

# Narrative Analysis of Clinician's Perception on Professionalism: A Multicentric Study

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## Abstract

**Background:** Professionalism is the most debated area especially in medical sciences, evidence is shown by clinical competence, excellence in practice, mastery, autonomy, exercising professional judgment and self-regulation..

**Study type, settings & duration:** This multicentric qualitative study was conducted at three teaching hospitals of Lahore: Lady Aitchison Hospital, Sir Ganga Ram Hospital and Services Institute of Medical Sciences from January 2021 to March 2021.

**Methodology:** Phenomenological Qualitative research method was chosen. The views of consultants were explored by narrative analysis. A self-designed proforma was given to 31 participants to answer open ended questions about professionalism in detail exploring their views about professional behaviours, methods of teaching, evaluation, promotion and any deficient area of professionalism in their set up.

**Results:** The data collected was analysed narratively by segregating data into codes. Five codes were made. 1. Professional behaviours and attitudes. 2. Teaching professionalism 3. Evaluating professionalism 4. Promoting professionalism 5. Deficient areas of professionalism. Each code was then transcribed into five to seven themes.

**Conclusion:** On the basis of narrative analysis of consultant views, it can be concluded that this area needs further attention and there is dire need to include professionalism in undergraduate and postgraduate curricula so it can be practiced from start of medical training.

**Key words:** Clinicians, phenomenology, professionalism.

## Introduction

The concept of Professionalism is cornerstone of medical practice and involves continuous professional development. Core values, societal factors, culture and interpersonal relationships all modulate this diverse entity so a range of definitions exist which have evolved over time.<sup>1</sup> In 1981, humanitarian aspect of professionalism including altruism, empathy, reflection, respect for others and accountability was mentioned by American board of

internal medicine.<sup>2</sup> This model highlighted core values and behaviors but was deficient in observation and assessment. Netherlands has stepped forward to develop observable behaviors of professionalism that can be appropriately assessed.<sup>3</sup> In an attempt to have consensus on a single definition of professionalism, Physicians charter is proposed by European Federation of Internal medicine, American college of physician and American board of internal medicine including learning of professional skills and attitudes, confidentiality, honesty, maintaining appropriate relationship with patients, enhancing quality of care, promoting research, managing conflict of interest and ethical execution of their responsibilities.<sup>4</sup> In 2005, Royal College of Physicians has further added values, behaviors decision making, accountability, team work and leadership and putting public interest above the medical personnel's own interest to professionalism.<sup>5</sup>

For excellent professional development, professionalism is fundamental. Society and personal constraints perform equivocal roles in this

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### Authors Contribution

MA & AK conceptualized the project. MA, SJ, AK & FK did the data collection, literature search, statistical analysis, drafting, revision & writing of manuscript.

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entity.<sup>6</sup> Professionals should know what is to be learnt and assessed. Students of medical profession must know and demonstrate concepts of respect, accountability, punctuality, humanity services, integrity and professional ethics on completion of their training either undergraduate or postgraduate.<sup>7</sup> Professional behaviours include empathy, obligation, responsiveness to social needs, and respect for others, accountability, punctuality, commitment to quality and excellence, ability to deal with ambiguity and complexity and reflection. The concept of professionalism is more advanced than behaviours; which in fact, forms one of its component.<sup>8</sup>

Professionalism is interlinked at individual, social and interpersonal levels. Students demonstrating unprofessional behaviours like rudeness, dishonesty, persistent lateness in professional activities, selfish attitudes, are not fit for medical colleges, if these are not changed, ultimately they are punished.<sup>9</sup>

This study is crucial in highlighting the deficiencies in ever-changing field of professionalism for audience and the importance of it to be incorporated it into medical practice.

The purpose of this narrative analysis is to explore understanding and implications of professionalism among consultants working at tertiary care hospitals reflecting their knowledge, skills and attitudes, to delineate areas of deficiency and to improve it by making it part of medical undergraduate and postgraduate.

## Methodology

This was a qualitative study of phenomenological approach which aimed to describe, understand and interpret the meanings of experience of human life. The researchers tried to explore the ideas and views of the participants which are affected by their culture and society. Open ended questions were used and based on the interpretation of the views of the people under study theories were generated. In this study views of consultants (who have degrees of Bachelor of medicine and Bachelor of Surgery, Fellowship of College of Physicians and Surgeons of Pakistan and at least two years post fellowship clinical experience in their respective speciality) were explored about professionalism to show their understanding influenced by their culture and working environment.

This was a multi centre study which was carried out at three tertiary care hospitals of Lahore named Lady Aitchison Hospital (LAH), Sir Ganga Ram Hospital (SGRH) and Services Institute of

Medical Sciences (SIMS). Study period was one month from January 2021 to March 2021. Thirty one clinicians were interviewed. Data saturation was reached when there was enough information to replicate the study and the ability to obtain additional new information had been attained and further coding was no longer feasible.

Consultants including Head of Department, associate professors, assistant professors and senior registrars who were willing to take part in study were interviewed.

Proforma was designed after detailed discussion with seniors and open ended questions were edited to establish face validity of proforma. This study was conducted after pilot testing. The participants were asked to express their views in detail. Proforma was given to each participant. Name, age, designation and hospital name was mentioned on top of each proforma. This was followed by five leading questions. 1. What are your views about professional behaviours and attitudes? 2. How professionalism can be taught? 3. How you will evaluate Professionalism in your set up? 4. Which strategies can be used to promote professionalism in your set up? 5. In your view which area of professionalism is weak? Detailed information about above mentioned questions was gathered at office of Obstetrics and Gynaecology unit 5 of LAH, Medicine unit 2 of SGRH and Pathology department of SIMS. A focal person was selected for each hospital and contacted for coordination and arrangement at appropriate time. Time and day was set prior to the meeting and participants were also given reminder. It was ensured that time spent with each participant is equal (30 minutes) and written notes of each were maintained in a file and a serial number allotted to each consultant to avoid missing any important part of discussion. At the start participants were greeted and then thanked at completion of task for their valuable time.

The process of data analysis was methodical. Each proforma was studied in detail, important views highlighted and notes made on the side of each page. Extra data was trimmed off retaining only necessary points. The process of data analysis and collection were completed side by side, analysing in detail the data which have been collected earlier. Codes of data were segregated by actual views and terminologies which participant's used. Each response was analysed in depth to have comprehensive understanding and information of view of study participants. Themes were recognised in each code and written clearly to avoid duplication and missing of any essential part.

Study was started after taking permission and approval from Head of Department Obstetrics and Gynaecology, LAH, SGRH and SIMS.

The Ethical approval was obtained from Institutional Review Board/Ethical Committee of King Edward Medical University, Lahore.

## Results

The results are described in tabulated form by arranging data into categories or segment to have its appropriate understanding called coding of data and out of each code the four to five themes generated are also displayed. Five codes were outlined 1. Professional behaviours and attitudes 2. Teaching professionalism 3. Evaluating professionalism 4. Promoting professionalism 5. Deficient area of professionalism. Professional behaviours and attitudes can be demonstrated by empathy, respect for others, being ethical, self esteem and altruism. Professionalism can be taught by tutorials, role model, mentors and hidden curriculum. Reflection, 360 degree feedback, written test, team work and simulation were identified as effective tools for evaluating professionalism. It can be promoted by audit, role model, observing standard operating procedures and collaboration. Ethics, hidden curriculum, feedback, accountability and conflict resolution were the main deficient areas of professionalism (Table).

**Table: Narrative analysis of consultant views about professionalism.**

S. #	Codes	Themes
1.	Professional behaviours and attitudes	Empathy, respect for others, Ethical, self-esteem, puts patients benefits on top.
2.	Teaching professionalism	Mentoring, Tutorials, syllabus, hidden curriculum, supervisor as role model.
3.	Evaluating professionalism	Reflection, 360 degree feedback, team work, simulation and written test.
4.	Promoting professionalism	Role model, audit, standard operating procedures, collaboration.
5.	Deficient area of professionalism	Ethics, hidden curriculum, Feedback ,accountability, conflict resolution

## Discussion

This narrative analysis gave us an understanding that clinician's opinions and views regarding professionalism varied widely. Consultants who had attained some sort of medical education either in the form of certificate in medical

education (CME), Masters in health professional education (MHPE) or PhD were more confident in describing professionalism as compared to other clinicians.

Professionalism in medicine requires the clinicians to serve in interest of the patients. Society demands from clinicians the professional competence, honesty, confidentiality and improved access to care.

In this study, professional behaviours, attitudes were explored, professionalism can be taught by mentoring, tutorials, role modelling and emphasis on hidden curriculum. For creating professional environment, it must be evaluated by reflection, 360-degree feedback, team work, simulation and written tests. It is different from other studies as deficient areas of professionalism were also discussed like ethics, power of hidden curriculum, regular feedback, accountability and conflict resolution.

Professional behaviours and attitudes include multiple components: Punctuality at work place, communication with colleagues and public, flexibility towards co-workers, responsibility to ones work or projects, team work and time management as is also evident by work of Khan MS et al who emphasised the role of health care providers and their professional attitudes to tackle antimicrobial resistance.<sup>10</sup> It also includes training and reflection in workplace on values, ethics, self-esteem, respect for others, harmony and work for standard of excellence. It is also our language, vocabulary and body movements which shall match with the requirement of our profession like being empathetic and being beneficial to patient.<sup>11</sup> It is actually how health care professionals should respond, act and perform besides carrying out their assigned duties. Professional behaviours are very important in making image of any institution. Organizations should have formal set of rules to ensure courteous behaviour towards its employees and patients. A formal Code of Ethics can make vast difference in healthcare delivery system.<sup>12</sup>

Professionalism can be taught by role modelling, mentoring, reflection, tutorials and small group discussions. The importance of hidden curriculum can never be underestimated and medical personnel are encouraged to have conversation about real life events that challenge ideas of what it means to be a doctor.<sup>13</sup> It can be ensured by defining standard operating procedures and roles defined for every employee in the hierarchy. Similarly feedback can play pivotal role in ensuring the implementation of pre-set rules. Professionalism should be included in pre-medical syllabus and discussed with students at college and

university. Mental preparation regarding professional ethics should be started way before entering the professional life. Seniors are the key members to teach juniors professional ethics. Proper training regarding pros and cons of their behavioural strategies needs to be provided.<sup>6</sup>

Professionalism can be evaluated by good role modelling for students and hospital staff, team work and excellent coordination in units. Peer views, 360 degree feedback, reflection, supervision and thinking about one's own shortcomings can play a pivotal role. Culiberg B and Mihelickk research has also used combined clinical encounters, multisource feedback, patient's opinion, paper based test simulation and scrutiny of self assessment compared with assessment by others to evaluate ethical judgments of work place.<sup>14</sup> Feedback should be timely and accurate as discussed by Mitchell JD et al.<sup>15</sup> Timely actions should be taken for positive enforcement. There are indicators that help evaluate professionalism at workplace some of which includes attitude, character, work engagement, competency in vocational skills, work place image, strive for continuous improvement, keeping and fulfilling one's words and supporting others.<sup>16</sup>

Strategies recommended by clinicians to promote professionalism in their own set up were counselling sessions, In charge of unit as role model, good discipline in unit, decided protocols and following them regular audit, following standard operating procedures and regular meetings. Developing coping skills to manage set backs and challenges with a positive and constructive attitude, accountability of one's work and action while behaving ethically at all time and review and discussion of professional misconduct<sup>17</sup> are some strategies recommended previously as well to promote professionalism. It can be promoted by commitment shown by the authorities, live examples set by seniors, generating policies that ensure and promote ethical behaviour, intervention when necessary, surveillance tools to capture allegations and process them, specially designed workshops and feedback mechanisms. The work of Monrouxe LV and Rees CE also improved practice by reflecting on workplace dilemmas, thereby making it a cornerstone of health care professionalism.<sup>18</sup>

When inquiry was made to point out weak area of professionalism in institution, clinicians responded in following ways: Lack of communication between doctors and other medical staff, lack of accountability of hospital workers and service providers, communication gap and language barrier between doctors and patients, non existence of defined roles for conflict resolution, lack of

empathy due to excessive workload. Gap in health care service delivery, hospital management and lagging behind in information technology were also identified. Our study participants identified that feedback from employees, ethics, norms, hidden curriculum, respect for others, honesty and sense of responsibility needs to be worked upon a Campbell SL and Taylor D, supporting professionalism at work place have also pointed these areas.<sup>19</sup>

On the basis of narrative analysis of consultant views, it can be concluded that professionalism needs further attention, most clinicians gave variety of responses and majority were not sure about their answers so there is dire need to include professionalism in undergraduate and postgraduate curricula so that it can be practiced from start of medical training. Further professionalism must be included in the curriculum as an important component and it should be considered as a part of competence of excellence.

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### References

1. Creasy KL. Defining Professionalism in Teacher Education Programs. *J Edu Soc Pol* 2015; 2(2): 23-5.
2. Heubel F. The "Soul of Professionalism" in the Hippocratic Oath and today. *Med Health Care Philos* 2015; 18(2): 185-94.
3. Horn KP. Profession, professionalisation, professionalism, professionalism—historical and systematic remarks using the example of German teacher education. *Br J Relig Edu* 2016; 38(2): 130-40.
4. Kinney CL. Positive professionalism. *J Am Board Family Med* 2020; 33(Supplement): S65-8.
5. Tromp F, Vernooij-Dassen M, Kramer A, Grol R, Bottema B. Behavioural elements of professionalism: assessment of a fundamental concept in medical care. *Med Teacher* 2010; 32(4): e161-9.
6. Schafheutle EI, Hassell K, Ashcroft DM, Harrison S. Organizational philosophy as a new perspective on understanding the learning of professionalism. *Am J Pharm Edu* 2013; 77(10): 214.
7. Cruess S, Cruess R. Teaching professionalism—why, what and how. *Facts Views Vis in Obgyn* 2012; 4(4):259.
8. Goldie J. Assessment of professionalism: a consolidation of current thinking. *Medical teacher*. 2013; 35(2): e952-6.

9. Gale-Grant O, Gatter M, Abel P. Developing ideas of professionalism. *Clin Teacher* 2013; 10(3): 165-9.
  10. 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 Resou Health* 2020; 18(1): 10.
  11. Owens J, Singh G, Cribb A. Austerity and professionalism: being a good healthcare professional in bad conditions. *Health Care Analysis* 2019; 27(3): 157-70.
  12. Hill S, Lorenz D, Dent P, Lützkendorf T. Professionalism and ethics in a changing economy. *Build Res Infor* 2013; 41(1): 8-27.
  13. Bourelle T. New perspectives on the technical communication internship: Professionalism in the workplace. *J Techl Wri Comm* 2014; 44(2): 171-89.
  14. Culiberg B, Mihelič KK. Three ethical frames of reference: insights into Millennials' ethical judgements and intentions in the workplace. *Business Ethics: A Eur Rev* 2016; 25(1): 94-111.
  15. Karimi Z, Ashktorab T, Mohammadi E, Abedi HA. Using the hidden curriculum to teach professionalism in nursing students. *Iran Red Crescent Med J* 2014; 16(3): e15532.
  16. Wilkinson TJ, Wade WB, Knock LD. A blueprint to assess professionalism: results of a systematic review. *Acad Med* 2009; 84(5): 551-8.
  17. Mitchell JD, Ku C, Diachun CAB, DiLorenzo A, Lee DE, Karan S, et al. Enhancing feedback on professionalism and communication skills in anesthesia residency programs. *Anesth Analg* 2017; 125(2): 620-31.
  18. Monrouxe LV, Rees CE. *Healthcare professionalism: improving practice through reflections on workplace dilemmas*: John Wiley & Sons; 2017.
  19. Campbell SL, Taylor D. *Professionalism in the workplace*. (Accessed on 10th Septemeber 2021) Available from URL: [https://www.umkc.edu/starr/Workplace\\_Professionalism.pdf](https://www.umkc.edu/starr/Workplace_Professionalism.pdf)
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