

## MEDICAL PROFESSIONALISM: COMPARING VIEWS OF PUBLIC AND DOCTORS

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### ABSTRACT

**Objective:** To compare the views of public and doctors about importance of attributes of medical professionalism.

**Study Design:** cross-sectional comparative study.

**Place and Duration of Study:** Study was carried out at Fauji Foundation Hospital Rawalpindi from Oct 2019 to Mar 2020.

**Methodology:** Study included 115 public participants and 115 doctors. Their perceptions about the importance of different attributes of medical professionalism were recorded on a structured questionnaire by rating on a 5-point Likert scale of importance. Independent samples t-test was used to compare the mean scores of the public group to the mean scores of the doctors for every attribute.

**Results:** View of public and doctors were very similar. "Honesty and integrity, sound judgment and decision making, responsible behavior, confidentiality, professional development, abiding professional rules, and being reliable" were ranked among the top ten important attributes by both groups. On the other extreme "maintaining a high standard of living" was ranked at the bottom of list by both groups. Significant differences in views of public and doctors were found regarding attributes of social justice among doctors (4.4 vs 4.09,  $p=0.012$ ) and among patients (4.43 vs 4.09,  $p=0.05$ ) and autonomy (4.42 vs 4.2;  $p=0.042$ ).

**Conclusion:** The opinions of public and doctors on what constitutes medical professionalism are similar with integrity and honesty being the most important attribute and to maintain a high standard of living being the least important attribute.

**Keywords:** Attributes, Medical professionalism, Public perceptions.

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### INTRODUCTION

Medical professionalism is an obligation on the doctors to follow the ethical principles while carrying out their professional duties<sup>1</sup>. The concept of Professionalism highlights a shift of paradigm from biomedical and technical aspect to the humane aspect of medicine<sup>2</sup>. Recent literature has emphasized on the grooming of doctors to inculcate the attributes of honesty, altruism, integrity, respect for patients and colleagues, excellence, communication skills, discipline, and abiding the rules and laws. Opinions on what actually constitutes professionalism are in fact diverse but mostly are from medical professionals while views from the public are deficient<sup>3,4</sup>.

Professionalism has an important role in the future of medicine<sup>5</sup>. The 2002 publication of "Medical Professionalism in the new millennium: a Physician Charter" highlighted the importance of medical professionalism<sup>6</sup>. Although this document gained a lot of response; however it was also widely criticized and some authors<sup>7</sup>, pointed to a lack of public input while developing the Charter. This is further supported by the

recent incidents of patients' complaints of disrespect, distrust and miscommunication which indicate that the patient expectations from their health care system are not being fulfilled<sup>8</sup>. Such incidents highlight the incongruence between patients' perceptions of what a medical professional should be.

This study was an attempt to explore the areas of agreement and incongruence between the public and the doctors about what constitutes professionalism. If we recognize the congruencies and incongruencies in the views of doctors and public we can shape our training programs in a way that would improve patient care and we can improve our today's doctor to come up to the public expectations.

### METHODOLOGY

It was a hospital-based cross-sectional study carried out at Fauji Foundation Hospital Rawalpindi from October 2019 to March 2020. Calculated the sample size using the open source calculator of EpiInfo version 3. We kept the confidence interval at 95%, level of significance at 5% and power of the test at 80%. In a previous study the public rated altruism at 3.673 while in another study the doctors rated altruism at 3.84<sup>9</sup>. Using this data and the above parameters the minimum sample size was 112 participants in each group i.e. the public and the doctors.

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Participants were recruited through non-probability convenience sampling; 115 public and 115 doctors were included in the study. The public group included admitted patients and their attendants in various wards and the doctors included FCPS part 2 post graduate trainees of surgery, medicine, eye, ENT, obstetrics and gynecology, pediatrics, radiology and pathology. Public participants who were not able to read or comprehend the proforma or critically ill patients were excluded from the study.

The data was collected on a structured questionnaire which was developed from the professional attributes listed in an article "medical professionalism; development and validation of the Arabian LAMPS"<sup>10</sup>, and a questionnaire used in the article "cultural similarities and differences in medical professionalism; a multi-region study".

The study questionnaire was subjected to Reliability Analysis and the Cronbach's alpha coefficient was 0.934. The questionnaire items were then subjected to Principal Component Analysis after which it was finalized with 37 items.

SPSS version 17 was used to store and analyze the data. Each of the professional attribute was rated on a 5-point Likert scale of importance by the study participants. For every attribute a mean score was calculated for both the groups i.e. the doctors and the public. The mean scores of the two groups were compared using the independent samples t-test while considering a *p*-value of  $\leq 0.05$  as statistically significant. The attributes with a mean score of  $\geq 4$  were considered as essential for a doctor.

**RESULTS**

We included 115 resident doctors and 115 public participants. Mean age of the public group was  $34.3 \pm 11$  years and that of doctors were  $29.8 \pm 4.4$  years. The study population included 122 (53%) females and 108 (47%) males.

The data showed that the perception of the two groups with regards to importance of attributes was very similar. In view of both groups the most important attribute was "Integrity and honesty". Common attributes that were ranked in the top ten by both groups (table-I) included; 1) integrity and honesty, 2) ability to make correct decisions and judgments, 3) acting in a responsible way towards the patients, 4) having a positive approach towards professional development, 5) respecting patient privacy and confi-

dentiality, 6) Abiding by the professional rules and regulations, 7) Being dependable and reliable.

At the other extreme, the attributes commonly ranked in the bottom ten by both groups (table-II) were; 1) Maintaining a high standard of living, 2) Not using professional status for personal gains, 3) Being aware of needs of the patients, 4) Accepting constructive criticism, 5) Ability to train colleagues, 6) Ability to adapt to new workplace changes.

Similarly, the attribute "maintaining a high standard of living" was rated at the bottom of list by both the groups.

**Table-I: Top 10 ranked attributes by both groups.**

<b>Professional Attributes ranked in top 10 by "Doctors"</b>	<b>Score</b>
Integrity and Honesty	4.82 ± 0.46
Ability to make correct judgment and decision	4.61 ± 0.55
Positive attitude for professional development	4.55 ± 0.63
Confidentiality	4.52 ± 0.62
Reliable & dependable	4.52 ± 0.58
Accountable	4.51 ± 0.65
Abiding professional rules and regulations	4.51 ± 0.59
Works in accordance with law	4.51 ± 0.62
Acting responsibly towards patients	4.49 ± 0.59
Reflecting on ones action for improvement	4.46 ± 0.74
<b>Professional Attributes ranked in top 10 by "Public"</b>	<b>Score</b>
Integrity and honesty	4.68 ± 0.62
Effective communication	4.61 ± 0.74
Abiding professional rules and regulations	4.59 ± 0.66
Ability to make correct judgments and decisions	4.59 ± 0.76
Positive attitude towards professional development	4.58 ± 0.76
Acting responsibly towards patients	4.5 ± 0.82
Punctuality	4.48 ± 0.83
Reliable & dependable	4.46 ± 0.81
Confidentiality	4.44 ± 0.89
Dedication	4.44 ± 0.95

*Attributes in bold and italics are common in the two study groups.*

Statistically significant differences in rating scores were seen with regards to these three attributes (table-III); 1) Respecting the autonomy of patients; scores by doctors ( $4.4 \pm 0.77$ ) was significantly higher compared to score by the patients ( $4.09 \pm 1.03$ ); *p*=0.012, 2) Treating patients without prejudice and with fairness; scores by patients ( $4.43 \pm 0.86$ ) was significantly higher compared to score by the doctors ( $4.09 \pm 1.03$ ); *p*=0.05, 3) Treating other health professionals without preju-

dice and with fairness; scores by patients ( $4.42 \pm 0.74$ ) was significantly higher compared to score by the doctors ( $4.2 \pm 0.85$ );  $p=0.042$ .

**Table-II: Bottom 10 ranked attributes by both groups.**

<b>Professional Attributes ranked in bottom 10 by "Doctors"</b>	<b>Score</b>
Dressing up decently	$4.18 \pm 0.93$
Altruism	$4.17 \pm 0.89$
Not using professional status for personal gains	$4.16 \pm 0.97$
Accepting constructive criticism	$4.13 \pm 0.93$
Being aware of the needs of the patients	$4.13 \pm 0.85$
Ability to train the colleagues	$4.13 \pm 0.88$
Giving advice to patients and colleagues when needed	$4.1 \pm 0.77$
Working in collaboration with colleagues for common goals	$4.07 \pm 0.97$
Ability to adapt to new workplace changes	$4 \pm 1.03$
Maintaining a high standard of living	$3.81 \pm 1.14$
<b>Professional Attributes ranked in bottom 10 by "Public"</b>	<b>Score</b>
Being aware of ones limitations as a practitioner	$4.23 \pm 0.94$
Not to use ones professional status for personal gains	$4.2 \pm 1.15$
Acting in a responsible way towards colleagues	$4.18 \pm 0.86$
Accepting constructive criticism	$4.18 \pm 1.04$
Ability to adapt to new workplace changes	$4.17 \pm 0.96$
Ability to train colleagues	$4.16 \pm 0.88$
Being considerate of the cultural background of colleagues and patients	$4.16 \pm 1.07$
Being aware of the needs of the patients	$4.18 \pm 0.87$
Respecting autonomy of patients	$4.09 \pm 1.03$
Maintaining a high standard of living	$3.73 \pm 1.11$

*Attributes in bold and italics are common in the two study groups*

**Table-III: Attributes in which the scores were significantly between the two groups.**

<b>Professional attribute</b>	<b>Doctors</b>	<b>Public</b>	<b>p-value</b>
Respecting the autonomy of patients	$4.40 \pm 0.77$	$4.09 \pm 1.03$	0.012
Treating the patients without prejudice and with fairness	$4.21 \pm 0.80$	$4.43 \pm 0.86$	0.050
Treating other health professionals without prejudice and with fairness	$4.20 \pm 0.85$	$4.42 \pm 0.74$	0.041

**DISCUSSION**

Opinions regarding medical professionalism diverse<sup>11,12</sup>, and mostly represent medical and academic professionals' view point<sup>13</sup>, with substantially lesser discourse from the public perspective<sup>14,15</sup>. Patient opinion and perspective was not given consideration

while developing the "Physician Charter". Gilbert *et al*, in a study in 2007 recognized that narrative comments from the patients and public can be very helpful in the evaluation of doctors' professionalism<sup>16</sup>. A better understanding of the public expectations from doctors can be very important while formulation the Physician Charter. Current study presents a comparison of perceptions of the public and the key stakeholders of medical profession namely the public and patients, in order to elucidate the differences and commonalities in their perceptions. Our study demonstrated a large homogeneity in the opinions of doctors and public regarding the attributes of professionalism. Overall, we found homogeneity of 70% in the top ten attributes and 60% in bottom ten attributes between the two groups. Two attributes about which the rating scores significantly different between the two groups were autonomy and social justice.

The attribute of honesty and integrity was ranked at the top by both groups. This attribute is central to probity and forms a foundation for patient trust. It encompasses nearly all aspects of clinical practice for example writing CVs, record keeping, writing histories, and doing research<sup>17</sup>.

Two attributes related to a doctor's professional competency namely "ability to make correct decisions and judgments" and "having a positive attitude towards professional development" were ranked in the top ten by both the groups. Doctors should be clinically competent and should be committed to lifelong learning and continued medical education.

Appropriate confidentiality safeguards should be applied to disclosure of patients' information. Given the widespread use of electronic information system for compiling patient data, this obligation has now become more compelling than ever before.

The attribute ranked at the bottom by groups was "to maintain a high standard of living." The appearance of the doctors including hygiene, cleanliness, neat hair and uniform or appropriate clothing is generally considered important for public perception of profession; however both the study groups ranked it at the bottom of the list of attributes.

The Dunedin public's view about what constitutes professionalism was studied<sup>18</sup>, and it was found that "wearing formal clothes" was the least important attribute while "honesty, listening carefully, and treating with respect" were ranked at the top of list of professional qualities. Boudreau *et al*, in 2008 noticed that the qualities of being "healer and professional" which

are considered an integral component of conceptual armature of professionalism were in fact absent from the patients' lexicon<sup>19</sup>.

Views were different with respect to three attributes; autonomy, social justice among patients and among other health care professionals. The might be that in our setup the public relies too much on their doctors for making decisions regarding their treatment and the concept of autonomy may not be that meaningful for them. Meanwhile, the public gave more importance to social justice than did doctors. It is the prime responsibility of the doctors to eradicate discrimination in healthcare on the basis of gender, race, ethnicity, religion or status. Huddle in 2013 also showed that the doctors have not yet accepted the importance of social justice<sup>20</sup>.

Over the past decade the major change in medical curriculum has been to inculcate the teaching of professionalism. This change must be responsive to the needs of the key stakeholder i.e. "the public"<sup>21</sup>. The importance of patient involvement was described in the international conference titled "where's patients voice in health professional education?" held at Vancouver<sup>22</sup>. The report of this conference recommended that "curriculum development requires more sustained input from patients".

## CONCLUSION

The opinions of public and doctors on what constitutes medical professionalism are similar with integrity and honesty being the most important attribute and to maintain a high standard of living being the least important attribute. Difference in opinion between the two groups was found with regards to perception of autonomy and social justice. The product of today's health education should conform to public demands and expectations.

## CONFLICT OF INTEREST

The study has no conflict of interest to be declared by any author.

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