

Home or away? The personal dilemmas in training to be a doctor or nurse

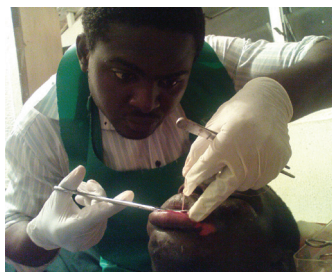
Kat Akingbade interviews four young doctors and nurses and asks what it is that is driving their ambitions.

Wherever we might live in the world, one thing remains constant, the prestige that comes attached to a career in the medical profession, not least for any individual bearing the title Doctor or Nurse. The finer details such as rank, position, and number of published peer-reviewed articles are for the academics to quibble over, the rest of us just gape in awe at these miracle workers into whose hands we have placed our health and sometimes our lives – even if they are by all appearances not particularly good at what they do.

Nigeria is by no means exempt from this unique doctor/patient relationship, and in recent times has enjoyed a resurgence in the reputation of its health practitioners. Various media outlets have reported news of Nigerian doctors making significant medical breakthroughs of use to the global medical community, and stories about Nigerian doctors being lured away in their droves by foreign countries offering better employment packages and career development opportunities are becoming more frequent.

That being said, the only way to get a true picture of what it means to be a medic in Nigeria today is to speak to those actually doing the job. This is exactly what I did at the Wesley Guild Hospital Unit (Ilesa Campus) of the Obafemi Awolowo University Teaching Hospital. I asked two doctors and two nurses about their experiences of working life at the hospital, and questioned them as to whether they felt their future lay at home, or abroad.

Dr Tunde Ishola Awokola (32): Department of Family Medicine.



A mild-mannered, calm, and softly spoken man, Tunde, is a young doctor with a fierce ambition that is palpable.

I begin by asking Tunde about himself and he is cheerful and warm, describing his

love for his young wife, his homeland, and his passion for collecting stamps, a hobby that has lasted 25 years. When we get on to the subject of life at the Wesley, Tunde is politic in his response, 'what you see is what you get. The hospital you see, the patients, that's it.'

'I enjoy my work,' he adds evenly, 'it is very rewarding when patients come back and tell you that you

have helped them settle whatever complaint they had been suffering with. Other times it can be *challenging*.' This feels like something of a form response, a little rehearsed. Any doctor would say that. I probe a little further, is there anything he doesn't like. There is a quiet weary sigh and then a long pause. Interviewing Tunde already feels like a challenge, he is extremely bright and will not be coerced into saying anything he doesn't want to say.

'Nigeria is unique.' He relents. I ask him to elaborate on the challenging aspects, 'patients don't always listen; they don't often want to admit that they haven't understood your instructions. They don't take the treatment as prescribed.' His voice trails off. I suspect that his reticence is symptomatic of a deeper issue and I change tack.

'Tell me how you got to where you are today?' Tunde reels off his CV, secondary school in Ibadan (the second largest city in Africa, after Cairo, he declares proudly), and suddenly there is real animation in his voice. I ask Tunde whether he would leave Nigeria if he could, and he is effusive.

'The thing about the medical profession in Nigeria is, people love titles, they love position but they are not always as concerned about the quality of care being given to patients. It might seem hard to say that but I know what I am talking about. We are decades behind the rest of the world when it comes to technology, and in many ways the hospital is still primitive. We are trained well, I know doctors who have passed exams taken in places like America and Europe and they pass well, and we have an excellent grounding in bedside manner and that is very important. Most young doctors are keen to make sure that they are doing their jobs well, but the older doctors, the professors,' he pauses again, no doubt to consider carefully what he is about to say, 'they don't like it when you are able to identify gaps in their knowledge and they don't like the idea of younger doctors challenging them. They don't attempt to nurture, they get hostile with anyone who shows drive and ability.'

Tunde hastens to point out that were it not for the support, guidance, and encouragement of his mentor Dr Tunde Kuteyi (whom he describes as a gifted senior member of staff, and the stand-out exception to the rule), he really has no idea what he would have done.

Tunde (Owokola) sounds resigned. He understands the way Nigeria works – at least from his perspective – and he is ambitious and talented, but he has no intention of attempting to change the country, or the psyche of his teachers, instead he plans to leave as soon as an

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opportunity presents itself. He wants to be challenged (really challenged) in his job. He wants to grow and learn as a doctor and he wants to provide a good life for his wife. None of which seem to be a realistic prospect for him if he remains in Nigeria.

I ask him whether he has any experience of medical training outside of Nigeria. He has of sorts. Tunde completed a post-graduate correspondence course in medical informatics with the University of Sherbrooke, Canada, which entailed a number of coursework assignments, including making a short film as an obstetrics and gynaecology teaching aid for a rural African community.

But it is not merely this that has steeled Tunde's resolve to leave Nigeria; it is the opportunity to share ideas and to be in contact with medical professionals who are treating patients with different conditions to the types he sees every day. And he longs to be taught by doctors who don't feel threatened by the students that want to get ahead.

Thanks to glowing reports from friends who have left Nigeria to work as doctors overseas, and his own research into the latest medical technological advancements available, Tunde is now more resolved than ever to leave his native homeland in pursuit of his career aspirations. He is by no means disloyal, just realistic. And he considers conditions at the Wesley to be truly representative.

Verdict: Tunde will leave as soon as a suitable position becomes available. Dream location: Australia.

Dr Izhaq Ismael: Senior Registrar, Department of Family Medicine.



Izhaq, or Easy as he is known to his friends is, it almost alarms me to say, adorable. At 5'6", and complete with dimples and boyish charm, he looks far younger than his years, the exact number of which he somehow manages to avoid disclosing. I have it on good

authority that he is far older than he looks. A married father of six, Izhaq is popular and well liked. I manage to grab him between assisting me facilitate a training session and seeing patients in his clinic, for a discussion about his experiences as a doctor at the Wesley.

He was born, raised, schooled, and medically trained in Nigeria and has never been abroad. Izhaq is the consummate pragmatist, and every question is met with a megawatt toothy grin.

I ask him to describe his typical working day. 'I arrive around 7 a.m. and start seeing patients shortly after that. Some patients tell me what they think is wrong with them, others wait for me to examine them and then tell them what I think. Some patients are good at following my treatment, others not so good. I work until about 8 or 9 at night, obviously longer when I have to.'

I ask him whether he feels his training has been adequate for patient needs and career development, he tells me, 'whoever designed our medical courses decided what level of care Nigerians need and they tailored the training to meet that need. The biggest challenge we

face, as far as I see it, is patient management, we are making slow progress in terms of moving from manual to electronic records but I think it is sad that practically everything is still done on paper. For instance, if I send a biopsy sample to a lab for analysis, rather than having to wait a day or two for urgent results you sometimes wait up to 3 weeks. In medical terms this could mean the difference between life and death.'

Izhaq's priorities seem clear to me. He has no wanderlust, feels that there is more than enough to do in Nigeria in terms of improving patient care, and tells me he'd rather see superior medical training being put to good use in Nigeria where it is needed most than lose good doctors to countries where people have things considerably easier. 'I don't mind doctors going abroad,' he tells me, 'I'd just rather they went away, learnt what they had to and came back and used those new skills here.' There is no malice in this revelation.

I ask him whether, that being said, he would travel if given the chance. 'Sure, why not, it would be great to travel,' he responds, but he doesn't have any immediate plans or wishes to do so. He wants to do the best he can in Nigeria, for Nigeria.

Izhaq has a fairly large family and works hard to provide for them. He considers family medicine to be a rewarding choice, but says he would not recommend a career in medicine to young hopefuls who may ask his advice. I am curious about this and ask why.

'It is hard work, rewarding yes, but financially not rewarding, so unless you are already wealthy and have sufficient drive and passion it becomes demoralising. People make assumptions about the quality of life you have or they think you must have because you are a doctor but they do not realise that doctors are often underpaid or sometimes not paid at all for months at a stretch. Certainly if my son who is 6 years old came to me and said daddy I want to be a doctor, unless things improve, I would tell him, find something else to do.' I find this revelation astounding, and ask how it could be possible that doctors are not paid for their services. 'We are subject to the whims of our government I suppose.' He says with a beaming smile.

Izhaq is all too aware of the brain drain and is determined to be part of the solution. He feels that an improvement in the way Nigeria treats its health professionals is crucial and would curtail the haemorrhaging of talent. 'For a start, they need to cut down on the numbers of students they admit. Medical schools are grossly oversubscribed, and sadly this is because universities want to collect money. Graduates are not always qualified and this has an impact on patient care.' He says he does not know how things are going to change (rather he doesn't want to get into a discussion about it now), and concedes that there are some benefits to doctors opting to leave. His stance is always, Nigeria first.

Izhaq would rather drive a fancier car and certainly doesn't want to be one of those doctors he describes as walking around in worn out tatty clothes, but he is confident in his ability and is prepared to sacrifice what he calls luxury in order to provide good quality patient care at the Wesley.

'It can be boring for juniors, there are about 80 here and there isn't always enough for them to do,' he con-

cludes affably,' and it's primitive, (that word again) we're way behind the rest of the world in terms of technology.

I get the impression that he relishes his role as big fish in a small pond, such status could not be guaranteed elsewhere. But his commitment to his patients is clear for all to see.

I ask him where he would work if given a choice of being posted anywhere in the world, 'I'd like to visit America,' he says with a grin.

Verdict: Izhaq is determined to be part of the solution. His loyalties remain firmly with patients within Nigeria

Student Midwife Victoria Folake Faloni (22): School of Midwifery.



The pretty, slight, softly spoken young woman enters my office with one eyebrow raised in query as to whether she has found the right person, I assure her that she has and wave her in with a smile. We begin and I ask her to repeat her name for the benefit of the tape. 'My

name is [Victoria], I am originally from Oyo state. I was a student at the School of Nursing here and I have come back to get my Midwifery diploma.'

I ask the standard questions pertaining to likes and dislikes and Victoria does not hold back when it comes to what she feels needs to be improved.

'We need to get into the computer age here,' she says. 'We are hindering patient care because we don't have good technological equipment. We need to know what is available and we need to learn new treatment techniques. Many of our teachers can't even use computers.'

Victoria is very young, passionate, and ambitious. I ask whether she has ever been abroad and if so whether she could draw any comparisons in terms of Nigerian training, 'I have never been abroad,' she says, 'and it's not really that important for me, but I would like things to improve here. I am sure things are better in other countries but we need to learn to be good at what we do in our own country and to treat the people here.'

I ask about the course and whether she feels it serves her needs in terms of career advancement and the needs of the patients. 'Well, I wouldn't recommend people coming here to learn nursing,' she says, 'if anyone asked me, I would say go straight for the university BSc, diplomas are a waste of time.' I explore this further: 'the school of nursing runs a strange course, it is a lot of writing. There are endless assignments and they don't always make sense when you are on the wards. There isn't enough practical work and the teachers have you copying large chunks of text without properly explaining it to you, so you pass exams when you can remember what you wrote. The course isn't scientific enough.'

I ask Victoria if she would work elsewhere if she could. 'Maybe, for the experience, but I love it here.'

She concludes by telling me of her plans to travel to Lagos to continue her midwifery career. She has no plans to leave Nigeria for the foreseeable future.

Verdict: Victoria is happy that she is able to grow as a midwife in Nigeria and is looking for a post in the country.

Student Paediatric Nurse Abiola Adeyimola (19): School of Nursing.



Abiola is impassive, and at times rather bored looking, but a pleasant enough young woman who is keen to travel as soon as possible. She enjoys her training and I ask her what she finds most challenging. 'The work; we have so many exams, and lots

of assignments to write.' I ask her about her working life on the ward, she doesn't seem to notice anything particularly wrong (apart from the workload) and tells me that she enjoys being with the patients. I ask if she would leave Nigeria given the chance.

'Yes!' I am surprised by her sudden outburst and I ask why. 'My sister is a nurse in America, and I have an aunt there too. Things are better, the teaching structure and the whole system, you make much better money. My sister is so glad that she lives in America and I am planning to go too.' Abiola has no experience of working or training as a nurse abroad yet she feels that she has heard enough from her sister to support her firm belief that a life in America would be better for her.

I try to extract more from her, more detail, some emotion. I get nothing and I suddenly realise why. Her Vice Principle is perched on a desk 5' from us and neither Abiola nor I are deceived by his perusal of the bookshelf. It doesn't do to criticise in front of the person who ultimately decides whether you receive your diploma or not. Abiola, whose voice has grown progressively inaudible during our brief chat, is clearly uncomfortable and flees the room after pausing for a quick photo. *Verdict:* Abiola is reserving her energy for a new life in America.

Conclusion

It would seem that for those within the medical profession, Nigeria provides a workable environment in a 'what they don't know won't hurt them' sort of way. Younger doctors, nurses, and other medical professionals are more acutely aware of the ways in which Nigeria lags behind the rest of the world in terms of technological and pharmacological advancement, whereas older professionals appear to be happy to continue to treat patients within the confines of the resources available.

However, Nigeria's dwindling life expectancy rates which feed directly into social concessions such as good healthcare cannot be addressed or improved as long as the nation continues to lose its brightest minds to other countries on the basis of issues as negligible as whether or not a doctor will be paid at the end of the month.

There appears to be a clear divide between those who chose to stay and those who opt to leave, and I suspect that many have replaced despair at the prospect of never getting a visa with disinterestedness. That said, national loyalty, particularly among the young, is heartening.

The government has a civil duty to the people: the health of the nation depends upon how well its doctors and nurses are taken care of.