

The Perceptions of Medical Students Regarding Professionalism, a qualitative study

Hina Kundi¹, Sadia Shaukat², Naureen Waseem³, Shazia Imran⁴, Shazia Muazam⁵, Maria Yousaf⁶

¹ Associate Professor Anatomy, Fazaia Medical College, Islamabad.

² Assistant Professor Anatomy, Muhammad College of Medicine, Peshawar.

³ Professor of Anatomy, Islam Medical College, Sialkot.

⁴ Associate Professor Anatomy, Islamabad Medical & Dental College, Islamabad

⁵ Associate Professor Anatomy, Hazrat Bari Sarkar Medical & Dental college, Islamabad

⁶ Associate Professor Anatomy, Islamic Medical & Dental College, Rawalpindi.

Author's Contribution

¹ Conception of study

¹ Experimentation/Study conduction

^{1, 4} Analysis/Interpretation/Discussion

^{2,6} Manuscript Writing

^{3,5} Critical Review

⁶ Facilitation and Material analysis

Corresponding Author

Dr. Hina Kundi,

Associate Professor of Anatomy,

Fazaia Medical College,

Air University,

Islamabad.

Email: drhinaz@hotmail.com

Article Processing

Received: 28/01/2022

Accepted: 28/09/2022

Cite this Article: Hina Kundi, Sadia Shaukat, Naureen Waseem, Shazia Imran, Shazia Muazam, Maria Yousaf. The Perceptions of Medical Students Regarding Professionalism, a qualitative study.
<https://www.journalrmc.com/index.php/JRMC/article/view/1888>
DOI: <https://doi.org/10.37939/jrmc.v26i4.1888>

Conflict of Interest: Nil

Funding Source: Nil

Abstract

Introduction: The element of humanity and understanding the social values is significantly important for the health care workers. It ensure positive health outcomes and patient's safety, as care and empathy during the treatments are provided innately according to the standards, preferences and values of the individual.

Objective: To find out student's perception regarding professionalism in order to design curricular contents and matching instructional strategies targeting at enhancement of professionalism, understanding, practice and behavioral change.

Materials and Methods: The study has been conducted at a private medical college in Islamabad after taking ethical approval. In order to collect data, a qualitative cross-sectional study design had been used. Multiple focus group interviews were conducted on semi structured questions. Data was recorded, transcribed, themes were extracted and analyzed by manual thematic analysis.

Results: the study identified fundamental themes regarding professionalism. Students had fair knowledge regarding professionalism but lack deep understanding. It was suggested to practice role modelling in order to inculcate professionalism among medical students.

Conclusion: The findings of the study indicated that the professionalism is the core of medical education and necessary for adequate practice therefore, we cannot rely on hidden curriculum for development of professional identity. The study suggests dire need for incorporation of study of professionalism and its applications in medical curriculum.

Keywords: Perceptions, Professionalism, Medical students.

Introduction

On a general note, the term professionalism is defined as the efficacy and potentials of the individuals to

adhere to their behaviours, skills and working ethics according to the standards, code of conducts and policies of the organization or the practicing areas of interest¹. The sense of professionalism in the individual requires a set of characteristics or features

that identify the understandings of the individual regarding the codes, standards and values of the practice area or organization. The principle feature that enhances professionalism is the commitment and devotion towards the career and the responsibilities implied within the work place¹. Without the aspect of devotion and commitment to the work, it is potentially impossible for an individual to focus on the set of responsibilities to help the organization or sector to meet its objectives and standards². Serving the purpose, the presence of intrapersonal skills, especially the self-confidence and reliance are the most potent and viable features, because the presence of confidence and reliance on the personal capabilities provokes the individual to understand their responsibilities, perform well and maintain the standards. The individuals seeking for the assurance of professionalism in the workplaces are required to induce the element of honesty and personal ethics in their professional life^{3, 4}. The high levels of professionalism is essentially important in the health care, to promote the safety and quality of health of the individuals suffering from various life threatening diseases⁴.

There has been increase in emphasis on professionalism for the past few decades by medical educationists. Besides being equipped with knowledge and skills, there is a need of demonstration of humanistic elements, ethical and moral values that are consistent with medical profession's goals by medical professionals. Professionalism establishes a connection between society and doctors. It is thus very important to inculcate professionalism in undergraduate curriculum otherwise the medical profession will lose its esteem and admiration⁵. Lancet report published in 2001 highlighted the significance of teaching professionalism to undergraduates and requested for extensive research in this area⁶. With increase in emphasis in the literature on professionalism it is high time to make recommendations for inculcating professionalism in medical education and designing effective teaching methods for professionalism.

With the course of analysis, it was observed that the medical curriculum primarily focus on the technical and physiological aspects of the medicines but lacks the aspects of inducing the sense and significance of practicing humanity and psychosocial values in the society². As Lynn Monrouxe and Charlotte Rees quoted in the literature "Intentionally, we teach what we know; unintentionally we teach who we are"². As addressed by the studies, the elements of humanity and understanding the social values is considerably

important for the health care workers to ensure the positive health outcomes and patients' safety, as the care and empathy during the treatments are provided innately according to the standards, preferences and values of the individual⁷. The results of many studies expressed that there stands an immense need to reinforce the intervention of professionalism including dealing with professional dilemmas in the course or curriculum of the students gaining the medical education⁸.

This research study aims to evaluate the perceptions and preferences of the undergraduate medical students towards the professionalism. This will help to evaluate the core challenges that are encountered by the medical students related to the professionalism in academic and clinical practice.

Materials and Methods

The research study was conducted at a private medical college in Islamabad. The study was executed only after the Ethical Committee approved it. The rules and regulations of the institution were followed throughout the study.

The external validity was determined by checking the applicability of the research design in other settings⁹. The internal validity was measured by checking the consistency of the outcomes within the selected study participants.

A qualitative cross-sectional study design had been used in the research study. Non probability convenience sampling was done. The population included the students with no formal education about professionalism. The students that volunteered to be a part of the study included the inclusion criteria of the study. A consent form had been signed by the participants at the beginning of the study. Multiple focus groups were conducted among the students consisting of 8-10 members. Students were interviewed on a semi structured questionnaire. The study was carried in 6 months duration. The focus group discussion was carried out for about 1 hour and 30 minutes. The obtained information was kept confidential. There was no compulsion for participants in this research. During the focus group discussion, only the study participants were allowed to sit in the group. The comments of the participants were recorded. The names of the participants were not disclosed or recorded. All participants were provided with the tags such as Miss A, Mr B etc.

The open-ended questionnaires were designed to collect the information from the study participants.

These questions were asked in the form of discussion with the students. The set of the questions comprised of information such as understanding of "professionalism" in medicine, behaviors that must be adopted by the teachers with regard to professionalism, and attributes of professional doctors and teachers. The obtained data was organized for the thematic analysis. The coding was done to build the description and themes. The findings were transcribed and categorized into themes and interpretation was done accordingly¹⁰

Results

The complete data had been analysed, coding was done and themes were extracted based on the findings. The major themes obtained from the data are:

Defining professionalism:

Students defined professionalism as attributes such as respect, duty, understanding and impartialness. Medical students considered respectfulness and unbiasedness as most important professional attribute of a teacher. When speaking about doctors, a professional doctor should be the one who keeps patient's welfare above all.

Perception of a professional doctor

Medical students involved in this study accounts professional doctor who is respecting, dutiful, dedicated, supportive, unbiased, humble, considerate and punctual.

Professional Accountability

All of the participants involved in the focus group discussions were of opinion that basic knowledge and relevant skills in the profession are a must for any good physician. The medical students and physicians have to behave calmly and have the ability of decision making under the pressure. The decision-making power can rapidly solve problems and offer a fair approach with peers, subordinates as well as patients. The data obtained from the participants showed the importance of following proper protocols for managing and treating patients.

Participant B: Self accountability. If a procedure goes wrong, the doctor should be ready to pay compensation.

Participant C: If they do not know something, they should be willing to consult their seniors.

Participant D: They should not be greedy when it comes to making money and seeing more patients than they should in any given day.

Participant E: They must keep the financial muscle of the patient in mind and not randomly go ahead and prescribe

expensive medication or tests which could otherwise be treated by a local medicine.

Healthcare Professional- Patient Relationship

The volunteer participants from focus groups had expressed that to be a good clinician they have to gain adequate knowledge regarding professionalism so that they can train themselves in treating the patient with care and empathy and should not consider their patients as an object. Hence, the sub-themes were categorized as communication, trustworthiness, empathy, holistic approach, and respect for patient autonomy. Demonstrating empathy and having good communication skills with patients, was discussed intensively

Participant D: Keeping the patient's interest at heart by listening to them completely. Example in suicide and rape cases, at least the doctors must give the victims first aid. That is their job and moral duty too.

Healthcare Professional-Healthcare worker Relationship

Students felt that the medical faculty and physicians have to show their accurate responsibilities towards their colleagues. As professionalism teaches them to provide service to their patients with collective teams and individuals and to have an adequate relationship free from jealousy with the healthcare team they are going to interact with.

Participant C: They need to avoid professional jealousy on a greater level. Competitiveness is fine but not at the expense of the patient's welfare.

Participant D: Be willing to take a second opinion if required.

Responsibility of the Medical Student and doctors as an Intellectual

Most of the students recommended; healthcare physicians have to be socially dynamic, intellect, unprejudiced and role model for all other medical students and colleagues. As in the data, some of the questions were about identifying the behaviour that is not suitable for being a good healthcare physician. Students identified attributes of arrogance, rudeness, being judgmental and dismissive towards the patient as trait which are not suitable for a good health professional.

Participant H: Doctors need to make it clear to the medical representatives, that they would not prescribe a medicine to their patient(s) for trial purpose. Doctors need to have a strong set of moral values.

Role of medical education:

When students were asked about the role of medical education in developing professional attributes among

the medical students and doctors, their response was that professionalism is not something that can be taught through education programs rather it is something that is deep-rooted in the person's cultural background.

Few students were in the favour of introduction of professionalism education from the very beginning of medical curricula.

Participant B: It does not happen out of the blues. It needs to be instilled starting from the time one is born, through school, college and eventually university. It all constitutes to what one brings to the table and has to offer after all these years' worth of grooming.

Discussion

This study has expressed the qualitative inquiry of the perception of medical students about professionalism. Although, the data collection was restricted to one particular medical college but overall findings provide basic yet fundamental structural framework about the issues in context. Thus, the findings of the study may serve as guidance for ethical and clinical practice.

Nevertheless, in this study primarily, perceptions regarding professional doctor are given more importance however other observable aspects of medical education, for instance, cultural setting, religion, characteristics of role simulations, relationship with colleagues and with seniors, group dynamics and resources could not be deliberated in depth. For this specific reason, the interpretation and findings of the study are limited. In addition to this, it was a cross-sectional investigation which had not allowed the researchers to detect in what manner student thoughts have evolved. Likewise, some students are more likely to act on what they have believed to be correct. Cross-sectional strategy impedes some of the decisive discussion about the unintended relationships¹¹.

Students in the focus group exhibited positive attitudes towards learning professionalism. However, they have less understanding of the process they have to use in their practice. Students were of opinion that professionalism should be taught formally rather than being taught as a part of hidden curriculum.

Regarding professionalism, students considered ethics and moral values as major components of professionalism. The result are in line with a study which showed that the professional proficiency and capability are extensive but are closely related to one and other and can be coinciding. Professionalism involves continuous advancement of knowledge and

abilities, creative thinking, expertise, revolutions, beliefs, ethics, values, responsibilities and independence at work place¹².

Healthcare physicians should prioritize their patient's requirements and professional responsibilities keeping financial interest aside. It shows students are very well aware of ethical and moral responsibilities of a professional doctor. This problem also has been elaborated in the previous literature by emphasising on balancing between self-interest and altruism. The way a physician balances between altruism and self-interest exposes his ethical conduct¹³. Students have highlighted that physicians should not prefer money over patient's wellness.

Students' responses also exposed some negative emotional statements regarding unprofessional attitudes of faculty and clinicians, which is most likely due to not listening to student's personal clinical and educational experiences. With these findings the students should be enrolled in a formal curriculum with elements of professionalism in order to create awareness regarding professional dilemmas in learning environment and workplace. They should be taught ways and means to cope with difficult situations, they face in college and hospital. They should be encouraged to speak about unprofessional attitudes they face in order to reduce to negative emotional kick back and help introduce change the culture in medicine¹⁴.

Students also mentioned that doctors should keep patient's interests above all situations.

During the time of hypocrites, medical ethics encouraged the patient's well-being and safety above all. It emphasised that the healthcare workers have responsibility to a) be dedicated towards patients b) perform in patient's favour c) consider patient's welfare over financial interests d) keep patients information highly confidential¹⁵.

Professionalism is not the technique or procedure to follow. Professionalism is a behaviour which is evolving. There is no particular method to measure the professionalism. Professionalism in medical care is described on the basis of relationship between patient and physician, care of patient, concern about his health, confidentiality of information, respect for his dignity, prioritise its wellbeing, honesty, trust between patient and physician, morality and the ethical behaviour¹⁵. Even though study participants were students of 1st year MBBS, they showed great enthusiasm in learning professionalism from the start of their educational program. They even suggested for integration of small group discussions in curriculum

regarding professionalism from the beginning. They also recommended representation of students while designing curriculum. It shows that it is very important to start bioethics from the start of medical education program as it is the high time for newly inducted medical students to absorb the right meaning of professionalism.

The students of University of Washington School of Medicine were interviewed to help the instructors that were looking for new methods of teaching professionalism to premedical students. Most of the students believe that role modelling is the best mode of learning professionalism. This will help them to develop the professionalism during their premedical studies¹⁶. Our study results also showed that most of the students were of the opinion that role modelling may be introduced in the curriculum for inculcating professionalism in medical students.

The role model may be the physician, surgeon, faculty or peers of classroom. Furthermore, the small classroom discussion about scenario and the lectures about the professionalism also help some students to develop professionalism. In our research findings some student thought that professionalism is based on their culture, values, upbringing, and the past experiences of their life before joining medical school. Few students believe that professionalism is the skill that develops with the experience and working in field. The faculty and the staff showing high degree of professionalism may act as the role model and help the preclinical students to learn professionalism. The curriculum and the teaching staff for the professionalism course must be selected with great care, this directly affects the professionalism of preclinical student. In addition to that, each student should work with the faculty, this gives students the experience about working environment and help them to build professionalism¹⁶.

The overall result of our study showed that the medical students were aware of the professionalism but they do need to attain formal training and education. The students identified if not all but many important aspects of professionalism. On the whole, the study recommended that just relying on hidden curriculum for development of professional identity and distinctiveness among medical students will lead to destruction of professional identity of our students and future doctors.

Conclusion

The overall results found in the study also showed that professionalism may not be fully absorbed and incorporated by just getting informal communication about professional ethics and values. Such intervention may hide or mitigate the potential contraindication of the hidden curriculum. It is thus very important to formulate a structural framework for commencing professional education in a formal curriculum. It will not only improve professional attitudes of medical students and faculty but also can help them to comprehend and upgrade their methodologies in dealing with unprofessional behaviours¹⁷.

Study limitations

The study is conducted in a particular medical institution. The findings obtained from the interview of the respective stakeholders of this medical institution only provide an insight regarding the circumstances of this particular setting. Thus results cannot be generalized.

References

1. Stern DT. Measuring Medical Professionalism: Oxford University Press, USA; 2006,245-70
2. Monrouxe LV, Rees CE. Healthcare Professionalism: Improving Practice through Reflections on Workplace Dilemmas: Wiley; 2017,110-15.
3. Egener BE, Mason DJ, McDonald WJ, Okun S, Gaines ME, Fleming DA, et al. The charter on professionalism for health care organizations. *Academic Medicine*. 2017;92(8):1091. doi: 10.1097/ACM.0000000000001561
4. Khan MS, Bory S, Rego S, Suy S, Durrance-Bagale A, Sultana Z, et al. Is enhancing the professionalism of healthcare providers critical to tackling antimicrobial resistance in low-and middle-income countries? *Human resources for health*. 2020;18(1):10. 8:10 <https://doi.org/10.1186/s12960-020-0452-7>
5. Passi V, Doug M, Peile JT, Johnson N. Developing medical professionalism in future doctors: a systematic review. *International journal of medical education*. 2010;1:19. doi: 10.5116/ijme.4bda.ca2a
6. Stephenson A, Higgs R, Sugarman J. Teaching professional development in medical schools. *The Lancet*. 2001;357(9259):867-70. [https://doi.org/10.1016/S0140-6736\(00\)04201-X](https://doi.org/10.1016/S0140-6736(00)04201-X)
7. Monrouxe LV, Rees CE, Dennis I, Wells SE. Professionalism dilemmas, moral distress and the healthcare student: insights from two online UK-wide questionnaire studies. *BMJ open*. 2015;5(5). <http://dx.doi.org/10.1136/bmjopen-2014-007518>
8. Rees CE, Monrouxe LV, McDonald LA. Narrative, emotion and action: analysing 'most memorable' professionalism dilemmas. *Medical Education*. 2013;47(1):80-96. <https://doi.org/10.1111/j.1365-2923.2012.04302.x>
9. Patino CM, Ferreira JC. Internal and external validity: can you apply research study results to your patients? *Jornal brasileiro de pneumologia*. 2018;44(3):183-83. <https://doi.org/10.1590/S1806-37562018000000164>
10. Kiger ME, Varpio L. Thematic analysis of qualitative data: AMEE Guide No. 131. *Medical teacher*. 2020;42(8):846-54. <https://doi.org/10.1080/0142159X.2020.1755030>
11. Kavas MV, Demirören M, Koşan AMA, Karahan ST, Yalim NY. Turkish students' perceptions of professionalism at the beginning and at the end of medical education: a cross-sectional qualitative study. *Medical education online*. 2015;20(1):26614. <https://doi.org/10.3402/meo.v20.26614>
12. Briede B, editor Concepts, research aspects and kinds of competence, Professional competence and Professionalism. International Scientific Conference: Rural Environment. Education. Personality, 4, Jelgava (Latvia), 29-30 May 2009; 2009: LLU.
13. Pellegrino ED. Altruism, self-interest, and medical ethics. *JAMA*. 1987;258(14):1939-40. doi:10.1001/jama.1987.03400140101036
14. Monrouxe LV, Rees CE. "It's just a clash of cultures": emotional talk within medical students' narratives of professionalism dilemmas. *Advances in Health Sciences Education*. 2012;17(5):671-701. DOI 10.1007/s10459-011-9342-z
15. Rodwin MA. *Medicine, Money, and Morals: Physicians' Conflicts of Interest*: Oxford University Press; 1995, 387-90
16. Baernstein A, Oelschläger A-MEA, Chang TA, Wenrich MD. Learning professionalism: perspectives of preclinical medical students. *Academic Medicine*. 2009;84(5):574-81. doi: 10.1097/ACM.0b013e31819f5f60
17. Sattar K, Roff S, Meo SA. Your professionalism is not my professionalism: congruence and variance in the views of medical students and faculty about professionalism. *BMC medical education*. 2016;16(1):1-7. DOI 10.1186/s12909-016-0807-x