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# BESIEGED FORTRESS SYNDROME? OCCUPATIONAL GROUP OF PHYSICIANS AND MEDICINE STUDENTS AND THE PROBLEM OF SOCIAL RECEPTION OF HEALTH CARE SYSTEM IN POLAND

**Abstract**. The paper refers to the problem of decline in public confidence in health care system in Poland. Impartial reports prove that mass media are keen on showing medical mistakes, corruption as well as other thrilling news. The memorable case of "skin-hunters" from Lodz seems to be a good example. This may create the critical public opinion on functionaries of health care system (especially on physicians). Surveys by CBOS show that many of Poles reckon that doctors are incompetent, do not interested in their work and unfair when treating patients. Malevolent public opinion and "scandal-oriented" media coverage should create an hostile environment for functioning of specific occupational groups in health care system. Does it lead to besieged fortress syndrome (meaning consolidation and mobilization of an own professional group, described as not guilty, but unfairly treated by inimical social/institutional surrounding)? In the paper – in the formula of case study – results of own survey among group of 151 physicians from Lodz and 228 students of Faculty of Military Medicine at Medical University of Lodz are investigated. The aim of the research was to identify opinions of physicians and medicine students on how medical occupations were perceived by Polish society. The collected empiric material allowed (at least partially) to verify the hypothesis of besieged fortress syndrome.

**Keywords:** physicians, occupational group, trust, besieged fortress syndrome, public opinion.

## 1. Introduction

As Kinga Studzińska-Pasieka states, there are some factors that limits the trust between occupational group of physicians and whole Polish society[1]. The first problem is decline of confidence, manifested by government in relation to

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[1] This is not particular Polish problem. Many studies are applied in the field of decline of trust among the doctor-patient relation. Special measures are operated in order to check the level of trust and correlations between general trust in physicians and e.g. satisfaction with care, trust in one's physician, following doctors' recommendations, having no prior disputes with physicians, not having sought second opinions and not having changed doctors (H a l l et al. 2002; see also H a l l et al. 2001).

health care system (with economizing, bureaucratizing and controlling of it). If government do not trust this system and its functionaries, there are no reasons for common citizens to do so. The other issue, is general decline of social trust in public institutions (this refers also to health care system)[2]. Finally, current public debate on health care system may be depicted with following features:

– growing number of news revealing medical malpractices (as well as revealing disciplinary and mobilizing methods of physicians professional corporations);

– the gap between expected high ethic standards of medical profession and performances like corruption, strikes and forgeries that were made public;

– improvement among the role and importance of NGOs that represent patients' interests[3];

– replacing the physician-patient relation with the corporation-patient relation (in case of conflict, the responsibility lies on the collective level) (Studzińska-Pasieka 2008: 170–174).

All mentioned issues influence the public opinion. As Jakub Ryszard Stempień writes, "many facts prove that the Polish society does not bestow trust upon medicals and the health care institutions. Physicians are perceived often as grafters, whose blameworthy performances should be precisely controlled, made public and punished" (2013: 113). However, those issues influence also the occupational group of physicians. They (as members of many or all professional groups) have to answer the question: what people think about my profession? Do they respect it? Do they trust my colleagues and me? Are they right? The last question is probably the most important and most interesting here. Many facts – they will be described in the paper – should lead physicians to give a negative (and in "psychological words" – frustrating) answers to those questions.

Two statements can be formulated here: 1) public opinion on medical occupational group is critical one; 2) physicians have to function and work in a hostile social environment. This should influence their performance and the way they perceive their own occupational group. The appearance of besieged fortress syndrome is to be expected. The conducted survey (which most vital results will be presented here) will give an opportunity to verify hypothesis of the syndrome. However, at first the syndrome (as a theoretical frame for the analysis) and some crucial data referring to mass media coverage on health care system and its functionaries will be discussed.

[2] In 2014 more than half of Poles did not trust in parliament (54%), government (58%) and political parties (66%). What is more, significant number of Poles did not trusted in local authorities (32%), labour unions (34%), courts (39%), television (36%) and newspapers (46%) (Cybulska, Pankowski 2014: 2). Poles seem to be more distrustful society than Czechs and Hungarians (Wenzel 2004).

[3] In western societies since the mid-1980s the specific activation of patients among the doctor-patient relations has been observed. People has tended to behave in a consumerist manner (seeking information, exercising some independent judgment, showing cost consciousness, and demonstrating a reasonable level of knowledge) (Mechanic 2003: 942; Hibbard, Weeks 1987).

## 2. Besieged fortress syndrome – theoretical frame of the analysis

The term „besieged fortress syndrome" has its military origins, but currently is often used – as a metaphor – to analyze and describe specific group (or political) situations and manipulations. Then it refers to some psychological, sociological and political phenomenon (Ziółkowski 2013a: 119). The crucial criterion is factual or imaginational threat (by an individual or collective enemy), that causes particular feeling (fear) and particular (aggressive or defensive) performances.

Jacek Ziółkowski states that besieged fortress syndrome may be observed and analyzed on the individual, group or macrosociological level (2013a: 120). On the individual level it may be used when investigating paranoid personalities. On macrosociological level, the syndrome allow to describe mechanisms of totalitarian states, that use fear to mobilize legitimization of authority. The perspective of group performances is also interesting and useful when e.g. coping with brainwash process. The group perspective will be applied in presented paper (without the brainwash aspects). Collective actions, collectively defined attitudes and relations between group and its social environment are to be analyzed.

Ziółkowski (2013a: 122–123; 2013b: 153–154) characterizes besieged fortress syndrome as a set of following mechanisms:

– (perceived as accurate) feeling of being endangered by an enemy;
– fear influencing cognitive and decision processes;
– a feeling of being trapped into the situation of no good solution;
– a feeling of being hemmed by some malevolent forces;
– a feeling of being lonesome when fighting with the enemy;
– inclination for perceiving the world in Manichean perspective (dividing the external world into two parts: "allies" *versus* "enemies");
– the enemy is viewed as pure evil;
– conformist performances among the endangered group are widely observed;
– mobilization when fighting the enemy *versus* passive strategy (resignation).

There are specific consequences of appearance of besieged fortress syndrome on the individual level (e.g.: feel of stress, mobilization, over-activity, fear, suspiciousness). There are also particular consequences of this syndrome on the macrosociological (state) level (e.g. enhancing authoritative style of leadership, centralization of authority, diminishing of political rivalry, describing political rivalry in moral categories) (Ziółkowski 2013a: 124–125). From the point of view of conducted analysis most interesting are after-effects of besieged fortress syndrome on the collective (group) level. Ziółkowski mentions here:

– activation and mobilization of endangered group (members stimulates themselves to defensive efforts);
– inner unification of the group;
– stereotyping of external world (heroization of own group and demonization of the hostile group);

– suggestions and gossips are vital, when influencing people's thinking and acting;

– conformity to the group leader;

– inner hostility ("witch-hunting");

– hostility between the group and its social environment;

– defining the situation as choice between "us" and "them" or as choice between "victory" and "death" (Ziółkowski 2013a: 121–122; 2013b: 154–155).

This shortened characteristic of besieged fortress syndrome could be summarized in a following way. First of all, the syndrome may be useful when analyzing group processes (including processes among specific occupational groups). Secondly, the threat (influencing people's thoughts and performances) may be real, but it may be also fictitious. Thirdly, the group defining itself as endangered is keen on demonize the (real or imaginational) enemy, mobilize members for action to prevent the eradication. Fourthly, members of endangered group are viewed as not guilty and unfairly attacked. An important assumption is to be made here: the category of "enemy" may be enlarged and cover whole of the group's surrounding. Then the group processes listed by Ziółkowski should be strengthened.

## 3. Health risk and medical malpractices

Some actions of the occupational group of Polish physicians in fact may fulfil the besieged fortress syndrome criteria. The problem of group loyalty in cases of medical mistakes[4] is the most evident here. The risk of medical malpractices is one of health risks listed by Mieczysław Gałuszka and Małgorzata Legiędź-Gałuszka (2008), apart from pharmaceutical risk, risk of infection when being hospitalized, risk of unconventional medicine etc. In USA every year about 100000 people dies because o medical mistakes. This number should be increase with 200000 of those who every year lose their health due to medical interventions (Gałuszka, Legiędź-Gałuszka 2008: 76–77)[5]. In Poland – according to Polish Patients Association Primum Non Nocere (Stowarzyszenie Pacjentów Primum Non Nocere) – the most often medical malpractices are those referring to childbirth (37% of complaints received by this NGO), hospital infections (24%) and failures to recognize and diagnose heart attack or stroke (9%) (www.sppnn.org.pl – access: 8.09.2015).

[4] Medical mistake is acting in conflict with actual medical knowledge and art. There are diagnostic, therapeutic, technical, organizational mistakes as well as mistakes of prognosis (Zajdel 2008: 352–355).

[5] As Moore, Adler and Robertson reminds, "in the past 30 years, medical malpractice has become one of the most difficult health care issues in the United States. In addition to billions of dollars in legal fees and court costs, medical malpractice premiums in the United States total more than $5 billion annually, and 'defensive medicine' – procedures performed to protect against increasing litigation – is estimated to cost more than $14 billion a year" (2000: 244).

The problem is that – as G a ł u s z k a writes – "occupational group of medicals is hermetic and tend to take care mostly about its own interests. The corporate solidarity of physicians prevent them from revealing facts of medical mistakes, corruption and working several jobs (that makes impossible to fulfill all duties correctly). A strong conviction about having common interests finds its effect in domination of corporate ethic over the social (and individual) morality rules [own translation]" (2003: 121). This problem may be called "atrophy of moral ties among the occupational group of physicians"[6].

Statistics of the Supreme Screener for Professional Liability (Naczelny Rzecznik Odpowiedzialności Zawodowej Lekarzy) are very interesting here. In 2013 local screeners considered 3305 complaints, of which 1078 (33%) were diminished, 1539 (47%) were discontinued (closed without result) and only 333 (10%) found its end with the request for punishment (while 335 cases ended other way). Data referring to previous years is similar (www.nil.org.pl – access: 8.09.2015). Of course the low quota of complaints founded rational could be explained with the statement that significant majority of complaints are simply irrational, authored by distressed, ill but incompetent people. On the other hand, the occupational group loyalty may be also a reason. It is worth remembering, that in 2008 the Supreme Court of the Republic of Poland stated that some interpretations of Medical Code of Ethics (preventing physicians from public criticizing their colleagues) are in conflict with constitution. Those interpretations were widely used and discussed; some medicals who decided to criticize other physicians' professional performance were corporately punished and discriminated at workplace (G a ł u s z k a 2008: 77).

Presented information suggest that some elements of besieged fortress syndrome among the professional group of physicians in Poland may be noticed. According to Ziółkowski's catalogue of characteristics of the syndrome, following

[6] The other problem will be probably corruption. G a ł u s z k a lists four variants of it (among the health care system): 1/ corruption among the doctor-patient relation; 2/ corruption among the doctor-pharmaceutical industry relation; 3/ informal economy among health care system; 4/ nepotism in health care institutions (2003: 112–120). However, this catalogue may be enlarged. In the European Commission report *Study on Corruption in the Healthcare Sector* (2013), there are mentioned following kinds of corruption among health care system: 1) bribery in medical service delivery; 2) procurement corruption; 3) improper marketing relations; 4) misuse of (high level) positions; 5) undue reimbursement claims; 6) fraud and embezzlement; 7) misuse of legal rights. Authors of this report state that corruption in the health sector occurs in all European Union member states, however, the nature and the prevalence of corruption typologies differ across countries. For the conducted analysis it is vital that, "the habit to offer or demand patient to doctor under-the-table payments is particular widespread in some Central and Eastern European member states. In particular in Romania, Lithuania, Hungary, Slovakia and Bulgaria, Greece, Latvia and Poland people seem to actually have experienced that anyone asked or expected to pay a bribe for his or her healthcare services" (*Study on Corruption in the Healthcare Sector* 2013: 27). The problem of corruption among Polish health care system is discussed also in many other reports (K o b y l i ń s k a et al. 2012; M a j e w s k i 2007). Central Anti-Corruption Bureau (Centralne Biuro Antykorupcyjne) frequently conducts its investigations in the area of health care system (apart from corruption among local government and the industry sector).

features could be – more or less convincingly – listed: conformity, mobilization for defensive efforts and seeing own group (and its members) as not guilty ("heroization of own group" – in Ziółkowski's words). Now the problem of viewing the occupational group of medicals should be investigated. However, for appearance of besieged fortress syndrome – as it was already stated – rational ground is not necessary. Nevertheless, for the analysis of the syndrome, it could be advantageous to collect data proving that the hostile group (or surrounding) – defined as an enemy – factually acts or does not act. Then mass media coverage and public opinion in Poland on health care system should be discussed.

## 4. Mass media coverage and public opinion in Poland on health care system

The media coverage on Polish health care system is reliably characterized by authors of the report *Views of the world – unleashed emotions. What four most popular TV news services have to offer us?* (*Wizja świata – emocje wyzwolone. Co mają nam do zaoferowania cztery najpopularniejsze telewizyjne serwisy informacyjne?*). This study was conducted in November 2010 and covered four leading TV evening news services ("Panorama", "Wiadomości", "Fakty" and "Wydarzenia").

Information referring to health care system was the twelfth most exposed in all news (including time of news and simple fact of putting this information into the program). More popular (more often present) was politics, accidents and disasters, crime, "human stories", culture and economy. Health care system seems to be more attractive (or important) than sport, science, weather and terrorism. Finally, less than 5% of airtime was (on average) dedicated to the issue of health care system (report *Wizja świata…* 2011: 16).

According to this report every three news in five in "Panorama", every one in four in "Wiadomości", every three in four in "Wydarzenia" and every one in two in "Fakty", referring to health care system, were bad news. To sum up, when talking about hospitals, health care system bureaucracy and their staff, media are keen on presenting worrying information. In some cases this is strengthened with some inconceivable or senseless news (especially on "Fakty") (*Wizja świata…* 2011: 14–15). The positive or neutral coverage is then significantly weaker.

Two particular examples should be – at least shortly – discussed here: the case of "skin-hunters" from Lodz and the case of doctor G. Those cases – despite of differences – have some vital similarities. Firstly, there were some factual reasons for law enforcement authorities for their actions. Secondly, mass media were strongly interested in reporting those cases, mobilizing public attention or even to incite moral panic. Thirdly, both cases should have an negative influence on social confidence in functionaries of health care system in Poland. The affair of "skin-hunters" was revealed by "Gazeta Wyborcza" and "Radio Lodz" in 2002.

Media informed about staff of emergency medical service from Lodz who had been selling information about dead patients to some funeral companies, had been delaying the procedures of life saving or even had been killing patients. This topic was leading one (agenda setting) for couple of weeks and titles of many articles were simply thrilling (operated intentionally to incite panic) (Gałuszka 2003: 127–140). The case of doctor G. was not so serious or dramatic (however for some time G. was suspected of killing the patient) and it referred to some corruption pathologies. This case was also highly reported by media, including a press conference of Ministry of Justice – Public Prosecutor General. As Gałuszka and Legiędź-Gałuszka write, "corruption among health care system is a constant element of media coverage and has been a subject of social researches. Generally, corruption is risky for physicians. When it is revealed and investigative procedures are initiated, the medial stigmatization is to be expected. Then the occupational or administrative career often ends. The case of transplant doctor G. […] could be a warning, unless the end of his history. After couple of months since he had left prison, he found new job in a private hospital [own translation]" (2008: 79).

The negative media coverage is linked to the negative public opinion on health care system[7] and one of many problems that heads of Polish health care system and politicians responsible for this system have to face with, is the problem of decline of social trust. According to Public Opinion Research Centre (CBOS), many of Poles reckon that doctors are incompetent (25%), do not interested in their work (31%) and unfair when treating patients (not treating all patients in the same way: 51%) (Hipsz 2014: 1–2). On the other hand, positive opinions were dominating here (except for fair treating patients) – see Table 1.

**Table 1.** Public opinion on physicians and health care system in Poland (in %)

| Specification | I agree. | I do not agree. | Hard to say. | Total |
|---|---|---|---|---|
| Physicians are competent. | 65 | 25 | 10 | 100 |
| Physicians are engaged in their work and want to help their patients. | 58 | 31 | 11 | 100 |
| All patients are treated the same way, depending only on their health condition. | 38 | 51 | 11 | 100 |

Source: CBOS 2014.

[7] It could be interesting – but not necessary from the point of view of conducted analysis – to answer following question: What is the "trigger"? Does the mass media coverage influence the public opinion on health care system opinion? Is the mass media coverage adequate (more or less intentionally) for the negative public opinion?

For the public opinion on physicians the matter of corruption is also crucial and some findings of *Corruption* Eurobarometer 374 survey from 2012 seem interesting here. When asked, if giving and taking of bribes, and the abuse of positions of power for personal gain, are widespread among people working in the public healthcare sector, 48% of Poles agreed. This is significantly more than the frequency of positive answers noticed for all 27 European Union member states (30%). Only for nine countries (mostly of East and Central Europe) bigger frequency was observed (*Corruption*… 2012: 53).

Opinions on the whole health care system are even worse. More than half of Poles reckon that: arrange a medical appointment with doctor-specialist is uneasy (85%), necessary diagnostic tests are hard to be done quickly (67%), terms of medical appointments are often inconvenient (61%) and administration of health care institutions is ineffective and inefficient (51%) (Hipsz 2014: 1–2). Findings of *2010 Edelman Health Barometer* are quite comparable to results by CBOS. Almost 80% of respondents found the health care system in Poland as weak or average. Most vital reasons for complaints were: long time of waiting for date of medical appointment (90%), risk of medical malpractice and risk of contagion when being hospitalized (76%) and lack of well-qualified staff (physicians) at hospitals and clinics (Gałuszka 2010: 134).

Experiences and opinions of Poles referring to medical malpractices are also significant. According to CBOS, 26% of Poles declare that their doctor – at least once – has made a mistake when recognizing the disease or ordering the therapy. Moreover, 15% of Poles state that there were some medical mistakes when curing their children[8]. About 16% of Poles are convinced that medical functionaries (physicians, nurses etc.) often or very often make some mistakes at their work. More than half of society members (55%) think it is vital to consult the diagnosis with another medical. When comparing results of surveys of 2001 and 2014, it is apparent that values of all indicators of social conviction about popularity of medical malpractices, has grown. Nevertheless, 78% of Poles trust in their doctors (on the other hand, strong confidence was reported by only 16%) (Omyła-Rudzka 2014).

What is more – according to the latest survey by CBOS – Poles tend to esteem medicals (71%), but the social respectability for physicians is smaller than deference for firemen, university professors, qualified workers, miners, teachers and nurses (Cybulska 2013: 1–4). It could be stated that Poles are rather restrained in this case.

To sum up, the social surrounding (mass media and public opinion) is critical to occupational group of medicals. The ethical qualifications of physicians are

[8] The frequency of declarations referring to experiencing medical malpractices is connected with the educational status. The better educational status, the greater likeliness to state there were some mistakes when being cured.

questioned, due to some corruption affairs and – sometimes very serious – other crime accusations. Apart from group loyalty indicators (discussed above), there are some factual reasons for professional group of medicals to feel uncomfortably. Do they perceive the situation accordingly to besieged fortress syndrome criteria? Asking them for their feelings and assessments was an interesting research undertaking.

## 5. Material and methods

The aim of the research was to identify opinions by doctors and students of medicine on how physicians are perceived by Polish society. The context for the research and the analysis was the discussed decline of social trust for health care system and – especially – representatives of physician profession in Poland.

**Table 2.** Socio-demographic characteristic of investigated group of physicians and medicine students (N = 379)

| Specification | Absolute numbers | In % |
|---|---|---|
| 1 | 2 | 3 |
| PHYSICIANS | 151 | 40 |
| *Type of questionnaire* (N = 151) | | |
| Version A | 71 | 47 |
| Version B | 80 | 53 |
| Total | 151 | 100 |
| *Occupational characteristic* (N = 151) | | |
| Without medical specialty | 72 | 48 |
| Medical specialty | 79 | 52 |
| Missing data | – | – |
| Total | 151 | 100 |
| *Sex* (N = 151) | | |
| Male | 49 | 32 |
| Female | 101 | 67 |
| Missing data | 1 | 1 |
| Total | 151 | 100 |

**Table 2** continue

| 1 | 2 | 3 |
|---|---|---|
| *Birth year* | | |
| Mean | 1974 | |
| *Medical degree obtaining (year)* | | |
| Mean | 1998 | |
| MEDICINE STUDENTS | 228 | 60 |
| *Type of questionnaire* (N = 228) | | |
| Version A | 132 | 58 |
| Version B | 96 | 42 |
| Total | 228 | 100 |
| *University characteristic* (N = 228) | | |
| First/second year | 21 | 9 |
| Third year | 112 | 49 |
| Sixth year | 95 | 42 |
| Missing data | – | – |
| Total | 228 | 100 |
| *Sex* (N = 228) | | |
| Male | 88 | 39 |
| Female | 139 | 61 |
| Missing data | 1 | 0 |
| Total | 228 | 100 |
| *Birth year* | | |
| Mean | 1991 | |
| TOTAL | 379 | 100 |

S o u r c e: own elaboration.

The survey was conducted during 2013/2014 academic year, with usage of specially operated questionnaire (two versions: A and B) filled by research participants. Both versions of the questionnaire were similar: some questions were the same, while the other were twin and related (referring to the same social phenomena and problem, but asking about it in a different way). Two versions of

questionnaire were prepared in order to avoid possible interactions between twin questions, when answering one question could influence the answer for the another. Researchers assumed that separated twin questions will allow to gain more adequate response that in case of putting them together in one form.

The total research sample was 379 people, of which: 203 filled version A of the questionnaire, while 176 filled version B of it. Following groups of respondents were represented in the survey: 1) physicians from Lodz (N = 151); 2) students of Faculty of Military Medicine at Medical University of Lodz (N = 228). It was important – or even intriguing – to conduct the research in the city of "skin-hunters".

Basic information about socio-demographic status of surveyed group is presented in Table 2. Collected data was analyzed with MS Excel package, according to descriptive statistics' standards.

$$Q = \frac{ad - bc}{ad + bc}$$

$$phi = \frac{(ad - bc)}{\sqrt{(a+b)(a+c)(b+d)(c+d)}}$$

$$r = 1 - \frac{6\sum_{i=1}^{n} d_i^2}{n \cdot (n^2 - 1)}$$

Yule (Q) index as well as phi-coefficient were applied with usage of fourfold tables. Spearman's coefficient of rank-order correlation (rho) was also used (B a i l e y 1994: 396–398).

## 6. Social respectability

The first and basic research finding is that medicals and medicine students respected the physician profession the most of the given list of 26 different professions (the same question in both versions of questionnaire). Generally, only three occupational groups were "greatly respected" by more than half of surveyed group. These are: representatives of an own group: physicians (77%), judges (71%) and university professors (70%). Other professions – irrespective of high educational status (teachers, engineers), exercised power (government, local authorities, parliament members), high material and financial status (managers),

dedication and life risking (nurses, policemen, army officers) and hard nature of work (miners, workers) – were indicated as greatly respected by minority (often vast) of the surveyed group.

**Table 3.** Respectability of three most esteemed occupational groups – by physicians and medicine students (N = 379; in %)

| Respondents | Great respectability | Medium respectability | Small respectability | Hard to say | Missing data | Total |
|---|---|---|---|---|---|---|
| *Medical* | | | | | | |
| Physicians (N = 151) | 66 | 26 | 3 | 3 | 2 | 100 |
| Medicine students (N = 228) | 84 | 14 | 1 | 0 | 1 | 100 |
| *University professor* | | | | | | |
| Physicians (N = 151) | 67 | 21 | 5 | 3 | 4 | 100 |
| Medicine students (N = 228) | 72 | 23 | 1 | 2 | 2 | 100 |
| *Judge* | | | | | | |
| Physicians (N = 151) | 58 | 31 | 5 | 3 | 3 | 100 |
| Medicine students (N = 228) | 79 | 18 | 1 | 2 | 0 | 100 |

S o u r c e: own elaboration.

What is significant – medicine students more often declared that they greatly respected medicals (84%) than medicals themselves (66%) (*sic!*). Students were also more eager to greatly respect university professors (5 percentage points) and judges (21 percentage points). This results in fact, that medicine students totally greatly respected own target occupational group, while physicians were more reserved and treated own group (66%) and the group of university professors (67%) equally. There are two conclusions. Firstly, medical occupational group is more

attractive as a target group than as an actual one. Secondly, physicians as an occupational group are more esteemed by medicals and medicine students than by whole Polish society (first position in the ranking by medicals and the seventh – as it has been already mentioned – in the ranking by Poles).

This information refers to factual respectability for specified occupational categories. However, sociologically intriguing and important for real functioning in vocational social sphere, is subjective conviction about social esteem for own occupational group. Possible differences between own assessment ("How do I respect my profession?") and perceived social respectability of own occupational group ("How do people respect my profession?") may influence the feeling of satisfaction or – on the other hand – deprivation of the need and demand for deference.

Majority of respondents (74% – summed percentages of answers: "very great respectability" and "great respectability") manifested their belief, that physicians were highly respected in Polish society (see Table 4). However, it should be stressed, that medicine students (85%) were much more convicted about the high social esteem for physicians, than surveyed doctors (52%). So that, only half of physicians may enjoy own (perceived) high social status. Medicine students seems to be more optimistic and almost every of them anticipates own future high social position.

**Table 4.** Perceived and desired social respectability of physicians in Poland – by physicians and medicine students (N = 379; in %)

| Version A | Physicians (N = 71) | Medicine students (N = 132) |
|---|---|---|
| 1 | 2 | 3 |
| *What is, according to your opinion, the respectability of physicians in Poland?* | | |
| Very great | 6 | 22 |
| Great | 46 | 63 |
| Medium | 35 | 14 |
| Small | 13 | 1 |
| Very small | – | – |
| Hard to say | – | – |
| Missing data | – | – |
| TOTAL | 100 | 100 |

**Table 4** continue

| 1 | 2 | 3 |
|---|---|---|
| *Is the respectability of physicians in Poland as great as it should be?* | | |
| Physicians should be more respected | 78 | 59 |
| Physicians are respected just like they should be | 18 | 33 |
| Physicians should be less respected | 1 | 1 |
| Hard to say | 3 | 6 |
| Missing data | – | 1 |
| TOTAL | 100 | 100 |

S o u r c e: own elaboration.

Doctors (78%) more often than students (59%) claimed that physicians should be more (than in fact they were) respected in Polish society. The opinions of doctors are quite reasonable and understandable, as doctors tend to perceive own social status as not very high. The declarations of students seem interesting here: they find social status of physician high, but – in their opinion – it should be even higher. It possibly means a specific (never satisfied) desire for own, personal success in the stratification filed.

## 7. Perceived social associations with medical profession

Respondents were asked (the same question in both versions of questionnaire): "What Poles, in your opinion, associate with medical profession?" This was an opened question and gained answers were categorized and catalogued into five files: 1) positive descriptions; 2) negative descriptions; 3) neutral descriptions; 4) respondents' lack of competence for giving answer ("I don't know / Hard to say / I have never thought about it"); 5) lack of answer (missing data). The basic criterion for categorizing each description as positive or negative was the matter of decoded perceived (often moral) attitude to physicians in particular aspects (positive – admiration, respectability, appreciation *versus* negative – indignation, disgust etc.). If some descriptions presented by respondents could not been attributed to such an axiological assessment, then they were categorized as neutral.

One more time surveyed doctors and medicine students differed among given answers. Medicine students generally (79%) stated that social associations with medicals were rather positive. The same was declared by only 53% of surveyed

doctors. Physicians more often (6 percentage points) than students perceived social opinion on their profession as critical one. When calculating only positive and negative descriptions with usage of fourfold table, phi-coefficient (–0,13) and Yule's Q (–0,26) inform about weak correlation between respondents' status (physician *versus* medicine students) and answers given to the question. The exemplary answers categorized as positive are following:

*– Huge responsibility, the necessity of making hard decisions, need for never-ending learning.*

*– Respectability, trust, help in difficult cases.*

*– Engagement in work.*

*– Vast knowledge and great responsibility.*

*– Working hard, contact with patients, logical thinking, readiness for helping.*

*– Experience, safety, trust.*

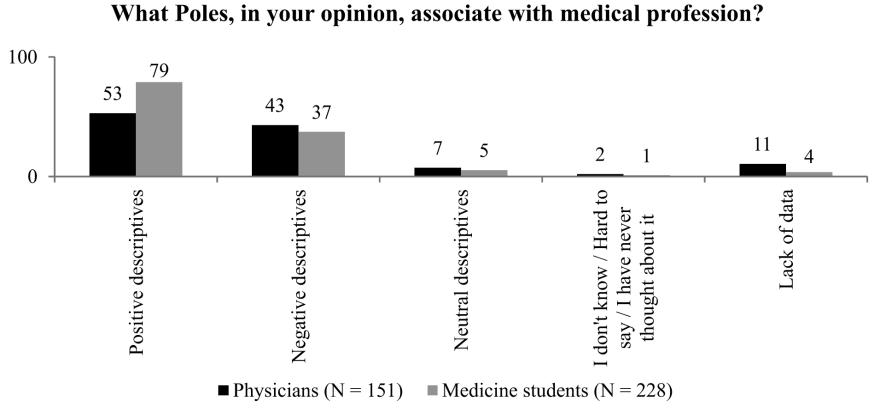


**Fig. 1.** Social associations with medical profession in the perspective of physicians and medicine students (N = 379; in %)

N o t e: Each answer (as many of them were long and complex) for this opened question could be classified into more than one category. So that, summed percentages for each of two analysed sub-groups of respondents can be bigger than 100%.

S o u r c e: own elaboration

What is important, positive descriptions referred to many different aspects of physicians' activity or physicians' characteristics. Personal features (moral, intellectual competences) were mentioned as well as requirements for persons due to specific medical job (coping with stress, long hours on duty, necessity of life-long learning etc.). As positive descriptions were also catalogued those mentioning high social or material status connected with doctors' work.

Doctors (43%) slightly more often than medicine students (37%) claimed that Poles' thoughts on medicals were negative and critical ones. When reconstructing the social associations with medical professions, the feeling by respondents of unfair judgment may be noticed. They probably gave negative descriptions seeing them adequate for social associations, but inadequate for the object of those descriptions. In negative descriptions particular clues and pleas were mentioned. Perceived allegations referred to physicians' bad performance (bribery, lack of professional competence) often connected with impunity. The other case is social and economic status, perceived as being assessed as unfairly high. Finally, respondents stated that people associated physicians with weak organization of health care system. It may be noticed that similar kind of physicians' characteristics were mentioned in positive and negative descriptions: 1) socio-economic status (perceived as duly on unfairly high); 2) professional competence (factual or missing); 3) personal features (empathy, reliability and engagement *versus* greed and lack of empathy). The exemplary answers categorized as negative are following:

– *Lack of competence.*

– *Problems.*

– *Corruption.*

– *Life of luxury, doing nothing and having fun.*

– *Corruption, lack of competence, unequal patients treating.*

– *After last mass-media critical actions – medical seems to be almost a killer.*

– *Firstly, lack of time for patient. Secondly, being arrogant and thinking to be someone better than other people. Thirdly, focusing on money only.*

– *Long queues.*

– *Lack of empathy, lack of engagement in work. Too little time dedicated to patient.*

Neutral descriptions were presented by doctors (7%) and medicine students (5%) with quite similar frequency. The exemplary answers categorized here are following:

– *Treating diseases.*

– *Illness.*

– *Health.*

– *Health care service.*

– *Prescriptions and ordering some medical examinations.*

Two facts are significant here. First of all, medicals (11%) more often than medicine students (4%) avoided to answer the question. The possible and hypothetic explanation is that they did not want to write about unpleasant matters (as social opinion on medicals – perceived as the critical one – seems to be unpleasant matter rather for doctors than for medicine students). Secondly, many of answers were complex, multidimensional (some time even "inconsequent"). Respondents wrote about positive and negative parts of social portrait of medicals as well. They found social opinion about medicals complicated:

some aspects of their performance were to be assessed by Poles as professional and useful, while another – as incompetent, dishonest etc. Such an complex opinions were manifested by 11% of surveyed group. The exemplary answers are following:

– *When life is threatened, people tend to esteem medicals, but otherwise – not so eagerly*.

– *Responsibility, hard work, difficult university studies, corruption*.

– [Doctor is viewed as] *An intelligent person. A sorcerer, who is able to cure everyone. A greedy person, bribe-taker. People reckon that medicals don't have a private life and they should be ready all time to visit patients and offer them accurate services.*

– Saving life, queues, corruption.

– Big money, being out of control (medicals' complot), but also professional competence.

– [Doctor is viewed as] *Someone who helps us, but earns too big money and overuses own social status.*

– Something special, prestigious. Unfortunately, people often are jealous of medicals' success and are keen on defaming them.

– Vast knowledge. Someone earning money, because someone else is ill.

– *Some time ago people esteemed medicals for their knowledge. Now they think that medicals are incompetent.*

To sum up, medicals are quite keen on seeing the social associations with medical profession as critical ones, nevertheless negative descriptions (43%) were given by medicals less often than positive (53%). Medicine students more frequently gave a positive (79%) than negative (37%) descriptions (difference of 42 percentage points). Doctors often reckon they are perceived critically, while medicine students think that members of their target occupational group are perceived by Poles affirmatively.

## 8. What physicians think about physicians and what physicians reckon Poles think about them?

Above information is general one and refers to perceived feeling on medical occupational group. More in-depth and more particular view is also needed. What aspects of medicals' performance – in opinion of doctors and medicine students – are criticized or (on the other hand) assessed positively by Poles? Do medicals and medicine students agree with those opinions?

In version B of the questionnaire there was a question: "You will find here some opinions about physicians. Do you think that Poles agree with these opinions?". Respondents were given five statements referring to medicals' performance. For statement "Physicians are competent." 54% of surveyed doctors and 43% of surveyed students answered: "The majority of Poles do not agree with this opinion." Even more

problematic was statement "Physicians are honest." 70% of medicals and medicine students (the same frequency of answers) reckoned that more than a half of Polish society did not share this opinion. About half of surveyed group (49% of doctors and 53% of students) found that people in Poland generally see medicals as unengaged in their work. The same refers to friendliness of doctors (in opinion of 60% of surveyed medicals and 54% of students the majority of Poles do not agree with the opinion that doctors are friendly). What is more, surveyed physicians (65%) and medicine students (69%) reckoned that in Poles' opinion, doctors were unfair and the way physicians treated their patients depended often on other factors than only patients' health.

**Table 5.** Public opinion on physicians in Poland – perceived by physicians and medicine students (N = 176; in %)

| *You will find here some opinions about physicians. Do you think that Poles agree with these opinions?* – version B | Physicians (N = 80) | | | | | Students (N = 96) | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | The majority of Poles agree with this opinion. | The majority of Poles do not agree with this opinion. | Hard to say | Missing data | Total | The majority of Poles agree with this opinion. | The majority of Poles do not agree with this opinion. | Hard to say | Missing data | Total |
| Physicians are competent. | 25 | 54 | 20 | 1 | 100 | 39 | 43 | 19 | – | 100 |
| Physicians are honest. | 10 | 70 | 19 | 1 | 100 | 9 | 70 | 21 | – | 100 |
| Physicians are engaged in their work. | 29 | 49 | 20 | 3 | 100 | 31 | 53 | 16 | – | 100 |
| Physicians are friendly. | 13 | 60 | 26 | 1 | 100 | 16 | 54 | 30 | – | 100 |
| The way physicians treat their patients depends only on patients' health condition. | 13 | 65 | 21 | 1 | 100 | 22 | 69 | 9 | – | 100 |

S o u r c e: own elaboration.

What is particularly surprising (see Table 6), many of physicians and medicine students – in some way – agreed with the perceptible critical public opinion on physicians occupational group in Poland. This is information of version A of the questionnaire. Respondents of both researched groups found it difficult to answer question: do physicians are honest or not (42% in group of physicians and 49% in group of students). The same refers to the problem of friendliness (respectively: 42% and 51% for option "hard to say") and fairness when treating patients (respectively: 32% and 37%). Doctors as well as students manifested only their belief in professional competence and knowledge (72% in group of physicians and 65% in group of students) and engagement in work (respectively: 62% and 55%).

**Table 6.** Physicians' and medicine students' opinion on physicians in Poland (N = 203; in %)

| *You will find here some opinions about physicians. Do you agree with these opinions?* – version A | Physicians (N = 71) | | | | | Students (N = 132) | | | |
|---|---|---|---|---|---|---|---|---|---|
| | I agree with this opinion. | I do not agree with this opinion. | Hard to say | Missing data | Total | I agree with this opinion. | I do not agree with this opinion. | Hard to say | Missing data | Total |
| Physicians are competent. | 72 | 7 | 20 | 1 | 100 | 65 | 8 | 27 | – | 100 |
| Physicians are honest. | 44 | 13 | 42 | 1 | 100 | 39 | 11 | 49 | – | 100 |
| Physicians are engaged in their work. | 62 | 8 | 28 | 1 | 100 | 55 | 8 | 36 | – | 100 |
| Physicians are friendly. | 35 | 21 | 42 | 1 | 100 | 30 | 18 | 51 | 1 | 100 |
| The way physicians treat their patients depends only on patients' health condition. | 25 | 42 | 32 | 1 | 101 | 22 | 41 | 37 | – | 100 |

S o u r c e: own elaboration.

The high frequency of answers "hard to say" (uncommon for sociological surveys and unparalleled when analysing answers for other questions in the questionnaire) is meaningful. The only reasonable explanation is factual doubting some aspects of ethical performance of medicals but without daring and readiness for direct expressing those doubts. If so, the frequency of answers "hard to say" and "I do not agree" could be summed up. This would bring a result that more than half medicals seriously doubt in physicians' honesty (55%), friendliness (63%) and fairness when treating patients (74%). Similar results would be obtained among the group of medicine students (respectively: 60%, 69%, 78%).

## 9. Occupational aspirations

Finally, the problem of occupational aspirations of actual and future medicals (medicine students) was investigated. Respondents were asked (the same question in both versions of questionnaire), what kind of profession they would like their children to pursue (regardless of having or planning to have children). The question was an opened one and various answers (variety of essence and structure) were obtained. Eight catalogues were operated and each answer was classified to at least one of them (see Table 7).

**Table 7.** Physicians' and medicine students' occupational aspirations (N = 379; in %)

| *What kind of profession would you like your children to pursue?* | Physicians (N = 151) | Medicine students (N = 228) |
|---|---|---|
| Non-medical prestigious professions requiring high education degree (i.e. lawyer, engineer) | 47 | 36 |
| Medical | 35 | 36 |
| Choice of occupation fully depending on child's preferences and abilities | 20 | 33 |
| Well-paid job (i.e. businessman, entrepreneur) | 5 | 8 |
| Medical but non-physician professions (i.e. dentist, vet) | 5 | 2 |
| Not a physician (negative choice and negative description) | 2 | 1 |
| Declared lack of preferences | 2 | 2 |
| Other answers | 3 | 14 |

N o t e: Each answer (as many of them were long and complex) for this opened question could be classified into more than one category. So that, summed percentages for each of two analysed sub-groups of respondents can be bigger than 100%.

S o u r c e: own elaboration.

Among the group of surveyed physicians, the most frequently given answer was: non-medical prestigious professions, requiring high education degree. Answers of almost half of respondents (47%) was categorized here. The second most popular desired profession (for child) was the medical profession (35%). Every fifth respondent (20%) declared that the decision about future occupation would be up to the child. Only 2% of investigated medicals stated straight out they did not want their children to become a physicians.

Responses of doctors and medicine students were to some extent similar, what is proven by Spearman's coefficient of rank-order correlation (rho = 0,88)

(comparison of two series of categories ordered by frequency of indications). However, some differences are to be noticed. Firstly, for medicine students the most attractive professions (for their factual or possible children) were equally: physician's profession and non-medical prestigious professions, requiring high education degree (36% for each category). Secondly, medicine students were much more (comparing to their elder colleagues, pursuing the medical profession; disproportion of 13 percentage points in the frequency of answers) ready not to interfere the children's decision.

## 10. Final remarks

Information presented in the paper could be summarized in a following way. There are some clues suggesting appearance of the besieged fortress syndrome among the professional group of Polish medicals. First of all, the hostile public opinion and "scandal-oriented" media should be mentioned. Secondly, some performances fulfilling the criteria of group conformity and loyalty can be easily indicated. Conducted own survey also offer some arguments. Physicians tend to see own professional group as respected not as greatly as it should be. What is more, they reckon own group as viewed (by common people) as a group of incompetent, not interested in work and dishonest individuals. So that the criterion – according to Ziółkowski's catalogue – of feel of being endangered by an enemy and/or a feel of being hemmed by some malevolent forces seems to be fulfilled. However, conducted survey proved also some unexpected results. Physicians participating in the study, manifested some serious doubts addressed to ethic qualifications of their colleagues. This make the situation more complex than expected, basing simply on the model of besieged fortress syndrome. It seems that the critical media coverage is somehow accepted and adopted by members of in-scope professional group. Then the criterion of Manichean perspective and heroisation of own group when confronting the (pure evil) enemy is not fulfilled. This is a vital research finding, that need to be verify among researches conducted on bigger, and fully representative sample.

One other interesting finding should be reminded here. Medicine students reconstructed social opinion on physicians occupational group more positively and more adequately than doctors. Nevertheless, they are also aware of critical status of opinion on physicians and they often agree with this critical opinion. So that they find their target professional group as socially criticised and state there are rational reasons for such a hostile assessment. An intriguing and important question could be formulated here: What drive young people to make serious efforts to graduate medical university and exercise the job of doctor? Are some reasons connected with calling and strong moral need for helping people crucial ("maudlin hypothesis")? Or maybe some reasons connected with high social and

material status of physicians (not forgetting about stability of employment) are key ones ("cynical hypothesis")? Looking for answer to this question could be an interesting task.

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## CZY SYNDROM OBLĘŻONEJ TWIERDZY? LEKARZE I STUDENCI MEDYCYNY WOBEC PROBLEMU RECEPCJI SŁUŻBY ZDROWIA W POLSCE

**Streszczenie.** Artykuł dotyczy problemu spadku społecznego zaufania do instytucji służby zdrowia w Polsce. Analizy zawartości mediów pokazują, że przekaz medialny jest zorientowany na pokazywanie błędów lekarskich, przypadków korupcji oraz innych skandalicznych zdarzeń z obszaru służby zdrowia. Przypadek „łowców skór" z Łodzi jest tu dobrym przykładem. Wszystko to może kreować negatywną opinię społeczną o funkcjonariuszach służby zdrowia (zwłaszcza lekarzach). Sondaże CBOS dokumentują postrzeganie lekarzy – przez wielu Polaków – jako niekompetentnych, niezaangażowanych w swoją pracę i traktujących pacjentów w sposób uznaniowy (niesprawiedliwy). Krytyczna opinia publiczna i media zorientowane na prezentację skandali, powinny tworzyć nieprzyjazne środowisko działania dla zawodowej grupy lekarzy. Czy jednak prowadzi to do wystąpienia syndromu oblężonej twierdzy (rozumianego jako konsolidacja i mobilizacja własnej grupy, postrzeganej jako niewinna ofiara wrogiego otoczenia społeczno-instytucjonalnego)? W artykule zostaną wykorzystane – w formie studium przypadku – wyniki własnych badań ankietowych, przeprowadzonych z udziałem 151 lekarzy z Łodzi oraz 228 studentów medycyny na Wydziale

Wojskowo-Lekarskim Uniwersytetu Medycznego w Łodzi. Celem tego badania było poznanie opinii lekarzy i studentów na temat postrzegania zawodów medycznych w polskim społeczeństwie. Zebrany materiał empiryczny pozwala na (przynajmniej częściową) weryfikację hipotezy syndromu oblężonej twierdzy.

**Słowa kluczowe:** lekarze, grupa zawodowa, zaufanie, syndrom oblężonej twierdzy, opinia publiczna.