Journal of
Qualitative Research in Health Sciences

https://jqr1.kmu.ac.ir
10.34172/jqr.2024.07
Vol. 13, No. 1, 2024, 42-49

Original Article

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Dissatisfaction and Protest of First-Year Obstetrics and Gynecology Residents and Related Factors: A Qualitative Study

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Abstract

Background: Physical and emotional stress during the residency period can have lasting negative effects on residents' health as well as patient care. Such stress can cause emotional and psychological burnout, decreased physician productivity, impaired job performance, and poor social relationships. First-year residents have more burnout and stress due to many factors. This study aimed to investigate the reasons for the protest of this group of residents.

Methods: This qualitative study was conducted with the participation of residents and professors of obstetrics and gynecology in one of the teaching hospitals of Tehran University of Medical Sciences in spring of 2021. Data were collected through individual face-to-face interviews and group discussions. The conventional content analysis method was used to analyze the data. To ensure the accuracy of the qualitative data, the criteria proposed by Lincoln and Guba were considered.

Results: A total of 14 participants were interviewed and 16 people participated in focus group discussion sessions. From the text of the interviews, two themes were extracted. Participants' experiences showed unbearable pressure, domination, and anonymity as stressors in first-year obstetrics and gynecology residents.

Conclusion: The results showed that the main reason for the protest of the first-year residents was the wrong behavior of the second-year residents and the lack of supervision over these behaviors. Launching a kindness campaign was a suggested solution in this research that could help improve communication between residents and the educational atmosphere.

Keywords: Dissatisfaction, Teaching hospital, Obstetrics and gynecology residents

Citation: Hasan Shiri F, Shojaei AA. Dissatisfaction and protest of first-year obstetrics and gynecology residents and related factors: a qualitative study. *J Qual Res Health Sci*. 2024;13(1):42–49. doi:10.34172/jqr.2024.07

Received: May 23, 2022, **Accepted:** September 13, 2023, **ePublished:** March 28, 2024

Introduction

Childbirth is one of the stressful issues in obstetrics and gynecology that can happen at any moment of the day and night and requires the urgent presence of a gynecologist with a high level of patience and skills at the patient's bedside (1). Obstetrics and gynecology is one of the specialized clinical fields that involves the prevention, diagnosis, treatment, and follow-up of women's diseases, especially those of the reproductive organs. It also involves effective medical and surgical care and intervention during normal and complicated pregnancy and childbirth (2). In teaching hospitals, female students who are also specialized residents receive education in obstetrics and gynecology (3). The residency program is associated with a heavy workload, limited independence, and little rest (4). Residents have to adapt to increased responsibility, heavy workload, sleep deprivation, and physical fatigue, and they often find themselves in situations that require quick decisions where their judgment is scrutinized (5). Even though residents do not have enough skills at first, they are required to perform many specialized tasks including childbirth and emergency surgeries in this field and since they still have not acquired enough skills and self-confidence, they are exposed to substantial anxiety and stress. Besides, since residents are responsible for many tasks that have to be performed in pair or groups, they expect maximum accuracy, discipline, skill, and speed from their teams. Thus, residents in this field are more likely to experience high levels of stress (3). Residents also face more stress due to educational issues such as a large bulk of scientific materials and practical procedures to be learned in a short time, high workload, responsibilities that are not well defined for them, and the expectation of performing conflicting tasks (6).

The first-year residents who are admitted to this field are only interns and do not bear the main responsibility

for medical and delivery issues and have to work under the supervision of second-year residents. They must follow the orders of residents at higher academic levels, especially second-year residents. However, second-year residents who have just accepted the responsibility for giving birth experience a lot of stress and, thus, transfer part of their responsibilities to first-year residents (7). As a result, if the first- and second-year residents do not have effective communication skills, or for any reason fail to communicate with other residents, they are more likely to experience many problems and challenges for themselves, other students, and then for patients (8). Although dissatisfaction and burnout are also common among residents and students in other medical fields (9-14), the field of obstetrics and gynecology is fundamentally different from other medical disciplines because it deals with childbirth as a very vital issue. Although childbirth is a natural and non-pathological process, it is associated with some risks and sometimes requires urgent interventions to save the life of the mother and the baby (9). Some studies have reported that obstetrics and gynecology residents, especially first-year residents, have the highest level of burnout and stress among residents in other specialties (4). High workload, the mismatch between the assigned tasks and the resident's abilities and skills, the absence of well-defined roles, changes in procedures, and ineffective intra-organizational relations can be stressful factors for residents (5). The physical and emotional stressors associated with the residency program can have lasting negative effects on residents' well-being and patient care. These stressors can cause emotional and mental exhaustion, a decrease in the physician's efficiency, job dysfunction, poor social relationships, job burnout syndrome, pathological emotional emptiness, and maladaptive dissociative syndrome (3-5).

Accordingly, first-year residents suffer from high levels of stress and are exposed to many communication and ethical challenges. A study in a teaching hospital in Iran showed that first-year residents were often complaining about the way they were treated by senior residents. Thus, using a qualitative approach, the present study aims to explore the factors that may lead to the dissatisfaction of first-year obstetrics and gynecology residents. The findings from this study can have some implications for providing effective solutions and developing communication models to improve the interaction between first-year obstetrics and gynecology residents, senior residents, and professors.

Methods

This qualitative study was conducted using conventional content analysis. Data were collected directly from the participants without imposing the researcher's presumptions or previous theoretical views (15).

The participants were selected through convenience sampling followed by snowball sampling from obstetrics and gynecology residents in different years of residency, residency graduates, and obstetricians and gynecologists who were faculty members of a teaching hospital. Data were collected using face-to-face interviews and focus group discussions. Before conducting the interviews, the participants and the researcher appointed the time and place of the interview. Moreover, permission was obtained from the interviewees to record their statements and take notes, and they were assured that their data would not be disclosed and remain anonymous. The participants read and signed a written consent form to confirm their willingness to participate in the study. The interview with each participant was conducted in a private and quiet place in the hospital conference room, a private office, or a private place outside the hospital for the participants who graduated from the residency program in obstetrics and gynecology. The research setting was the Obstetrics and Gynecology Teaching Hospital affiliated with Tehran University of Medical Sciences. A total of 14 face-to-face interviews were conducted until data saturation was reached.

The interview questions focused on exploring the stressors reported by the first-year residents. Each interview began with a general question: "What factors induce stress in first-year residents?" followed by other questions:

- Which factors are related to senior residents?
- Which factors are related to the system?
- What is the role of professors in creating stress in residents?
- What strategies do you suggest to reduce stress?

Following the participants' responses, probing questions were also asked to collect richer information and further clarify any ambiguity in the participants' statements.

The data were saturated after conducting 14 interviews. In addition, 5 focus group discussion sessions were held separately with obstetrics and gynecology residents, obstetricians and gynecologists who were faculty members of the hospitals, graduates of the residency programs, educational psychologists, and medical ethics experts. The focus group sessions were led by the researcher as a discussion starter and facilitator. During the sessions, the participants expressed their views and reported their experiences from their residency courses and their distress. In the end, the solutions suggested by the participants or the experiences effective in reducing the distresses associated with the residency program were shared through brainstorming. The same procedure was taken in all the group discussion sessions, and the positive and negative views of the participants were heard and the proposed solutions were shared at the end. The data from these sessions were transcribed in Microsoft Word and added to the data collected from the interviews. All

interviews and group discussion sessions were conducted from April to June 2021.

Data analysis started simultaneously with the first interview session and continued until data saturation. The unit of analysis in this study was all the interviews conducted with the participants that have been transcribed word by word. The transcribed interviews were read several times to get a general understanding of their content. In the next step, a code was assigned to each significant statement related to the objectives of the study. The coding procedure was performed using the same statements quoted by the participant or similar words. In the next step, the extracted codes were classified. The conceptually similar codes were merged into primary codes and then subcategories and the extracted subcategories were labeled. Each new code that emerged during the initial coding process was compared with other extracted codes and was placed into the most relevant subcategory. During the analysis, subcategories and corresponding codes were constantly compared with each other and with the data. Then, the similar and related subcategories were merged into a relevant category (15).

Data management in the codification of the interview transcripts was performed manually and very carefully. The criteria proposed by Lincoln and Guba (as cited in Polit and Beck) were used to check the rigor of the qualitative data. Thus, the credibility of the data was ensured through the researcher's prolonged immersion in the data and the phenomenon in question and interaction with the participants (16). After the codification, the interview data were reviewed and revised by a member of the research team (peer checking). In addition, the interview transcripts and the extracted codes were reviewed by two participants to check if they reflected the participants' views and there was no inconsistency between the researcher's interpretations and the participants' attitudes. To ensure the dependability of the findings, the data were reviewed by an external observer familiar with qualitative research and she confirmed the research procedure and the findings. To enhance the confirmability of the findings, the steps taken to conduct the study and the research methodology were described in detail so that others can follow up on the research procedure if needed. Furthermore, research documentation and raw data (the transcripts of the interviews) were kept confidential. To ensure the transferability of the findings, the data, and the participants' demographic characteristics were described in detail to enable prospective readers to make judgments about the transferability of the results (16).

The code of ethics was obtained and also Interviews were recorded with written consent of the participants; at the same time, the participants were assured that the recorded information would remain confidential and the results of the research would be turned into a scientific article and research report without mentioning the names of the participants which could be provided to the participants if they wished.

Results

A total of 14 people, including 9 obstetrics and gynecology residents, 3 residency graduates, and 2 obstetricians and gynecologists who were faculty members of a teaching hospital attended the interviews. Besides, 16 persons attended the focus group discussion sessions (4 residents and a medical ethics specialist in the first session, 3 obstetricians and gynecologists and a medical ethics specialist in the second session, 3 residents and a medical ethics specialist in the third session, 2 residents, one educational psychologist, and one medical ethics specialist in the fourth session, and finally 2 obstetricians and one medical ethics specialist in the fifth session). As in the face-to-face interviews, the discussions in the sessions were recorded and transcribed.

The average time of each interview was 90 minutes (range: 45 to 150 minutes). The average time of each group discussion session was 120 minutes (range: 90 to 150 minutes). The average age of the participants was 38 years (range: 26 to 62 years) (Table 1).

Data analysis revealed 495 primary codes, 67 main codes, 16 subcategories, 7 main categories, and 2 themes. Table 2 shows the themes, categories, and subcategories extracted from the content analysis of the data:

The results of data analysis revealed unbearable pressure, domination, and lack of identity as the main stressors faced by first-year residents in the field of obstetrics and gynecology. These stressors were divided into the manipulative behavior of residents at higher academic levels, assigning reasonably high workloads to first-year residents, and the lack of sense of responsibility in professors concerning the interaction between senior and first-year residents. The manipulative behavior of residents at higher academic levels involved the manipulative behavior and narcissistic character of residents. The first-year residents reported examples of their tough experiences with such manipulative behavior:

"*A second-year resident insisted for no reason that the childbearing women should not get off the bed because the fetus might be harmed. So we had to use a wash basin for the childbearing woman to urinate several times, and her bed got dirty. In the end, a professor told us there was no need to do this*" (Participant 3).

The participants also reported that the narcissistic and

Table 1. Demographic characteristics of the participants

Participant*	Age (y)
Obstetricians as faculty members	62, 40
First-year residents	26, 28, 28, 29, 26, 31, 32, 27, 28, 26
Graduated residents	30, 31

*All participants were female.

Table 2. The themes, categories, and subcategories extracted from the data

Themes	Main categories	Subcategories
Unbearable pressure, domination, and lack of identify	Manipulative behavior of residents at higher academic levels	Manipulative behavior
		Narcissistic character
	Assigning a reasonably high workload to first-year residents	A stressful field
		Heavy and tiring workload
		Many futile and useless procedures
		Irrelevant procedures
	The lack of sense of responsibility in professors concerning the interaction between senior and first-year residents	Assigning major responsibilities of first-year residents to residents at higher academic levels
		The failure to monitor the interaction between senior and first-year residents
		Believing in the normality and necessity of the existing situation
Launching the campaign of kindness (to change the current irrational discourse to a respectful and empathetic one)	Contributing to launching a campaign	Educating residents and professors
		Changing the attitudes of first-year residents and professors
	Caring for oneself and others	Empathy
		Anger control
	Creating a cultural trend in the coming years	Attending the campaign
	Promoting the campaign of kindness	Promoting the campaign in the group
		Promoting the campaign to other groups

aggressive behaviors of senior residents induced a sense of humiliation and misery in them:

"*The second-year resident makes me feel humiliated by making harsh statements when asking me to do something. For instance, she says: Check the patient's body temperature, do you know that? Shall I teach you how to do an AV? Or she orders me: Go to the emergency room and see the patient and leave a note on his/her file. Of course, if you aren't in a rush to drink your orange juice and you will not faint and can walk* [mockingly]" (Participant 4).

The first-year residents stated that assigning a reasonably high workload to them was a major factor in inducing stress in them. Part of this stress was due to the stressful nature of the field of obstetrics and gynecology, the heavy and tiring workload, and many futile, useless, and irrelevant procedures:

"*Closing the NST is not a complicated procedure and adds nothing to the knowledge of the resident doing it but first-year residents are always asked to do it. Many times, the childbearing woman goes to the bathroom or has to walk, and we have to open her NST frequently and close it again. While in most hospitals, this procedure is usually done by hospital midwives, not residents*" (Participant 5).

Finally, the participants reported that professors have no sense of responsibility for the relations between residents, and this was a stressor for first-year residents. Other related factors were the assignment of major responsibilities of first-year residents to residents at higher academic levels, the failure to monitor the interaction between senior and first-year residents, and the professors' belief that the existing situation is normal and necessary. The first-year residents in this study also pointed to the professors' disregard and disrespect for them, the professor's belief that the existing situation is fair as part of the hierarchical system, unwillingness to change, and different management and executive structures. The group discussions with professors also indicated that the current situation is necessary for the establishment of order and discipline at work:

"*I remember the first time I was supposed to sew the episiotomy. No one was by my side and no one taught me. So I did it by myself according to the instructions I had read in a book and I didn't know if I did it right or wrong. Professors expect the second-year residents to teach us this procedure, but they don't know some of the second-year residents don't know it well... I wish our professors would show more sympathy and do at least one case themselves so that we can see it closely*" (Participant 6).

Another participant added:

"*I often had problems with second-year residents for the way they treated us or assigned additional tasks. But when I went to the professor to complain, he angrily reacted and said: Don't you have a chief? Go and share your problem with him*" (Participant 7).

The participant proposed launching the kindness campaign as a solution to the existing stressors, problems, and challenges. This campaign aimed to change the current irrational discourse into a more respectful and

empathetic discourse that involved several steps. The first step was contributing to launching the campaign by providing training and changing the professors' and residents' attitudes with a focus on concepts such as empathy, respect, communication skills, resilience, and anger control, and their application in interpersonal relationships and different situations. The participants also recommended the institutionalization of empathetic and respectful behaviors with residents by training and changing the attitudes of the professors in the Department of Obstetrics and Gynecology.

"*I have made up my mind to never do this indecent behavior with other junior residents and, instead, treat them kindly. I have decided that if I go to the self-service to get food, I will also get my junior resident's food and tell her let's eat together*" (Participant 8).

The participants stated that to change the current residents' attitudes, they need to focus on goals, reduce sensitivity, increase tolerance for irrational behavior, and disregard the existing stressors. These measures can enhance the resilience skills of residents in their demanding and tough profession:

"*We have important goals ahead of us and we should not allow some residents to stop us from reaching our goals with their unreasonable behavior. Whenever I think about our goals, I can more easily tolerate their harassment and troubles*" (Participant 9).

The findings also indicated that first-year residents should focus on their goals rather than paying attention to changing the attitudes of residents at higher academic levels. They have two important goals: advancing educational and professional goals in the field and gaining experience and acquiring the skills needed for having a good treatment with first-year residents who will be admitted in the coming years. Another solution proposed by the participants was caring for oneself and others with a focus on empathy and anger control:

"*We as residents should talk to each other and share our problems and issues and make it easier to bear them with empathy*" (Participant 10). "*We seriously need communication skills, especially anger management skills, and we need to learn them so that senior residents can't simply make us angry*" (Participant 5).

The professors also admitted that they should have a greater sense of responsibility and show more respect for first-year residents. Moreover, attaching the label "I am kind" when the newly admitted residents start their work was another step of the proposed campaign. The participants also highlighted the importance of focusing on building cultural trends in the coming years and promoting the culture of kindness in other departments and universities.

Discussion

Education means providing facilities that enable learners to acquire theoretical information and knowledge and ability to put this knowledge into practice (17). Medical education has a special importance and sensitivity because of the responsibility of graduates for human lives (18,19). Education of medical students should focus on both medical knowledge, as well as educational and clinical skills and also increasing students' ability in quality improvement, teamwork, establishing working communication, and collaboration (3).

The present study investigated the factors inducing stress among first-year residents in the field of obstetrics and gynecology. An analysis of the participants' experiences showed that unbearable pressure, domination, and lack of identity were the main stressors faced by first-year residents. The incidence of severe stress has been reported in more than 30% of medical students (20,21). Saini et al reported that the overall prevalence of stress was more than 30% in medical students in different faculties (22). Other studies have found students' stress and burnout to be related to workload (4). The frequency of fatigue and emotional distress in first-year residents compared to other students has also been reported by Sepehrmanesh and Ahmadvand. It seems that the high level of distress in these students can be attributed to unawareness and unclear goals. Thus, coping with stressors and adapting to them requires a lot of mental energy, which ultimately leads to emotional fatigue and burnout (5).

Satar et al reported higher levels of anger in first- and second-year medical residents than in seniors, and higher levels of anger associated with dissatisfaction with the department (23).

The present study showed the pressures and defective relationships between senior residents and first-year residents and lack of supervision over these relationships led to protests and requests for help. The statements of the residents showed they had endured many hardships but just complained about one, which was the disrespect of the senior residents.

First-year residents, regardless of their learning and training, are forced to engage in stressful situations that are considerable but mostly futile. This is obviously an irrational and undesirable norm in the ministry of health and medical education of the country, and in practice no one objects. The starting point of the protests, or indeed the end of the resilience of the first-year residents, is when they are subjected to the domineering and disrespectful behavior of the second-year residents which makes them angry.

However, they still know this is not a place to express their anger or they may be afraid to express their anger or might not know how to react angrily. On the other hand, they do not know how to tolerate this anger and not to let go of it and manage it. Thus, sometimes a first-year resident inevitably draws anger into herself and endures it (24). Sometimes, she confronts it passively or moves

it, fights with her family, takes it hard on her husband, blames everything she has, mistreats her friends, and treats patients with aggression. Rarely is she able to manage that unwanted anger well and deal with it in a decisive and scientific way.

Furthermore, second-year residents generally seek to assert their superiority and power, and do not have sufficient skills to express decisive and effective behavioral style. Hence, they usually display narcissistic and manipulative behaviors. Narcissism is a type of personality disorder that eventually deprives a person's sense of empathy and makes him or her increasingly arrogant. Apart from the extreme type, all human beings have degrees of narcissism. Thus, everyone should be careful not to get more advanced degrees (25). Gawad et al showed some degrees of maladaptive narcissistic traits in residency applicants (26). Nevertheless, Afifi mentioned that narcissism among medical students could have good, bad, and ugly faces (27). The disrespect of second-year residents to first-year residents, in addition to being unfamiliar with communication skills and at the same time exerting influence and power, depends on the degree of narcissism in their personality. That is, if the second-year resident suffers from high levels of narcissism, he or she will show more disrespect. Therefore, it is recommended that these people be trained in empathy skills (28).

As was mentioned previously, first-year residents endure a lot of hard work and stress, but they have no complaints, they do not tolerate the manipulative and disrespectful behavior of second-year residents and complain to the department and hospital manager. However, the managers mistakenly consider the current situation to be a desirable situation and a reasonable norm for serving patients, and ignore the complaints of first-year residents (29). Moreover, the protest of the first-year residents is the reason for their lack of work and commitment. This makes the first-year residents doubly unmotivated and gradually leads to the end of their resilience and frustration. The fact is that professors are a strong part of the relationship with their residents, they can prevent their disrespectful and manipulative behavior if they want to, but for reasons that should be clear in another investigation, they do not.

All the mentioned factors caused the protest of the first-year residents. However, the next step is to find a solution to the current situation, which was discussed in group discussions. The solution to this issue is multidimensional and has two aspects:

Concerning the individual aspect, it is good for residents to know communication skills and follow a decisive behavioral style to avoid manipulative and narcissistic behavior. Besides, teachers should make their communication skills better and develop decisive behavior. On the other hand, teachers should learn management skills and be able to manage their team and group properly and prevent management and teamwork problems.

Regarding the organizational aspect, the educational system of the university and the hospital should examine and control the relations of the residents and constantly try to improve the quality of their behavior. The system of the university and the hospital should refrain from entrusting too much work to the residents, observe fairness, take their capacity into account, and develop ethical rules for the rights of the residents to treat them more lawfully. Some studies have suggested that to improve the quality of education, increase job satisfaction, and reduce burnout in residents, the residency curriculum should be reviewed to balance the number of shifts and increase the division of labor between residents in different years (14,30).

We were not able to rapidly apply these solutions due to the resistance in the system; thus, the problem was attempted to be solved first by this group of protesting first-year residents to improve the current situation. The campaign included programs for both residents and their professors, and they pledged to participate in the campaign and continue to create a culture of kindness in the hierarchy of relationships between the professors and residents.

The limitation of this study was that senior residents and particularly second-year residents were not willing to cooperate in the research and help improve the current conditions as they claimed to have experienced the same and could not accept the protests of the first-year residents.

Conclusion

The results of the present study showed the main reason for the protest of the first-year residents was the wrong behavior of the second-year residents and the lack of supervision over these behaviors. The wrong discipline of the department fueled these flawed connections. Launching a kindness campaign was a suggested solution in this study that could help improve the communication among the residents and the educational atmosphere. The findings of this study, emphasizing the challenges created in the educational environment of obstetrics and gynecology residents and the proposed solution, can be used for other medical residents to improve organizational relationships and increase the quality of education as well as patient outcomes.

Acknowledgments

We would like to thank Dr. Fariba Yarandi, Professor of the Department of Obstetrics and Gynecology at Yas Hospital, for her cooperation and compassion in resolving the problems and conducting the present study.

Authors' Contribution

Conceptualization: Amir Ahmad Shojaei.

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Investigation: Amir Ahmad Shojaei.
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Software: Fatemeh Hasan Shiri.
Supervision: Amir Ahmad Shojaei.
Validation: Fatemeh Hasan Shiri.
Visualization: Fatemeh Hasan Shiri.

Competing Interests

None.

Ethical Approval

This study was approved by Tehran University of Medical Sciences under the code of ethics IR.TUMS.MEDICINE.REC.1400.998.

Funding

None.

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