

ORIGINAL ARTICLE

MEDICAL PROFESSIONALISM: A PANORAMIC VIEW THROUGH THE KALEIDOSCOPE OF STAKEHOLDER PERSPECTIVES

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Background: Recently, over the last couple of decades, great emphasis is being placed on the role of professionalism in medical education. This interest has intensified following the positive relationship identified between unprofessional behaviour in medical schools and subsequent practice. This paper aims to develop an understanding of the perceptions of various stakeholders regarding the subject in the local setting and tries to relate it to the global context. **Methods:** This was a qualitative study conducted in 2011 involving the faculty and students of the University of Health Sciences Lahore. An open-ended questionnaire was fashioned following brainstorming and utilising Delphi technique involving representatives of the students, faculty and the public. Responses from all the respondents were entered into Microsoft Excel data sheet and then imported into Qualitative Data Analysis Software 'NVIVO 9'. Themes were extracted from the responses. **Results:** Overall 650 questionnaires were distributed amongst the faculty, students and general public. Response rates were 74%, 68% and 59% respectively. Commonalities and differences in the perceptions of the various stakeholders of medical profession including the medical practitioner, public and the medical students were identified. **Conclusion:** The product of the healthcare professional education system needs to conform to the global standards applied within local settings. It is the identification of the local setting that is critical to devising a cost-effective and efficient curriculum, which amongst others includes teaching/training/learning and practice of professionalism.

Keywords: Professionalism, Healthcare delivery, Medical Ethics, Behaviour, Community of Practice

INTRODUCTION

Professional and ethical behaviour has always been the core principle on which the foundations of healthcare and delivery have been laid through the millennium.¹ The Hippocratic Oath provides testimony to the value placed on professionalism from time immemorial. Recently, over the last couple of decades, greater emphasis is being placed on the role of professionalism in medical education especially in relation to how it can be incorporated in the taught and the hidden curriculum as well as ways and means to measure professionalism and professional behaviour in the undergraduate students and to follow that measurement to see how it relates to behaviour in practice after graduation. This interest has intensified following the positive relationship between unprofessional behaviour in medical schools and subsequent practice identified by Papadakis *et al.*^{2,3}

In order to either integrate professionalism in the medical education curriculum or to assess it for formative and/or summative purposes, we need to define the term. Whereas, it may be easier to define the term 'profession' as perhaps 'a vocation with a body of knowledge and skills that is put into service for the good of others and the welfare of society', defining the term 'professionalism' has proved elusive.⁴ Traditionally, medical profession has been granted autonomy by the society based on the understanding that doctors will honour the Hippocratic Oath and shall place the welfare

of the patients before their own. This profession is therefore, self-regulated by that code of ethics.

Deriving from the definition of profession, it may not be too difficult perhaps to define the term 'professionalism' as 'doing the right thing, the right way at the right time', it is however the 'concept' of professional behaviour that is proving all the more difficult to be defined in its entirety especially when we link professionalism to context.⁵ There are aspects of human behaviour which are stable from context to context whereas others are not. How does one understand, teach/learn and measure professionalism in varying contexts? Is there a code of ethics applicable to all contexts or is that code as fluid as is the dynamic nature of the contexts in which health profession practice is based.⁶

Let us consider the global Community of Practice (CoP) of Health Professions.⁷ With it are individual global CoP of various disciplines within medical profession, e.g., Surgery, Medicine, Forensic Sciences etc. Look deeply and we find global CoPs of subspecialties like for example in surgery, we have vascular surgery, neurosurgery, oncological surgery etc; then there are national, regional and departmental bifurcations (Figure-1).

These various CoPs are separated and differentiated by their context and setting. Importantly within their individual context and setting the influence of the society can not be ignored. Societal perceptions of the medical profession differ from region to region and

country to country and that in turn dictates professional behaviour in practice. A lot of work is underway to develop a generic code of ethics in professionalism. The same shall be used to base the teaching/training/learning of professional behaviour in the undergraduate curriculum. This shall be measured for formative and summative purposes. However, medical education is already being criticized for being too superficial and artificial. It is said to lack authenticity and is believed to be based on idealism than reality. The results are disastrous especially in the developing countries or non-western nations where education is imported from the west, based on the principles of the societal values, missions and goals of the west, taught to reach those goals and finally the product achieved is completely dissociated and non-suited to the regional context and setting. The product as is the case in many non-western countries undergoes a further set of training and education, informal in nature and unfortunately at the expense of the society and the community to transform itself into a utility most suited for its setting. Consider the spiral curriculum proposed in Figure-2.

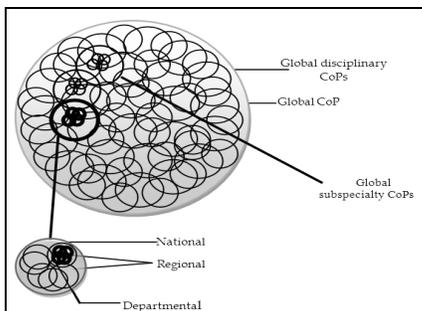


Figure-1: the Hierarchy of Community of Practice

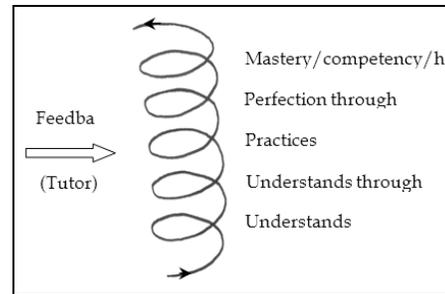


Figure-2: Spiral curriculum based on constructivist learning theory

In relation to teaching/learning professional behaviour, this could very effectively be applied as an experiential learning model. However, if the curricular context and the teaching/training/learning are based on context/situation-irrelevant professionalism it could lead to loss of considerable resources and time (Figure-3). Thus it is the teaching/learning of the understanding and practice of professionalism in medical profession in the individual context that is as important as the teaching/learning of the generic principles and practices of professionalism.

The CoP of medical profession practices within the larger framework of the society and has to conform to the societal values and norms. Behavioural sciences (medical ethics, law and professionalism) were introduced in Pakistan as part of the undergraduate curriculum five years ago and has gained wide acceptance amongst all stakeholders. However, non-professional behaviour is on the rise in both medical education and medical practice. This paper aims to develop an understanding of the perceptions of various stakeholders regarding the subject in the local setting and tries to relate it to the global context.

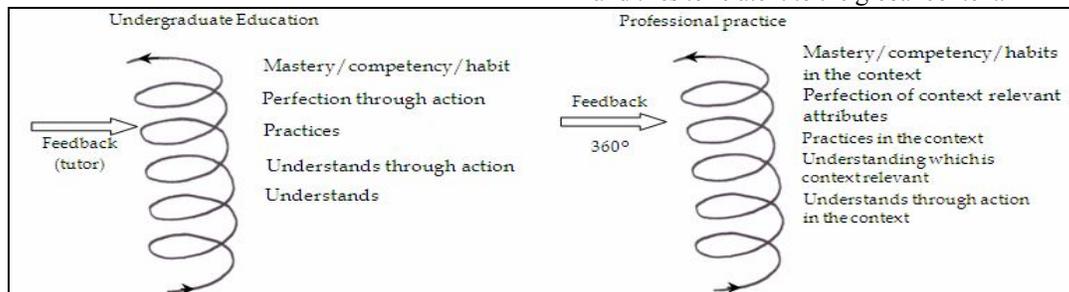


Figure-3: Disparity between learning in an in-vitro environment and in an in-vivo environment

MATERIAL AND METHODS

This was a qualitative study conducted in 2011 involving the faculty and students of the University of Health Sciences Lahore, www.uhs.edu.pk, the only Medical University of the Province of Punjab (80 million populations) and the largest in the world with 80 affiliated institutions. The general public of the Province of Punjab was also included in the study. A survey technique was used. An open ended questionnaire was fashioned following brain storming and utilizing Delphi

technique involving representatives of the students, faculty and the public. The questions asked were:

- What is professionalism?
- How do you relate Professionalism to your work/environment?
- What are your views on Professionalism in our unique cultural, religious and professional (healthcare) context?

- Are the global standards of Professionalism in healthcare applicable in our setting? If so, are there any deviations from the global/western standards?
- What in your views are the most important aspects of Professionalism in our setting?
- An example of how you applied these standards to your setting?
- Do we need to teach Professionalism to our healthcare force and if yes, how?
- Any other comments regarding the matter that you may deem appropriate?

Responses from all the respondents were entered into Microsoft Excel data sheet and then imported into Qualitative Data Analysis Software 'NVIVO 9'. Themes for each question were extracted by using the Word Frequency and Text Search Queries in NVIVO 9. Matching views were merged into similar

themes. The reasons for choosing these questions were to elicit responses from the three stakeholder groups rooted to our unique socio-cultural and economic setting as well as to gauge their understanding of the subject in the global setting. The total public population of the province rests at 80 million, of the faculty and students of UHS at approximately 2000 and 29,000 respectively. Judgment sampling technique was used. A sample of 450 was identified by Judgment sampling technique as adequate.

RESULTS

Overall 650 questionnaires were distributed amongst the faculty, students and general public. Response rates were 74%, 68% and 59% respectively. The themes extracted from the responses are presented in Table-1.

Table-1: Response of the participants

QUESTION	FACULTY		STUDENTS		GENERAL PUBLIC	
	Themes	%	Themes	%	Themes	%
What is professionalism?	Professionalism is the skills, attitudes, values and behaviours by professionals while practicing their profession.	15	Honest dedication and regularity towards the work or job and making every effort to become competent in the field and give some innovation in work	64	Professionalism is the competency in our work, education and skills.	33
	Professionalism means excellence, competency, perfect skill and ability in a particular profession.	15	The ability to live up to the expectation and ethics of an educated individual in society	17	Attitude of a person towards its profession and to withstand every stress in environment.	25
	professionalism is an awareness of conduct, aims and qualities defining a given profession	34	The conduct, aim or qualities that characterize a mark of profession.	19	Do the duty in the best way as true responsibility and honesty, with care and ethics.	42
	professionalism is the fulfilment of obligations of any given profession be they ethical or pertaining to knowledge	17				
Professionalism is personal scommitment and dedication towards certain profession.	20					
How do you relate Professionalism to your work/ environment?	How to converse with people, your behaviour towards them, responsibility of giving proper knowledge to your students but keeping my principles of discipline and honesty.	52	Work with honesty, dedication and according to rules and regulation of an organization. Dressing and communication skills must be good.	65	Punctuality, ethics, loyalty, devotion and sincerity to work.	63
	Completing a given task in a given timeframe, respecting our seniors and colleagues and adhering to moral values.	39	Due to prevalent condition in country, professionalism is not possible.	10	Competence and expertise is needed to compete with the seniors.	13
	The relationship of goal setting, setting policies and procedures, standards and customer satisfaction.	9	Professionalism let you interact with different people at diverse locations with respect, fair treatment, cooperation and helping attitude. This will develop the conscience and trustworthiness among the colleagues and will make the working environment enjoyable.	25	By taking it as the responsibility to improve the society.	25
What are your views on Professionalism in our unique cultural, religious and professional (healthcare) context?	Professionalism if applied judicially/scientifically and ethically by remaining within the religious norms can make you a competent healthcare professional.	72	Professionalism demands that we are honest to our work. Our religion and culture emphasizes on professionalism	75	Professionalism demands Justice, honesty and moral values. In our unique cultural and religious context, health profession is very well reputed and emphasis on professionalism	63
	Professionalism is not being practiced in its actual sense and meaning in our cultural, religious	20	Our general society is corrupt in all cultural, religious and professional matters, so practicing medicine as a true	19	Professionalism should not depend on cultural or religious activities. We should work for the	25

	and healthcare system. This is because there is a lack of teaching in this very valuable aspect and also lack of encouragement and incentives juniors. This is the sole reason why our healthcare system is not flourishing in the way the western system is, where a great emphasis is laid on professional ethics moral values, right from the grass root level.		professional is not possible.		welfare of our society.	
	Professionalism should be non-profit field. Dedication to informing and strengthening different aspects. By Professionalism, there should be advanced, independent, research on strategic/political/economic/globalization/healthcare and energy issues.	9	Professionalism should be independent of all these things.	6	We are lacking professionalism	12
Are the global standards of Professionalism in healthcare applicable in our setting? If so, are there any deviations from the global/western standards?	We can fully implement global standards in our setting. The only deviation is our religious norms. We should always prioritize and respect our religious norms. Otherwise, there is strong demand/need of introducing these standards in our setting/culture.	25	Yes they are applicable and there is no deviation from the global standards.	28	Yes they are applicable and there is no deviation from global standards.	40
	Global Standards are very much applicable in our setting but the deviations are lack of modern skills, consent on treatment, moral and ethical values and behaviour.	36	Lack of sincerity, honesty, ethics, hardworking and dedication to do your job are the major deviations.	29	Lack of funds, instruments and salaries are the major deviations from global standards.	30
	Global Standards are fully applicable in our setting.	20	Political influence, lack of concern and facilities are the major deviations	9	They are applicable but deviations are in justice, honesty and ethics.	10
	They are very much applicable but deviations are criteria for merit, literacy issues, gender issues and empowerment.	9	Yes they are applicable but have to be adjusted according to our cultural and religious norms.	26	No, global standards are not applicable in our setting	10
	They are very much applicable but lack of dedication, loyalty, honesty, responsibility and financial constraints are the major deviations.	11	No they are not applicable in our setting.	9	They are applicable but modifications are required according to our culture and religion.	10
What in your views are the most important aspects of Professionalism in our setting?	Knowledge, skills, attitude, ethics, self respect, training and commitment are the major aspects of professionalism in our setting.	73	Follow the rules and regulations of the setting and to apply every single basic work according to the rules in an organized way.	18	Merit, knowledge, honesty and respect to the profession.	63
	Honesty, loyalty, devotion, integrity and hard work.	27	Responsibility, punctuality, honesty, dedication, hardworking, competency, novelty.	45	Justice, obey rules and regulations and religious values.	37
			Justice and fair play are the important aspects of professionalism In our setting.	8		
			Counselling and medical ethics	13		
			Time management for every aspect of life is the major aspect of professionalism in our setting.	13		
	Continuing Professional and Medical Education is the most important aspect of professionalism	5				
An example of how you applied these standards to your setting?	In healthcare one needs to have a real scientific approach while examining/diagnosing a patient or treating him. Polite attitude and good communication skills.	24	Professional standards should be applied.	23	All standards could be applied by mutual working, understanding in work environment and honesty.	55
	Honesty, ethical in relationship to	28	Regular training, hard work and try to	49	Standards can be achieved in a	45

	patients, Confidentiality, role model for patients and students and punctuality		make some innovation through research work.		justice environment	
	It should be required to arrange workshops or seminars.	31	Try to fulfil duties regularly without any cheating.	17		
	I have no discrimination on caste, religion or gender while treating my students	7	Every patient is attended with respect and politely with utmost care, views are exchanged patiently.	11		
	Utmost effort to improve healthcare, health education and interpersonal communication.	10				
Do we need to teach Professionalism to our healthcare force and if yes, how?	Yes, it is mandatory. Teach through workshops, seminars and lectures.	37	Yes by seminars, workshops, lectures, courses and training programmes.	55	Yes, by conducting seminars, workshop, symposium, meetings and training courses.	50.0
	Of course and the best way is that the seniors should act as a role model for the juniors.	18	Yes by including professionalism as a subject in healthcare and practically implementing it.	45	Yes we need to teach professionalism to our healthcare force.	25.0
	Yes, professionalism should be a part of curriculum	29			Yes, by making rules and implementation of these.	12.5
	Yes by strict discipline, accountability, honesty and feedback.	16			Yes, by including it into the courses.	12.5
Any other comments regarding the matter that you may deem appropriate?	Should be a proper check and balance system and more training for the juniors.	27	Teaching should be in a more 'clinically oriented way'.	22	One should be punctual, sincere and devoted to ones profession.	43
	Should emphasize on the enhancement of communication skills	36	Special teams for check and balance should work	11	Selection should be done on merit	43
	Commitment to self improvement of skills and knowledge.	25	Local guidelines should be made according to our social, cultural and religious point of view.	11	There should be a proper system for check and balance	14
	Continuous feedback is required.	11	Making people more skilful in the profession and then implementing these skills honestly.	56		

DISCUSSION

Themes for the responses from the general public, the students and the faculty were extracted and shall be discussed question-wise.

1. What is professionalism?

According to the Accreditation Council for Graduate Medical Education (ACGME), professionalism is defined as 'manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population' (ACGME 2004).⁸

Epstein and Hundert (2002) describe professional competence as 'the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and the community being served'.⁹

The majority of the public (42%) responded to the question by stating that professionalism is 'to do the duty in the best way as true responsibility and honesty, with care and ethics' 33% responded by stating that 'professionalism is the competency in our work, education and skill'. These responses when compared with those of faculty; Professionalism is the skills, attitudes, values and behaviours by professionals while practicing their profession. 33%

Professionalism is the fulfilment of obligations of any given profession, be they ethical or pertaining to knowledge. 17% and the students; Honest dedication and regularity towards the work or job and making every effort to become competent in the field and give some innovation in work. 64% lead us to believe that the public with only 21% literacy rate within region is aware of the basic concept of professionalism at least and understands how the concept relates to professional practice.

2. How do you relate Professionalism to your work/ environment?

The society responded to this question in a very different way than the faculty and the students. Their responses: Punctuality, ethics, loyalty, devotion and sincerity to work 63% and by taking it as the responsibility to improve the society. 25% have a generic societal focus whereas the responses of the faculty How to converse with people, your behaviour towards them, responsibility of giving proper knowledge to your students but keeping my principles of discipline and honesty. 52% and the students Work with honesty, dedication and according to rules and regulation of an organization. Dressing and communication skills must be good. 65% are focused on communication skills, dressing, discipline and transfer of knowledge. They assume that the society will

improve if they exhibit professional behaviour as perceived by them whereas the public expects it as their responsibility to improve the society. 10% of the students believed that due to prevalent condition in country, professionalism is not possible.

3. What are your views on Professionalism in our unique cultural, religious and professional (healthcare) context?

25% of the public and 60% of the students believed in professionalism being independent of regional, cultural and religious settings as evident from Table-1. Nevertheless the majority of the public, students and the faculty believed that the local culture and religion places emphasis on professional and ethical behaviour and at present the loss of cultural and religious value system in the society is one of the main reasons of rising non-professional behaviour in medical practice.

4. Are the global standards of Professionalism in healthcare applicable in our setting? If so, are there any deviations from the global/western standards?

Interestingly the majority of the three stakeholders believed that global standards in professionalism are applicable to our cultural setting and context. However, they felt that they need to be modified in relation to our unique cultural, socio-economic and religious setting. They also felt that lack of education, resources and self-empowerment coupled with poor quality of life and deteriorating living standards and value systems in the country are making standard setting in professionalism difficult in the country.

5. What in your views are the most important aspects of Professionalism in our setting?

The majority of the public responded with believing in justice and to obey rules and regulations and religious values. This is not surprising given the deteriorating healthcare delivery system in the country, rising poverty, increasing mortality rates and corruption at all levels. The response of the students and the public was largely academic but if the faculty, i.e., the practicing medical professionals and the medical students follow their own advice, the public and the society will get an improved quality of healthcare and facilities.

6. An example of how you applied these standards to your setting?

Justice in the delivery of medical services was the greatest concern of the public. Considering that the majority cannot afford to go to private clinics and that the public hospitals are increasingly failing under the sheer weight of rising healthcare problems and limited resources, their concern is valid. Both the students and the faculty focused on communication skills, efficiency and competency in management of healthcare problems, continued professional and personal development, confidentiality and punctuality and maintaining a scientific yet human approach to patient care.

7. Do we need to teach Professionalism to our healthcare force and if yes, how?

The response was a resounding ‘Yes’ by all stakeholders with emphasis on teaching through Continued Medical Education (CME), workshops, seminars, role models/mentorship and making the teaching/learning of professionalism a part of the taught curriculum.

8. Any other comments regarding the matter that you may deem appropriate?

The community believed that professional behaviour can improve through self-regulation, self-actualization and self-accountability. They wanted continued teaching and evaluation of professional behaviour beyond the classroom setting. This view of in-vivo professionalism, training/learning and improvement through feedback was also supported by the students. They were also in favour of development of ethical guidelines as a ‘national professionalism framework’ and greater power and resources to a regulatory body that could monitor professional behaviour and take appropriate action. The public demanded merit, sincerity and devotion from the medical practitioner and bodies that regulate medical practice.

CONCLUSION

It has been suggested that professionalism and medical ethics is the foundation on which medical practice is based. Society allows medical professional to self-regulate because it believes in its hidden code of ethics and value-system. This paper presented the differences in the perceptions of the various stakeholders of medical profession including the medical practitioner, public and the medical students and identified that whereas there are commonalities in these perceptions, these are both culturally and socio-economically significant and impact the delivery and receipt of professional medical care to local communities. In a bid for a generic professional code of conduct, these contextual and situational peculiarities can not be over-looked, neither avoided. The product of the healthcare professional education system needs to conform to the global standards applied within local settings. It is the identification of the local setting that is critical to devising a cost-effective and efficient curriculum which amongst others includes teaching/training/learning and practice of professionalism.

REFERENCES

1. Project of the ABIM Foundation, ACP-ASIM Foundation, and European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. *Ann Intern Med* 2002;136:243–6.
2. Shrank WH, Reed VA, Jernstedt GC. Fostering Professionalism in Medical Education, A Call for Improved Assessment and Meaningful Incentives. *J Gen Intern Med* 2004;19(8):887–92.

3. Papadakis MA, Hodgson CS, Teherani A, Kohatsu ND. Unprofessional behavior in Medical School Is Associated with Subsequent Disciplinary Action by a State Medical Board. *Acad Med* 2004;79:244–9.
 4. Wikipedia, the free encyclopedia. Profession. Available from: http://en.wikipedia.org/wiki/Profession#cite_note-0
 5. Volckmann R. Professionalism: Leadership and Right Action. Available from: <http://www.ontheprofessionaledge.com/PE/12.htm>
 6. Hammer DP. Professional Attitudes and Behaviors: The “A’s and B’s” of Professionalism. *Am J Pharm Educ* 2000;64:455–64.
 7. Confessore SJ. Building a Learning Organization: Communities of Practice, Self-Directed Learning, and Continuing Medical Education. *JCEHP* 1997;17:5–11.
 8. Accreditation Council for Graduate Medical Education. Advancing education in medical professionalism. Accreditation Council for Graduate Medical Education, 2004. Available from: http://www.acgme.org/outcome/Implement/Profin_resource.pdf
 9. Epstein RM, Hundert EM. Defining and assessing professional competence. *JAMA* 2002;287(2):226–35.
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