



Negative feedback after an internship in the Health services of Brazzaville, Republic of Congo

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DOI: <https://doi.org/10.5281/zenodo.17007652>

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Abstract

Introduction: Health internships are essential to the training of future professionals. This article highlights the importance of adequate supervision and good clinical practice in ensuring effective training.

Methods: A qualitative study was carried out with ten students from the Faculty of Health Sciences, using anonymous interviews. The data were analyzed to saturation point, allowing us to explore the trainees' experiences.

Results: The testimonies reveal a number of malpractices, such as non-compliance with asepsis techniques, a lack of professionalism and violations of patients' rights. The students observed inappropriate behavior on the part of nursing staff, including abuse during deliveries and illegal sales of medicines. In addition, the management of medical resources was found to be deficient, with data falsification.

Discussion: The findings highlight shortcomings in supervision and working conditions, compromising student training and safety. The testimonies highlight the need to reform the healthcare system to improve clinical practices and guarantee an adequate learning environment.

Conclusion: To ensure quality training for future healthcare professionals and fair patient care, it is crucial to establish supervisory mechanisms, train staff in ethics and fight corruption. These reforms are essential to restore confidence in Brazzaville's healthcare system.

Keywords: Internship, feedback, health services, brazzaville

Introduction

Internships in the fields of medicine, nursing, and health care in general play a crucial role in student education. They allow students to acquire practical skills and become familiar with the clinical environment. Alanazi *et al.* ont examiné comment les étudiants en stage s'en sortent dans un environnement clinique (Alanazi *et al.* 2023) ^[2]. The experience of interns in health services is essential for training competent future health professionals. Wallace *et al.* discussed an internship program for nursing students, emphasizing academic partnerships, which could illustrate the acquisition of practical skills and the training of competent future professionals. (Wallace 2016) ^[35]. One of the main components of this experience is the acquisition of good clinical and laboratory practices, which are key elements in addressing public health issues. Bahari *et al.* explored the facilitators and barriers to successful nursing internship programs, offering insight into the importance of

internships in student training and practical skills (Bahari, Alharbi, *et al.* harbi 2022) ^[8], which are key elements in addressing public health issues. Albloushi *et al.* examined the impact of the placement year on nursing students' perceived clinical competence, highlighting the importance of placements in developing students' practical skills (Albloushi *et al.* 2023) ^[3]. While Iliman, Eser, and Cerkezoglu (2024) ^[18] said that internships influence nursing students' attitudes toward their caregiving roles (Iliman, Eser, et Cerkezoglu 2024) ^[18]. Healthcare professionals who supervise internships must master their field of expertise and demonstrate exemplary work ethics, particularly in their dealings with patients (Sakr *et al.* 2022) ^[30]. The efficiency and quality of the care provided, as well as the way in which the work is carried out, are crucial indicators of the quality of healthcare (Carney *et al.* 2019) ^[12]. Failures in this area represent a major public health problem (Maeda et Socha 2021) ^[22]. Indeed, poor patient care can leave a negative

impression and undermine confidence in the healthcare system. It can also lead to a reduction in access to healthcare and undermine the objectives of universal health coverage (Kalita *et al.* 2023) ^[19]. In addition, it's important to stress that patients are often treated disparately, with some receiving preferential treatment while others are neglected or mistreated. This disparity raises questions of equity and access to healthcare, which are fundamental aspects of public health policy (Wu *et al.* 2024) ^[40].

Several studies have been conducted to examine the impact of post-internship feedback on health care interns (Zhao *et al.* 2023; Anjum 2020; Bahari, Alharbi, *et al.* harbi 2022) ^[41, 5, 8]. These qualitative researches provide detailed information and allow the exploration of interns' perceptions, experiences, and reactions. They contribute to improving the quality of internships and identifying key elements that promote effective learning and optimal professional development. A study used semi-structured interviews to gather interns' narratives about their internship experience and post-internship feedback (Chang *et al.* 2013) ^[13]. Ce type de méthode est couramment utilisé dans la recherche qualitative, car il permet d'explorer en profondeur les pensées, les sentiments et les expériences des participants sur des sujets spécifiques, comme leur expérience de stage. L'utilisation d'entretiens semi-structurés dans cette étude est particulièrement pertinente car elle permet aux chercheurs de recueillir des données riches et nuancées. Les stagiaires peuvent partager leurs expériences de manière ouverte, ce qui peut révéler des insights importants sur la culture organisationnelle, les défis rencontrés et les aspects positifs de leur stage. De plus, cette méthode favorise une interaction dynamique entre l'intervieweur et l'interviewé, ce qui peut enrichir la qualité des données recueillies (DeJonckheere et Vaughn 2019) ^[14].

The results emphasized the importance of constructive and specific feedback for the development of clinical skills, as well as the positive impact of emotional support and encouragement on interns' confidence and motivation. The researchers identified themes such as the relationship between the intern and the supervisor, the team atmosphere, the clarity and relevance of the feedback, and the manner in which the feedback was delivered. These results underscore the importance of communication and the relationship between the actors involved in the feedback process. A case study by Gault *et al.* (2010) ^[42] explored interns' perceptions of the long-term impact of post-internship feedback on their professional development. This study highlights the importance of post-internship feedback as a professional development tool. Trainees who receive constructive, targeted feedback are more likely to feel prepared for the job market and have a better understanding of their professional skills. Feedback not only helps to boost trainees' self-confidence, it also enables them to identify specific areas for improvement, which can positively influence their long-term career trajectory. In addition, trainees' perceptions of the quality and relevance of the feedback they receive can determine their future commitment to ongoing learning and professional development. Our results showed that post-internship feedback had a lasting impact on interns' confidence, skills, and critical thinking, contributing to shaping their professional identity.

Therefore, an analysis of interns' experiences in health services highlights the shortcomings of the health care system and proposes solutions aimed at improving the quality of care and promoting ethical and equitable patient care. This qualitative study on post-internship feedback in health services aims to deepen our understanding of this process and provide valuable information for educators, supervisors, and health professionals involved in intern training.

Methods

Design: This was a qualitative cross-sectional study conducted with 10 students from the Faculty of Health Sciences, in the form of an interview. We obtained their oral consent to collect their testimony.

Study population, recruitment and interviews

The study population was public health students in years 2, 3 and 4 at the Faculty of Health Sciences in Brazzaville between December 2023 and January 2024. All students who agreed and answered the single question were included in our study. Recruitment was done by directly scheduling appointments, making sure to explain the subject of the study. Recruitment was done with the aim of obtaining the most diverse sample possible. 10 interviews were conducted before reaching data saturation. The interviews were prepared using an interview guide. It was systematically specified that the interviews were anonymous.

Analysis of the interviews

We performed a line-by-line analysis of the collected data, based on the single question asked. To increase the internal validity of the study, the interviews were re-read.

Data saturation

The number of interviews was not determined in advance. The interviews were stopped when no new codes appeared in the analysis of the last two interviews. The sample size of our study was obtained by "data saturation" at the end of the 8th interview. This was verified by two additional interviews, bringing the total number of interviews to 10.

Questionnaire development

This was a single qualitative question with two aspects: to testify about the feedback from their first-year and second-year internships. All questions were transcribed into an Excel spreadsheet version 10. The criterion used to define the sample size was the "data saturation" phenomenon. This was achieved when the data collected during a new interview no longer provided new information.

Ethical and financial aspects

No data on patients was collected. The questionnaire was anonymous. The study was not the subject of internal funding from the National Institute for Research in Health Sciences. Regarding confidentiality, all included students were assigned a number. Matches of numbers with their names were made on another confidential file.

Results

Characteristics of the Interviews: The interviews were conducted throughout December 2023. The average

duration of the interviews was 40 minutes, ranging from a minimum of 15 minutes to a maximum of 60 minutes. All interviews took place within the Faculty of Health Sciences, primarily involving students in public health.

Malpractices in Healthcare Practices

Intern 1, first-year experience: "During care practices, healthcare workers did not follow aseptic techniques and did not reassure patients."

Intern 1, second-year experience: "In the care unit, healthcare workers washed disposable gloves to reuse them on other patients."

Intern 3, first-year experience: "Laboratory technicians expose themselves to blood, providing care without wearing gloves, and do not handle needles carefully."

Intern 9, first-year experience: "Cleaning medical equipment with a household detergent used daily instead of a disinfectant capable of properly eliminating germs." Healthcare workers do not follow aseptic techniques during care practices and fail to adequately reassure patients. Furthermore, workers wash and reuse disposable gloves on multiple patients, exposing themselves to blood and handling needles without caution. Medical equipment is inadequately cleaned with a simple household detergent instead of an appropriate disinfectant, failing to properly eliminate germs. This lack of hygiene and safety endangers the health of both patients and caregivers. These malpractices highlight major issues in healthcare practices, jeopardizing the safety of patients and healthcare staff. Training and strict controls on hygiene and sterilization procedures seem necessary to address these issues.

Lack of Professionalism and Respect Towards Patients

Intern 1, first-year experience: "As soon as they arrive at work, healthcare workers preferred to engage in irrelevant conversations instead of focusing on patients' health, ignoring them."

Intern 3, first-year experience: "Patients are poorly received and could wait for a long time without being attended to by healthcare staff."

Intern 3, first-year experience: "A woman coming for minor surgery was confronted by a nurse who scared her by saying she was going to amputate her foot."

Intern 7, first-year experience: "Midwives insulted patients with very harsh insults."

Intern 13, first-year experience: "It's horrible to see a woman in labor being mistreated, with midwives showing no respect for a woman giving birth."

Intern 13, first-year experience: "Patients are not safe; they could leave with their IV drip already set up to buy food outside the hospital."

The lack of attention and priority given to patients is a major issue in some healthcare facilities. Healthcare workers

engage in unrelated conversations, ignoring patients who may wait a long time without being attended to. Additionally, inappropriate and disrespectful behavior from staff towards patients is observed. For example, a nurse scared a patient by saying she would amputate her foot when it was just a minor surgery. Midwives go as far as insulting patients harshly and mistreating them during childbirth. Such acts make patients feel unsafe in these conditions, which is unacceptable in a healthcare facility. This analysis reveals a glaring lack of professionalism and consideration for patients from healthcare staff, creating a climate of tension, fear, and insecurity for patients, who should be the priority in a healthcare facility. Training on professional ethics and respect for patients seems indispensable.

Failures in Medical Resource Management

Intern 11, second-year experience: "I saw healthcare nurses selling medications to patients who had already paid for their consultations, although all medications at the (integrated health center) are free after paying for the consultation."

Intern 7, first-year experience: "Some midwives behaved poorly towards women during childbirth, insulting patients with very harsh insults."

Intern 8, first-year experience: "There were really manipulations of data in some reports, with staff inventing certain data. The DS did not organize an annual review but still sent the data to the department, supplementing it with old data."

Intern 15, first-year experience: "Additionally, some aseptic rules were not followed, such as the sterilization of equipment."

Intern 16, third-year experience: "In the general intensive care unit, it is not allowed for intern and regular nurses to attend the staff meeting, which is reserved only for doctors." In some healthcare facilities, several concerning practices are observed. First, nurses illegally sell medications to patients, although these medications should be free after paying for the consultation. Additionally, some healthcare workers do not hesitate to falsify data in reports, without the responsible organizing an annual review to verify the reliability of the information. Furthermore, the sterilization of medical equipment is not always properly conducted, jeopardizing the adherence to aseptic rules. Finally, intern and regular nurses are not allowed to attend medical staff meetings, limiting their access to information and ongoing training. In light of these issues with transparency, ethics, and safety of care, urgent measures are needed to restore patient trust. These problems indicate significant failures in medical resource management, with illegal practices, data falsification, and compartmentalization of information, endangering the quality of care and patient safety. Measures for transparency, control, and staff training seem necessary to address these dysfunctions.

Ethical Violations and Inappropriate Behavior

Intern 1, first-year experience: "There was favoritism

towards their acquaintances, who were treated better than those with whom they had no affinity."

Intern 4, second-year experience: "They do not respect the patient's right to choose their caregiver freely. As soon as the patient exercises their right to be consulted by a healthcare worker, others show their dissatisfaction by neglecting the patient."

Intern 14, first-year experience: "Healthcare workers sold vaccines intended to be free to mothers who came to vaccinate their children, especially to foreigners."

Intern 14, first-year experience: "...healthcare workers sold prescriptions and child surveillance forms to mothers bringing their child for preschool consultations."

Intern 14, first-year experience: "...healthcare workers clandestinely performed minor surgeries such as incising a child's tongue, even though the health center had a stomatology unit."

Intern 4, second-year experience: "A pregnant woman arriving in the department for childbirth was poorly received; the midwives assumed that since it was not her first pregnancy, she was already experienced in pain. They reprimanded the pregnant woman, asking her to stop overacting."

Intern 4, second-year experience: "After a difficult delivery, the woman had sutures, but she screamed in pain; the midwife insulted her, threatened to abandon her without finishing, and repeatedly hit her whenever she writhed in pain."

Intern 4, second-year experience: "When health inspectors came to monitor activities, the midwives would whisper among themselves, saying: 'They think they are the ones who will change this hospital. We are the ones on the ground facing reality.'"

Intern 4, second-year experience: "They organize themselves to welcome the inspector agents to make a good impression during the reports."

Intern 4, second-year experience: "A pregnant woman coming to deliver was left alone until she gave birth without midwife assistance. After delivery, she had to call the midwife to care for the newborn. A relative of the woman then bribed the midwife by giving her money. Only then did the midwife begin to take care of the woman."

Intern 15, first-year experience: "A patient, after cardiac arrest, was resuscitated but to stabilize him, an injection was needed, which could not be administered without payment. Due to lack of payment, the patient died after a second cardiac arrest..."

Intern 15, first-year experience: "Due to lack of financial means, a road accident victim was left to fend for himself, lying in the courtyard, head bleeding, arm fractured, with the hand detaching from the limb..."

Intern 15, first-year experience: "The quality of hygiene was below required standards (floors and wall surfaces not very clean) in most departments, but especially in the surgery department where the air was foul. The stench in the environment forced staff to wear multiple surgical masks to be able to work."

The testimonies of interns reveal numerous malpractices in this healthcare facility. There is favoritism and unequal treatment, with some being better treated than others. Furthermore, caregivers do not accept patients freely choosing their healthcare provider, showing their dissatisfaction by neglecting these patients. Moreover, illegal sales of medications and medical documents occur, with staff even clandestinely performing minor surgeries despite the center having a stomatology unit. The testimonies also report abuse and lack of compassion towards patients, particularly by midwives during difficult deliveries. Some healthcare workers collude to give a good impression during inspections in a climate of corruption and abuse of power. Finally, patients are abandoned due to lack of financial means, and hygiene standards are deplorable, especially in the surgery department. Urgent measures are needed to restore quality care and respect for patient rights. These various testimonies highlight numerous ethical violations and inappropriate behavior by medical staff, including discrimination, abuse, illegal practices, and corruption.

Discussion

This exploratory study has highlighted the negative experiences faced by medical students who have interned in the health services of Brazzaville. The testimonies collected underline recurring problems in terms of supervision, hygiene, and safety within these structures, calling into question the quality of practical training offered to future health professionals. According to Abdalla et Shorbagi (2018) ^[1], these challenges are not unique to Brazzaville, as similar situations are observed in other parts of sub-Saharan Africa, where lack of supervision and precarious conditions compromise the quality of clinical learning (Abdalla et Shorbagi 2018) ^[1]. Participants specifically deplored the lack of adequate supervision from doctors and nursing staff, as well as the precarious working conditions marked by a glaring lack of material resources and hygiene. These elements could have compromised the interns' learning and their sense of safety in performing their activities. As the Ministry of Health and Population (2020) points out, the health infrastructure in Brazzaville presents major structural challenges, exacerbating the conditions in which placements are carried out. These results raise questions about the organization and management of internships in Congolese health facilities. They emphasize the importance of strengthening supervision and internship conditions to ensure quality practical training for future doctors. Ten Cate (2005) ^[32] insiste sur le concept d'activités professionnelles de confiance (Entrustable Professional Activities - EPA), emphasises the concept of Entrustable Professional Activities (EPA), which stresses that trainees should be supervised progressively according to their skills to enable them to acquire secure autonomy (Ten Cate 2005) ^[32]. This approach could serve as a framework for structuring internships and ensuring appropriate supervision.

Coordinated efforts between academic institutions and care structures seem necessary to sustainably improve this worrying situation. This study focuses on the negative experiences faced by medical students during their internships in the health facilities of Brazzaville. This work gives voice to future health professionals who are on the front line to observe the realities of the healthcare system. The interviewed interns occupy a hybrid position, being both holders of a certain level of medical expertise and citizens concerned about patient care issues. Their testimonies highlight major gaps in terms of supervision, hygiene, and safety in the health services, thus questioning the quality of practical training offered to future doctors. As Muganzi (2023) ^[24] points out, students' perceptions of their training environment influence not only their learning, but also their commitment to their future profession (Muganzi *et al.* 2023) ^[24].

These results raise questions about the ability of the Congolese health system to ensure adequate internship conditions and an environment conducive to student learning. These results invite a deep reflection on ways to strengthen the connection between academic institutions and care structures to ensure quality training for future practitioners. This thinking is also supported by the recommendations of the WHO (2016), which calls for coordinated efforts to improve clinical learning environments and ensure adequate supervision, thus contributing to the training of competent and well-prepared professionals (World Health Organization 2016) ^[37].

1. Lack of professionalism and negligence in care

Interns 1 and 3 mention a lack of professionalism and rigor in the provision of care. Health workers prefer to engage in irrelevant conversations rather than focus on patient needs, while others neglect aseptic measures and patient reassurance. Moreover, testimonies reveal dangerous practices such as washing single-use gloves for reuse, thus endangering patient safety. Previous studies have also highlighted the lack of professionalism in healthcare, particularly in hospitals. These observations are consistent with the work of Bismark *et al.* (2013) ^[10], who studied the impact of unprofessional behaviour in hospitals and its negative influence on the quality of care. They point out that lack of professionalism can lead to unsafe practices, increasing the risks to patients (Bismark *et al.* 2013) ^[10]. In addition, studies such as Arnetz *et al.* (2018) ^[6] have highlighted a correlation between a dysfunctional hospital environment and a decline in professional rigour among healthcare workers, particularly due to insufficient supervision and implicit tolerance of inappropriate behaviour (Arnetz *et al.* 2018) ^[6]. However, trainee accounts reveal increased severity, with unsafe practices such as washing single-use gloves. This could be explained by a culture of impunity in some healthcare institutions, where unethical practices are normalised. Ten Cate (2005) ^[32], in his study of Entrustable Professional Activities (EPA), points out that the absence of strict standards and supervision can lead to a deterioration in professional practices and put patients at risk (Ten Cate 2005) ^[32]. However, testimonies from interns show increased severity with unsafe practices such as single-use glove washing. However, testimonies from interns show increased severity

with unsafe practices such as single-use glove washing. This observation is in line with the findings of Snowdon, Leggat and Taylor (2017) ^[31], who showed that the absence of adequate clinical supervision can lead to practices that do not comply with standards of care, impacting on both the quality of care and patient experience. (Snowdon, Leggat, et Taylor 2017) ^[31]. This difference could be due to a culture of impunity in some healthcare institutions, where unethical practices are normalized.

2. Violations of patients' rights and obstetric abuse

Flagrant violations of patients' rights have been reported, including disrespect for the right to choose one's own carer and mistreatment of pregnant women. Behaviours such as intimidation of patients and hostile reception during childbirth highlight the urgent need to improve obstetric practices. Violations of patients' rights, particularly during childbirth, are well documented in the literature. Bohren *et al.* (2015) ^[11] conducted a systematic review revealing frequent cases of obstetric violence, such as insults, neglect and coercive behaviour towards women in labour (Bohren *et al.* 2015) ^[11]. Vogel *et al.* (2016) ^[34] also highlighted that such abuse is often linked to overwork, lack of resources and insufficient training of healthcare professionals (Vogel *et al.* 2016) ^[34]. However, the bullying and hostile reception behaviours observed by trainees illustrate an alarming degree of abuse, rarely documented on this scale. This difference could be explained by a lack of training for healthcare professionals on patients' rights, despite international recommendations to promote a patient-centred approach. In particular, World Health Organization (2018) ^[38] has highlighted the importance of ongoing training to ensure that patients' rights are respected, but these initiatives still appear to be insufficiently implemented in many contexts (World Health Organization 2018) ^[38].

3. Fraudulent practices and corruption

The observations of trainees 6 and 8 highlight fraudulent practices and corrupt behaviour within healthcare facilities, such as the sale of medicines that are supposed to be free, the falsification of medical data, and the clandestine practice of unauthorised surgical procedures. These behaviours not only compromise the integrity of the healthcare system, but also endanger the lives and well-being of patients. Previous studies on corruption in the healthcare sector have mentioned problems such as data falsification and the illicit sale of medicines. Vian (2012) ^[33] pointed out that corruption in health services often manifests itself in the misappropriation of resources intended for patients (Vian *et al.* 2012) ^[33]. Similarly, Naher *et al.* (2020) ^[25] documented cases of manipulation of medical data in under-regulated healthcare systems (Naher *et al.* 2020) ^[25]. However, testimonies concerning unauthorised surgical procedures reveal a worsening of these practices. This could be linked to shortcomings in the regulation and control of medical practices, as shown by Gaitonde *et al.* (2016) ^[17] in a systematic review of governance and corruption in healthcare systems in developing countries (Gaitonde *et al.* 2016) ^[17]. Inadequate oversight mechanisms, combined with a culture of impunity, encourage the proliferation of such dangerous practices.

4. Inadequate working conditions and infrastructure

The testimonies of trainees 4 and 7 highlight the precarious working conditions and inadequate infrastructure in healthcare facilities, including inadequate cleaning of medical equipment, the use of inappropriate measurement methods, and the lack of basic equipment such as blood pressure monitors. These structural shortcomings compromise the quality of care and contribute to the dangerous practices observed in these facilities. Infrastructure problems in healthcare facilities have been documented in several studies. Mills (2014) [23] has shown that deficiencies in equipment and infrastructure can lead to unsafe practices and compromise health outcomes (Mills 2014) [23]. In addition, Peters *et al.* (2008) [26] highlighted that inadequate infrastructure in hospitals in developing countries leads to gaps in care delivery and increases risk to patients and healthcare staff (Peters *et al.* 2008) [26]. Testimonies from trainees, particularly concerning the inadequate cleaning of medical equipment, reveal more serious shortcomings than those described in previous research. This may reflect a chronic underestimation of infrastructure needs in previous studies, as suggested by the work of Azevedo, (2017) [7] on the state of health systems in sub-Saharan Africa (Azevedo 2017) [7].

5. Ethical violations and poor governance

Unethical behaviour and poor governance in healthcare facilities were observed. Practices such as data manipulation, the illegal sale of medicines and the unauthorised performance of surgical procedures demonstrate a lack of respect for established ethical standards and clinical protocols. In addition, the lack of adequate supervision and accountability mechanisms perpetuates these damaging behaviours. Studies have documented unethical behaviours in the healthcare sector, but the behaviours observed by trainees, such as data manipulation and illegal drug sales, illustrate a systemic problem. Vian *et al.* (2012) [33] have highlighted how the lack of effective control mechanisms can facilitate these practices in healthcare systems in low-income countries (Vian *et al.* 2012) [33]. This situation can be exacerbated by gaps in oversight, as highlighted by the work of Naher *et al.* (2020) [25], who highlight the impact of poor governance on the quality of care (Naher *et al.* 2020) [25]. In addition, Lewis (2006) [21] has shown that corruption in healthcare facilities often stems from a lack of transparency and oversight, which can lead to practices such as data manipulation and drug diversion (Lewis 2006) [21]. These observations underline the need to strengthen control and accountability mechanisms in healthcare institutions to counter these problems.

6. Insufficient resources and difficult working conditions

The trainees' testimonies revealed challenges linked to resources and working conditions in healthcare facilities. Lack of financial resources leads to shortages of medical equipment and an inability to provide adequate patient care, while unsanitary working conditions and poor infrastructure compromise the safety of patients and staff. These material and organisational constraints hamper efforts to provide quality care and promote patient safety in these

establishments. Challenges relating to resources and working conditions have been widely discussed in the literature. For example, Rosen *et al.* (2018) [28] analysed the impact of equipment shortages on quality of care and patient satisfaction (Rosen *et al.* 2018) [28]. However, the trainees' testimonies highlight a significant deterioration in working conditions, which can be interpreted as reflecting a prolonged crisis in the healthcare sector, not fully captured in previous studies. This observation is supported by the work of Kruk *et al.* (2018) [20], which highlights the link between low investment in health infrastructure and poor health system performance in low-resource countries (Kruk *et al.* 2018) [20]. In addition, World Bank (2020) [36] highlights how inadequate working environments in healthcare establishments affect not only the quality of care but also the motivation of medical staff (World Bank 2020) [36]. These results underline the urgent need for reforms to improve resources and infrastructures in healthcare establishments in order to guarantee quality.

7. Poor patient reception and access to care issues

The interviews revealed that patients were often not well received, including long waiting times and a blatant lack of attention and respect towards them. These barriers to accessing care can deter individuals, particularly pregnant women and people requiring urgent care, from using health services. This raises concerns about the equity and accessibility of care for all citizens. Previous work, such as that by Andaleeb (2001) [4], has revealed problems with the reception of patients in hospitals, highlighting shortcomings in the patient-healthcare provider relationship (Andaleeb 2001) [4]. However, residents' accounts of long waits and lack of respect indicate a more worrying situation. This difference could reflect a deterioration in service standards, exacerbated by overworked staff, as pointed out by Berwick *et al.* (2008) [9] in their analysis of the impact of organisational stress on patient care (Berwick, Nolan, et Whittington 2008) [9]. These findings call for structural reforms in healthcare institutions to ensure equitable access to care and respectful treatment for all patients. The study by Rosiek-Kryszewska and Leksowski (2018) [29] also stresses the importance of staff training to improve patient satisfaction and reduce inequalities in care provision (Rosiek-Kryszewska et Leksowski 2018) [29].

8. Unethical behaviors and questioning of professionalism

Unethical behaviors by health staff were revealed, such as demanding payments for free services, selling medications and vaccines intended to be free, as well as insults and mistreatment towards patients. These practices harm medical ethics and question the integrity and professionalism of health staff. These observations align with the work of Bismark *et al.* (2013) [10], who highlighted recurring unethical behaviour in hospital settings and its impact on patient trust in healthcare systems (Bismark *et al.* 2013) [10]. Unethical behavior has been identified in several studies, but practices revealed by interns, such as requests for payment for free services, show a marked deterioration in ethical standards. This situation could reflect a normalisation of illegality in certain care practices, as also indicated by Arnetz *et al.* (2018) [6] in their study of the

organisational factors favouring such behaviour (Arnetz *et al.* 2018) ^[6]. These findings underline the urgent need to strengthen ethical training and monitoring within health facilities to prevent these abuses and restore integrity to medical practices. As WHO (2009) argues in its recommendations on ethical care, adopting an approach based on transparency and staff accountability is crucial to guaranteeing a quality health service (World Health Organization et WHO Patient Safety 2009) ^[39]. This could indicate a normalization of illegality in certain care practices.

9. Resource and data Management issues

The results also highlighted issues in resource and data management, including the invention or omission of medical data in monthly reports, data report manipulations, and lack of adequate medical equipment. These problems compromise the quality of care, decision-making based on reliable data, and transparency in the management of health facilities. These findings are in line with those of Driessen *et al.* (2007) ^[15], who studied the negative effects of inadequate resource management on clinical outcomes and patient satisfaction (Driessen *et al.* 2007) ^[15].

Concerning internship experiences and impact on the training of health professionals Repeated experiences of mistreatment, lack of supervision, and insufficient engagement in health services have been described. These experiences can negatively impact interns' training and compromise their professional development. These observations are consistent with the work of Farnan *et al.* (2012) ^[16], who point out that the absence of adequate supervision and support leads to a reduction in learning opportunities and an increase in professional errors. (Farnan *et al.* 2012) ^[16]. It is essential to promote a respectful and supportive working environment for interns so that they can benefit from a positive learning experience and develop exemplary professional practices. Furthermore, studies such as Qin *et al.* (2023) ^[27] have shown that resource management issues in the healthcare sector are common, but the results of this research highlight more frequent data manipulation (Qin *et al.* 2023) ^[27]. This difference could be explained by the evolution of management practices and the lack of ongoing training for professionals on the importance of transparency.

These comparisons show that interns' testimonies reveal more serious systemic problems in the healthcare sector than have been documented in previous research. These discrepancies highlight the need to reassess healthcare management practices and improve working conditions to ensure patient safety, in line with Ten Cate's (2005) ^[32] recommendations on the importance of optimal learning conditions in the medical professions (Ten Cate 2005) ^[32]. These differences underline the need to re-evaluate healthcare practices and improve working conditions to ensure patient safety.

Conclusion

The results of this study underline the critical challenges faced by healthcare students during their internships in Brazzaville's facilities. The testimonies reveal an urgent need to reform the healthcare system to guarantee not only adequate training for future professionals, but also an ethical

and respectful framework for patients. To improve the quality of care and patient safety, it is essential to establish rigorous supervision mechanisms, train staff in ethical standards, and fight corruption. These changes are essential to restore confidence in the healthcare system and ensure equitable access to care for all.

Acknowledgements

We would like to thank all the participants for sharing their experiences with us.

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