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Is altruism declining in medical education in Nigeria? Report from early career doctors

YarhereIroro E[1], Okoroba Igazeuma[2], Chinnah Tudor[3]
[1]*Department of paediatrics, College of Health Sciences, University of Port Harcourt.*
[2]*PhD, Department of Sociology, University of Port Harcourt*
[3]*Professor of Human anatomy and Medical Education, University of Exeter, United Kingdom*
Corresponding author: Dr.IroroEnameguoloYarhere
Department of Paediatric, College of Health Sciences,
University of Port Harcourt, Port Harcourt
Rivers state, Nigeria

Abstract
Background: Altruism and altruistic traits are expected of medical doctors and other humanitarian professions, yet the teaching of these professional characteristic seems lacking in medical curriculum, though it is prescribed in the medical and dental council of Nigeria benchmark for minimum academic standards.
Aim: We aimed to explore early career doctors learning experience of altruism as part of professionalism during training and their perception about its decline or otherwise in Nigeria medical practice.
Methods: This study used exploratory questionnaire survey and focus group discussionsof early career doctors to retrieve information concerning altruism in medical training.
Results: A questionnaire survey with focus group discussions revealed lack of formal training in altruism, though respondents had varying degrees of altruistic acts and experiential learning. Some felt they were coerced into performing these acts during their training years.Respondents' exposure to medical outreach programmes made themfeel altruistic, sacrificing self and resources to the well-being of indigent patients. At least 43% of the questionnaire survey respondents agreed that altruism was declining in medical practice in Nigeria, which were consequences of reduced renumerations, poor public perception of health care workers, and no reciprocal gratitude from the society.
Conclusions: This study highlights the incomplete learning experience of altruism in some medical schools in Nigeria, with the perception from early career doctors that altruism may be declining. It is believed that including this in the core curriculum may help improve the learning experience and increase the act in medicine.

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I. Introduction

Certain professions, police, fire fighters, doctors, nurses, etc are quite charitable and perform altruistic acts on daily basis and these men and women do these as part of their profession but also as part of their nature.(1) These people actually go into the profession based on their personalities and convictions of the well-beings of those they serve. Acts of altruism in medicine are a dime a dozen(2) yet some believe medical doctors are not altruistic but rather performing their constitutional and fiducial responsibilities when treating patients(3). While that may be true, there are several acts medical doctors perform daily that makes them altruistic.(2) Indeed, in Nigeria, and the rest of the world, there is unprecedented mistrust between medical profession, the public, and the media and while many would want to believe that this will improve, it is rather declining.(4 - 7)Unfortunately also, political sentiments have worsened the public perception of medical research causing many to question the development and use of vaccines and other medications.

Altruism is performing an act that causes another person to feel more joy less pain, while the person performing the act loses something valuable.(8) This is indeed different from the ethical principle of beneficence, to act for the benefit of the patient as a duty. (9, 10) There is the debate whether altruism is nature or learned or based on religion of individual and the consensus is that human experiences and nature shape their altruistic behaviours. (11- 12) As humans are a total of their experiences, and as altruism is believed to be an attribute that medical doctors should have,(8) leaving it out of the core / hidden curriculum in medical schools will make graduating doctors a little less professional in their conduct with the population they serve. Teaching altruism is usually best done in situated form, with experiential provisions for proper integration of learning outcomes and objectives or in group/ team-based sessions.(12 - 14)Altruistic behaviours are shaped by multiple

factors including but not limited to social, cultural, religious, and more importantly, economic milieu an individual is faced with, whether he is a doctor or teacher. The doctor is actually not altruistic according to Galnnon and Ross (3) since they are performing their acts in the best interest of the patients. Well, the ethical principles of beneficence and non-maleficence allow them to do what is right by the patient and not cause harm to the patient, but did not state that the doctor should suffer any harm in the process or lose something of value. Drawing the line is needed and learners should know the difference when being taught ethics and professionalism in medicine, and going beyond the boundaries of professionalism should be encouraged.

Not training learners acts of altruism may be lost opportunities to promote innovations, entrepreneurial and managerial traits in the graduating doctors. It may also make the medical profession in time lose its core essence of patient-centred practice to physician centred practice as many are using the physician's oath as means and ways of getting off duty. However, to prevent burn-out in the physicians still in the profession, as many physicians are resigning their positions and not many are taking up the profession, then altruism may be one reason some are still motivated to continue in the profession. (15, 16)

Since altruism is a core attribute in the professionalism of medical doctors, it is best to know to what extent it is being factored in the training curriculum in medical schools. So, the aim of this study is to get early career doctors' reports of training and learning altruism in the course of their undergraduate study, and find out if they believe the characteristic is declining in medicine. We also sought their perceptions concerning causes and consequences of altruism in their professional career.

II. Methods

Study design

A descriptive study with analysis of qualitative data was conducted in October 2021.Purposive maximum variation sampling technique was used to select these interns following their responses to a previously distributed questionnaire survey on paediatrics curriculum evaluation. The prospective participants were sent an email invitation to participate with further information about the study.

There were 29 participants, including 12 males and 17females from 6 different institutions. These were medical doctors who just graduated from medical schools and were interning in various institutions or had just started residency to specialise in various fields of medicine. The discussion was about their understanding of altruism and what it meant to them and whether or not, they had formal learning activities in altruism.

Focus group discussion

Two FGD were conducted at 2 different times within a week using different participants; 10 in each as 9 persons from the original population did not respond to participation despite repeated email contacts. The discussion was anchored by the principal investigator (IEY) and was supervised by the third author as part of a Master's thesis dissertation.This discussion was conducted using zoom platform and it lasted for 1 hour 30 mins allowing for exhaustive debate on acts of altruism and whether participants were still disposed to conducting altruistic acts or not. The discussions were semi structured with already prepared themes from the survey responses, relating to altruism training in medical schools, reasons for altruism and whether altruism was declining in Nigeria. The meeting was recorded with permission of the participants, with their understanding that their discussions were confidential and the videos were transcribed by the principal investigator.

Data saturation was assessed as no new information being generated from the discussion. Transcribed data was checked for errors and participants were sent copies of their individual interview transcripts for review.

Data analysis

Exploratory analysis of the data collected through interns' responses was done. The principal investigator (IEY) independently coded the transcripts using a qualitative data analysis as described byRicthie and Spencer in 1994. Open coding was done initially. Selective coding was then done by finding commonalities between codes to generate sub-themes and themes.

Ethical considerations

The University of Port Harcourt Research Ethics committee gave approval for this study.

III. Results

Simple demographics

Regarding the interviewee characteristics, the ages of the participants ranged from 26 to 40 years, with mean age 28.04 ± 4.3 years. Most of the participants were in families in the middle socioeconomic class of Nigeria (27 (93.1%) and only 2 were from low socioeconomic class. Six (20.7 %) completed their degree courses within the 6 years stipulated for MB; BS degree in Nigeria and more than 50 % spent 8 years or more in medical school.

A. Learning and Understanding of altruism

Sixteen (55.2%) recognised that that they had formal learning activities with altruism built in them, but 8 (27.6%) did not have such activities or lectures. Twelve (41.4%) of the participants described altruism as "doing good to others, even at the risk or cost to self without expecting reward or renumeration." Some participants did not know what "altruism" was but the context to which it was used in their day-to-day clinical or ward round experiences made them understand that they had encountered altruism.

*"I have never heard the word altruism before."*participant3

"*For me, I think altruism has to do with giving something to someone who does not deserve it*." participant 8.

"*Altruism is more of financial support for a patient who does not have money to do some investigations or buy drugs*". Participant 7

'*There was no form of altruism lecture or learning activity in my school that I am aware of. It was only after the invitation that I knew the meaning of altruism and read about it*.' participant 10.

Moderator interjects… "so after learning what this is, do you think you had any formal or informal activities on altruism?

*…."Well, not really. Maybe there were some actions during ward round that made me give up something that I needed but I didn't see that as altruistic."*participant 10

In the sub-themes concerning perception of acts akin of altruism, some participants described their understanding of altruistic actions. One in particular was able to give a true description of altruism, though it was more of definition, participant 18

"*When we started paediatrics posting as interns, we were asked to put some money in a piggy bag for indigent patients. I thought that was rather harsh and that I will do what was required of me in my own term. I didn't put money and started giving patients directly. In the first month, I realised I had spent more money than I was asked to put in the piggy bag."* participant 6

"it was the same for me and I actually had some strained relationship with my senior resident then until it became obvious that the unit's experience trumped mine, so I gave in when I started seeing the need for the piggy back"

Moderator – "Did any of you feel pressured to do what was asked of you? If so, what was your reaction?

"In O and G posting, we were asked to donate blood to women who had post-partum haemorrhage or we will not be signed off from the call duty for the day. So yes, there was pressure. It is not as if we wouldn't have done it o, but compelling us…..?" Participant 13.

*"Being compelled doesn't make it an act of altruism.In altruism, one is moved by their own conviction to do what is needed even at the detriment of the person performing the act. That's my understanding."*participant 18

Moderator - as medical doctors, do you have to be compelled to do that which you believe is beneficent to your patient? How many of you have used your belonging or item to do an act that would seem altruistic? In both sessions, 4 (13%) of the participants agreed to have done something like that, while 14 (48%) mentioned never having done something like that.

"When I was studying in my final year at night, a doctor came to our reading room in the hospital asking for donors to help a patient with cancer. I volunteered without hesitation and had my HIV status tested and that began my regular blood donation to vulnerable when I am fit.I wasn't compelled so I believe that was altruistic." participant 2.

B. Reasons for altruism

Having understood the concept and context of altruism, participants were made to discuss reasons anyone and especially doctors need to be altruistic. Some respondents believe altruistic acts are done because of the vulnerability of the recipients, 13 (44.8%), and not many thought is was charitable act of self. Or that it was an obligation as demanded by the profession.

Moderator: why would you or any doctor perform altruistic acts?

"From our discussion thus far, I believe many people will be altruistic because of their personality because if its only me, I will just do what I am obligated to do. The job is already hard enough for me, not to talk of losing something precious again." participant 4.

"It's not easy seeing someone going through pain and not want to help them. I might not sleep easy should anything happen to the person. My conscience won't allow me. So, for me, I think it's a mix of many things that will make someone altruistic. Personality, background, economic power, religion etc." participant 7
"When we go on medical outreach, I think that's altruism because all we get from this afterwards is free lunch or dinner." Participant 8. Moderator interjects: "Did you consider the experience to engage multiple people and children gains? Granted, you are doing them a favour by diagnosing and treating for free, but you are also learning from them, understanding their culture and if you actually go (sic) think through very well, they are doing you a favour. When you did community medicine posting, didn't you pay school fees to learn? Here, you are not paying."
"I'm not sure they are the same thing sir. When we organise these outreach programmes, we are acting like those in ***Médecins sans Frontières*** *who are actually termed the most altruistic of medical doctors. Getting to communities with no basic health facility at our detriment. Kidnapping is a risk to consider."* Participant 7.
The point made by participant 7 gives a lot of credence to the belief that some medical doctors are truly altruistic in their behaviours and unfortunately may pay the ultimate price if precautions are not taken, even if they did not know this characteristic.
Moderator: "Do you think practicing in Nigeria is altruistic considering the many challenges a doctor goes through to make his patient comfortable and well?
"To a great extent, I think practicing in Nigeria is altruistic, considering that one needs to buy some consumables and even drugs and donate blood to help patients." Participant 5.
"It is our duty to work and bring succour to the needy and sick. So, this is our duty and not really altruism. We can always ask the management to provide these items and if they do not, they are the ones that will lose funds and revenues." Participant 10
"What about the patient that loses their life should the proper thing not be done? Doesn't that make it expedient to go out of our way to do the work? I say this because I lost a chance to buy something I really wanted but I used the money to get a patient blood" participant 5. *"While some may believe the trait is declining, I still believe that we are truly altruistic practicing in Nigeria."*

C. Consequence of being altruistic
Like other professions where professionals go out of their way to make their clients/ patients well or feel good, they may suffer some consequences which may be loss of friendship, relationship or even marriage. Though the respondents may not have had enough experiences having just started their career, some had interesting tales…
"I remember having stood up my boyfriend so many times that he decided the relationship wasn't working and called it quit." Participant 11. Participant 19 interjects, *"Yours is boyfriend, my fiancé said she didn't know one would have to sacrifice so much being in a relationship with a doctor. She said we are not yet married and she has to endure all these calls, calls. What happens when we start having children?"*
"Working in Nigeria is making me physically and psychologically drained." Participant 5. In the 2 sessions, 13 (44.8%) of the participant actually felt psychologically drained most times.

D. Declining altruism in Nigeria medical practice
Fourteen (48.3%) of participants believe altruism is declining in the medical profession and 9 (31 %) did not think so. The reason for the decline is summarised in the table below.

	Frequency	Percent
I have realised my potential limits and staying within them	4	13.8
Lower renumerations	7	24.1
negative attitude of the public towards health professionals	5	17.2
there is little or no reciprocity from the society towards the health professionals	5	17.2
There is need for me to maintain work-life balance	1	3.4

IV. Discussion

It is important to plan and execute educational programmes that develop learners' altruistic tendencies and behaviours in medical training and help them build this trait as they progress in their career. While professionalism is built in the medical education curriculum, there are few learning activities that capture this and assessing it is even more difficult. That some respondents did not know the word 'altruism' underscores the importance of including this into the professionalism and conduct syllabus in the medical curriculum.(8,12)This was not different from the report Stratta et al gave about empathy knowledge in their study.(17, 18) Teaching altruism as part of professionalism should not be left to the hidden curriculum alone(19,20)and though many

scholars believe the specific sequence, depth, and details of the curriculum is yet to evolve, (21) others have found ways of developing and designing curriculum that integrates this in their schools.(15, 22,23)

Compelling learners to participate in altruistic behaviours is not the right way to impact that professionalism in them, as stated by some respondents. Behaviourist theory may come in play during this hidden curriculum learning where learned behaviours are seen and eventually imbibed over time. Feeling hesitant in perform these acts of altruism is not new to the respondents as some other study showed that students perceived that empathy was imposed, artificial and illegitimate.(24,25) Unfortunately, there are more important and urgent skills and competency that the medical learner has to go through, with the robust curriculum preventing them from having breaks within calendar years,(26,27) so including the professionalism with proper syllabus may be a task for trainers and learners to navigate. Klein et al showed how this can be taught in their article,(13)as residents go on five (5) day retreat with 11 mandatory sessions that address key professionalism issues. Assessing the competence and evaluation of this type of learning will need some 360* feedback mechanisms and peer review of performances among the learners.

Being religious has been shown to be predictive of altruism(11, 28), but this is also founded on the philosophy of ethics and logic. The complexity of human nature does not allow one make conclusive deduction that one person will be more empathetic than the other, but it would seem the ego in man makes him more altruistic believing that playing God makes him more divine and heaven-bound. However, as one respondent put it, it's a combination of factors that makes one altruistic; his dominant personality, environment and experiences, with the opportunity to do these things. This is why Chen et al (29)pointed out that medical students' empathy declines during medical school because their experiences influence their behaviours over time. The caveat to this however is that, those with higher baseline empathy at the start of the programme have a slower decline, and may likely perform more empathetic and altruistic roles during the course of their profession. It would seem that learners from richer background could perform more altruistic acts than their poorer counterparts going by the works of Holland et al in 2012, (30) but another believes the poorer people have better satisfaction, giving. In all of these, learning the art could spark eureka moments in medical learners and encourage them to improve their charitable works and also take them out of burn out when the time comes.

A greater percentage of respondents believed decline in renumeration was the reason for decline in altruism in medicine and this makes the previous point about rich and altruism more glaring. (31) When take home pay is low, there is little money left for altruistic acts after taking care of family and personal needs, and more personal and potentially harmful sacrifices will need to be made to continue the services. Facing increasing workload, dealing with more challenges and anxieties, learners tend to focus more on the core curriculum and cognitive learning rather than the professionalism so as to graduate. This is human and understandable and some will say, self-preserving, to prevent burn out and other negative circumstances.(32) Unfortunately, society is less forgiving these days to the medical doctor who makes an error.(33) He is likely prosecuted, has his license taken away or sent to jail, so medical doctors do their bare minimum to prevent litigation and avoid prosecution.

In conclusion, altruism is not expressly taught in medical schools and this is possibly because the core curriculum takes a huge percentage of the medical school training leaving little room for hidden curriculum. It may also be due to the fact that this hidden curriculum has no well-defined method to transfer the behaviour to the learners. The learners also agree that altruism is declining in medical profession due to lower renumerations, fear of litigations and lack of mutual trust between patients and doctors.

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Conflict of interest

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Authors contribution

IEY designed the project, conducted the research and wrote the manuscript. IO was adviser for the sociology part and methodology review. TC supervised the project from conception to defense and edited the manuscript.

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