The meaning of humanization for first-year medical students - The use of narratives in medical school

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Abstract

Purpose To analyze the meaning of humanization by first-year medical students as well as to find out about their role models and what were their personal experiences of humanization and dehumanization before entering medical school.

Methods The authors performed a qualitative study using narratives of first-year medical students. The data were analyzed through content analysis. The narratives were used as a strategy to stimulate students' reflection and to understand their perspectives and values at the beginning of the medical program.

Results The study included 167 participants: 67 females (40.1%) and 100 males (59.9%). The participants' ages ranged from 16 to 38 years. The analysis of the narratives showed three main themes: socio-political and economic aspects of medicine, humanization of healthcare, and dimensions of humanization and dehumanization. In their narratives, the students expressed the desire to become doctors, to help and improve people's lives, and the intention to emulate good role models. Another desire was to contribute to the development of the Brazilian healthcare system. The students considered the humanization of healthcare as an integral vision of the human being that includes perceiving the context and personal history, as well as the complexity, of the human being. The students emphasized the importance of "going beyond the technical dimension" in the relationship between physician and his/her patient. Some students recognized the transdisciplinary aspect of medicine.

Conclusions The students in the first-year of the medical program have a clear understanding of the meaning of humanization in medical practice, regardless of their social and economic conditions, age, sex, and religion. The students' narratives expressed their expectations for a more humane society with respect, solidarity, and compassion. The use of narrative is a strategy to develop critical thinking and to better get to know our students: who they are, what they think, and how they feel.

Background

The debate about humanization in healthcare remains alive and necessary because medicine is not just the application of biomedical sciences, but it is also the recognition of human values and needs. Thus, there is a need to place medicine in a social, cultural, and historical context to lead medical students to recognize patient’s social problems and to be able to think about appropriate solutions regarding their medical practice. And since training, physicians are aware that understanding the personal and sociocultural contexts in which their patients are involved will significantly transform their clinical practice and develop their relationships with their patients so that care reaches the quality levels expected by both In this way, humanization in medicine depends on the recognition of the physician and medical student, that his professionalism is related to a deep and permanent personal commitment to medicine as a social and moral activity [1, 2].

Humanism as a philosophical perspective stresses the intrinsic value, dignity and rationality of human beings, placing focus on total human experience and the human at the center [3]. Humanization in this study refers to actions that seek to value human interactions, especially in the context of health services, respecting the subjectivity, history and need of each one. Humanization in healthcare can be defined as the culture of no violence; quality of service, associating technical excellence with the capacity of reception and response; to offer good working conditions, take care of the health professionals; increase the capacity of communication between users and services [4]. It can be considered as the democratization of relationships involving care, leading to greater dialogue and improvement of the communication between health professional and patient, as people acting in the therapeutic process [5].

Therefore, teaching humanization is part of responsibility of medical program, and it involves more than cognitive contents; it includes reflection about students' experiences and good role models. The development of ethical behavior and humanization practices can result from observing teachers that demonstrated higher professionalism [6, 7].

The use of narratives is an innovative strategy in medical training to teaching and learning humanization in health care, using student reflection. Narratives permit the development of communication skills, the capacity for reflection, empathy, and to take patients' perspective [8–13]. It can also be used to develop professionalism [14–16].

In this study, we proposed to use students' narratives as a strategy to stimulate their reflection and to understand the meaning that they attribute to "humanization" in the beginning of the medical program. We also analyzed their role models and their personal experiences of humanization and dehumanization before entering medical school.

Methods

Study design

This qualitative study was conducted in 2016 using narratives of first-year medical students from the School of Medicine of the University of São Paulo. Participation was voluntary, and anonymity was guaranteed, as the participants did not give any personal information, such as names or other identification information. Access to the results was also guaranteed. There was no monetary compensation or any advantage in participating, and the refusal to participate did not result in loss or damage of any nature.

Participants

All first-year medical students from the School of Medicine of the University of São Paulo were invited by the researchers of this study to participate at the end of a lecture in the first week of the medical program to fill out a sociodemographic questionnaire and to write their narratives. The researchers were not teachers of these students.

Instruments

The sociodemographic questionnaire contained questions about sex, age, profession of parents, religion, family income, and type of high school attended (public or private). Two statements were presented to inspire the students in their narratives: 1) "Humanizing is..." and 2) "Relate an instance of humanization or dehumanization experienced by you." Narratives are linguistic registers of stories and experiences that, inserted in a historical, social and cultural context provide a panorama of the reality of people and their social roles. Experiences, values, ways of inhabiting, seeing and thinking the world compose and fill narratives, whose function is to reshape, represent, and structure human action in language and text [8, 9].

Data analysis

For the analysis, the theoretical reference of Narrative Medicine [17, 18] and Content Analysis were used. It consists of a set of systematic and objective techniques and procedures for describing the contents, in a way that allows the categorization, elaboration of inferences, and interpretation of the data [19, 20]. The qualitative analysis of the narratives by two researchers of the study, followed traditional content analysis methods, that is preparation of the material (typing of the answers of the open questions and organization of the data), free reading, highlighting subjects by relevance and/or repetition, categorization of the emerging categories and derived issues, discussion with all members of the research group, and a descriptive presentation of the results using quotes from the participants answers

Results

The initial sample of this study had 180 students enrolled in the first year of Medical school. At data collection, 13 students were absent. The study included data from 167 participants: 67 females (40.1%) and 100 males (59.9%). The participants' ages ranged from 16 to 38 years, with an average age of 20 years. We collected 4 pages per participant, with a dataset size of 668 pages.

Regarding the religion of the respondents, 40% declared themselves Christian, 31% were not affiliated with any religion, and 29% belonged to other religions. We observed that 64% of respondents studied in private high schools, 35% in public high schools, and 1% studied in both. Regarding the parents' professions, 15% of the fathers and 8% of mothers were physicians, 2% of the fathers and 12% of the mothers had other healthcare professions.

The analysis of the narratives showed three central themes: socio-political and economic aspects of medicine, humanization of healthcare, and dimensions of humanization and dehumanization.

In their narratives, the students expressed the desire to become doctors, to help and improve people's lives, and the intention to emulate good role models. Another desire expressed was to contribute to the development of the Brazilian Healthcare System. They recognized healthcare as a citizen's right and their future social role. Previous experiences that influenced their professional choice had to do with their

participation in social projects in poor communities. These were included in the category of socio-political and economic aspects of medicine. Participants wrote:

"The possibility of being able to contribute to improving the quality of life in my neighborhood." Male student, 19 years

Another important aspect highlighted by the students was the fact that being a doctor gives them the possibility to transform their realities, especially for the students with financial vulnerability.

“I am proud to be the first in my family to graduate.” Male student, 17 years

The students considered humanization of healthcare as an integral vision of the human being, which includes perceiving the context and personal history as well as the complexity of the human being. The students emphasized the importance of "going beyond the technical dimension" in the relationship between physician and his/her patient. Some students recognized the transdisciplinary aspect of medicine.

"I have decided to pursue a medical career to be able to provide those who need care with attention that goes beyond technique, embracing more humanistic aspects such as the psychological imbalance in such a delicate situation." Male student, 20 years

"To humanize is to see beyond the technical dimension, noting that behind a disease or diagnosis there is also a human being immersed in its ethnic, socioeconomic and cultural issues." Female student, 18 years

Empathy was considered an essential aspect of the humanization of healthcare by the majority of the students.

“To humanize is to understand the patient as a complex human being with pain, desires, and values and to treat him or her with compassion.” Female student, 18 years

With regard to the dimensions of humanization and dehumanization, they mentioned situations lived in the social context of inequality and in disease situations where they or their relatives were themselves involved. They referred to the lack of attention in medical practice as dehumanization and considered the ability to be integrally present with the patient (mindfulness) as humanization.

Several students mentioned the humanization experiences that they had in their first week at the university when they had the opportunity to tell stories to hospitalized children. The students recognized as their role models their own physicians and pediatricians, their parents who worked in healthcare professions, and humanitarian aid institutions as "Medecins Sans Frontiers" and "International Committee of the Red Cross." Frequently, students wrote that their choice of career was made in their early years as we can observe in the following segments of narratives:

"The recent experience of humanization, which I had the privilege of living, was during the first week at the university. We were required to ask the patients "What would you consider a good doctor?" Almost all

answers reinforced the importance of listening, paying attention, and looking in the eyes of patients." Female student, 19 years

"To be in a public hospital as a patient gave me positive and negative experiences about the healthcare system. It encouraged me to choose a profession to improve the system." Female student, 22 years

Table 1

Categories and issues from analysis of student's narratives.

Category	Issues	Examples
Socio-political and economic aspects of medicine	Improve people's lives	"I began to participate in voluntary activities that put me in contact with other realities - distant realities of mine - and this was a motivator for me to choose medicine because I understood that through this profession I would have the opportunity to transform the life and the reality of other people." Female student, 20 years "The possibility of being able to contribute to improving the quality of life in my neighborhood." Male student, 19 years
	Social transformation	"I felt that I could exercise the profession without doubting the potential of the medical practice to improve society." Female student, 22 years
	Physician's social role	"The interest in biological content has added to the possibility of fulfilling a social role that the profession has to take care of health, a fundamental right for all of the population." Female student, 19 years
	Improvement of the Brazilian healthcare system	"To be in a public hospital as a patient gave me positive and negative experiences about the healthcare system. It encouraged me to choose a profession to improve the system." Female student, 22 years
Humanization of healthcare	Vocation	"I wanted to be someone who helps others. I see myself as a person willing to help and care..." Female student, 18 years
	Concept of humanization	"To humanize is to listen to the patient." Male student, 25 years "It is to see the person empathically and to understand his/her history - even if it is not compatible with ours or even if it reveals different values than those we believe." Female student, 20 years
	Complexity	"To humanize is to remember that technical knowledge alone does not encompass human complexity... Humanizing is to cherish life by valuing individual complexity, establishing effective and not superficial interpersonal relationships." Male student, 17 years "... to see beyond the technical dimension, noting that behind a disease or diagnosis there is also a human being immersed in ethnic, socioeconomic, and cultural issues." Female student, 18 years
Dimensions of humanization and dehumanization	In society	"I was going to a party with my family when I saw a girl begging on the street. While I was dressed up and was going to have fun and eat at the party, this girl, who should have been my age, was on the street with old clothes, no money, no food, exposed to crime and violence, without housing and without the opportunity to go to school. She did not look like a human being, but only like something in the middle of the street. For me, this was an experience of dehumanization because the girl did not have the basic rights and conditions of any human being." Female student, 18 years

Category	Issues	Examples
	Social Projects	"The recent experience of humanization, which I had the privilege of living, was the activity of the 'Social Ambulatory' during the first week at the university. [...] Although the conversation lasted less than an hour, I could see in the patient's countenance an admiration for my having made it to medical school. It was an essential experience that emphasized the humanist and care principles of medical practice." Male student, 19 years
	In human relationships	"For me, the 'simple' act of building a bond with someone is a humanizing experience. Making new friendships and maintaining old friendships. To establish a relationship of affection and trust with someone is a humanization experience. Likewise, being treated with respect and cordiality by anyone is a form of humanization." Male student, 20 years

Discussion

The narrative has the function of reshaping, representing, and structuring the human language in a text. It is composed and filled with experiences, values, ways of inhabiting, seeing and thinking the world. Once the human experiences and actions are in the narrative, its reading and interpretation can explore the social, economic and cultural conditions [8, 21]. In this study, narratives were used to stimulate students' reflection, to access their perception of humanization, and to allow them to recognize their values and expectations, as well as relevant experiences lived by the students before entering the medical graduation.

The interpretation of the text also allows researchers to evaluate students' ability to organize their actions and experiences in the narrative, expressing the signs, rules, and norms that give direction to their lives [8, 21]. Thus, the fragments of lived stories constructed the narratives of the students, the interaction with other people in circumstances of illness or good health, and the consequent happy or unhappy feelings which facilitated their reflection about humanization and the construction of their narratives.

The use of narratives in medical training was described as a strategy to develop critical thinking and to discuss several aspects of practice lived or observed by the students [10, 11, 14, 17, 22]. It is a stimulus to reflection about the practice in medical training, and an opportunity to apply the reflection pedagogy of Paulo Freire, a constructivist method based on a sequence of action-reflection-action. It means that after the learner has experiences the teacher gives him or her the opportunity to think about those experiences and to resignify. The next step is for the student to return to the practice and try to find a way to do better [23] .

Other learning objectives related to the use of narratives were to develop communication skills, empathy, and professionalism, and to access the student's feelings in case the patient died [15, 24]. The student's narratives were also used to evaluate the program and the hidden curriculum, and for the teacher to better get to know the students [22]. Authors affirmed that the use of narratives in medical training helps

students to consider the humanistic dimension of their patients and access their own emotions [10, 25, 26].

Many aspects of the contemporary world were present in the student's narratives, with the sense of humanization based on the idea of transforming the environment and the society in which they live as observed in their answers to some of the contemporary ills, such as crises involving the healthcare field and extreme social inequalities. The latter is of particular importance especially for developing countries such as Brazil. For these students, the possibility of transforming their lives and society was one of the reasons to choose a medical career as their colleagues said in the previous study [27].

The narratives of this study demonstrated that students establish relationships between humanization and sensitivity toward the cultural aspects of each patient. The students said it is necessary to listen to patients, to know about their history, culture, habits, and to be willing to help them not only in a clinical setting but with hospitalization and when treating them with prescriptions. They also showed humanistic values when they attributed importance in healthcare to human relationships and commitment to human happiness.

The effects of technical-scientific advances can be clearly seen in modern medicine when, at times, it separates physical, psychological, social and cultural aspects. Some authors affirm that physicians and medical students give more importance to scientific rationality than to the social, cultural, and psychological dimensions to understanding the patient and his or her disease [28]. Kumagai (2014) emphasizes the humanist aspect of the medical profession. The construction of a humanized relationship between healthcare professionals and patients requires ethical behavior, dialogue, and feedback. In this context, it is possible to fuse their horizons as each human being involved is considered, valued, and potentiated.

This group of students demonstrated an understanding of the social and cultural constructs present in the personal life of each human being, in this case, doctors and patients, and how they interfere with the relationship between them. Curiously, the respondents of this study were young people in the first week of medical school. Accordingly, we can affirm that they entered school with values inherent in their future profession, but the medical program will add complexity and sometimes cause these values to change [29–32].

The meaning of humanization for these students is related to the "doing" and the "how to do" in medical practice, including the ethical, cultural and professional dimensions. They also recognize that the technical and scientific knowledge is linked to the ethical behavior aimed at human development and commitment to the life and happiness of others.

The strengths of this study lie in the use of narratives with undergraduates to promote student reflection, to create a baseline about their concepts and values, to get to know the freshmen better, all the while helping us in the educational planning. Another strength is to bring about new perspectives of humanization to the medical education. Its weakness is the fact that the vision presented by the students

is a snapshot of the moment and the social context at the time of data collection. The analysis and conclusions are valid for this universe of medical students, and generalization is not possible.

Conclusion

The students in the first-year of the medical program have a clear understanding of the meaning of humanization in medical practice, regardless of their social and economic conditions, age, sex, and religion. The students' narratives expressed their expectations for a more humane society with respect, solidarity, and compassion for the ethical, cultural, and professional aspects of humanization are interconnected. The use of narrative is a strategy to develop critical thinking and to better get to know our students: who they are, what they think, and how they feel.

Declarations

Ethics approval and consent to participate

This study, with qualitative approach, was approved by The Human Research Ethics Committee of the University of São Paulo. The participants were all volunteers and did not receive any remuneration or advantage. They also signed a written informed consent before data collection.

Consent for publication

Not applicable

Availability of data and material

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Competing interests

The authors report no conflict of interests concerning the study.

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Authors' contributions

LT participated in the conception and design of the study, carried out the data acquisition, participated in the analysis and interpretation of data and drafted the manuscript. SCE and JRA critically reviewed the manuscript. PT participated in the conception and design of the study, and in the analysis and interpretation of data. All authors read and approved the final manuscript.

References

1. Kumagai AK, Lypson ML. Beyond cultural competence:critical consciousness, social justice, and multicultural education. Acad Med. 2009;84:782–7.
2. Kumagai AK. From Competencies to Human Interests: Ways of Knowing and Understanding in Medical Education. Acad Med. 2014;89:1–6. doi:10.1097/ACM.0000000000000234.
3. Rohmann C. A World of Ideas : The Dictionary of Important Ideas and Thinkers. Ballantine Books; 2010.
4. Ayres JR de CM. Hermenêutica e humanização das práticas de saúde Hermeneutics and humanization of the health practices. Cien Saude Colet. 2005;10:549–60.
5. Deslandes SF. Análise do discurso oficial sobre a humanização da assistência hospitalar Analysis of the official speech about humanization of the hospital assistance. Cien Saude Colet. 2004;9:7–14.
6. West CP, Shanafelt TD. Physician well-being and professionalism. Minn Med. 2007;90:44–46.
7. Kumagai AK. A Conceptual Framework for the Use of Illness Narratives in Medical Education. Acad Med. 2008;83:653–8. doi:10.1097/ACM.0b013e3181782e17.
8. Ricoeur P. Time and Narrative. Chicago: University of Chicago Press; 1984.
9. Ricoeur P. Hermeneutics and the Human Sciences: Essays on Language, Action and Interpretation. Cambridge: Cambridge University Press; 1981.
10. Charon R, Hermann MN. A Sense of Story, or Why Teach Reflective Writing? Acad Med. 2012;87:5–7.
11. Arntfield SL, Slesar K, Dickson J, Charon R. Narrative medicine as a means of training medical students toward residency competencies. Patient Educ Couns. 2013;91:280–6. doi:10.1016/j.pec.2013.01.014.
12. Divinsky M. Stories for life: introduction to narrative medicine. Can Fam physician. 2007;53:203–5.
13. Dasgupta S, Charon R. Personal Illness Narratives: Using Reflective Writing to Teach Empathy. Acad Med. 2004;79:351–6.

14. Cohn FG, Shapiro J, Siré D, Lie A, Boker J, Stephens F, et al. Interpreting Values Conflicts Experienced by Obstetrics–Gynecology Clerkship Students Using Reflective Writing. Academic. 2009;84:587–96.
15. Karnieli-Miller O, Vu TR, Holtman MC, Clyman SG, Inui TS. Medical students' professionalism narratives: A window on the informal and hidden curriculum. Acad Med. 2010;85:124–33.
16. Swick H. Towards a normative definiton of medical professionalism. Acad Med. 2000;75:612–6.
17. Ironside PM. New pedagogies for teaching thinking: the lived experiences of students and teachers enacting narrative pedagogy. J Nurs Educ. 2003;42:509–16.
18. Ironside PM. Trying something new: Implementing and evaluating narrative pedagogy using a multimethod approach. Nurs Educ Perspect. 2003;24:122–8.
19. Denzin NK. The Research Act: A Theoretical Introduction to Sociological Methods. New York: McGraw-Hill; 1978.
20. Denzin NK, Lincoln YS. The Landscape of Qualitative Research: Theories and issues. 2ed edition. Sage Publications Inc; 2003.
21. Greenhalgh T. Narrative based medicine: narrative based medicine in an evidence based world. BMJ. 1999;318:323–5.
22. Gaufberg EH, Batalden M, Sands R, Bell SK. The hidden curriculum: What can we learn from third-year medical student narrative reflections? Acad Med. 2010;85:1709–16.
23. Freire P. Pedagogy of Freedom: Ethics, Democracy and Civic Courage. Rowman & Littlefield; 1998.
24. Williams C, Wilson C, Olsen C. Dying, death, and medical education: student voices. J Palliat Med. 2005;8:372–81.
25. Adamski M, Parsons V, Hooper C. Internalizing the concept of caring: an examination of student perceptions when nurses share their stories. Nurs Educ Perspect. 2009;30:358–61.
26. Lencucha R. A research-based narrative assignment for global health education. Adv Heal Sci Educ. 2014;19:129–42.
27. Tempski P, Bellodi PL, Paro HBMS, Enns SC, Martins M a, Schraiber LB. What do medical students think about their quality of life? A qualitative study. BMC Med Educ. 2012;12:106. doi:10.1186/1472-6920-12-106.
28. Helman C. Culture, health, and illness. Am J Epidemiol. 1996;143:966–8. http://ezproxy.massey.ac.nz/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=cat00245a&AN=massey.b2190708&site=eds-live&scope=site.
29. Bombeke K, Van Roosbroeck S, De Winter B, Debaene L, Schol S, Van Hal G, et al. Medical students trained in communication skills show a decline in patient-centred attitudes: An observational study comparing two cohorts during clinical clerkships. Patient Educ Couns. 2011;84:310–8. doi:10.1016/j.pec.2011.03.007.
30. Hojat M, Vergare MJ, Maxwell K, Brainard G, Herrine SK, Isenberg GA, et al. The devil is in the third year: A longitudinal study of erosion of empathy in medical school. Acad Med. 2009;84:1182–91.

31. Newton BW, Barber L, Clardy J, Cleveland E, O'Sullivan P. Is there hardening of the heart during medical school? Acad Med. 2008;83:244–9.
32. Neumann M, Edelhäuser F, Tauschel D, Fischer MR, Wirtz M, Woopen C, et al. Empathy decline and its reasons: A systematic review of studies with medical students and residents. Acad Med. 2011;86:996–1009.

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