| **METHODS AND PROTOCOLS** OPEN ACCESS

Unacceptable Behaviors Towards Health Professional Clinical Students: Protocol For a Mixed-Methods Study

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ABSTRACT

Background and Aims: Previous studies describe the occurrence of unacceptable behaviors reported by students pursuing health professional education in Aotearoa, New Zealand and across the globe. These include, but are not limited to, experiences of verbal abuse, sexual harassment, and discrimination based on race/ethnicity, religious beliefs, gender, and sexual orientation. University of Otago teaching staff across the various health professional programs often receive anecdotal reports of these phenomena from their clinical students. Our study will investigate the extent and sources of unacceptable behaviors, whether students report those events, and possible institutional responses to these behaviors.

Methods: A student codesign panel was formed alongside the research team to guide study design and data collection. This study will use a sequential two-phase mixed methods design. The first phase will include a cross-sectional survey using a modified version of a validated online questionnaire administered to all clinical students across the seven health professional programs at the University of Otago. The second phase will recruit students to participate in semi-structured interviews. Descriptive and thematic analysis will be applied.

Conclusion: This novel mixed-method study may offer valuable insights into the prevalence and impact of unacceptable behaviors on health professional students at the University of Otago, while ensuring student perspectives are incorporated into both the research design and the university's response strategies.

Summary

- The research team includes a multidisciplinary group of clinicians and researchers who represents the views of different health professional clinical student groups through the student codesign panel.

- The study uses a mixed-method design that includes a validated instrument and interviews to address research questions.

- The questionnaire surveyed a wide range of health professional students who interact with patients, university staff and other clinicians in multiple clinical settings.

1 | Introduction

Research into unacceptable behaviors towards students has been reported in a health education context in both Aotearoa New Zealand (NZ) and internationally. Multiple studies describe students' experiences of sexual harassment [1–4], racism [5–8], and other behaviors which may be characterized generally as mistreatment [9–13]. Limited NZ research [14, 15] reports similar phenomena and identifies that students face physical, psychological and financial impacts as a consequence [16, 17].

International research confirms varied reactions from students to such behaviors, as well as a range of institutional responses which themselves shape students' experiences. Studies have, for example, noted that students describe shame and self-blame when victimized [18]. Confusion around what might "count" as unacceptable [19, 20] and fear of retribution [15, 18] are commonly associated with limited reporting or non-reporting of these behaviors [17, 19, 21–23]. Providing support to students experiencing unacceptable behaviors is regarded as crucial to their wellbeing and educational success [24], but a lack of institutional support for those experiencing unacceptable behaviors is also reported [25, 26]. Educational institutions often lack clear reporting strategies, pathways, and protocols for identifying, challenging, and changing unacceptable behaviors [15, 27, 28].

University of Otago Health Sciences teaching staff receive anecdotal reports from students about experiences of sexual aggression, racism, and other unacceptable behaviors in a clinical context. These behaviors can originate from patients, staff, and peers. Students inform staff that they are unsure how to respond and that these experiences often impact on their learning. Students report varying responses from teaching staff, ranging from questioning the veracity of a report to full support.

To reduce the incidence of unacceptable behavior and to affect change, we need to better understand the nature and extent of these behaviors across the University's Division of Health Sciences' seven health professional programs [29]. The impacts on students, and the institutional responses required, are complex, potentially cumulative, and potentially moderated by the types of behaviors students experience and their context. For example, where barriers exist to reporting behaviors, students may rationalize some unacceptable behaviors, further disinclining them to complain [17, 18]. Therefore, we set out to investigate the extent, sources, and responses to unacceptable behaviors using a survey and interviews.

2 | Research Questions and Objectives

2.1 | Primary Research Questions

- What are the nature, extent, and sources of unacceptable behaviors experienced by University of Otago Health Professional students in clinical settings?

- Which groups of students carry the greatest burden of unacceptable behaviors?

- What are students' responses to these unacceptable behaviors and any actions taken?

- Were the students satisfied with the actions taken and what suggestions do they have for addressing the issues raised by the survey?

2.2 | Objectives

Our primary objectives are:

1. To determine the nature, extent and frequency of unacceptable behaviors and students' responses to them across the University of Otago health professional students;

2. To describe students' impression of the institution responses to their experiences and concerns regarding unacceptable behaviors;

3. To identify student preferences regarding how they wish the experience of unacceptable behaviors to be handled in the future;

4. Using survey data to steer our line of inquiry, utilize one-on-one interviews to further explore the emotional, social, and psychological impact of unacceptable behaviors on students;

5. To consider strategies for responding to student experience (i.e. including teaching, policy/reporting mechanisms, and staff training).

3 | Methods

3.1 | Unacceptable Behaviors Definition

Unacceptable behaviors may include sexual harassment and discrimination on the basis of race, gender, sexual orientation, belief, disability, and any other behavior generally characterized as mistreatment. These behaviors may originate from patients and their whānau, staff and/or peers.

3.2 | Design

The study employs a sequential two-phase mixed method approach, incorporating the collection of quantitative and qualitative data. Steps include:

- The formation of a staff research team with members from each health professional program. This team included staff members who identified as Māori or Pacific Island peoples;
- The formation of a student codesign panel (SCP) to codesign the study, and facilitate recruitment and implementation;
- The use of a modified version of a validated questionnaire [30], relevant to specific behaviors and our student groups, to collect quantitative data (see below and Supporting Information S1);
- One-on-one interviews to collect qualitative data. The interview guide used for this stage will be informed by analysis of the quantitative data.

3.3 | Student Codesign Panel

The research team recognized that research exploring unacceptable behaviors experienced by health professional students should include student representation. Therefore, members of the University of Otago's health professional student body will be approached via the various students' associations and departmental contacts representing each program, to constitute the SCP.

Membership of the SCP includes at least one representative from each of the professional program's students' associations and other relevant Health Professional student groups including Māori, Pacific peoples, international students, people with disabilities, and LGBTTQIA+ (lesbian, gay, bisexual, transgender, takatāpui, queer, intersex, and asexual) students. Some programs will have several representatives where multiple campuses are involved (e.g., Medicine), while some members had multiple roles (e.g., students with disabilities and who identified as LGBTTQIA+).

3.4 | Setting

The study set out to capture the experiences of students in the health professional programs based at the University of Otago's three campuses (Dunedin, Christchurch, Wellington). These seven health professional programs have large components of teaching in clinical environments: dentistry, medicine, nursing (postgraduate), oral health, pharmacy, physiotherapy, and radiation therapy.

3.5 | Participants

Students eligible to participate in the study are engaged in their clinical years of training. The clinical training phase for included programs predominantly occurs in clinical environments.

The catchment of students varies per program. Some programs are longer in duration than others. For example, Medicine is a 6-year course and students from years 4 to 6 are predominantly in clinical training, while in Radiation Therapy (a 3-year course) year 2 and 3 students are eligible due to their clinical exposure. Table 1 sets out each Program's eligible students ($n = 1645$).

3.6 | Inclusion and Exclusion Criteria

Inclusion criteria included being a clinical student in one of the seven professional programs in the Division of Health Sciences at the University of Otago (Table 1). Nonclinical students will not be included in this study and participants will be 18 years or older.

3.7 | Participant Recruitment

The SCP has been, and will continue throughout the project to be, consulted to provide guidance to the research team concerning participant recruitment across the health professional programs. This includes discussions regarding how and via what platforms (i.e., university channels, online, social media) to promote and disseminate the questionnaire. A demographic and clinical student-focused sampling frame will be guided by the Health Sciences professional program groupings above (Table 1).

The SCP-research team partnership facilitates the identification of key personnel among student representatives, through whom, promotion of the online questionnaire could occur. Health professional program administrators will be approached to provide student email addresses for the respective programs' eligible students, who will be sent a link to the survey (see section 3.10 below).

Recruitment for the interviews is planned to be guided by a sampling frame dependent on preliminary analysis of the survey data.

TABLE 1 | Clinical exposure of health professional student participants ($n = 1645$).

Program	Length (years)	Class year
Dentistry	5	Years 4 and 5
Medicine	6	Years 4 to 6
Nursing (postgraduate)	2	Year 2
Oral health	3	Year 3
Pharmacy	4	Years 3 and 4
Physiotherapy	4	Years 3 and 4
Radiation therapy	3	Years 2 and 3

3.8 | Study Tools

Data will be collected from all eligible participants using quantitative and qualitative methods. These will include a validated questionnaire modified for the NZ context and individual semi-structured interviews.

3.9 | Questionnaire Development

An American Medical Colleges' graduation questionnaire was identified as being suitable for adaptation to use in the NZ context for the purposes of this study [30]. The Association of American Medical Colleges questionnaire (AAMC) was initiated in 1978 to identify and address issues critical to U.S. medical students' future education. Its most recent iteration was reviewed for relevance to the current study. The questionnaire is well validated as a medical education evaluation tool [31], including for questions related to unacceptable behaviors [32]. The questionnaire's predictive validity has previously been recognized [33, 34], including in an adapted form outside of the United States [35].

We obtained permission from AAMC to use and adapt the questionnaire to accommodate the NZ educational context. After reviewing the full questionnaire (available online) [30], we identified several sections relevant to our study. These included a list of behaviors, as well as separate sections dealing with disability and respondents' background, with the latter capturing demographic data [30]. In this study, unacceptable behaviors are defined as inappropriate and unwelcome behaviors including sexual harassment and discrimination based on race, gender, sexual orientation, beliefs, disability, and any other forms of mistreatment. These behaviors may originate from patients and their whānau, staff, or peers.

The research team recognized the need to adapt some of the questionnaire's language to facilitate accurate and effective data-gathering from our participants, given different terminology used in NZ and the extension to health professional programs other than Medicine. Given that the questionnaire is regularly reported on, and its validity acknowledged in peer-reviewed publications [33, 34], we limited changes to a minimum. Biostatistical advice was sought to determine the implications for statistical analyses resulting from the proposed adaptations. Consultation with senior staff at the university's higher education development center and the survey manager of the quality advancement unit was also undertaken.

Additionally, the questionnaire's wording and content were workshopped with the SCP. This was undertaken online, with SCP and research team members collaborating to refine the questionnaire following the preworkshop review of it by all collaborators. The resulting questionnaire was then configured for online distribution to participants.

The final version of the questionnaire collects data on 16 behaviors and their variations, as well as participant demographic characteristics including gender, sexual orientation, and disability. It gathers information on the frequency, perpetrators, reporting, and outcomes of these behaviors. Responses to survey questions include dichotomous answers, multiple choices, and ordinal scale responses. In addition, the questionnaire also contained several free-text items which allowed for written responses/narrative data entry not addressed by the question structure used and amenable to qualitative analysis.

A copy of the final instrument is included in Supporting Information.

3.10 | Data Collection

3.10.1 | Questionnaires

The adapted version of the survey tool was configured for delivery using the Qualtrics survey platform (Qualtrics) [36]. This permitted a logic system to be applied to questions presented to participants thereby minimizing questions being posed which are not relevant to individual participant experiences. Only student experiences occurring during clinical educational contexts will be sought in the questionnaire (excluding, e.g., those experienced in social encounters).

The survey will run over a period of 3 weeks, intended to coincide with a suitable time in the university's academic calendar. Eligible participants will be invited to participate via an email from the study's lead investigator a participant information sheet advised participants of details of the study, and a live link to the survey will be provided.

As the survey was confidential, it was impossible to completely avoid the risk of multiple responses. However, students will be instructed to complete it only once and not to share with other tertiary students within or outside the University of Otago. Demographics for students in the programs will be compared to those of questionnaire respondents to assess representativeness.

3.10.2 | Interviews

The method chosen for conducting the qualitative component will be guided by the survey findings and SCP including the decision to use one-on-one interviews. A preliminary list of topics to be explored are listed in Box 1. The SCP will assist research team members in refining thematic and interview guides for the qualitative interviews, as well as commenting on the thematic analysis. Where geography precludes in-person contact, face-to-face individual interviews will be conducted using videoconferencing platforms (e.g., Zoom or other similar platforms). Participants will be offered anonymized and deidentified copies of their transcripts to review and return.

3.11 | Data Analysis

3.11.1 | Quantitative Data

In most cases, an equity lens will be taken and therefore differences between groups of students (e.g., between genders or between ethnicities) will be explored using unadjusted analyses.

> **BOX 1:** | Topics for semi-structured interviews.
>
> Objective: To understand the drivers of unacceptable behaviors and how students deal with them
> - Student perceptions of drivers of unacceptable behaviors
> - Responding to unacceptable behaviors
> - Impact on learning and career choices
> - Suggestions for addressing unacceptable behaviors

In cases where potential causal associations are considered, directed acyclic graphs will be used to illustrate possible confounders, mediators, moderators, and competing exposures (irrespective of whether they have been collected). Direct comparisons between individual health professional programs will not be publicly reported. This is in part due to concerns from the ethics committee about the validity of such comparisons, when response rates may differ between students from different programs.

STROBE will be used to guide the reporting of our findings [37]. In particular, the focus of reporting will be on practically important effect sizes rather than statistical significance. No formal sample size calculations were performed, and all eligible students will be invited to participate in the study. The realized power of the study will be reflected through the widths of the 95% confidence (or credible if Bayesian approaches are used) intervals presented.

3.11.2 | Qualitative Data

All interviews will be audio-recorded and transcribed verbatim using the online transcription program. Key research team members (LA, JR, GN) will be involved in an initial read-through of the text data and the development of codes, based on thematic analysis [38]. The process of managing and organizing these data will be aided by data analysis software (e.g., Atlas. ti Mac [23.1.0] and NVivo 20). As more open codes are developed, relationships between them become more obvious and some open codes will be able to be amalgamated due to these connections into themes. The process of comparing, categorizing, and amalgamating open codes where possible into themes will continue (research team) at further data clinics. Members of the SCP will not have access to raw data as this may compromise confidentiality. The findings will be reported using the COREQ checklist [39].

4 | Reflexivity

Ibrahim S. Al-Busaidi is a male general practitioner and researcher with an BMedSc (Hons) degree, who brings an insider perspective (a lecturer), and has previously worked on research projects examining academic bullying.

Geoff Noller is a medical anthropologist experienced in ethnographic data collection and mixed methods.

Lynley Anderson is a female academic ethicist (professor) with expertise in qualitative and quantitative research and has previously led research into medical student bullying. She has previously worked as a physiotherapist and brings an insider perspective.

Jim M. Ross is a male medical practitioner (general practice) with more than 20 years' experience of medical undergraduate teaching and with research interests which include medical education and healthcare communication.

Andrew R. Gray is a Pākehā male biostatistician who works in a broad variety of health science topics, alongside both academic and clinical researchers.

Aynsley Peterson is a cis-female Pākehā practicing clinical pharmacist who has more than 15 years of experience working in pharmacy student undergraduate teaching and with pharmacy students in clinical placements.

Daniela Aldabe is an academic physiotherapist and researcher experienced in quantitative and qualitative data collection and analysis.

Joy Rudland is a female Pākehā medical education researcher with an educational background, who has experience in quantitative and qualitative research. Heavily involved in the governance for the medical degree she brings a perspective of the importance of safety and its association with learning.

Katrina Pōtiki Bryant is a physiotherapist and Associate Dean Māori at the School of Physiotherapy, supporting tauira Māori and teaching Hauora Māori, cultural safety and Kaupapa Māori research.

Paul Kane is an academic radiation therapist with expertise in educational research, primarily using qualitative designs.

Susan M. Moffat is a Convenor of the oral health program at the Faculty of Dentistry and a practicing dental therapist. Her research is both qualitative and quantitative, focusing in particular on education and workforce research.

Sunyoung Ma is a female Asian dental specialist (professor) with more than 15 years of teaching experience working with senior undergraduate dental students and brings an insider perspective.

Virginia Jones is a Pākeha female Nursing academic with research expertise in mixed methods and professional education.

5 | Ethical Considerations and Responsiveness to Māori

Ethical approval for the study was granted by the University of Otago's Human Ethics Committee on May 06, 2022 (reference number: H22/029). Approval was subject to appropriate Māori consultation having been undertaken. The project's ethics application was reviewed and approved by the University of

Otago's Ngāi Tahu Research Consultation Committee, and we will share results with them before dissemination. The project follows local guidelines that aim to ensure that research activities contribute to Māori health advancement [40].

Participation in this study is voluntary and refusal or agreement to participate will not affect any aspect of students' grades or academic relationships. Participants will not be compensated for their participation. Completion of the questionnaire will be taken as consent to participate. This will be stated in the information sheet, the consent form and repeated at the beginning of the online questionnaire. Written consent will be obtained for interviews and/or focus groups. Participants will receive a summary of the outcomes of the project at its conclusion if they have indicated they would like to do so.

Audio recordings will be retained from the one-on-one interviews. Raw data will only be stored on the project manager's password-protected computer, located in a locked University of Otago office. Data will be retained for 10 years for comparison with planned repeat surveys, and then destroyed. Data will not be transferred to a public repository and will not be made available to other researchers.

5.1 | Managing Risks to Participants

The researchers appreciate that there is the potential for some participants who have experienced unacceptable behaviors as health professional students, to suffer psychological distress when answering the online questionnaire or during the interviews. Risk of exacerbating psychological distress during interviews will be mitigated using an experienced interviewer in ethnographic work concerning sensitive issues. Participants in both the questionnaire and interviews will be advised that they do not have to answer any questions they do not wish to. Provision will also be made for specific interviewers if required (e.g., female or Māori interviewers). Additionally, the study management team will link formally with the university's Student Health service to advise about the commencement of the study. Participants will also be provided with information regarding options for professional support, including the contact details of specific relevant student services available from the university and other community-based mental health options.

No personal or identifying information will be collected from participants, other than contact details to recruit for interviews. These will be eliminated once data collection has been completed and reviewed transcripts returned by participants. All data will be reviewed for inadvertent identifying information by the study project manager (who has no teaching role). Research team members who have teaching roles at the University of Otago will only have access to deidentified, cleaned data.

5.2 | Managing Risks to Research Team and Other Parties

It may become evident through the research that the university policy on keeping students safe is determined to be inadequate.

For example, there may be inadequate reporting mechanisms for unacceptable behaviors. This may reflect negatively on individual programs, or more broadly the university in terms of reputational damage. We plan to assist in creating policy documents to support departments, programs, and the university in responding to any identified need.

Research team members could also face conflicts with their departments, where the research findings could be perceived negatively. To avoid this potential conflict, the Deans and senior staff of relevant health professional programs will be briefed before the research to allow an opportunity to understand the aims and intent of the research with a view to providing leadership within their staff. If a member of the research team is involved, this will be discussed by a study governance group, established before undertaking the research.

6 | Dissemination Plan

Findings will be disseminated as peer-reviewed journal publications, conference and symposia presentations, and communicated to relevant university stakeholders, including senior leadership and Deans of Health Sciences Programs through presentations and reports. The SCP will be consulted, and other stakeholders will be informed.

7 | Study Status

Data collection for the first phase of the study (cross-sectional survey) began on October 13, 2022 (response rate = 714/1645; 43.3%). Quantitative data analysis is underway. Major stakeholders within the university were briefed before the commencement of the study and are currently being presented with the preliminary results.

Work related to phase 2 (qualitative data) is currently in progress.

8 | Discussion

This mixed-method research project will provide a comprehensive understanding of the nature, extent, and impact of unacceptable behaviors on Otago University's health professional students, including on their ability to learn, as well as the university's capacity to respond effectively to such behaviors. Involving a representative group of health professional students in the design of the project as part of the SCP will help ensure that students' perspectives are not inadvertently missed in the design, and that the responses to the study research outcomes reflect both the plurality of student experiences and their preferences for solutions to identified problems.

Moreover, understanding the prevalence and impact of unacceptable behaviors on health professional students will assist in improving their educational experience and outcomes, and will potentially be generalizable to the wider University. Additionally, the data generated will enable improvements in

the University's management of relevant issues. The research team's skills, diversity, and experience will provide the capacity to generate a significant body of critical knowledge that will both add to the NZ context and be of relevance to the international experience of research into unacceptable behaviors towards students in a health education context.

9 | Funding

10 | Conclusion

This manuscript outlines the protocol for a mixed-methods study that addresses unacceptable behaviors experienced by clinical students in one of the seven professional programs in the Division of Health Sciences at the University of Otago, New Zealand. The protocol was developed with input from a SCP and involved Māori consultation to ensure cultural responsiveness. Ethical approval has been obtained, and data collection for the first phase has been completed. The analysis and reporting of the study's findings will adhere to the guidelines provided by the STROBE and COREQ frameworks to ensure rigorous and transparent dissemination of results [37, 39].

Author Contributions

Ibrahim S. Al-Busaidi: conceptualization, methodology, writing–original draft, supervision. **Geoff Noller:** project administration, writing–original draft, methodology, conceptualization, funding acquisition, software. **Jim M. Ross:** methodology, conceptualization, writing–review and editing, supervision, funding acquisition, software. **Andrew R. Gray:** conceptualization, methodology, software, formal analysis, writing–review and editing. **Aynsley Peterson:** conceptualization, methodology, writing–review and editing. **Daniela Aldabe:** writing–review and editing, conceptualization, methodology. **Joy Rudland:** writing–review and editing, conceptualization, methodology, software. **Katrina Pōtiki Bryant:** writing–review and editing, conceptualization, methodology. **Paul Kane:** writing–review and editing, conceptualization, methodology. **Susan M. Moffat:** writing–review and editing, conceptualization, methodology. **Sunyoung Ma:** writing–review and editing, conceptualization, methodology. **Virginia Jones:** writing–review and editing, conceptualization, methodology. **Lynley Anderson:** funding acquisition, resources, writing–original draft, conceptualization, methodology, supervision, software.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

Data Transparency Statement

Ibrahim S Al-Busaidi and Lynley Anderson affirm that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted, and any discrepancies from the study as planned (and, if relevant, registered) have been explained. All authors have read and approved the final version of the manuscript. This manuscript contains a description of a study protocol and does not contain data or any analyses.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.