

PAPER DETAILS

TITLE: Yüksek Öğrenim Öğrencilerinin Sınav Dönemlerinde Devamsızlık Durumları İçin Sağlık Raporu Talepleri: Kesitsel Prevelans Çalışması

AUTHORS: Elif DENİZ SAFAK,Mumtaz Mustafa MAZICIOGLU,Asuman GOLGELI,Hasan Basri USTUNBAS

PAGES: 633-642

ORIGINAL PDF URL: <https://dergipark.org.tr/tr/download/article-file/209699>

Demand For Sickness Certificate To Cover Absenteeism in Examinations in Postgraduate Education: A Cross-Sectional Prevalence Study

Yüksek Öğrenim Öğrencilerinin Sınav Dönemlerinde Devamsızlık Durumları İçin Sağlık Raporu Talepleri: Kesitsel Prevelans Çalışması

Elif DENİZ ŞAFAK, Mumtaz M. MAZICIOĞLU, Hasan Basri ÜSTÜNBAŞ
Erciyes University, School of Medicine, Department of Family Medicine, Kayseri, Turkey

Asuman GÖLGEİ

Erciyes University, School of Medicine, Department of Physiology, Kayseri, Turkey

Makale Geliş tarihi: 01.11.2014

Kabul tarihi: 24.12.2015

Abstract

Background: This study was designed to evaluate the postgraduate students' behavior in demanding sickness certificates for rest in examination periods.

Methods: A characteristic of sickness certificate was to present an excuse for absenteeism in the mid-term examinations, provided to 14 graduate and 9 undergraduate schools were analyzed quantitatively.

Results: The 80.1% (1795) of reports were prescribed for graduate students and of them most frequently delivered sickness certifications were faculty of engineering and faculty of science respectively (786 students 35.1% and 435 students 19.4% respectively).

Conclusion: The coexistence of providing sickness certificates for rest in periods in which examinations are concentrated and proposing short periods of rest strongly suggests that non-medical reasons are mostly cause of prescribing rest to cover absenteeism.

Keywords: Sickness certificate; absenteeism; student; undergraduate; postgraduate.

Özet

Amaç: Bu çalışma, yüksek öğrenim öğrencilerinin sınav dönemlerinde sağlık raporu taleplerini değerlendirmek için tasarlanmıştır.

Yöntem: Erciyes Üniversitesi'ne bağlı 14 fakülte ve 9 yüksekokulda öğrenim gören yüksek öğrenim öğrencilerinin sınav dönemlerinde almış oldukları sağlık raporları kantitatif olarak incelendi.

Bulgular: Sağlık raporlarının %80,1 (1795) oranında en fazla fakülte öğrencilerine, bunlardan da en fazla mühendislik ve fen fakültesinde öğrenim gören öğrencilere düzenlenmiş olduğu bulundu [sırasıyla 786 mühendislik fakültesi öğrencisi (%35,1) ve 435 fen fakültesi öğrencisi (%19,4)].

Sonuç: Sağlık raporlarının çoğunlukla sınavların yoğunlaştığı dönemlerde sınavdan muaf olmayı sağlamak amacıyla tıbbi olmayan nedenlerle kısa süreli raporlar şeklinde düzenlenmiş olduğu görüldü.

Anahtar kelimeler: Sağlık raporu; devamsızlık; öğrenci; lisans; yüksek lisans.

1. Introduction

Sickness certification (SC) places a major load on workers, employers, the health-care system and society. Disability may be defined as difficulty in hearing, vision, cognition, ambulation, self care and/or independent living^[1]. Problematic themes and issues encountered by general practitioner(GP)s in issuing SCs, along with possible solutions, are classified according to four main themes, i.e. difficulties **i.** in assessing the need for sick leave; **ii.** in the doctor-patient relationship; **iii.** related to the health-care system organization; **iv.** related to the socioeconomic environment^[2]. Truancy or any form of absenteeism during education in Turkey is the major reason for students seeking sickness certificates. These certificates provide an excuse for the student to have an extra examination for the missed one or an excuse for absenteeism from lectures. Although it is not easy to speculate about the primary cause of absenteeism, students may have a variety of reasons to seek SC. The availability of rules which designate certain examination procedures and the public's and physicians traditional attitudes constitute the basis of seeking SC and of physicians using several medical conditions for these certificates. Although, it is stated both in the criminal code and medical deontology rules, that SCs cannot be provided for non-medical reasons, students, lecturers, and families are used to demanding or encouraging students to obtain an SC to cover absenteeism in examinations and lectures.

To cover any form of absenteeism, not just for students but also for both white and blue collar, the managers of schools, as well as official and private organizations instruct their workers or students to obtain SCs. The initial reason for seeking an SC may be innocent in some situations, for example due to unexpected events (a serious disease or death of a family member, unexpected natural disasters, etc.) which are difficult to solve with the current regulations. If the need for an SC is for a short period (≤ 10 days) of time then family physicians or primary care physicians are usually the first medical professionals to be approached. A group of physicians are needed to prescribe SCs suggesting rest for longer than ten days. The conflict faced by physicians between their individual and public responsibility makes it hard for them not to provide SCs for rest because arranging these kind of SCs are socially considered as one of their responsibilities.

We designed this study to provide evidence for any further effort to establish new rules or acts which would both solve the conflict of physicians and save the time of both the physicians, parents and students. We therefore studied the characteristics of SCs presented as an excuse for absenteeism in postgraduate examinations by postgraduate students.

2. Method

It is a cross-sectional prevalence study conducted in under and postgraduate students. This study was conducted in a university campus in the Central Anatolian city of Kayseri/Turkey which has a population of more than 1,200,000. Of the 40,769 students, students who were given an SC suggesting rest were included in this study. Their rationale for providing SC was to present an excuse for absenteeism in the mid-term examinations in 14 graduate and 9 undergraduate schools.

The ethical approval of this study was given by the institutional review board of the university in which the study was conducted.

The personal identification (ID), year of graduation and faculty of students were recorded. The medical discipline of physicians, diagnosis, location where the SC was prepared, duration of rest, SC/physician and SC/student were also noted. The figures and rates about the characteristics of students, physicians and SCs is given in Figure 1. The main characteristics of SCs were compared for the type (undergraduate, graduate) of education and gender by nonparametric Mann-Whitney U test.

3. Results

A total of 866 female (38.6%) and 1376 male (61.4%) students were included in the study. Of all students, 95.1% obtained sickness certificates from physicians who were practicing in the city in which they graduate while all other certificates were obtained from 34 different cities. In a comparison of gender, years of education and type of graduation (graduate, undergraduate) we found that neither freshman nor senior students sought SCs for absenteeism in examinations, compared with students who are in their second or third year of education. We also found that most of the graduate students were females and most of them were provided with SCs from general practitioners in primary healthcare centers.

The distribution of sickness certificates according to medical disciplines were as follows: out of a total of 2242 SCs 1256 (56.0%) were provided by general practitioners working in primary healthcare centers, 379 (16.9%) were provided by general practitioners working in various departments, primarily, of the emergency departments of private hospitals, 178 (7.9%) were provided by physicians specialized in ear nose and throat diseases, 149 (6.6%) by physicians specialized in internal medicine diseases and 33 (1.5%) were given by dentists. The remaining 247 (11.0%) certifi-

cates were given by physicians who were specialized in 25 other medical branches (Figure 2). Forty physicians provided at least or more than 10 SCs for rest (minimum 10, maximum 76). Five of them were found to have provided SCs to more than 30 students (Figure 3).

The leading diagnoses in SCs were as follows: upper airway infections in 1266 (56.5%), in 239 (10.7%) gastrointestinal disorders, in 163 (7.3%) spinal disorders, in 114 (5.1%) soft tissue injuries and in 77 (3.4%) lower airway infections.

According to classification for duration of proposed rest, 2081 (92.7%) proposed 1-3 days rest. Of all SCs, 1795 (80.1%) were obtained by graduate and 443 (19.8%) were obtained by undergraduate students. Among the 1795 SCs obtained by graduate students, 786 (35.1%) were obtained by Engineering Faculty students and 435 (19.4%) were obtained by students of the Faculty of Science. In undergraduate students, 162 (7.2%) SCs were obtained by students of the Vocational School of Sports.

In Figure 4 the total number of SCs and the rate of SC/student for graduate and undergraduate schools are shown.

4. Discussion

The frame work of physician patient/individual relationship has changed in terms of sharing power in decision making and health management^[3]. This change has reduced the role of physicians as an authority over individuals and the community. Despite this shift some characteristics of the physician as an authority are still valid in the view of the community. The cost of prescribed drugs is paid by the social security system and prescriptions for rest are accepted as an excuse for any form of absenteeism by private and official institutions or organizations. The conflicts between established rules and daily practice are usually solved by the prescription of physicians for rest.

The most popular of these problems is absenteeism in school, examinations and at work. In other words, medical reasoning is regarded as an excuse for any form of absenteeism. In particularly family physicians are the first medical professionals to be approached to solve this problem because they are the primary and the most easy to access healthcare providers who are licensed with medical authority. On the other hand, it is not so easy to cope with this problem since physicians need non-technical skills to deal with social needs. It must be stated that in the medical curriculum one may not find adequate solutions for these types of non-technical problems^[4]. To solve these social and cultural conflicts physicians try to build a relationship with their patients by integrating their technical skills and emotional experience^[5]. The primary rationale of this study is to analyze the behaviors of under- and graduate students in obtaining SCs as an excuse for absenteeism in examinations. In our professional medical population any sickness certificate which proposes rest in the absence of medical reasons is called an SC for “social indication”. Prescriptions for rest technically may

be either the result of an ongoing medical problem or a social problem. In general all parties, namely students, employees or employers, are usually aware of the real cause-social indication- but seek an SC to make a rational explanation. Possible strategies to deal with this problem are to provide physicians with guidelines and to reform the healthcare system.

Although in our national penal code any prescription which does not have a reliable medical reason is subject to a serious penalty, in everyday life this code is not considered as a significant deterrent^[6]. Since SCs are considered as an excuse for absenteeism in examinations, the local rules of graduate and postgraduate schools permit students to retake examinations if absenteeism can be explained by an SC^[7].

Various studies have indicated that bed rest may not promote rapid healing but may even be more harmful than staying active^[8,9]. Studies about the potential harm of bed rest for critically ill patients are also available^[10]. In the public point of view these kinds of studies are not familiar and both physicians and citizens tend to exploit SCs. It is postulated that physicians actually have no real power over patients since if physicians say "No" to their request then patients can go to another physicians and the social security system allows this behavior by covering medical interventions decided by patients or healthy people^[11]. Even in the selection of medical therapy and the need for medical trials the community may have considerations which are contrary to those of physicians and researchers^[12].

In this study analysis of the characteristics of students, physicians and sickness certifications showed that SCs are prescribed by physicians from various medical disciplines and they are all period specific, in which a short term of rest is recommended. Most students were male, junior students and obtained SCs from their own family physicians. Other than family physicians, internal medicine and ear, nose and throat specialists were the leading physicians prescribing SCs. The leading diagnoses were upper airway infections, gastrointestinal, spinal disorders and soft tissue injuries. The above-mentioned characteristics indicate the most likely physicians to provide certificates and the most probable diagnoses observed in SCs.

On the other hand, the particular period (in which examinations are frequent), the recommendation of short duration of rest and frequency of prescribing rest by certain physicians of certain medical disciplines indicate that most SCs may not be directly related with a medical problem. The frequency of prescribing SCs by certain physicians also suggests that either they are considered the most likely to provide SCs or, for some other reason, they tend to provide them very frequently.

The design of our study is not aimed at checking the diagnoses in SCs but simply to evaluate the main characteristics of SCs to make reliable suggestions to community leaders. The predominance of SCs in graduate students also suggests that, as the duration and the curriculum become more intense, the need for SCs increases.

Students in the faculties of science, engineering and arts presented the highest rates of SCs among all graduate schools whereas undergraduate students in the Vocational School of Sports presented the most frequent SCs.

In conclusion we consider that if the regulations permit absenteeism in students who can deliver an SC, then students, parents, and lecturers will spend considerable time dealing with delivering SCs in addition to experiencing intensive stress to negotiate the provision of an SC proposing rest. Establishing rules which has the potential of creating conflict between public and physician would increase physician's anxiety. Rules should be arranged so that SC would not be an excuse to break the rules.

5. References

- Long-Bellil, LM., O'connor', DM., Robey, KL., Hahn, JE., Minihan, PM., Graham, CL., *et al.* (2011). Commentary: Defining Disability in Health Care Education. *Academic Medicine*, Vol. 86, No. 9 / September: 1066-1068.
- Letrilliart, L., Barrau, A. (2012). Difficulties with the sickness certification process in general practice and possible solutions: A systematic review. *Eur J Gen Pract*, 18:219-228.
- Truog, RD. (2012) Patients and Doctors-The Evolution of a Relationship. *N Engl J Med*, 366(7), 381-385.
- Molewijk, B., Kleinlugtenbelt, D., Pugh, SM., Widdershoven, G. (2011). Emotions and Clinical Ethics Support. A Moral Inquiry into Emotions in Moral Case Deliberation. *HEC Forum*, 23: 257-268.
- Steger, F. (2011). Yesterday's ethics in contemporary medicine – Is it still of concern? *Prague Medical Report*, 112 (3); 159-167.
- Turkish law of penalty code n: 5237 accepted in 26.9.2004.
- http://www.erciyes.edu.tr/tr/index.asp?menu=eBelge&eru_sayfa=yonetmelik (date of access 01.10.2014).
- Allen, C., Glasziou, P., Del Mar, C. (1999). Bed rest: a potentially harmful treatment needing more careful evaluation. *Lancet*, 354: 1229 – 33.
- Dahm, KT., Brurberg, KG., Jamtvedt, G., Hagen, KB. (2010). Advice to rest in bed versus advice to stay active for acute low-back pain and sciatica. *Cochrane Database of Systematic Reviews*, Issue 6. Art. No: CD007612. DOI: 10.1002/14651858.CD007612.pub2.
- Brower, RG. (2009) Consequences of bed rest. *Crit Care Med*, 37(10): 422-428.
- Delaney, JJ., Martin, DP. (2011). The Role of Physician Opinion in Human Enhancement, *The American Journal of Bioethics*. *Am J Bioeth*, 11(1); 19-20.
- Ubel, PA., Silbergleit, R. (2011). Science and Behaviour. *Am J Bioeth*, 11(2): W1-W2.

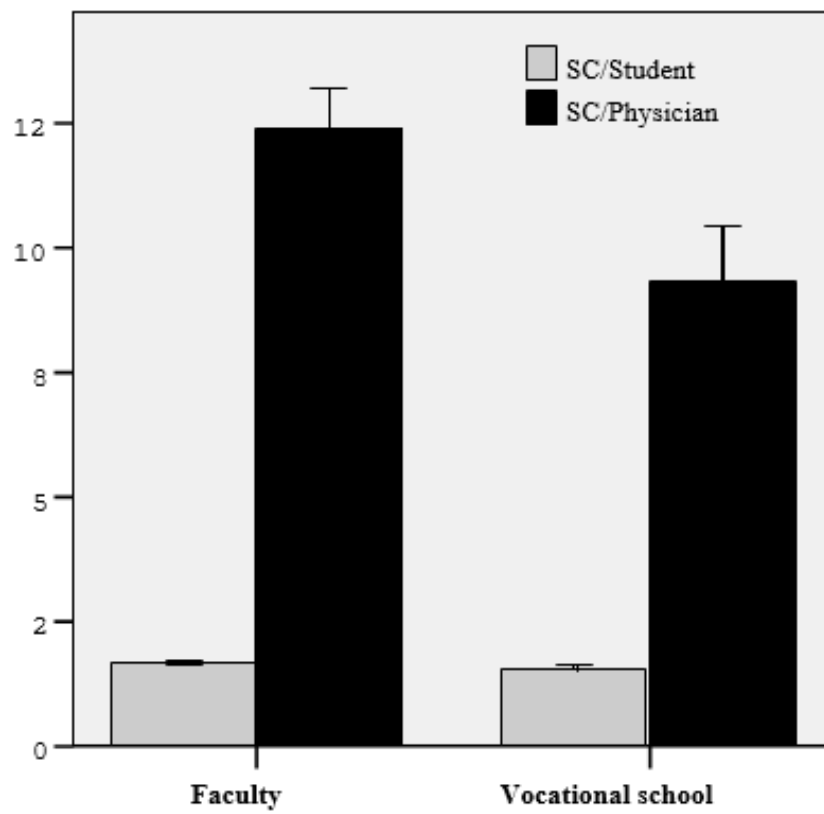


Figure 1. The rate of SC/Student and SC/Physician for graduate and undergraduate schools

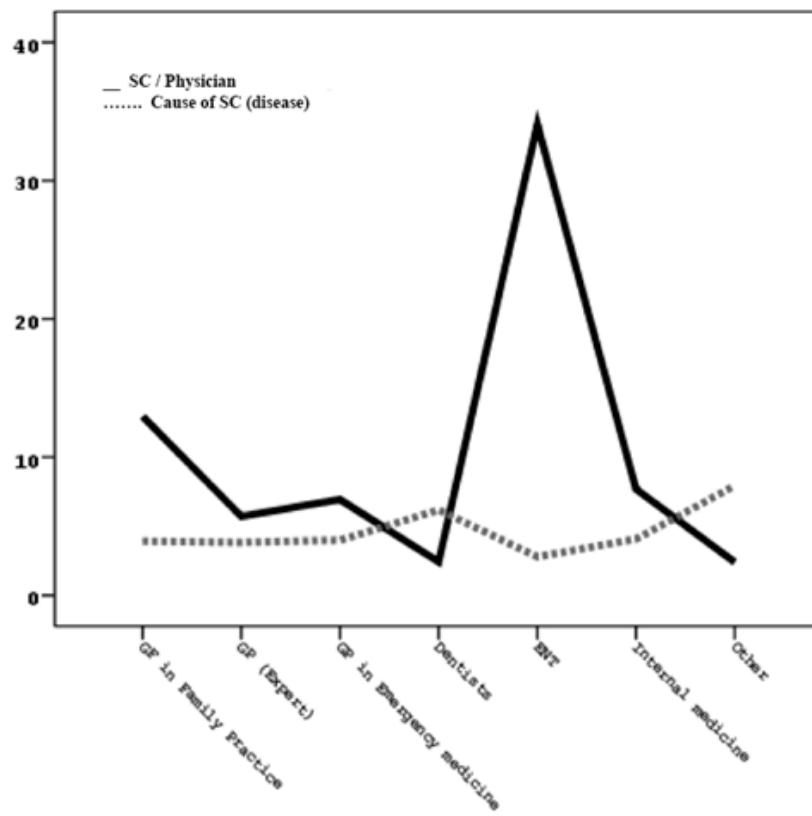


Figure 2. The distribution of students' SC for rest according to physicians from various medical discipline (ENT: Physicians specialized in ear nose and throat diseases)

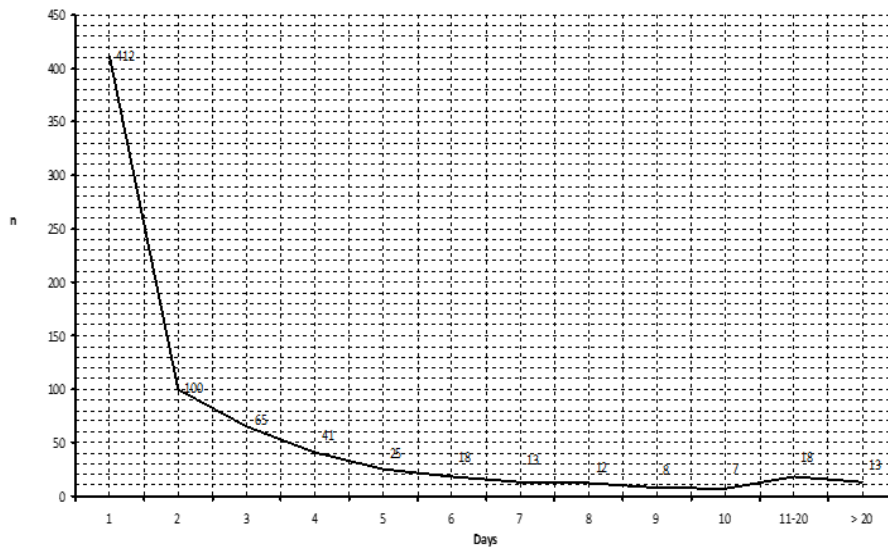


Figure 3: The total number of SCs according to duration of SCs

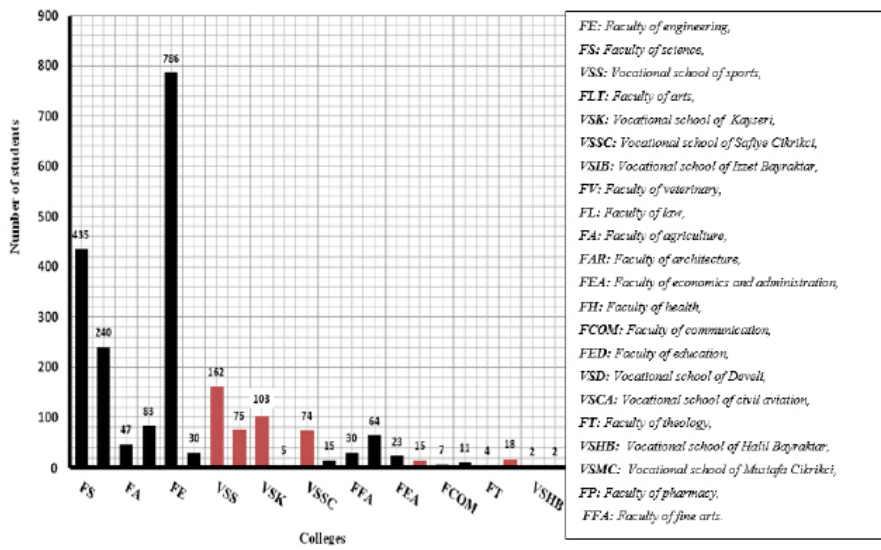


Figure 4. The total number of students' SC for rest in each undergraduate or graduate school (Undergraduate schools are painted in red)