# The internship year in South Africa

Interns and nurses are responsible for most of the patient care at provincial hospitals and as such, are most affected by the poor working conditions at these hospitals. The following article gives the results of a study of various aspects of the internship, including education, workload and stress, at five teaching hospitals in Johannesburg.

## The internship

After six years of university study, the medical student must complete one compulsory year of practical training at a registered state hospital. Full registration as a medical practitioner with the South African Medical and Dental Council (SAMDC) is only possible when the hospital superintendent certifies that the student has satisfactorily completed one year at such a hospital. The main aim of the internship is to complete the practical part of an academic training so that the doctor can acquire sufficient medical knowledge and skills necessary for responsible, independent general medical practice. There are many problems associated with this kind of training. The aim of this study was to identify and assess the extent of some of these problems.

## Education

Intern education and training is controlled by each hospital independently. There is no formal university participation. Although the SAMDC provides guidelines for the internship, such as the maximum number of patients each intern should be responsible for, these are inadequately adhered to. Academic teaching in the form of lectures, tutorials and seminars are scheduled in each of the Johannesburg teaching hospitals, but these are not sufficiently co-ordinated and are infrequent. The majority of interns felt that academic input during their internship was inadequate.

A significant proportion of the interns did not read around the medical problems which their patients presented. The reason they gave was that they did not have enough time. There is little time for self education programmes involving reading, use of the library, continuing education and postgraduate courses. The

most common form of learning appeared to be 'osmotic learning', where the intern learns by observing, participating in and performing repetitive tasks. This type of learning occurs essentially in isolation and seems to carry a high risk of error, especially when there is no feedback from senior staff.

**Interns often work an 80 hour week and have little time for interests outside the hospital**

Although a great deal of the intern's work appears to be uninspiring and repetitive, and even though many personal and social sacrifices are made, the study showed that interns generally seemed to appreciate the educational value of the internship year. Our study shows that most of the interns enjoyed their training year.

The year could, however, be made easier if registrars and consultants consistently provided feedback, insights and explanations to the inexperienced intern. The experience could be improved if definite objectives could be clearly defined for every clinical discipline, at each teaching hospital.

## Workload

The average working week for the interns studied exceeds 80 hours. The maximum patient load of the interns studied at each hospital was 2 - 3 times the load that interns felt would be best for them to cope with. Many interns said that they could not give enough care to their patients because they had too many patients to look after and were completely overworked.

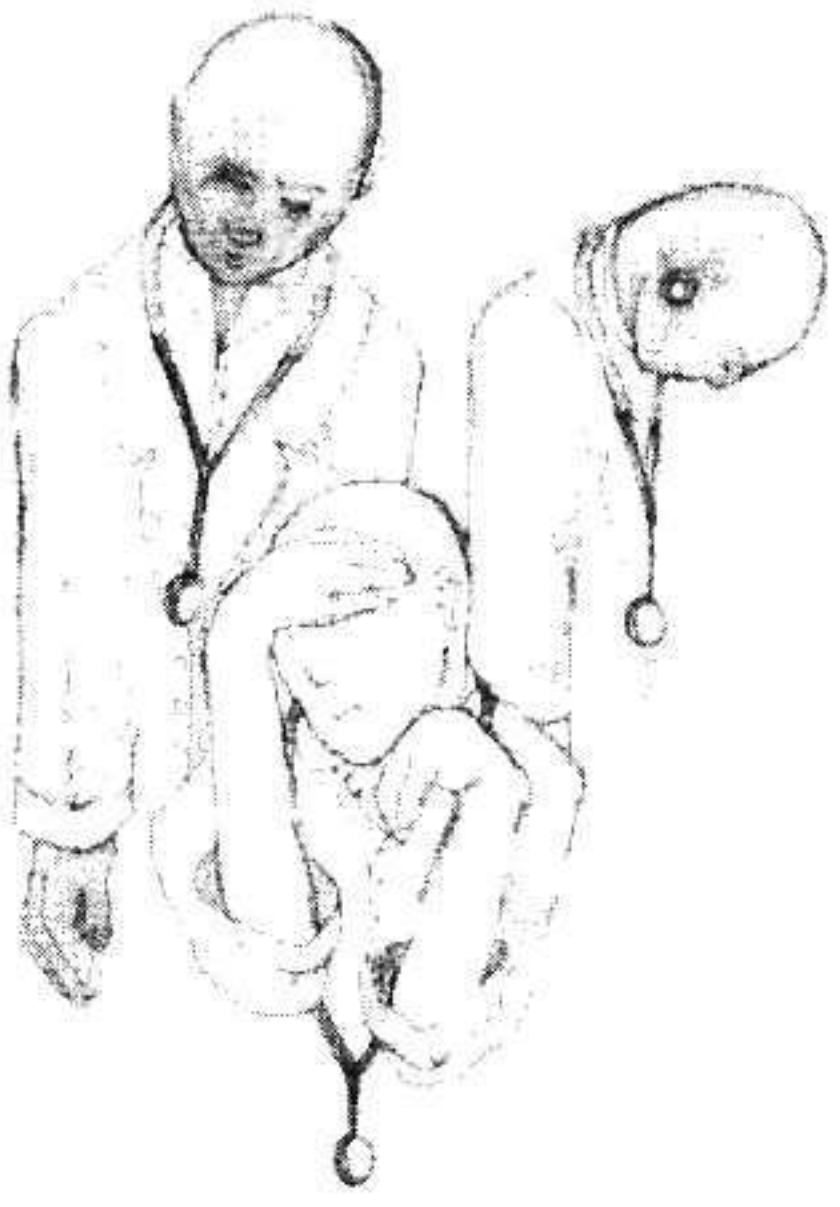
Negative effects and management errors in patient care by tired, overworked interns have been reported.

This combination of excessive numbers of patients and long working hours leave the intern with little free time and energy for study or for interests and activities outside of the hospital. A significant number of the interns studied had given up sports and hobbies, and many had expressed problems in their marriages and in relationships with other people.

Interns involving themselves in medicine only, are likely to become doctors who are culturally and socially deprived and immature. This problem of social isolation occurs long before the intern year; it begins at Medical School, where the students undergo long demanding training during which time many personal sacrifices are made. This problem worsens during the internship year and as a result, interns find it difficult to establish and maintain communication skills and relationships.

## Stress and sleep deprivation

Our research confirms that the stresses experienced by interns in South Africa are the same as those experienced by interns worldwide. Sleep deprivation, time pressures and fatigue are the major stresses of intern training. Lack of sleep results in the intern being unable to function at their normal level. It has been shown that arithmetic ability, memory, performance of perceptual-motor tasks and many other tests of cognitive ability deteriorate with lack of sleep.



Sleep deprived people tend to take much longer to pick up information, to make decisions and to respond in appropriate ways. Depression, irritability, rage, listlessness, depersonalisation and destructive antisocial behaviour are common in sleep deprived interns. Such behavioural, cognitive and emotional deterioration may effect the intern badly.

What is also of great concern, are the damages that a tired and impaired doctor may inflict on the patient. Management errors by overworked, tired interns have been reported. In New York for instance, a grand jury found that the long working hours of interns contributed to the death of a young girl (the Libby Zion Case).

It may be expected that newly graduated doctors will find their internship stressful. A moderate degree of stress may even help learning and promote awareness of the critical nature of the work. Excessive stress however, brings about negative effects resulting in loss of confidence, impaired self image, damaged relationships, inefficiency, negative attitudes and withdrawal.

Our study revealed that the majority of interns found the stresses to be unbearable. The most common effects of stress reported were chronic fatigue, weight loss, inability to sleep, loss of interests outside of the hospital, abdominal pain and crying.

## Dissatisfaction and disillusionment

Many interns complained of disillusionment and dissatisfaction with medicine during their training year. A high percentage said they had lost interest in medicine during their internship. This negative attitude could be attributed to the unrealistic work schedules, little guidance and supervision from experienced senior staff and excessive stresses and demands imposed on the interns.

These feelings may unfortunately affect doctors' attitudes towards future careers.

## Possible alternatives

Accepting that the internship year is likely to remain excessively stressful for most people in the forseeable future, we proposed the establishment of a 'support system' to help interns deal with their problems. The proposal was supported by over 75% of interns.

Other possible ways of improving the internship include early recognition of the problems, improved working conditions, formal and informal support programmes. Our study revealed a general discontent and unhappiness of the intern.

By defining and dealing with the problem areas of the internship, the year could become a more pleasant experience and patient care could be improved.

**Better working conditions would ensure greater job satisfaction and a higher quality of patient care**

## References

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*The complete results of this study will be published in a forthcoming issue of the SAMJ*