

# Assessment Of Malpractice Fear and Occupational Anxiety Of Intern Doctors

## İntörn Doktorlarda Malpraktis Korkusu ve Mesleki Kaygı Düzeyinin Değerlendirilmesi

Onur Er<sup>1</sup>

Orcid: 0009-0006-2185-1105

Özge Arslangiray<sup>1</sup>

Orcid: 0009-0000-1161-0531

Didem Arslantaş<sup>1</sup>

Orcid: 0000-0002-5263-3710

Alaettin Ünsal<sup>1</sup>

Orcid: 0000-0001-8353-1605

<sup>1</sup>Eskişehir Osmangazi Üniversitesi Tıp Fakültesi Halk Sağlığı Ana Bilim Dalı, Eskişehir

### Sorumlu Yazar:

Onur Er

### E-posta:

onurer0607@gmail.com

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## Abstract

**Aim:** The internship period is a critical period during which medical candidates experience increased clinical responsibilities and intense professional anxiety and fear of making mistakes. The increased professional responsibilities and concerns about the consequences of decisions made during internships can profoundly impact not only interns' immediate performance but also their long-term professional orientation. Factors such as increased malpractice lawsuits, increased professional responsibilities, and violence in healthcare can negatively impact interns' professional expectations and trigger professional anxiety. Although the number of studies examining professional anxiety and psychological states in medical students has increased in recent years, the current literature is quite limited in assessing the fear of malpractice and professional anxiety levels of interns. This study aimed to assess the levels of fear of malpractice and professional anxiety in interns and to demonstrate the relationship between them.

**Material and Methods:** This is a cross-sectional descriptive study conducted on 198 (84.6%) intern physicians studying at Eskişehir Osmangazi University Faculty of Medicine between July and August 2025. Data were collected using a questionnaire form that included sociodemographic characteristics, professional variables that may be associated with malpractice (presence of a physician in the family, personal rights in undergraduate courses, and malpractice training), the Malpractice Fear Scale, and the Professional Anxiety Questionnaire. Chi-square and Spearman correlation tests were used for statistical analyses, with a  $p<0.05$  level of significance.

**Results:** A high level of fear of malpractice was found in 44.4% (n:88) of participants. No significant relationship was found between sociodemographic variables and fear of malpractice. However, fear of malpractice was significantly higher among interns who experienced anxiety during patient examinations ( $p<0.05$ ). 85.9% of participants had moderate to high levels of professional anxiety, with patients requiring emergency intervention being the most common cause of anxiety. A positive and weak correlation was found between fear of malpractice and professional anxiety ( $r=0.380$ ;  $p<0.001$ ).

**Conclusions:** Approximately half of intern physicians experience a high level of fear of malpractice, and this is associated with professional anxiety. Findings suggest that fear of malpractice is related to educational conditions and the professional environment rather than individual characteristics. It is recommended that the quantity and quality of clinical practice training be increased, and that structured malpractice awareness training be provided at undergraduate and postgraduate levels.

## Özet

**Amaç:** İntörlük dönemi, doktor adaylarının klinik sorumluluklarının arttığı, mesleki kaygı ve hata yapma korkusunun yoğun olarak deneyimlendiği kritik bir süreçtir. İntörlük döneminde artan mesleki sorumluluklar ve alınan kararların sonuçlarına ilişkin kaygılar, intörlülerin yalnızca anlık performanslarını değil; uzun vadeli mesleki yönelimlerini de derinden etkileyebilmektedir. Artan malpraktis davaları, mesleki sorumluluk artışı ve sağlıkta şiddet gibi etmenler intörn doktorların mesleki beklentilerini olumsuz etkileyerek, mesleki kaygının tetiklenmesine neden olabilmektedir. Her ne kadar son yıllarda tıp fakültesi öğrencilerinde mesleki kaygı ve ruhsal durumların incelendiği çalışmalar sayıca artsa da; mevcut literatürde intörn doktorların malpraktis korkusu ve mesleki kaygı düzeylerinin değerlendirilmesine yönelik yapılan çalışmalar oldukça sınırlıdır. Bu çalışma, intörn doktorlarda malpraktis korkusu ve mesleki kaygı düzeylerini değerlendirmek ve aralarındaki ilişkiyi ortaya koymak amacıyla yapılmıştır.

**Yöntem:** Çalışma Temmuz-Ağustos 2025 tarihleri arasında Eskişehir Osmangazi Üniversitesi Tıp

Fakültesi'nde öğrenim gören 198 (%84,6) intörn doktor üzerinde yapılan kesitsel tipte bir araştırmadır. Veriler sosyodemografik özellikleri, malpraktis ile ilişkili olabilecek mesleki değişkenleri (ailede hekim varlığı, mezuniyet öncesi derslerde özlük hakları ve malpraktis hakkında eğitim alma durumu) Malpraktis Korku Ölçeği ve Mesleki Kaygı Anketi içeren anket formu ile toplanmıştır. İstatistiksel analizlerde Ki-kare ve Spearman korelasyon testleri kullanılmış, anlamlılık düzeyi  $p \leq 0,05$  olarak kabul edilmiştir.

**Bulgular:** Katılımcıların %44,4'ünde (n:88) yüksek düzeyde malpraktis korkusu saptanmıştır. Sosyodemografik değişkenler ile malpraktis korkusu arasında anlamlı ilişki bulunmamıştır. Ancak hasta muayenesi sırasında kaygı hisseden intörlülerde malpraktis korkusu belirgin olarak daha yüksektir ( $p<0,05$ ). Katılımcıların %85,9'u orta ve yüksek düzeyde mesleki kaygıya sahip olup, en sık kaygı nedeni acil müdahale gerektiren hastalar olmuştur. Malpraktis korkusu ile mesleki kaygı arasında pozitif yönde zayıf korelasyon bulunmuştur ( $r=0,380$ ;  $p<0,001$ ).

**Sonuç:** İntörn doktorların yaklaşık yarısı yüksek düzeyde malpraktis korkusu yaşamakta ve bu durum mesleki kaygıyla ilişkilidir. Bulgular, malpraktis korkusunun bireysel özelliklerden çok eğitim-öğretim koşulları ve mesleki ortamla ilişkili olduğunu göstermektedir. Klinik uygulama eğitimlerinin nicelik ve niteliğinin artırılması ile lisans ve lisans sonrası dönemlerde malpraktis farkındalığına yönelik yapılandırılmış eğitimlerin verilmesi önerilmektedir.

## INTRODUCTION

The internship period, the final year of medical education, comes forward as a critical era during which future doctors' transition from theoretical knowledge to medical practice, engage in direct patient contact, and begin to build their future professional identities by experiencing their own clinical roles (1). This period encompasses experiences including fundamental medical skills such as clinical decision-making, direct patient communication, diagnosis, and treatment planning, and can cause significant stress and anxiety in students (2). Especially in recent years, factors such as the reformations of the healthcare system, legal regulations, increased expectations from

physicians, and the increase in negative news of media have negatively impacted the clinical decision-making processes of intern doctors in the early years of their careers, leading to increased distrust in medical practice and a concerns of making mistakes (3).

The term malpractice is used for any professional's faulty or negligent actions that occur during their practice (4). Medical malpractice, on the other hand, was defined at the 1992 meeting of the World Medical Association (WMA) as "a physician's failure to comply with the required standard of care during patient treatment, or a lack of skill or negligence in providing care, directly causing injury to the patient" (5). Medical malpractice lawsuits and legal processes, which have been globally increased as well as in Türkiye, cause stress, psychological load, and occupational performance anxiety among doctors, leading to increased defensive medical practices and a decrease in the quality of medical practice (6). This situation also causes serious anxiety and fear of malpractice among intern doctors. A United States study in 2023 found that medical students were accused of malpractice for medical false decisions, incomplete/incorrect application of professional procedures, and providing incomplete information to patients and their families. It was reported that malpractice fear can cause high levels of anxiety in medical students, irreversibly altering their future medical practice (7). However, no specific studies on the malpractice fear among intern doctors were found in the literature.

Medical occupational anxiety is a chronic stress state triggered by factors such as the anxiety of false clinical decisions, fear of legal consequences, pressure to satisfy patients, and concern about loss of professional reputation (8). Factors such as increasing malpractice lawsuits, increased professional responsibility, and violence in healthcare can negatively impact the professional expectations of intern doctors and trigger occupational anxiety (9).

Although the number of studies assessing occupational anxiety and mental states in medical school students has increased in recent years, studies assessing the levels of fear of malpractice and occupational anxiety among intern doctors are limited in current literature. Considering these two factors together is important for revealing the

levels of anxiety and fear experienced by intern doctors, planning appropriate undergraduate education programs, and preparing future doctors for professional life. This study aims to assess the levels of fear of malpractice and occupational anxiety among intern doctors and develop solutions.

## **MATERIAL AND METHOD**

This cross-sectional descriptive study was conducted among last year students at ESOĞÜ Faculty of Medicine between July 1 and August 22, 2025. The necessary approval for the study was obtained from the Eskişehir Osmangazi University Ethics Committee and the ESOĞÜ Faculty of Medicine Dean's Office.

The study population consisted of 234 intern doctors in ESOĞÜ Faculty of Medicine during the 2025-2026 academic year. No sample size was calculated for the study; the goal was to reach all intern doctors. All interns were informed about the study's subject and purpose and were then recruited. Verbal informed consent was obtained from intern doctors who agreed to participate. A total of 198 (84.6%) intern physicians constituted the study group. Pre-prepared survey forms were interviewed face-to-face in the clinics where intern doctors work, and for interns who could not fill them out at that time due to intensive clinical conditions, volunteers were asked to participate in the survey, which was shared in WhatsApp groups, through online data collection.

A questionnaire form was developed in accordance with the aim of the study, drawing on the literature (10-12). The questionnaire consisted of three sections. The first section included questions on the sociodemographic characteristics (age, gender, marital status, place of residence) of participants and professional conditions that may be associated with fear of malpractice (presence of a physician in the family, personal rights and malpractice training in undergraduate courses, and post-graduation future plans). The second section included the Malpractice Fear Scale (MFS), and the third section included questions from the Occupational Anxiety Scale (OAS).

Intern doctors' fear of malpractice was assessed using the MFS. The scale was developed by Katz and colleagues in 2005, and its Turkish validity and reliability were determined by Uğrak and Işık in 2020 (13,14). The scale consists of six questions

on a five-point Likert-type scale, with scores ranging from “1” = “Strongly disagree,” “2” = “Disagree,” “3” = “Partially agree,” “4” = “Agree,” and “5” = “Strongly agree.” Possible scores from the scale, which does not include reverse-coded items, range from 6 to 30. High scores are associated with a high fear of malpractice. Scores below 15 on the scale are considered “low,” 15-20 are considered “moderate,” and 20 and above are considered “high.” The Cronbach’s Alpha value of the MFS was calculated as 0.85 in the study.

The level of occupational anxiety among the intern doctors included in the study was assessed using the OAS. The scale was developed by Yeniçeri and colleagues in 2007 and used in their study (10). The scale consists of 18 items on a five-point Likert-type scale, with scores ranging from “1” = “I am definitely not anxious,” “2” = “I am not anxious,” “3” = “I am undecided,” “4” = “I am anxious,” and “5” = “I am definitely anxious.” Possible scores for the questionnaire, which does not contain any reverse-coded items, range from 18 to 90, with 22-44 points being considered “mild,” 45-67 points being considered “moderate,” and 68-90 points being considered “high anxiety.” The Cronbach’s Alpha value of the OAS was calculated as 0.90 in the study.

### Statistical Analysis

The obtained data were analyzed using the IBM SPSS (v.29) statistical package. Number, percentage, mean, and standard deviation values were used to evaluate descriptive data. The conformity of the measurable data to normal distribution was evaluated with the Kolmogorov-Smirnov Test. Chi-square and Spearman correlation tests were used to compare groups. Statistical significance was accepted as  $p \leq 0.05$ .

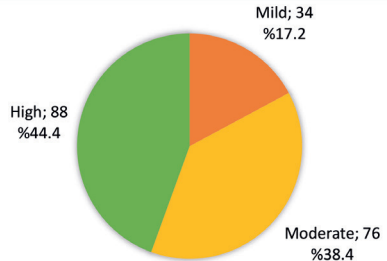
### Limitations

Since the research was conducted on 198 last-year students at Eskisehir Osmangazi University Faculty of Medicine who agreed to participate in the study, the student group it represents is limited.

## RESULTS

A total of 198 intern doctors were included in the study group, of which 92 (46.5%) were male and 106 (53.5%) were female. Their ages ranged from 22 to 43 years, with a mean ( $\pm$ SD) of  $23.85 \pm 1.85$  years. Scores obtained from the MFS in the study

ranged from 6 to 30, with a median of 20. Eighty-eight (44.4%) of the intern physicians were found to have a high level of fear of malpractice. The distribution of the study group by their levels of fear of malpractice is presented in Graph 1.



In the study, no statistically significant differences were found between sociodemographic characteristics and levels of malpractice fear among intern doctors in terms of age, gender, failing a class year during medical education, place of residence, smoking and alcohol use, and presence of chronic mental illness (Table 1).

In the study group, among the occupational variables that may be associated with the malpractice fear, only those who felt anxious while examining patients had a high level of fear of malpractice (Table 2).

In the study, 115 (58.1%) of the intern doctors responded to the question, “What situation worries you most during a patient examination?” with “Patients requiring urgent intervention.” The responses from the study group to the situations that most worried them during a patient examination is presented in Graph 2.

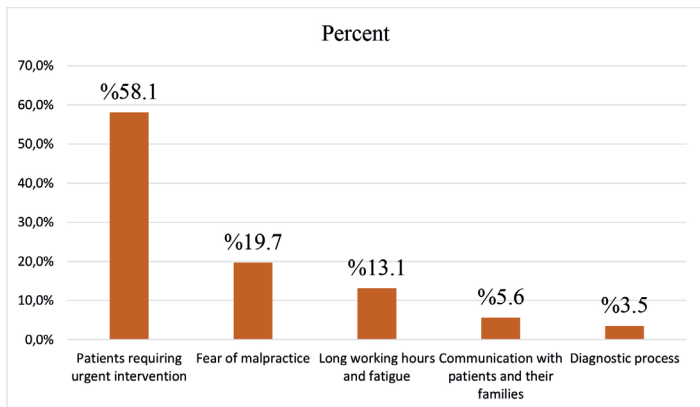
In this study, when intern doctors were questioned about their most frequent behaviors regarding the fear of malpractice, 145(49.5%) responded, “Constantly consulting.” The distribution of the behaviors of participants due to fear of malpractice is shown in Graph 3.

**Table 1.** Distribution of study group members' fear of malpractice by some sociodemographic characteristics

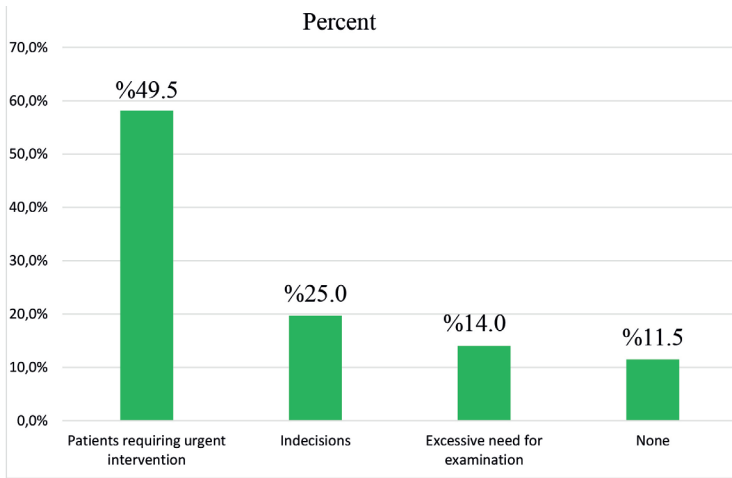
Sociodemographic characteristics	Level of Malpractice Fear			Statistical analysis $\chi^2$ ; p
	Mild n (%)	Moderate n (%)	High n (%)	
<b>Age group</b>				
≤23 years	15 (15.3)	39 (39.8)	44 (44.9)	0.503; 0.778
≥24 years	19 (19.0)	37 (37.0)	44 (44.0)	
<b>Gender</b>				
Female	15 (14.2)	39 (36.8)	52 (49.1)	2.455; 0.293
Male	19 (20.7)	37 (40.2)	36 (39.1)	
<b>Failing a class year during medical education</b>				
No	25 (18.0)	55 (39.6)	59 (42.4)	0.770; 0.681
Yes	9 (15.3)	21 (35.6)	29 (49.2)	
<b>Place of residence</b>				
Alone	24 (18.3)	50 (38.2)	57 (43.5)	1.685; 0.793
Family/Dorm	5 (19.2)	8 (30.8)	13 (50.0)	
Friend	5 (12.2)	18 (43.9)	18 (43.9)	
<b>Smoking</b>				
No	18 (14.0)	51 (39.5)	60 (46.5)	2.716; 0.257
Yes	16 (23.2)	25 (36.2)	28 (40.6)	
<b>Alcohol consumption</b>				
No	12 (14.2)	32 (39.0)	38 (46.3)	0.653; 0.721
Yes	22 (19.0)	44 (37.9)	50 (43.1)	
<b>Chronic disease</b>				
No	30 (17.0)	68 (38.6)	78 (44.4)	0.047; 0.977
Yes	4 (18.2)	8 (36.4)	10 (45.4)	
<b>Presence of mental illness</b>				
No	31 (17.0)	71 (39.0)	80 (44.0)	0.377; 0.828
Yes	3 (18.8)	5 (31.2)	8 (50.0)	
<b>Total</b>	34 (17.2)	76 (38.4)	88 (44.4)	198 (100.0)

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Yes	3 (18.8)	5 (31.2)	8 (50.0)	
<b>Total</b>	<b>34 (17.2)</b>	<b>76 (38.4)</b>	<b>88 (44.4)</b>	<b>198 (100.0)</b>



**Graph 2.** Distribution of responses of participants to the situations they most worried about during patient examinations (n=198)



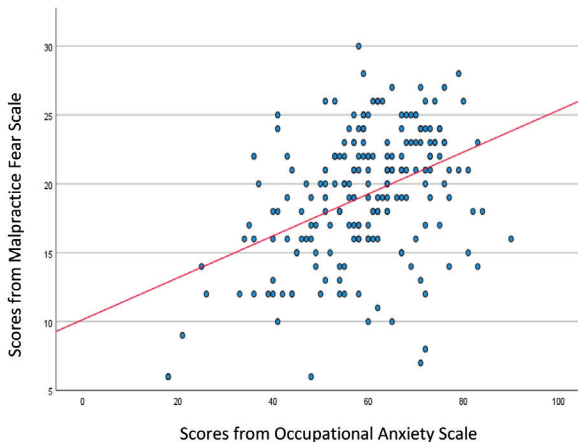
**Graph 3.** Distribution of behaviors of the study group due to fear of malpractice\* (n=293)

\* Numbers are based on responses, not individuals

Scores obtained from the OAS in the study ranged from 18 to 90, with a median score of 60. Fifty-five (27.8%) of the study group were found to have high levels of occupational anxiety. A weak positive correlation was found between the MAS scores of the intern physicians and their OAS scores ( $r: 0.380; p<0.001$ ). A scatter plot of the MAS scores and the OAS scores of the study group is shown in Graph 4.

## DISCUSSION

The internship is an important period in which students combine their theoretical knowledge with practical experience and face more responsibilities in patient care and treatment (10). Inadequate clinical experience and knowledge of legal processes, workload and stress in the healthcare system and high system expectations can lead to fear of malpractice and increased professional



**Graph 4.** Scatter diagram of the scores obtained from the MAS and the OAS

anxiety in intern doctors (1,11). This anxiety experienced by students during the pre-graduation period can persist into their future careers, leading to a decrease in professional productivity and the development of various mental disorders (10).

Fear of malpractice among intern doctors arise from factors such as lack of knowledge of legal processes, lack of clinical experience, health policies that increased expectations on healthcare professionals and workloads increased malpractice lawsuits and media pressure (15). Our study found that approximately half of the intern doctors (44.4%) had a high level of malpractice fear. Various studies have also reported a fear of malpractice in 42.6-53.5% of intern doctors (16,17). In a study conducted by Johnston et al. among medical students, the malpractice fear was reported to be 16.7% (15). The differences in reported studies may be due to differences in the study groups' clinical experience levels, the characteristics of the countries' education and healthcare systems, and their awareness and perceptions of the concept of malpractice.

Demographic characteristics do not always influence malpractice fear, instead factors such as clinical experience, professional exposure history, the security and legal support of the institution, and legal awareness are reported to be more prevalent in the occurrence of this fear (12,18). In this study, no significant differences were found between the intern doctors' age, gender, presence of chronic/mental illness, or duration of internship and their levels of malpractice fear. A study conducted in our country reported that age, working conditions, and environmental characteristics influence the fear of malpractice (19). Another study conducted in Germany indicated that the physician-patient relationship played a significant role in fear of malpractice (20). This suggests that malpractice fear is deeply rooted in systemic factors—including clinical training quality and healthcare relationship dynamics—rather than individual characteristics.

Anxiety during patient examinations is common among intern doctors, resulting from inadequate clinical experience, communication challenges, and excessive workload (21). In our study, we found that fear of malpractice was higher among intern doctors who reported feeling anxious during patient examinations, and 85.9% of participants had moderate to high levels of occupational anxiety. In

their study, Kaygusuz et al. in 2019 also reported high occupational anxiety in 91.1% of intern doctors (22). Ergin et al. reported moderate to high levels of occupational anxiety in 70% of 5th and 6th-year medical school students (23). The underlying causes of this high professional anxiety extend beyond clinical deficiency to include Medical Specialization Exam (MSA) stress, fear of violence, and uncertain service conditions (24).

Medical emergencies significantly increase stress and anxiety for intern doctors, largely due to the pressure of urgent decision-making (25). In the first rank of the situations that intern doctors were found to be most anxious while examining patients, there was "Patients requiring urgent intervention." Similarly, various studies have reported that intern doctors were most concerned about approaching urgent patients (26,27). Interns link this anxiety to systemic issues, specifically citing inadequate infrastructure, insufficient educational opportunities, and poor working conditions (22, 28).

As fear of malpractice increases, interns' confidence in their professional competence and clinical decisions decreases. This loss of confidence further reinforces the fear of making mistakes, increasing professional anxiety. Thus, these two variables can create a mutually reinforcing cycle (19). Our findings strongly support this relationship, demonstrating that higher levels of intern occupational anxiety correlate with an increase in the fear of malpractice. A similar result was reported in a study by Johnston et al. on medical students (15). However, no specific studies were found in the literature that evaluated the fear of malpractice and professional anxiety levels in interns.

## CONCLUSION AND RECOMMENDATIONS

Current study found out that nearly the half of the intern physicians (44.4%) had a high level of malpractice fear. It was found that malpractice fear was higher in intern doctors who felt anxious during patient examinations, and 85.9% had moderate to high levels of occupational anxiety. A significant but weak positive correlation was found between professional anxiety and fear of malpractice in trainee doctors. The study findings indicate that factors related to educational and training conditions and the professional environment, rather than individual/demographic characteristics, are more decisive in the development of malpractice fear.

It has been concluded that the following factors are could be beneficial to reduce the malpractice fear and occupational anxiety levels in intern doctors,

- Improving the quantity and the quality of clinical/practical training;
- Establishing effective counseling units where interns can share the challenges they face, receive support from experienced physicians, and manage their professional concerns;
- Implementing structured training programs to raise malpractice awareness and legal knowledge to be protected from malpractice during undergraduate and postgraduate (specialty) training periods.

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