ISSN 1990-9233

© IDOSI Publications, 2013

DOI: 10.5829/idosi.mejsr.2013.13.sesh.1414

## Development of Humane Attitude to a Person in the Process of Professional Training of Medical Students

Raisa Anatolyevna Rogozhnikova

Perm State Humanitarian-Pedagogical University, Perm, Russia

Abstract: The article touches upon the problem of the development of humane attitude to a person in students of a higher medical school. In spite of all declarations everyday doctors' practice shows a lot of examples of immoral attitude to a patient. There is an acute necessity to investigate the problem of the formation of humane attitude to a person, to patients in particular, to those who need it most of all. The authors give a theoretical review of the main modern pedagogical conceptions of humanistic education of future doctors. The question of multiple definitions of the notion "humane attitude to a person" is empathized and clarified. The structure of this attitude is characterized. The work presents the research data of the monitoring study assessing the knowledge about humane attitude to a person in three respondent groups: medical students, doctors and patients. The results of the state experiment evaluating the levels of the development of humane attitude to a person in medical students are also reflected in the article. The work gives a comparative analysis of these data.

Key words: Education • Humane attitude to a person • Medical student • Higher medical school

## INTRODUCTION

The goals of medicine as a profession dedicated to healing and caring of the sick in a dignified manner depend very much on a stable and trusting doctor-patient relationship. In the last decade, rapid changes in the healthcare delivery system and socio-political climate have resulted in considerable strain on this relationship [1].

The main principles governing doctor-patient relationship include beneficence, honesty, confidentiality and trust. The doctor's first responsibility is and always will be to his patient. His primary goals are therefore to treat and cure where possible; to help the patient cope with illness, disability and death; and to bring relief in suffering. In all instances, he must help maintain the dignity of his patients [2].

Higher medical school has all the possibilities to educate a moral person. It is regarded as an educational institution, one of the microfactors of person's socialization where professional training is closely connected with the formation of humanity in future doctors. This educational establishment characterized by a complicated, varied and multiform educational process not only provides a student with certain knowledge and

practical skills but also forms his personal qualities such as responsibility, discipline, tolerance, attentiveness, sociability, etc.

One of the main moral features necessary for future doctors is known to be humane attitude to a person. However, numerous sociological, psychological and pedagogical investigations show that medical school graduates often don't have necessary moral qualities and display lack of humane attitude to their patients. For example, the monitoring investigation of the axiologicalmotivational sphere of young people which was conducted by G.S. Denisova, M.R. Radovel, Yu.A. Chebotarev, R.Kh. Shogenov proves the prevalence of egoistic-pragmatic motivation in the value system of young people beginning their medical practice. The results of the investigations carried out by several Russian medical institutions indicated that the main patients' complaint of medical care was the lack of attention to the sick and their relatives from their doctors. The monitoring study conducted by A.A. Vodyakha [3] showed that most of the diagnostic errors were caused deontological mistakes of doctors: carelessness, indifference patients, ambitiousness, etc. These data confirm that modern young people beginning medical practice are likely to have a crisis of values which leads to

such problems as soullessness and indifferent attitude to others. "That's why more attention needs to be given to the character development and moral education of medical students" [4].

Though the problem of humanism as the main educational goal was developed by many scientists of the past and present the question of the definition of the notion "humane attitude to a person" still remains controvertible.

This can be explained by the fact that the category of humane relations is studied within the framework of different approaches: social-psychological (collectivist) (I.P. Ivanov, M.A. Veyt), activity (B.T. Likhachev and K.A. Orlov [5]) and integral (systemic) approach to morality (S.A. Kozlova, I.S. Maryenko [6], O.V. Avramenko [7], A.A. Vostrikov [8] and others).

The representatives of social-psychological approach are convinced that a collective is the main condition and means of humane relation formation. Humane relations in a collective are considered as an integral system having its inner structure and developing dynamics where the attitude of every member to the others is closely interconnected.

The supporters of the activity approach consider that the source of humane relations is group activity which is organized for the benefit of other people. Relations don't exist themselves but present the "tissue of people's activity".

The scientist developing the integral (systemic) approach to morality think that moral relations present a hierarchy of moral views, principles and norms of a person, his integral humane qualities which regulate his behavior and relationships.

Despite some differences in the definition of the phenomenon "humane attitude to a person" most of the scientists agree that its structure includes three components:

 cognitive (rational, gnostical, informative)-the system of humanistic knowledge, perceptions, views, valueshumanistic world outlook;

- emotional (affective, emotive)-the system of assessments, wants, motives, humane feelings and emotions;
- behavioral (operative, regulative, practical)-the system of practical skills and habits of moral behavior.

Therefore, the process of development of humane attitude to a person demands the development of humanistic world outlook, humane feelings and experience of practical humanistic activities.

Our investigation dedicated to the marked problem is carried out on the basis of Perm State Academy of Medicine named after E.A. Vagner. The pilot research was conducted in October 2008 and covered 256 first-year medical students, 72 doctors working in different fields of medicine and 100 ambulant and hospital patients.

Having analyzed the necessary psychological, pedagogical, ethical and deontological literature we worked out two questionnaires including open and closed questions purposed to identify the understanding of the essence of humane attitude to a person. The results of the investigation are presented in table 1.

As the table shows the percent of positive answers in every respondent group is very low. It is necessary to mention that 7,1% of students could not define this notion, 2,7%-were convinced that it had a negative meaning and showed indifferent attitude to people. 3,2% of medical students thought that such an attitude meant only the absence of moral and physical harm, rudeness and aggression on behalf of a doctor.

Most of the doctors (more than 50%) couldn't give a definition of such notions as «humane attitude », «doctor's tactfulness», «patient confidentiality».

The doctors' answers revealed both lack of humanitarian knowledge and a tendency to inhumane behavior in their medical practice. 68% of respondent doctors confirmed that they were sometimes involved in a conflict with their patients, 30,5%-supported medical experiments on people and euthanasia(34,7%).

Table 1: What is "humane attitude to a person"?

No	Doctors	Patients	Medical students
1.	9,7%-kind attitude regardless of social status and health condition of a person	15,7%-friendly	28,9%-humane
2.	6,9%-sympathetic	12,8%-respectful	17,4%-kind
3.	5,5%-humane	10%-understanding	15,8%-understanding
4.	4,1%-understanding, respectful	8,5%-kind, sympathetic	11,4%-sympathetic
5.	2,7%-friendly, tolerant, caring, just	7,1%-attentive	10,9%-respectful

Table 2: Results of Patients' Survey

No	To Question		No	
1.	Can you say that all the doctors who have ever consulted sympathized with you?	41%	59%	
2.	Do all doctors always address you by the title you possess?	33%	65%	
3.	Do doctors always talk to you in a polite manner?	58%	42%	
4.	Has any doctor caused you offense by a lighthearted comment?	29%	69%	
5.	Have you ever experienced situations when a doctor was inattentive during the medical examination?	51%	48%	
6.	Does a doctor always explain the causes of your disease, methods of treatment and a possible outcome?	33%	24%	
7.	Do doctors always explain everything to you clearly?	38%	61%	
8.	Have you ever experienced the situations when you were not satisfied with a doctor's consultation?	60%	38%	
9.	Have you ever been informed about prophylactic measures and the diseases widespread in your region?	52%	47%	
10	Have you ever experienced the situations when a physician lost his temper during a medical examination?	34%	65%	

Table 3: What is Humane Attitude to a Person?

No	% questions	Question
1.	36, 6%	Humane, philanthropic attitude to a patient.
2.	23,3%	Sympathetic, kind attitude to a patient.
3.	20%	The ability to understand people, to help in a difficult situation.
4.	10%	Respectful, tolerant attitude to people which does not violate human rights.
5.	6,6%	Unselfish, friendly attitude to people which does not do patients harm; the attitude to patients regardless of their race, sex and financial
		position.
6.	3,3%	Cordial, loyal, polite attitude to a person; concern with the welfare of people; moral support; avoiding rude behavior towards a person;
		tolerance towards people's shortcomings; indifference towards a patient.

Table 4: What is Doctor's Tactfulness?

No answer		22,8%
		feelings; proper attitude towards a medical profession; proper behavior towards colleagues; medical strategy of a doctor.
		collaboration with a patient and his/her relatives during the course of treatment; informing patients about the disease without hurting their
		the ability to find a common language with a patient; attentive listening to the patient's complaints; avoiding rudeness towards a patient
4.	2,8%	The first interaction between a doctor and a patient; subordination; doctor's understanding of a patient's attitude towards his/her diseases
		to a patient which does not cause negative emotions and gives hope for recovery.
3.	5,7%	The ability of a doctor to tell all the truth about the patient's disease; the doctor's ability to make a correct diagnosis; friendly attitude
2.	8,5%	The doctor's understanding how to treat a patient in order not to hurt his/ her feelings.
1.	14,2%	Keeping medical secret.
No	% questions	Question

The analysis of patients' survey showed lack of humane attitude in their doctors (Table 2).

The results of the pilot study proved the urgency of the problem and became the basis for its further development during the state experiment.

The main aim of the state experiment was to determine the initial level of humane attitude to a person in two groups of first-year medical students: experimental and control. The criterion of its evaluation was the development of the integral structure of humane attitude to a person in its main components: cognitive (theoretic knowledge about the main humanistic theories and conceptions), emotional (emotional state of a student in situations of interaction with other people (patients), behavioral (demonstration of sympathy, readiness and wish to help).

The cognitive component was estimated by the methods of questioning and interviewing. The analysis of the answers in the experimental group showed the following results (Table 3).

Characterizing the notion «doctor's tactfulness» the students gave the following answers (Table 4).

Answering the question «What are the main personal features necessary for a doctor?» the respondents enumerated more than 50 characteristics. The main of them were kindness (40%), professionalism, tolerance (26,6%), humanity (22,4%). Other important moral qualities necessary for medical practice were mentioned only by some students: self-control (10%), compassion (6,6%), sociability, responsibility, honesty (3,3%), attentiveness, self-forgetfulness, tactfulness, mercy, generosity (1%).

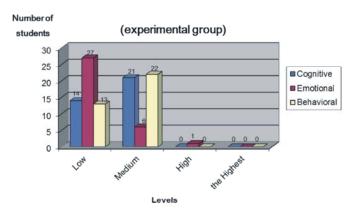


Diagram 1: Levels of humane attitude to a patient.

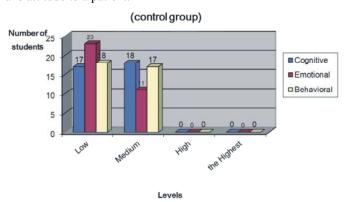


Diagram 2: Levels of humane attitude to a patient.

The results of the interview indicate that only 53,1% of medical students were ready to serve patients, 31,2%-felt sympathy for homeless people in the street, 37,4%-were convinced that a private doctor had the right not to help people in urgent situations free-of-charge. 70% of future doctors supported euthanasia and medical experiments on people (50 %).

Assessment of the cognitive component of humane attitude to a person showed that medical students lacked theoretical knowledge, their views concerning the essence of this attitude were vague and insufficient.

The emotional component was identified by the method of V. V. Boyko [9] which diagnosed a personal level of empathic skills. The empathic skills of a respondent were assessed according to 6 criteria: rational, emotional, intuitive, penetrating, identifying channels of empathy and individual mindset.

The results of the study are the following: the majority of students of the experimental group showed a low level of empathy (68,6%). In the control group this index was 54%.

The behavioral component was assessed by the methods of observation and "Sociometry" [9] which

demonstrated that 19 students (54,2%) of the experimental group were «unaccepted» or «refused» in comparison with the control group where 12 students obtained this status (34,2%).

Thus, the results of the state experiment are the following:

- At the initial stage of the experiment 80% of medical students showed the low level of humane attitude to a person (cognitive component-40%, emotional-77, 1%, behavioral-37,1 %). The middle level of this attitude was noted in 20 % of future doctors (cognitive component-60%, emotional-17, 1%, behavioral-62,8 %) (Diagram 1).
- Similar results were noted in the control group (Diagram 2).
- At the state stage of the investigation the experimental and control groups showed the same level of the development of humane attitude to a person. This fact was proved by the statistical method of medium size contrast (Student t-test). The index was 84,4 %, this confirmed a high similarity of the groups.

## CONCLUSIONS

All above mentioned allows us to come to the following conclusion.

- Development of humane attitude to a person is considered to be an urgent pedagogical problem investigated by many contemporary scientists.
  «Despite problems about the nature of the "humane attitude" and whether it can be taught or not, the humane attitude has an ethical structure» [10]. Most of the researchers agree that this structure includes three components: cognitive, emotional, behavioral.
- Using the integral structure of humane attitude to a person as the criterion of its evaluation we diagnosed the level of this attitude in first-year medical students. The results of the state experiment show that medical students lack theoretical knowledge about main humanistic conceptions and theories; the students' views on the essence of this attitude are vague and insufficient, the motivation for humane actions is low.

## REFERENCES

 Chin, J.J., 2001. Doctor-Patient Relationship: A Covenant of Trust. Singapore Medical Journal, 42(12): 579-581.

- 2. Chew Chin Hin, 2002. Medical Ethics and Doctor-Patient Relationship. SMA News, 4(3): 6-8.
- 3. Vodyakha, A.A., 2007. Investigation of Axiological Orientations of a Doctor. In the Proceedings of the 2007 Scientific Conference of Students, Post-graduates and Young Scientists, pp. 20-29.
- 4. Larry, R. Faulkner and R. Layton McCurdy, 2000. Teaching Medical Students Social Responsibility: The Right Thing To Do. Academic Medicine, 4: 346-350.
- 5. Orlov, K.A., 2007. The Peculiarities of Humanity Development in a Person. Development of Educational Process: Collection of Scientific Papers, pp: 162-165.
- Maryenko, I.S., 1980. The Basis of Moral Education of School Children. Moscow: Prosveshchenie, pp: 13-15.
- 7. Avramenko, O.V., 1997. Pedagogical Basis of Humanity Development in Games: P.S. thesis, Elets, pp: 37-38.
- 8. Vostrikov, A.A., 2007. Pedagogical psychotherapy: Theory and Conceptions. Productive pedagogics, pp: 121-130.
- 9. Psychology of Personality, 1995. Tests, Questionnaires, Methodology.
- Berna, Arda, 2004. Human Rights in Medical Ethics Education. Journal of the International Association of Medical Science Educators, 14: 5-7.