-point Likert scale responses. It inquired about the background training, staff grade, years of experience, and opinions on the acceptance of OBGYN patients towards female and male students' involvement in training. There were also questions about their acceptance of male physicians in OBGYN practice and their opinions on the influence of culture and religion. Female healthcare providers in the OBGYN department were included, and male healthcare providers in the department were excluded. For face validity, the questionnaire was piloted among 15 randomly selected healthcare providers.

Descriptive analyses were performed using the SPSS V21. Participants' responses were reported as continuous variables, and the answers were analyzed as frequencies (%). Variables between 2013 and 2021 were compared using a paired t-test. Statistical significance was set at $p < 0.05$. Before performing each hypothetical test, the data were checked for normality and all statistical assumptions were fulfilled.

Results

A total of 114 female healthcare providers participated in the 2013 survey (32.5% physicians, 67.5% nurses & midwives). In 2021, 105 women participated in the survey (38% physicians, 62% nurses and midwives). There were no statistically significant differences between the groups participating in 2013 and 2021. There was a significant increase in the number of staff teaching and training medical students in 2021 (66.7%) compared to 2013 (50.9%) ($p = 0.01$). There was greater agreement in 2021 (78%) than in 2013 (63%) and that all patients visiting the teaching hospital should consent to be examined by students ($p = 0.01$). There was also a significant increase in the perception that female patients do not agree to be examined by female students (Table 1).

Table 1: Comparing the perception of female healthcare providers between 2013 and 2021 towards patients' attitudes regarding the clinical involvement of female OBGYN students

Patients do not consent to female students performing the following:	2013 group (n=114) N (%)	2021 group (n=105) N (%)	p-value
Taking history	14 (12.3%)	13 (12.4%)	NS
General examination	14 (12.3%)	26 (24.8%)	0.01
Abdominal examination	2 (1.8%)	39 (37.1%)	0.0001
Vaginal examination	24 (21.1%)	54 (51.4%)	0.0001

There was a significant increase in the perception that female patients do not agree to undergo vaginal examinations by male students in 2021 compared to 2013 (Table 2).

Table 2: Comparing the perception of female healthcare providers between 2013 and 2021 towards patients' attitudes regarding the clinical involvement of male OBGYN students

Female patients do not consent to male students performing the following:	2013 group (n=114) N (%)	2021 group (n=105) N (%)	p-value
Taking history	46 (40.4%)	45 (43%)	NS
General examination	60 (52.6%)	58 (55.2%)	NS
Abdominal examination	86 (75.4%)	82 (78.1%)	NS
Vaginal examination	93 (81.6%)	98 (93.3%)	0.01

There was a significant increase in the number of female healthcare providers who believed that medical students should be trained for vaginal examinations with mannequins. This increased from 53.5% to 70.5% ($p = 0.01$) for male students and from 32.5% to 53.3% for female students ($p = 0.01$). There was a significant increase in the perception that culture ($p = 0.01$) and religion ($p = 0.0001$) prohibited male obstetricians from examining patients. More female healthcare providers in 2021 (54.3%) than in 2013 (39.5%) did not agree to undergo a vaginal examination by a male obstetrician ($p = 0.02$).

Discussion

This study aimed to determine female healthcare providers' perceptions regarding the involvement of medical students in OBGYN training. A unique aspect of this study is that it compared the changes in these perceptions over an eight-year period. The significant increase in OBGYN teaching staff over the eight years might indicate a greater emphasis on education within the healthcare system. Our study showed an unchanged perception that a significant number of patients do not accept male students taking medical histories or performing abdominal examinations. Furthermore, there was an increase in the perception that patients are likely to decline vaginal examinations by medical students. Accordingly, this might be an important factor in the observed low number of male medical students specializing in OBGYN within the region and other parts of the world [5,10]. The trainers' perception influences

their interactions with medical students during clinical teaching sessions, thus playing an important role in shaping the students' outlook on the specialty [7]. The negative attitudes of healthcare providers can create barriers to male students from achieving their educational goals during training [11]. There seems to be an increased tendency for OBGYN patients to decline examinations conducted by medical students. This rate appears to be significantly higher for male students. Medical curricula should consider the effects and constraints that culture and religion may impose on clinical training. Conflicting viewpoints on OBGYN training in relation to gender indicate the need to involve both patients and healthcare providers to facilitate medical student training. When more patients assume an active role in medical student training, the curriculum becomes more effective and robust [12]. Simulations can also play an important role in providing a practical and safe approach for the acquisition of skills in OBGYN [13]. Obtaining clinical skills, specifically intimate examination skills, is a growing challenge in most undergraduate training programs [14]. Patients' sex preferences and the consequent limited exposure of male medical students to clinical training opportunities may affect their career choices. Beliefs regarding male students' incompatibility with the specialty may discourage trainers from dedicating sufficient time to their training [15]. The eight-year interval between the administration of the questionnaire provided an opportunity to study healthcare providers' perceptions towards medical students over time. The validity of the study could be improved through triangulation of methods, such as focused group interviews. Although this study may reflect the culture and attitudes in the Gulf region, generalization to other cultures may not apply. Participants in the study might have perceptions that differed from those who declined to participate. This may have resulted in a selection bias.

Conclusions

This study showed that female healthcare providers' perception of the acceptance of OBGYN patients by male medical students remained low during the eight-year study period. Furthermore, it indicates that female healthcare providers are reluctant to have a male obstetrician conduct intimate physical examinations. The fact that the survey was conducted in a teaching hospital and readministered after an eight-year interval raises concerns regarding the clinical exposure of male medical students during their OBGYN rotation. Medical schools and hospitals must address these obstacles. Greater attention is needed towards educating healthcare providers and medical students on methods to encourage patient engagement during clinical training sessions. Maximizing the use of simulation-based training and standardized patients may help medical students acquire the required clinical skills in a safe environment. Further studies, using both quantitative and qualitative approaches, are required to validate our findings.

Authors Contributions

Conceptualization and the design of the study were performed by Hisham Mirghani, Linda Aljunaid, and MB. Acquisition of data was performed by MB, LJ, and IA. Analysis and interpretation of data was performed by LJ, RM, and HM. The article was drafted by LJ, RM, and HM. The article was revised critically for important intellectual content by LJ, RM, HM, MB, and IA.

The paper was finally approved by LJ, RM, HM, MB, and IA.

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