

DETACHED CONCERN AND THE CHOICE OF SPECIALTY AMONG UNIVERSITY OF UYO MEDICAL STUDENTS

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ABSTRACT

This study investigates detached concern and the choice of specialty in medicine among University of Uyo medical students. 75 medical students who are in their clinical year were identified through a convenient sample technique. The study utilises a 4-point likert scale questionnaire in gathering primary data. Chi-square formula was adopted to test the two hypotheses formulated for the study. Findings reveal that there is no significant relationship between care for and caring about the patient. Also, it was revealed that there is a significant relationship between career preference in medicine and success in the specialty. We therefore concluded that maintaining emotional distance has no influence on carrying out professional and specialized task and function. However, keeping emotional distance could instigate the choice for specialty.

KEYWORDS: Detached concerned, career preference, care, specialty in medicine and Parameter.

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INTRODUCTION

For decades, medical schools and teaching hospitals focused on turning out superb technicians. Students and residents were expected to be well versed in the latest medical advances and knowledge about

disease, but the advice they usually received on how to communicate with patients was to maintain emotional distance which is detached concern². Halpern (2001) for instance, argues that the traditional stance of detached concern (not being moved or

influenced emotionally) by the patients, rather than aiding healing process, could actually hinders and influences the choice of specialty among medical students.

There is no clear pact regarding why medical students prefer one particular specialty over another. Factors which have been considered include personality, demographic characteristics and attitudes about the specialties themselves, with the latter apparently being the most important factor. Furnham (1986) posit that experiences at medical school are extremely strong determinants of student's attitudes, and curriculum content is a commonly mentioned potential determinant of specialty choice. For example, Neittanmaki et al., (1993) and Vaglum *et al.*, (1999) agreed that though student's for medicine is with different intentions, but the sick are the important interest and concern (with very high level of concern).

Also, findings from Nighat and Sabira (2006) study found out that students (respondents) ranked personal interest as the most influential factor that could contribute to career choice and preference. Result of the tested hypothesis in Nighat and Sabira (2006) study showed a significant difference between men and women on various factors which they identified to include: intellectual challenge, professional independence, parental preference, few specialists in the country as well as content of specialty. Their findings on the foregoing reveal that the difference is statistically significant.

Studies by Morrison and Murray, 1996 AAMC (1999); Valian (1999);

Reed & Fischer (2001); Monleon – Moscardo *et al.* (2003) raised concern on gender issues implicated in medical students choice of specialty. The intension was to explore the relationship between gender and specialty chosen. While some concluded that men are more interested in surgical specialty (Monleon – Moscardo *et al.*, 2003), others suggested that female generally opt for paediatrics and gynaecology – obstetrics (Reed & Fischer, 2001; AAMC, 1999; Valian, 1999). Andrew *et al.* (2006) has also raised the concern that Women choose generalist careers more often than men. This has also agreed with the findings of some of the foregoing researchers. Personality attributes have also been associated with student career choice. Merrill et al. (1993) found that summary scores on attitudinal inventories measuring authoritarianism, Machiavellianism, reliance on high technology, negative orientation to patients with psychological problems, and intolerance of ambiguity were lower for senior students entering primary care than for their peers who selected residencies in surgery, the surgical subspecialties, and anaesthesiology.

It is against this backdrop that this research is therefore targeted at investigating detached concern and other parameters for the choice of specialty in medicine among university of Uyo medical students.

METHODOLOGY

The study was conducted in the University of Uyo Medical College among final year medicine and surgery students who were in their clinical year. Convenient sampling technique was use to select the

respondents for the study. A total of 75 respondents were finally drawn and administered questionnaire. The questionnaire was structured in a 20 items four point likert scale format Strongly Agreed (SA); Agreed (A); Disagree (D) and Strongly Disagree (SD). Statistical tools like frequency counts and percentages were used to analyse respondents' demographic data while the research hypotheses were tested using chi - square analysis (X^2).

RESULTS AND DISCUSSIONS

Socio-Demographic Characteristics of Respondents:

Questionnaire was used to obtain the primary data by a survey of 75

medical students in their clinical year. All respondents provided completed answer to every question. Data in Table 1 reveals respondents' socio demographic characteristics. Out of the 75 clinical medical students studied, 41 respondents were male, while 34 were female. In terms of age, 12 respondents were between the aged range of 18 - 22 years, 27 respondents were between 23 - 27 years, 21 respondents were between 28 - 32 years, while the remaining 15 respondents were 33 years and above. The marital status of respondents had single on the high side, while only about 13 respondents were married. Respondents were mostly Christians as only 26 respondents were Muslims.

Table 1: Respondents' Socio Demographic Variables (n=75)

<i>Characteristics</i>	<i>Frequency</i>	<i>Percentage (%)</i>
Sex		
<i>Male</i>	41	54.7
<i>Female</i>	34	45.3
<i>Total</i>	75	100
Age		
<i>18-22</i>	12	16.0
<i>23-27</i>	27	36.0
<i>28-32</i>	21	28.0
<i>Above-33</i>	15	20.0
<i>Total</i>	75	100
Marital status		
<i>Single</i>	62	82.7

<i>Married</i>	13	17.3
Religion		
<i>Christianity</i>	49	65.3
<i>Islam</i>	26	34.7
<i>Total</i>	75	100
Sponsorship		
<i>Scholarship</i>	16	21.3
<i>Parent</i>	53	70.7
<i>Self</i>	6	8.0
<i>Total</i>	75	100

Source: field work, 2015

Finally, data in table 1 reveals that 16 respondents are on scholarship, 53 respondents are sponsored by their parent or family, while the remaining 6 were self-sponsored.

Test of Hypotheses:

Hypothesis One

H_0 : Taking care of a patient does not significantly influences caring for the patient.

H_i : Taking care of a patient significantly influences caring for the patient.

Table 2 presents university of Uyo medical students' perception on the influence taking care of a patient has on caring for the patient as factor that may influence their choice of specialty. To test this hypothesis, respondents' responses from the questionnaire were analyzed and tested using chi-square (X^2).

Table 2: Summary of Chi-Square Analysis between Care about Patient and Care for Patient among University of Uyo medical students

			Care About The Patient				Total
			SD	D	SA	A	
Care for Patient	SD	Count	13	12	2	1	28
		Expected Count	13.8	9.0	3.7	1.5	28.0
	D	Count	15	7	5	1	28
		Expected Count	13.8	9.0	3.7	1.5	28.0
	A	Count	6	2	1	2	11
		Expected Count					

	Expected Count	5.4	3.5	1.5	.6	11.0
	Count	3	3	2	0	8
SA	Expected Count	3.9	2.6	1.1	.4	8.0
	Count	37	24	10	4	75
Total	Expected Count	37.0	24.0	10.0	4.0	75.0
Pearson Chi-Square	Alpha (a)					8.987_a
Degree of Freedom	Df					9
Asymp. Sig. (2-sided)						.438

Decision: Since the P Value at 0.438 is lesser than the alpha (a) value at 8.987, we reject H_0 and accept H_1 . Hence, the assumption is significant; it implies that taking care of patient does not significantly influence caring for the patient among university of Uyo medical students. The results affirm the fact that professional obligations should not be traded with empathy and sympathy which may bring about ethical compromise, hinder evaluation and intervention and influences the choice of specialty in a long-run.

Hypothesis Two:

H_0 : There is no significant relationship between career preference and success in the specialty among medical students in the University of Uyo.

H_i : There is a significant relationship between career preference and success in the specialty among medical students in the University of Uyo.

Table 3 presents relationship between career preference and success in the specialty among university of Uyo medical students. To test this hypothesis, respondents' responses from the questionnaire were analyzed and tested using chi-square (X^2).

Table 3: Summary of Chi-Square Analysis between Career Preference and Success in the Specialty among University of Uyo medical students

			Success in the Specialty				Total
			SD	D	A	SA	
Career Preference	SD	Count	2	3	1	3	9
		Expected Count	2.0	2.2	1.9	2.9	9.0
	D	Count	5	7	3	7	22
		Expected Count	5.0	5.3	4.7	7.0	22.0

A	Count	4	0	3	4	11
	Expected Count	2.5	2.6	2.3	3.5	11.0
SA	Count	6	8	9	10	33
	Expected Count	7.5	7.9	7.0	10.6	33.0
Total	Count	17	18	16	24	75
	Expected Count	17.0	18.0	16.0	24.0	75.0
Pearson Chi-Square						6.612
Degree of Freedom Df						9
Asymp. Sig. (2-sided)						.667
Alpha (a)						

Decision: Since the P Value at 0.667 is lesser than the alpha (a) value at 6.612, we reject H_0 and accept H_1 . Hence, the assumption is significant; it implies that career preference significantly influences the success in the specialty among medical students of university of Uyo. The results affirm the fact that the preference of career and choice of specialty is an indicator for the career success.

DISCUSSION OF FINDINGS

Findings from hypothesis one indicates that there is no significant relationship between taking care of the patient and caring about the patient. Taking care entails the delivery of technical care while caring for or caring about the sick person which suggests a virtue of devotion and concern for the other as a person. A deeper inquiry into the concept will build a platform for discussing findings of hypothesis one above. Taking care of is concern with the physician's technical competence without emotional engagement which is medically ethical. On the other hand, caring for however includes an empathic or emotional engagement as

a critical component of medical practice.

The findings above, reveals that emotions are not entirely subjective and irrational, they can be reflected upon and therefore used objectively. If not consciously acknowledged they can influence the clinician's practice for good or ill, and thus lead to considerable misunderstanding. The above finding shows that over weeping your client's sympathy will influence the act of *help-giving*. This means that professional obligation should not be traded with empathy and / or sympathy.

The students were asked to give their preferred career choices in a likert scale questionnaire. It is therefore possible that their choices could have been affected by factors such as high income, role model, interest in research, award of scholarship, family influence, intellectual challenge, gender status, inadequate specialty, status among colleagues, and passion or interest of the disease. A finding from the socio demographic variables indicates that, gender has a far reaching implication on gender and specialty. For instance, a greater

numbers of the female respondents were more interested in pediatrics and obstetrics / gynecology than the male respondents did.

The findings by Campos, Sent, and Kutob (2003) which show that students who reject family practice are concerned about prestige, low income, and the breadth of knowledge that is required has an agreement with the findings of the present study. Also, study by Williams and Cantillon, (2000) also agree with some of the findings of the present study. For instance, they found out that gender differences are a strong indicator for career preference, specialty choice as well as in factors which may influence their choices.

CONCLUDING REMARKS

This paper has shown that there is no significant relationship between taking care of the patient and caring about the patient. From all indications, the study reveals that there is a positive association between career preference and success in the specialty. This means that the willingness exhibited among medical students in choosing a specialty will determine the extent of achievement that will be recorded and attained during practice. This is an indication that maintaining emotional distance has no influence on carrying out professional and specialized task and function. However, keeping emotional distance could instigate the choice for specialty.

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APPENDIX 1

QUESTIONNAIRE ON DETACHED CONCERN AND THE PARAMETER FOR THE CHOICE OF SPECIALTY IN MEDICINE.

Dear Respondent,

The questionnaire is designed to collect information to aid the above research topic. The purpose of the study is purely academic and any information given will be in strict confidence. You are not expected to write your name as a way of ensuring anonymity. Please be very objective in your responses.

Thanks for your anticipated co-operation.

SECTION A: SOCIO DEMOGRAPHIC CHARACTERISTICS OF RESPONDENT.

Please you are requested to tick in the space provided below on the option that correspond your view.

1. Sex: (a) Male () (b) Female ()
2. Age (a) 18-22 () (b) 23-27 () (c) 28-32 () (d) Above 33 ()
3. Marital Status: (a) Single () (b) Married ()
4. Nationality: (a) Nigerian () (b) Non-Nigerian ()
5. Religion: (a) Christianity () (b) Islam ()

6. Area of specialty (please specify):

7. Sponsorship (please specify):

SECTION B: OPINION ON DETACHED CONCERN AND MEDICAL ETHICS.

From the options below, what is your opinion on detached concern and medical ethics. Please you are expected to Strongly Agree (SA), Agree (A), Disagree (D), or Strongly Disagree (SD).

S/no	Items	SA	A	D	SD
1	Doctors are touched when patient is in pain during treatment.				
2	Some doctors usually react sympathetic to situation when patient complain of not being cared for.				
3	I will not be able to handle the case of a family member who is sick.				
4	It is ethical for doctors to take care of the sick person.				
5	It is not ethical for doctors care about the sick				
6	A person's emotions lead to an understanding of how another person is feeling.				
7	It is medically ethical not to be moved or influenced emotionally by the patient.				
8	Patient state over weep my empathy and sympathy.				
9	Detached concern can lead to avoiding difficult patient or case				
10	Doctors are supposed to shed tears over dying patient.				

SECTION C: PARAMETER FOR THE CHOICE FOR CAREER SPECIALTY

From the options below, what is your opinion on the factors which influenced your choice for career specialty? Please you are expected to Strongly Agree (SA), Agree (A), Disagree (D), or Strongly Disagree (SD).

S/No	Item	SA	A	D	S D
1.	High income potential				
2.	Emulate a physician known to me				
3.	Interest in research				
4	Award of scholarship				
5.	Family influence on specialty				
6.	Intellectual challenge				
7.	Gender status				
8.	Inadequate specialty in the field				
9.	Status among my colleagues				
10	Personal interest / burden for disease				