


The contexts of the formation of medical habitus in Iran

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ABSTRACT

The primary problem in the present study revolves around identifying the factors influencing the medical practices of healthcare professionals in Iran. To address this inquiry, the investigation initially focused on the extensive duration of education within the medical system (ranging from 10 to 15 years) and the economic perspectives of the students. In-depth interviews were conducted with medical students, patients, doctors, and healthcare professionals using a multi-grounded theory approach. Following coding, the interviews underwent analysis and scrutiny. The research findings reveal that during practical training, the exercise of power hierarchies plays a pivotal role in shaping medical habitus in the absence of proper training. Concurrently, the prevalence of capital-driven logic in students' economic mindsets, coupled with disillusionment and detachment resulting from the failure to attain the idealized image of a doctor, leads medical practitioners to conform to the conventional income structure within the system, thereby contributing to the development of medical habitus in Iran.

Keywords: Medical student, medical habitus, alienation, medical capitalism.

Introduction

Upon entering university, medical students are driven by diverse motivations, ranging from aspirations for prestige to the pursuit of high income. Nevertheless, they encounter formidable challenges during their studies, enduring prolonged shifts, intense psychological pressure, and meager financial returns. These obstacles shape the students' personalities and disrupt their interactions with patients. This article aims to scrutinize the student phase and the educational system's role in shaping medical practices among students.

Research Background

Research by Roshanaei (2022) underscores the pivotal role of professors and their feedback in medical students' learning process. Sociological inquiries have delved into phenomena such as the homogeneous increase in privileged students. Conceived initially to foster educational equity and provide opportunities for students from disadvantaged areas, these privileges have been subject to scrutiny.

Literature Review

Various theoretical frameworks illuminate the interplay between social structures and individual behavior. Bourdieu's concept of habitus (2011) elucidates how social conditions influence cognition and action, while Marx (1999) delineates the alienation of workers under capitalism, underscoring its harmful effects. Howard Becker (2002) highlights shifts in medical students' aspirations.

Methodology

This qualitative research employs semi-structured interviews to explore medical students' experiences during internship, residency, and beyond, elucidating their motivations, work pressures, and impact on doctor-patient relationships. Following Flick's (2008) recommendations, this method facilitates the reconstruction of personal theories. A multi-grounded approach, incorporating purposeful and open coding, is adopted to construct theory (Goldkuhl & Kranholm, 2018). Interviews encompassed 67 participants, comprising medical students (22), doctors (18), patients (20), and medical sociologists (7). Purposeful sampling ensured diversity, and theoretical saturation guided interview termination. Transcripts were organized into related dialogues, facilitating the analysis of patient, doctor, student, and expert perspectives. Categories were iteratively refined and guided by repetition, coherence, and mutual reinforcement. Validation was achieved through inter-interviewee consistency, expert validation, and alignment with existing literature and regulations.

Findings

During their student tenure, individuals develop "medical habitus," shaped significantly by the hierarchical structure within medical education. This hierarchy fosters a culture of coercion and condescension toward medical students and aspiring doctors, influencing their interactions with patients later on. Many students feel they sacrifice their youth for study while their peers enjoy leisure, compounded by upper-level students passing on pressure to juniors. Consequently, the educational system molds them into individuals distinct from their former selves, with students feeling entitled to welfare as compensation for their hardships.

Medical ethics education emerges as pivotal in cultivating these medical habits. Kiani et al. (2011) underscore the role of ethical guidelines in guiding students' conduct within educational and professional settings. However, a notable absence of specific ethical codes within medical education perpetuates ambiguity and moral disorientation.

Future projections suggest a downward trend in doctor tariffs and income, precipitating a shift toward medical capitalism among affluent doctors. Ownership of clinics and hospital shares becomes the route to wealth, overshadowing the traditional association between medical practice and affluence. Consequently, students entering

the field for financial reasons confront the medical capitalism crisis upon graduation. This structural shift fosters self-serving and detached doctor-patient interactions and exacerbates workforce shortages in non-profitable medical domains.

At the apex of medical capitalism, affluent doctors monopolize medical infrastructure, relegating young doctors to employment under capitalist counterparts. Consequently, the aspiration for independent practice among young doctors diminishes, further entrenching the capitalist paradigm.

Parallels are drawn to the oversaturation and subsequent devaluation experienced by engineers, hinting at a similar fate befalling the medical profession. Historically revered as pillars of society, doctors now face a socioeconomic downgrade, reflected in patient interactions and increasing emigration tendencies. The once secure and prestigious field of medicine loses its allure amidst burgeoning job scarcity and diminishing financial prospects, prompting a surge in emigration among Iranian medical professionals.

Recent research underscores the gravity of this phenomenon, revealing staggering figures of unemployed and emigrating doctors, indicative of systemic challenges within the medical workforce.

Conclusion

This research delves into the pivotal role of the educational system in shaping "medical habitus," often characterized by indifference, aloofness, and disdain toward patients. Drawing on insights from interviews with medical students, doctors, critics, and patients, the study reveals multifaceted motivations driving individuals towards medical education, encompassing both material aspirations and societal pressures. Additionally, the research underscores the significance of various stressors encountered during medical training, including humiliation and denigration, in shaping these habits.

Crucially, the findings elucidate how economic and systemic factors, such as the proliferation of doctors and increased investment in the medical field, impinge upon the meaningful relationship between residents and patients. These factors contribute to heightened psychological pressure and undermine the patient-doctor relationship, highlighting systemic challenges within the healthcare landscape.

Ultimately, this research underscores the imperative for systemic reforms to foster a culture of empathy, respect, and patient-centered care within medical education and practice. Addressing these underlying issues is essential for nurturing a healthcare workforce capable of delivering compassionate and effective patient care in the face of evolving societal and economic dynamics.

References

- Ahmadi, J. (1994). Investigating the level of depression in medical and rehabilitation faculties of Shiraz University of Medical Sciences. *Social and Human Sciences of Shiraz University*, 10(1), 101-112. <https://sid.ir/paper/422178/fa>
- Aladdini, F., Fatemi, R., Ranjbaran Jahormi, H., R, A., Eskandari, E., Tawakli, H., Razavi, A., Faizzadeh, A., Hosseinpour, A., Mirzasadeghi, A., & Ardalan, A. (2009). The level of desire to migrate and its causes in Iranian doctors. *Hakim Health System Research (Hakim)*, 8(3), 9-15. <https://sid.ir/paper/29245/fa>
- Becker, H. S. (1961). *Boys in white: Student culture in medical school*. Transaction publishers. [https://books.google.com/books?hl=en&lr=&id=bgp_yACEdXwC&oi=fnd&pg=PA3&dq=3.+Becker,+H.+S.+\(Ed.\).+\(2002\).+Boys+in+white:+Student+culture+in+medical+school.+Transaction+publishers.&ots=wdStRYi4gI&sig=LtF_E6CNM5FcG22_ydA5oT3_wTM](https://books.google.com/books?hl=en&lr=&id=bgp_yACEdXwC&oi=fnd&pg=PA3&dq=3.+Becker,+H.+S.+(Ed.).+(2002).+Boys+in+white:+Student+culture+in+medical+school.+Transaction+publishers.&ots=wdStRYi4gI&sig=LtF_E6CNM5FcG22_ydA5oT3_wTM)
- Carel, H. (2018). *Illness: The cry of the flesh*. Routledge. <https://www.taylorfrancis.com/books/mono/10.4324/9781315197999/illness-havi-carel>
- Goldkuhl, G., & Cronholm, S. (2018). Reflection/Commentary on a Past Article: "Adding Theoretical Grounding to Grounded Theory: Toward Multi-Grounded Theory": <http://journals.sagepub.com/doi/full/10.1177/160940691000900205>. *International Journal of Qualitative Methods*, 17(1), 1609406918795540. <https://doi.org/10.1177/1609406918795540>
- Heydari, H. M., Naderi, N., Shoja, S., & Fathinejad, D. (2019). A Comparison of Academic Achievement between Deprived Regions Quota and non-Quota Students in Bandar Abbas Medical School. <https://www.sid.ir/paper/396110/en>
- Kalatehsadati, A. (2022). Medical Student and the Proletariat Experience; A Critical Study in Medicine Education in Iran. *Social Sciences*, 28(95), 107-139. <https://doi.org/10.22054/qjss.2023.64815.2468>



- Kiani, M., Abbasi, M., Sheikh Azadi, A., Safar Cherati, A., & Bazmi, S. (2011). Ethical requirements in medical education. *J Mediev Hist.* <https://www.sid.ir/FileServer/JE/8632013S0102>
- Knoblauch, H. (2011). The Problem of Relativism in the Sociology of (Scientific) Knowledge Relativism, Meaning and the New Sociology of Knowledge. In R. Schantz & M. Seidel (Eds.), (pp. 131-156). De Gruyter. <https://doi.org/10.1515/9783110325904.131>
- Marx, K. (2011). *Capital, Volume I: A critique of political economy* (Vol. 1). Courier Corporation. [https://books.google.com/books?hl=en&lr=&id=dTC3DAAAQBAJ&oi=fnd&pg=PP1&dq=13.+Marx,+K.+\(2015\).+Capital,+Volume+I:+A+critique+of+political+economy+\(Vol.+1\).+Courier+Corporation.&ots=8fJb8UtYL3&sig=bZZJ_Xpqs8O2EYJhiVEWqSd4vJE](https://books.google.com/books?hl=en&lr=&id=dTC3DAAAQBAJ&oi=fnd&pg=PP1&dq=13.+Marx,+K.+(2015).+Capital,+Volume+I:+A+critique+of+political+economy+(Vol.+1).+Courier+Corporation.&ots=8fJb8UtYL3&sig=bZZJ_Xpqs8O2EYJhiVEWqSd4vJE)
- Marx, K. (2016). Economic and philosophic manuscripts of 1844. In *Social Theory Re-Wired* (pp. 152-158). Routledge. <https://api.taylorfrancis.com/content/chapters/edit/download?identifierName=doi&identifierValue=10.4324/9781315775357-17&type=chapterpdf>
- Sadeghi Jafari, J., Roshan, M., & Shakuri Ganjavi, H. (2011). Comparative study of students' academic performance of sacrifice quotas and regional quotas in daily courses of public universities. *Higher Education Journal*, 3(10), 51-75.
- Vedadhir, A., & Eshraghi, S. (2023). Attitude toward migrate abroad in Iranian medical community: a qualitative study. *Quarterly Journal of Research and Planning in Higher Education*, 25(2), 23-42. https://journal.irphe.ac.ir/article_702974_en.html?lang=fa