

Original Article

University Social Responsibility in the Training of Specialists: Perceptions of the Academic Community of the Faculty of Medical Sciences of the National University of Asunción

Responsabilidad social universitaria en la formación de especialistas: percepciones de la comunidad académica de la Facultad de Ciencias Médicas de la Universidad Nacional de Asunción

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ABSTRACT

Introduction: University social responsibility (USR) constitutes an institutional commitment that transcends community service and integrates social equity, ethics, and sustainable development as axes of specialized medical training. **Objective:** To reveal and interpret the perceptions of the postgraduate academic community of FCM-UNA regarding USR training of medical specialists. **Materials and methods:** Qualitative research with a comprehensive hermeneutic approach. Thirteen semi-structured interviews were conducted with faculty members and four focus groups with residents, nursing, and administrative staff from core specialties. Curricular programs were reviewed. Analysis included source triangulation. **Results:** Four dimensions were identified: organizational management, teaching-learning process, university extension, and research. USR is not consolidated in postgraduate programs; conceptual confusion between USR and extension exists; grade-postgraduate articulation is fragmented; extension activities are predominantly assistentialist. Emergent voices noted the absence of environmental components as a formative gap. **Conclusions:** USR is not a consolidated reality in FCM-UNA postgraduate programs. Curricular guidelines integrating usr as an explicit and systemic axis of specialist training are needed.

Keywords: university social responsibility, specialist training, medical education, postgraduate, qualitative research.

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RESUMEN

Introducción: La responsabilidad social universitaria (RSU) constituye un compromiso institucional que trasciende la extensión universitaria e integra la equidad social, la ética y el desarrollo sostenible como ejes de la formación médica especializada. **Objetivo:** Develar e interpretar la percepción de la comunidad académica del posgrado de la FCM-UNA respecto a la formación en RSU de los médicos especialistas. **Materiales y métodos:** Investigación cualitativa con enfoque hermenéutico comprensivo. Se realizaron 13 entrevistas semiestructuradas a docentes y cuatro grupos focales con residentes, personal de enfermería y administrativo de las especialidades troncales. Se revisaron programas curriculares vigentes. El análisis incluyó triangulación de fuentes. **Resultados:** Se identificaron cuatro dimensiones: gestión organizacional, proceso enseñanza-aprendizaje, extensión universitaria e investigación. La RSU no está consolidada en los posgrados; existe confusión conceptual entre RSU y extensión; la articulación grado-posgrado es fragmentada; la extensión es predominantemente asistencialista. De forma emergente, algunos participantes señalaron la ausencia de componentes ambientales y ecológicos en la formación. **Conclusiones:** La RSU no es una realidad consolidada en los posgrados de la FCM-UNA. Se requieren directrices curriculares que integren la RSU de manera explícita y sistémica en la formación del especialista.

Palabras clave: responsabilidad social universitaria, formación de especialistas, educación médica, posgrado, investigación cualitativa.

Introduction

University social responsibility (USR) represents an institutional commitment of a holistic nature that articulates teaching, research, extension, and organizational management with the needs of society. Unlike corporate social responsibility (CSR), USR cannot be reduced to philanthropy nor limited to assistance-based practices: its scope includes the production of knowledge with ethical and social impact, as well as the training of professionals capable of acting as agents of change in their communities ^(1,2).

In the context of medical education, USR acquires particular relevance in the face of increasing socio-health inequalities, the social determinants of health, and the challenges of the global context. Higher education institutions have the responsibility to train specialists who not only master technical skills, but also integrate an ethical, humanistic, and community-oriented perspective into their clinical practice ^(3,4). The UNESCO World Conference on Higher Education (2009) emphasized the need for universities to

contribute to sustainable development, recognizing the relationship between human health and the environment ⁽⁵⁾.

The Sustainable Development Goals (SDGs) of the 2030 Agenda require university systems to assume commitments toward the comprehensive training of their graduates, articulating technical excellence with social and environmental responsibility ⁽⁶⁾.

At the Faculty of Medical Sciences (FCM) of the National University of Asunción (UNA), the curricular innovation initiated in 2011 incorporated USR as a core axis and transversal competence at the undergraduate level. However, the articulation of this process toward postgraduate programs in core specialties has been scarcely evaluated ⁽⁷⁾. The present study sought to reveal and interpret the perception of the postgraduate academic community—faculty, residents, nursing staff, and administrative personnel—regarding USR in specialist training.

Materials and Methods

Design and approach

A qualitative study with a hermeneutic approach of a comprehensive and interpretative nature was conducted. The design allowed for in-depth exploration of meanings, perceptions, and interpretations, appropriate for a complex social phenomenon such as USR in the academic setting.

The hermeneutic approach was selected because the understanding of USR in postgraduate programs cannot be detached from the institutional, historical, and cultural context in which FCM-UNA operates. This approach enables access to the lived experience of participants and to the meanings they attribute to USR in their daily practice ^(8,9).

Context

The study was carried out at FCM-UNA, main campus, San Lorenzo, Paraguay, during the period 2023–2024. Medical residencies from the four core specialties were included: internal medicine, general surgery, pediatrics, and obstetrics and gynecology.

Participants and sampling

Purposive sampling was applied to ensure maximum variation in terms of roles, specialties, and years of experience. Inclusion criteria were: a) belonging to the postgraduate academic community of FCM-UNA; b) active participation in the training process of residents; c) signed informed consent. Personnel with less than six months of institutional affiliation were excluded.

The study subjects were distributed into four groups: **faculty members** (n=13, coded d1–d13), **residents** (one focus group, n=10, coded r1–r10; two per specialty), **nursing staff** (one focus group, n=5, coded e1–e5), and **administrative staff** (one focus group, n=5, coded a1–a5). The total number of participants was 33, in addition to the documentary review of four postgraduate programs.

Theoretical saturation was reached upon confirming that additional interviews did not provide new categories or emerging dimensions, which occurred from the eleventh faculty interview. In the case of focus groups, saturation was verified through the consistency of narratives across groups.

Data collection techniques

Two main techniques were used: individual semi-structured interviews for faculty members and focus groups for residents, nursing staff, and administrative personnel. The interview guide was organized around four dimensions: organizational management, teaching-learning process, university extension, and research. The instrument was validated through expert judgment (three academics with training in USR and qualitative methodology).

The semi-structured interviews were conducted individually; the focus groups were moderated by a designated researcher from the team, with a second researcher acting as observer. All sessions were audio-recorded with prior consent, transcribed verbatim by the researchers themselves, and subjected to verification through participant feedback. The average duration of the interviews was 45 minutes; for the focus groups, 90 minutes.

Data analysis

A qualitative content analysis was performed following Alonso's method (8), with open, axial, and selective coding. The coding procedure was: (1) exploratory reading of the transcripts; (2) identification and assignment of initial codes; (3) grouping of codes into categories and subcategories; (4) construction of generic matrices of categories, dimensions, and descriptors; (5) comprehensive interpretation through the hermeneutic framework.

Source triangulation (faculty, residents, nursing staff, administrative personnel, and study programs) and method triangulation (interviews, focus groups, and documentary analysis) were used to ensure the consistency and depth of the findings. Verbatim quotations

from participants are included with their identification codes to ensure transparency of the analytical process.

Researcher positioning. The four researchers are faculty members of FCM-UNA and were enrolled in the master's program in higher medical education at the same institution studied. This institutional affiliation facilitated access to the field and participants' trust, but required explicit strategies to manage the potential bias associated with familiarity with the phenomenon. The following were implemented: external review of categories by an independent researcher, systematic triangulation among the four researchers in joint analysis sessions, and the development of a methodological decision log documenting prior assumptions and interpretative decisions. The tutor supervised the methodological process.

Methodological rigor

Credibility was ensured through triangulation of sources and researchers, and the return of preliminary results to participants for verification. Transferability is supported by a thick description of the context. Dependability was ensured through a methodological decision log and external review of categories by an independent researcher. Confirmability was guaranteed by the systematization of the coding process and the inclusion of quotations supporting each category.

Ethical Considerations

Written informed consent was obtained from all participants prior to their inclusion in the study, ensuring voluntariness, the possibility of withdrawal without consequences, and anonymity. The study was conducted in accordance with the ethical principles of the Declaration of Helsinki and the current institutional regulations of FCM-UNA. Confidentiality was protected through alphanumeric coding (d1–d13 for faculty; r, e, and a for residents, nursing staff, and administrative personnel). Audio files and

transcripts were stored in encrypted format, with access restricted exclusively to the research team.

Results

The analysis generated four main dimensions that articulate the perception of the academic community regarding USR in postgraduate programs. The findings are presented below with the most representative verbatim quotations for each category.

Dimension 1. Organizational management

Training and knowledge of USR. There is widespread conceptual confusion between USR and university extension across all participant groups. Faculty, residents, nursing staff, and administrative personnel equate USR with isolated assistance-based activities, without recognizing its holistic nature.

"Regarding what social responsibility is, I believe that both I and the faculty are not very well prepared... In the pediatric specialty, the difference between university extension and what a social responsibility project consists of is not distinguished." (d2)

"Basically, we were not trained because the possibility was not even mentioned; therefore, today times are different and now we have to learn, but at an older age, as they say." (d10)

Faculty members with training in university teaching (master's degree in higher medical education, specialization in didactics) showed a greater understanding of the comprehensive concept of USR. However, all agreed that this training was not part of the medical postgraduate curriculum, but rather an extra-academic acquisition.

Undergraduate–postgraduate articulation. A significant gap was identified between USR training at the undergraduate level—where it was incorporated through the 2011 curricular innovation—and postgraduate training, where USR appears fragmented and lacks unified

curricular guidelines. One faculty member described this discontinuity precisely by contrasting the extension activities of the previous undergraduate curriculum—which included community visits with longitudinal follow-up, intersectoral work with veterinary medicine, agronomy, and emergency services, and tree planting with the faculty of agronomy—with the current postgraduate reality: *“regarding residents, which would already be postgraduate, I think there is less investigative action in communities [...] There is no link that connects all of that.”* (d-ve). This description illustrates not only the break in training continuity, but also the loss of broader community-oriented extension components that existed in earlier stages of the curriculum.

“There is a divorce between undergraduate and postgraduate levels.” (d5)

“University social responsibility should be a transversal competence in all postgraduate programs of the FCM, just like bioethics and research methodology.” (d11)

The FCM-UNA code of ethics (resolution d. No. 1186/2016) explicitly mentions humanitarian and environmental commitment ⁽¹⁰⁾; however, none of the participants spontaneously identified it as a guiding reference for their educational practice.

Dimension 2. Teaching-learning process

Residents recognize the importance of USR during their training, although they apply it in a tacit and informal manner, without the support of a curricular structure that systematizes it. Training in ethics, humanism, and values is transmitted through the example set by faculty role models rather than through explicit pedagogical content.

“Social responsibility has to be framed in all aspects. And then there is the entire ethical component as well, which goes hand in hand with it, and unfortunately we are not trained in that, neither at the undergraduate nor postgraduate level.” (d10)

The review of curricular programs confirmed that only one of the four programs analyzed explicitly mentions USR as a link between the resident and the community environment. The remaining programs equate USR with university extension, without addressing its components of management, training, and research. This finding is consistent with Latin American evidence on the reduction of USR to its extension function ⁽¹²⁾.

Dimension 3. University extension

University extension is the most visible and implemented component of USR in postgraduate programs. However, its scope is predominantly assistance-based, focused on pathology and direct care, without projection toward community health promotion or action on social determinants.

“Social responsibility is not only about teaching the student well, the future professional; it is the responsibility of sending a good professional into the market... They have rights, but they also have obligations, because those obligations will ultimately be expressed in the medical responsibility of caring for others.” (d7)

Two of the four core specialties did not record documented extension activities in the past five years.

Participants agreed that extension requires greater institutional structuring and continuity:

“To create a department that can provide direction... that is precisely responsible for when to carry out a project and to give real follow-up to those projects.” (r5)

Dimension 4. Research

Research production oriented toward social or public health problems is scarce in the postgraduate programs studied. Participants indicated that research is perceived as a peripheral activity, often reduced to a graduation requirement rather than a continuous practice linked to community needs.

“I believe I have some strengths and there are

always things to improve; I think in the areas of teaching, management, and extension I try to stay engaged on a daily basis, but of course research is probably the area that needs improvement." (d1)

The incorporation of research lines oriented towards community or public health issues was not identified as a curricular priority in any of the programs analyzed.

Discussion

The findings of this study reveal that USR in FCM-UNA postgraduate programs is at an incipient and fragmented stage, with a marked concentration on university extension of an assistance-based nature. This pattern is consistent with what has been reported by Vallaeys (2007) and Gavilla (2024), who warn that reducing USR to extension deeply limits its transformative potential ^(1,10,11).

The conceptual confusion between USR and university extension identified across all participant groups is consistent with similar findings in Latin American institutions ^(12,13,14). This confusion is not trivial: when faculty equate USR with social assistance, the space to integrate components such as research with social impact and training in civic values becomes severely restricted.

It should be noted that the FCM-UNA code of ethics recognizes the institution's environmental commitment; however, this principle did not spontaneously emerge among participants as a reference for their educational practice. The account of one faculty member regarding activities in the previous undergraduate curriculum—which included, among other actions, tree planting in coordination with the faculty of agronomy—contrasts with the absence of similar initiatives in postgraduate programs. This suggests that the environmental dimension of USR, although present in institutional declarations, has not found curricular expression in specialized

training. This emerging finding deserves specific research attention.

The undergraduate–postgraduate gap identified in this study is another central finding. While undergraduate education incorporated USR through curricular innovation since 2011, postgraduate programs lack unified guidelines in this regard. Residents—who have had some exposure to USR during undergraduate training—recognize its importance but lack structures that facilitate its systematic application during specialization. This suggests that vertical articulation between levels of training is essential for USR to become an enacted competence rather than merely a declared one ⁽¹¹⁾.

The role of nursing and administrative staff as actors of USR emerged as a relevant finding. Their participation in resident training is recognized as significant but institutionally underestimated, reinforcing the need for a community-based and inclusive conception of USR that transcends the faculty–student dyad ^(15,16).

In terms of methodological rigor, the triangulation of sources and methods used in this study strengthens the credibility of the findings. The inclusion of voices from all sectors of the university community—not only faculty and residents—constitutes a methodological strength that differentiates this research from previous studies in the region. Limitations include restriction to the main campus of FCM-UNA and to core specialties, which limits the transferability of the results to other institutions.

Conclusions

USR is not a consolidated reality in FCM-UNA postgraduate programs. The findings demonstrate: widespread conceptual confusion between USR and university extension; absence of unified curricular guidelines on USR in postgraduate programs of core specialties; predominantly assistance-based extension without systematic community articulation; a significant gap in undergraduate–postgraduate articulation; and underestimated participation of nursing and administrative staff in USR.

It is proposed that FCM-UNA develop curricular guidelines that integrate USR as a transversal axis in all postgraduate specialization programs, with explicit articulation among the four dimensions: organizational management, training, extension, and research. This integration should include research lines oriented toward community problems, extension activities with longitudinal follow-up, and faculty training spaces in USR.

USR cannot continue to be an ideal declared in the institutional mission without correlation in training programs. The medical specialist committed to equity and community health is the product of a university that assumes its social responsibility in a comprehensive, continuous, and systemic manner.

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