

Humanism in the narratives of first-year medical students

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Abstract

Background: The importance of the humanistic dimension in the medical profession and how socialization during medical programs can promote humanism or have dehumanizing effects are largely discussed in the medical education literature. Reflection exercises can facilitate student engagement in humanistic attitudes.

Method: We performed a qualitative study using the 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. We asked them to tell us about their role models, professional ideals and previous dehumanizing experiences, in contrast to their experiences of good health care.

Results: The study included 167 participants: 67 females (40.1%) and 100 males (59.9%). The participants' average age was 20 years. The analysis of the narratives showed three emergent categories: sociopolitical and economic aspects of medicine, medical humanities and experiences of humanism and dehumanization in health care. In their narratives, the students expressed the desire to become doctors, the desire to help people and improve their lives, and the intention to emulate good role models and contribute to the development of the Brazilian healthcare system. The students indicated that a way to promote humanism in healthcare was to cultivate an integral vision of the human being that includes perceiving his or her context, personal history and complexity. The students emphasized the importance of "going beyond the technical dimension" in the relationship between physician and patient. Some students recognized the transdisciplinary aspects of medicine.

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

Background

The importance of the humanistic dimension in the medical profession and how socialization during medical programs can promote humanism or have dehumanizing effects are largely discussed in the medical education literature [1,2]. However, the debate about humanism in healthcare remains necessary because medicine is not just the application of biomedical sciences but also the recognition of human values and needs [3].

Physicians who understand the personal and sociocultural contexts of their patients significantly transform their clinical practice to reach the levels of quality expected by both. In this way,

professionalism depends on a deep and permanent commitment to medicine as a social and moral activity [4].

Humanism as a philosophical perspective stresses the intrinsic value, dignity and rationality of human beings, placing focus on the total human experience and the human at the center [5]. Humanism 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. Humanism in healthcare can be demonstrated through actions and attitudes reflecting a culture of no violence and a high quality of service, connecting technical excellence with the capacity for reception and response, offering good working conditions, taking care of health professionals, and increasing the capacity for communication between users and services [6]. Humanism can be considered the democratization of relationships involving care, leading to greater dialogue and improvement in the communication between health professionals and patients as people engage in the therapeutic process [7].

Therefore, teaching medical humanities is one outcome of the curriculum, and it involves more than cognitive content; in fact, it includes students' reflections about their experiences and values [8,9]. However, the development of ethical behavior and humanization practices can also result from observations of teachers demonstrating higher levels of professionalism as good role models, thus serving as a hidden curriculum. [10-13].

The use of narratives is an innovative strategy in medical training to aid in the teaching and learning medical humanities using student reflection. Narratives permit the development of communication skills and the capacity for reflection, empathy, and taking patients' perspectives [14–20]. Narratives can also be used to develop professionalism [21-25].

In this study, we proposed the use of student narratives as a strategy to stimulate their reflections on humanistic attitudes and actions. We also analyzed their role models, previous dehumanizing experiences and experiences of good health care.

Methods

Study design

We performed a qualitative study with narratives of first-year medical students from the School of Medicine of the University of São Paulo. These narratives focused on students' previous dehumanizing experiences and humanistic attitudes, their role models and the values of the medical profession.

Participants

All first-year medical students were invited by the researchers of this study to participate at the end of a lecture in the first week of the medical program. The researchers were not the teachers of these students. Participation was voluntary. Confidentiality and access to the results were guaranteed. There was no monetary compensation, or any advantage offered for participation, and the refusal to participate did not

result in a loss or damage of any nature. This study was approved by the Institutional Review Board (Ethics Committee) of the School of Medicine of the University of Sao Paulo.

Instruments

Demographic data included sex, age, profession of parents, religion, family income, and type of high school attended (public or private).

In this study, the narratives were used as linguistic registers of stories and experiences that, when introduced into a historical, social and cultural context, provide a panorama of the realities of people and their social roles. Experiences, values, and ways of inhabiting, seeing and thinking about the world comprise narratives whose function is to reshape, represent, and structure human action in language and text [15-17].

We presented two statements to stimulate the students' narratives:

- 1) "Humanism in medicine is..." and
- 2) "Relate a dehumanizing experience in health care that happened with you or one relative or an experience of really good care".

Data analysis

We used for the analysis the theoretical references of narrative medicine [17-20] and content analysis based on deduction and analysis. [26-28]. They are composed of a set of systematic and objective techniques and procedures for describing the contents in a way that allows for the categorization, elaboration of inferences, and interpretation of the data [26-28].

We transcribed the narratives and organized the data. Two researchers trained in qualitative data analysis (LT is a sociologist and PT is a specialist in medical education) independently started a free reading, which permits the highlighting of subjects by relevance and/or repetition. From this initial stage of analysis, the researchers could share with other members of the research group the emerging categories and initial hypotheses. The categories and hypotheses of both researchers were analyzed by similarities and complementarities and were validated by the research group. The group defined the codes and rules for the sequential analysis of the material, which was performed independently by the two researchers (LT and PT). This procedure was performed to ensure a satisfactory level of reliability. The secondary analysis included categories, components and participant statements; these were discussed and validated by the research group. For all steps of the analysis, differences between researchers regarding particular findings were discussed, and the decisions were based on consensus. The final analysis was discussed in detail by all researchers.

Results

The initial study sample was composed of 180 students enrolled in their first year of medical school. At data collection, 13 students were absent. The study included 167 participants: 67 females (40.1%) and 100 males (59.9%). The participants' average age was 20 years.

We observed that 64% of respondents studied in private high schools, 35% in public high schools, and 1% in both. Regarding the parents' professions, 15% of the fathers and 8% of mothers were physicians, and 2% of the fathers and 12% of the mothers had other healthcare professions.

The analysis of the narratives showed three categories: sociopolitical and economic aspects of medicine, medical humanities and experiences of humanism and dehumanization in health care (Table 1).

In their narratives, the students expressed their desire to become doctors, their desire to help people and improve their lives, and their 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 choices had to do with their participation in social projects in poor communities. Another important aspect highlighted by the students was the fact that being a doctor would afford them the possibility of transforming their realities, especially for students with financial vulnerability. These findings were included in the category of the sociopolitical and economic aspects of medicine. Participants wrote the following:

"The possibility of being able to contribute to improving the quality of life in my neighborhood. "

"Medical school was a choice based on my social background...studying in a public university is an example of personal and financial transformation, in the context of the country's social inequality....I am the son of an immigrant with few prospects; I will be the first to graduate in my family."

The students indicated that a way to promote humanism in healthcare was to cultivate an integral vision of the human being that includes perceiving his or her context, personal history and complexity. Empathy was considered an essential aspect of humanism in healthcare by most medical students. Some students recognized the medical humanities, as we can observe in this example:

"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."

"To humanize is to see beyond the technical dimension, noting that behind a disease or diagnosis there is also a human being and her or his ethnic, socioeconomic and cultural issues."

"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."

They also mentioned previous experiences of disease in which they or their relatives were involved. They referred to the lack of attention in medical practice as dehumanizing. Several students mentioned the experiences that they had in their first week at the university when they had the opportunity to tell stories to hospitalized children and considered these experiences to be acts of humanism. The students recognized their role models, including their own physicians (mainly pediatricians), their parents who worked in healthcare professions, and humanitarian aid institutions such as "Medecins Sans Frontiers" and "International Committee of the Red Cross". Many students wrote that their choice of a medical career was made in their early years, as we can observe in the following segments of narratives:

"The recent experience of humanism, 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."

"Being in a public hospital as a patient gave me positive and negative experiences with the healthcare system. It encouraged me to choose a profession to improve it."

Discussion

Narrative has the function of reshaping, representing, and structuring the human language in a text. It is composed of experiences, values, and ways of inhabiting, seeing and thinking about the world. Once these human experiences and actions are encompassed in the narrative, its reading and interpretation can be used to explore social, economic and cultural conditions. 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 direct their lives [14,17, 29]. Thus, the fragments of lived stories, the interaction with other people in circumstances of illness or good health, and the consequent happy or unhappy feelings facilitate their reflections on the medical humanities and help them construct 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 [8, 17, 18, 21, 30, 31]. It is a stimulus to reflect on the practice in medical training and an opportunity to apply the reflection pedagogy of Paulo Freire; this was a constructivist method based on a sequence of action-reflection-action. This means that after the learner gains experience, the teacher gives him or her the opportunity to think about those experiences and to reframe them. The next step for the student is to return to the practice field and find a way to do better [3, 31, 32].

Other learning objectives related to the use of narratives are to develop communication skills, empathy, and professionalism and to access the student's feelings [22,33]. The student's narratives can also be used to evaluate the program and the hidden curriculum and for the teacher to better get to know the students [30]. The use of narratives in medical training helps students to consider the medical humanities in the context of their patients and access their own emotions [17, 34, 35].

Many aspects of contemporaneity were present in the student's narratives 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 issues, such as crises involving the healthcare field and extreme social inequalities. The latter is important, especially for developing countries such as Brazil. For these students, the possibility of transforming their lives and society was one of their reasons for choosing a medical career, as we have shown in a previous study [36].

The narratives of this study demonstrated that students establish relationships between humanism and sensitivity toward the cultural aspects of each patient. The students said that it is necessary to listen to patients; to learn about their history, culture, habits; and to be willing to help them. They also showed humanistic values when they attributed value in healthcare to human relationships and commitment to human happiness.

The effects of technical and scientific advances can be clearly seen in modern medicine when, at times, such advances separate 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 of understanding the patient and his or her disease [3, 14, 37]. 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, as suggested by Gadamer [38].

The students in this study demonstrated an understanding of the social and cultural constructs present in the personal lives of human beings, including both doctors and patients, and how these constructs interfere with the relationships between them. Interestingly, the participants were young people in their first week of medical school. They entered medical school with values inherent to their future profession, but the medical program will add complexity and sometimes cause these values to change [11, 39–42].

Humanism for these students is related to "doing" and "how to do" in medical practice, including ethical, cultural and professional dimensions. They also recognize that technical and scientific knowledge is linked to ethical behavior, which is aimed at human development and commitment to the lives 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 for their self-concept and values, and to help the faculty to get to know the freshmen better; the results can help in educational planning. Another strength is to bring about new perspectives of humanization to medical education. A weakness of the study 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 the generalization of the findings is not possible.

Conclusion

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

Declarations

Ethics approval and consent to participate

This study was approved by the Human Research Ethics Committee of the School of Medicine of the University of São Paulo. The participants were all volunteers and did not receive any remuneration or advantages. They also provided written informed consent before data collection.

Consent for publication

Not applicable.

Availability of data and material

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

Competing interests

The authors report no conflicts of interest 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 and in writing of the manuscript. All authors discussed the data analysis several times and read and approved the final manuscript.

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Tables

Table 1: Qualitative analysis of student narratives.

Category	Components or issues	Participants' statements
Sociopolitical and economic aspects of medicine	Improve people's lives	<p>"I began to participate in voluntary activities that put me in contact with other realities—realities that were distant from my own—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 lives and the realities of other people."</p> <p>"The possibility of being able to contribute to improving the quality of life in my neighborhood."</p>
	Improve my own life	<p>"Medical school was a choice based on my social background... studying in a public university is an example of personal and financial transformation, in the context of the country's social inequality....I am the son of an immigrant with few prospects; I will be the first to graduate in my family."</p>
	Improve health care system	<p>"To be in a public hospital as a patient gave me positive and negative experiences with the healthcare system. It encouraged me to choose a profession to improve the system."</p>
	Social transformation	<p>"I felt that I could engage in the profession without doubting the potential of medical practice to improve society."</p>
Medical humanities	Physician's social role	<p>"I wanted to be someone who helps others. I see myself as a person willing to help and care..."</p>

		<p>"My interest in the 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."</p>
	<p>Actions and attitudes</p>	<p>"To humanize is to listen to the patient."</p> <p>"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."</p> <p>"The technical knowledge alone does not encompass human complexity... Humanizing is to cherish life by valuing individual complexity and establishing effective and not superficial interpersonal relationships."</p> <p>"... 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."</p>
<p>Experiences of humanism and dehumanization</p>	<p>In society</p>	<p>"I was going to a party with my family when I observed 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."</p>

<p>In the university</p>	<p>" I was in 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 caring principles of medical practice."</p> <p>"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."</p>
<p>In human relationships</p>	<p>"For me, the simple act of building a bond with someone is a humanizing experience. 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."</p>
<p>In health care</p>	<p>"To be in a public hospital as a patient gave me positive and negative experiences with the healthcare system. It encouraged me to choose a profession to improve it."</p>

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