**The crisis of ethics in education; a critical view on unchangable curriculum in medical education in Iran**

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**Abstract**

**Background**: ethics in education is different morality which has been less studied. The aim of this research is to explore the experience of ethics in education among medical students.

**Material and method**: this is a Conventional Content Analysis which was conducted in 2017. Our participants were 44 medical students from five central colleges in southern Iran. Data were gathered by Focus Group Discussions and was analysed inductively.

**Results**: although the students were satisfied about expertise of some of their teachers, however negative experiences were dominant. Four themes which explored were *one- dimensional teaching, uselessness, negative hidden curriculum,* and *suppression*.

**Conclusion**: medical students as the main audience of medical education were neglected in this context. Theoretically medical teachers need to change their approach towards mutual interest and mutual understanding with their students. Practically, health system in Iran should start a big reform in current curriculum based on medical students’ needs and the nature of our social context.

Key words: ethics, education, medical students, qualitative study

**Introduction**

Medical students and doctors in training need to hone their clinical skills on patients to make themselves better doctors ([1](#_ENREF_1)). What is the best way of training doctors? Two answers can be given to this question: technically and ethically. Technical view is about learning skills to be an expert doctor. Ethically it is related to the effect of the education on changing the behavior of human being ([2](#_ENREF_2)). Philosophers, theorists and researchers open a related discourse about the dimensions of education and ethics. In this domain, trained doctor are faced with several issues such as ethics in research ([1](#_ENREF_1)) ethics in practice ([3](#_ENREF_3)) and ethics of care ([4](#_ENREF_4)). In order to achieve expert and ethical doctor, ethical teachers have pivotal role.

Academic ethics is a guideline for being an ethical teacher. Academic ethics as Shils referred is not the same as code of conduct for teachers but it is the acquisition and transmission of scientific and scholarly knowledge within the university and outside the universities ([5](#_ENREF_5)). As well as other professionals, there is a distinctive task of the medical profession for discovery and transmission of truth, just as the care of the health of the patient ([6](#_ENREF_6)). Commitment to the students and commitment to the profession are two main dimensions of education ethics ([7](#_ENREF_7)).

*Education* as a profession includes its special ethics which is related to academic ethics. Debates about ethics in education can be traced back to Plato’s and Aristotle’s ideas on ethics and teaching respectively ([8](#_ENREF_8)). Ethics in education as moral education is a social control tool by habituation of the rules ([2](#_ENREF_2)). The main goals of this ethics are pursuit of truth, devotion to excellence, and the nurture of democratic principles ([7](#_ENREF_7)). Based on its aim it is defined: ethics or values education aims to develop good character in students in developmentally appropriate and effective ways ([9](#_ENREF_9)).

There are different approaches to ethics in education. There is a realistic view about the subject which emphasizes on empathy as a the main factor in moral education ([10](#_ENREF_10)). Hargreaves (1998) teaching is an emotional practice, and it is necessary for teachers to regulate their emotions when they sense that a particular emotion expression is inappropriate in a particular situation ([11](#_ENREF_11)). Reuben emphasized on the academic responsibility about the bifurcation of human life and believed that modern academic leaders did not challenge this into the many dualisms so characteristic of modernity ([12](#_ENREF_12)). In addition, Beaty [and Henry](https://scholar.google.com/citations?user=-ue74TYAAAAJ&hl=en&oi=sra) criticized that in a pluralistic liberal democracy, public universities must remain morally neutral; individuals should be free to make their own moral (and religious) judgments ([13](#_ENREF_13)).

Based on individuals’ identities (moral identity) it was shown that when morality is important and central to individuals’ identities, moral choices tend to emerge despite opportunities to behave immorally ([14](#_ENREF_14)). Culturally it was shown that Iranian with interdependent cultural norms, reported higher cognitive empathy compared to American who share independent cultural norms, and female demonstrated more empathy than males in both countries ([15](#_ENREF_15)).

Ethics is the subject of sociology as well as philosophy and psychology. Although it seems ethics is about the inner world of individuals however this inner world does not develop itself independently of the outer ([16](#_ENREF_16)). Habermas emphasizes on the *Theory of Communicative Action* on the process of achieving mutual understandings. Where individuals interact and coordinate their action based upon agreed interpretations of the situation ([17](#_ENREF_17)). Based on this theory, ethics in education has two main features: mutual understanding and agreed interpretation. In the Justification and Application Remarks on Discourse Ethics he focuses on the mutual recognition, mutual trust and mutual interest ([18](#_ENREF_18)).

Medical education in Iran has more than half a century of history. Recently it was developed severely. Azizi ([19](#_ENREF_19)) and Simfroosh ([20](#_ENREF_20)) reffered to quantitative progress in medical education. Sohrabi et al. showed the defects of this system as ‘education in shadow’ with quantity-orientation, ambiguity in the trainings, unsuitable educational environment, personalization of the educational management, and ineffective interpersonal relationship characteristics ([21](#_ENREF_21)). Lack of an innovative medical education curriculum in Iran was emerged in other study ([22](#_ENREF_22)). Teaching the professionalism was proposed as a hidden curriculum in medical education ([23](#_ENREF_23)). Studies also proposed need for major changes in medical education ([19](#_ENREF_19), [22](#_ENREF_22)).

Although several studies were done about medical education, however there is lack of knowledge about medical students’ experience. In addition, there is no any study about ethics in medical education in Iran. Thus this study was conducted to explore the experience of the medical students about ethics of education of their teachers- faculty members in medical education departments. The main research question is ‘*what is the quality of the ethics of education in the context of study?*’

**Method**

This is a qualitative study which was carried out between January to December 2017. The context of our study was the zone 5 of medical education in Iran. This zoning was made after the Health Sector Evolution Plan in Iran at 2014. Based on this zoning, Fars, Yasouj, Bandar Abbas, and Bushehr provinces beside the Fasa and Jahrom cities (which are from Fars province) included as zone 5 of medical education. Our population included all medical students who were passed their basic science part and they entered in the hospital and our inclusion criteria were:

* Being at internship course,
* Having tendency to participation,
* And freely participating.

After coordination with managers of the schools of medicine in zone 5 some medical students were selected purposefully. After calling with them those who were ready for interviewing were invited. A quiet room in the medical schools or student dormitories was allocated for the interviews. For generating rich data through different viewpoint discussions ([24](#_ENREF_24)) and maximize participation ([25](#_ENREF_25)) we used Focus Group Discussion (FGD) strategy. After receiving consent from the participants, the interviews were started and digitally recorded. The main questions asked in discussions was: *Please tell us about your experiences about medical education. What do you think about teaching methods of your teachers? Are these methods suitable or effective? Do you think your teachers are responsible on their duty as a teacher?* Discussion was guided and controlled by one of researchers, and all of communications were certified by the researchers to have been conducted correctly. Achieving accuracy in the data collection process was conducted by mitigate bias and inconsistency. For this reason, giving equal attention to participants by moderator and allowing everyone an opportunity to communicate their thoughts, listening for inconsistencies or contradictions throughout a discussion, asking for clarification, and providing a communicated topic in that particular space and time for participants were the strategies for achieving accuracy the data.

The data t was transcribed after each discussion and analyzed based on Conventional Content Analysis (CCA). This method has several approaches that Hsieh and Shannon categorization classify as conventional, directed, and summative ([26](#_ENREF_26)). We used conventional content analysis, and the data was interpreted to explore condensed meaning units (brief meaning of the interpretation), sub themes (initial abstracted concept that explored the related condensed meaning units), and themes (an abstracted concept in relation to some subthemes). In an inductive approach, the process of coding occurs without trying to fit the data into a pre-existing frame or theoretical responsibilities. For this reason, the coding of data was performed by constant back and forth movement across the data and by interpreting the statements made by the participants. This was a continuous process and performed by back and forth movement of analysts between data, concepts and extracted codes.

The concepts and coding were directly extracted from the data. The greater the level of movement toward pivotal codes, the lager was the level of data segregation. Thus data were interpreted to explore condensed meaning units (brief meaning of the interpretation), sub themes (initial abstracted concept that explored the related condensed meaning units), and themes (an abstracted concept in relation to some subthemes). Accordingly, all concepts obtained from research data through back and forth movement, had the highest level of categorization (table 1).

Table 1: Conventional content analysis of experience of education ethics

|  |  |  |  |
| --- | --- | --- | --- |
| **Meaning unit** | **Condensed meaning unit** | **Subtheme** | **Theme** |
| Rather to OPD patients we learn more about hospital care | Emphasizing on hospital | Hospitalization | *One-dimensional teaching* |
| We did not that we should practice at hospital from five or six terms, so that we could spend so much time, ten times a month, every day, every day until noon in the hospital. | Hospitalizing life |
| There are a variations in cases of hospital, but there is a big problem, which is that we have not much time for reading at all. | Marginalization of study because of hospital work |
| We are weak about outpatient patients for example, a patient with GI problem | Educational need for clinic | Ignorance of clinic |
| If I want to work at a village later, because I did not see an outpatient cases, I do not have enough confidence for manage the patient | Low self-steam in clinic |
| There is very little clinic and health house courses for us. There are very few health centers rather to hospital. | Inattention to health centers | Ignorance of health |
| Much of our friends, do not want to start a residency, because of low incomes, they start to collect money first. | Domination of money on science | Materialism | *Negative hidden curriculum* |
| Many doctors are involved in seeing patients and making money | Importance of money |
| Same teacher are so late, they come in the ward whenever they want. | Disorganization | Irresponsibility |
| No one do not accept the responsibility of emergency patient | Irresponsibility |
| It is a religious and moral responsibility that you get money for teaching, while about someone as if no one. |
| Relationships of some teachers in clinic with the patient is so bad that I cannot explain it. | Bad doctor-patient interaction | Bad interaction |
| I do not think that our graduated have enough knowledge for entry on the work. | Unskilled graduated | Useless teaching | *Uselessness* |
| In some clinics our teachers order based on medical advertising | Nonscientific approach |
| We do not learn if we have an OPD patient what we do. I believe all of our approach in OPD is not scientific. |
| Our teacher just debate about one medical case in clinic, hospital and on the daily round. We just learn about one case several times. | Repetitive education | Repetitive |
| Some our faculty members, try to destroy the students. It seems they enjoy, once a week, for example, in a class or hospital they suppress us | Harassment the student | Harassment | *Suppression* |
| In one clinical course we got all the IBS because of severity of the stress | Experience of stress | Stress |
| Why you cannot say your idea, for example about delaying of your teacher. | Fear |

Generally, the research was conducted step by step, using proper methods for data collection, analysis and report ([27](#_ENREF_27)); in addition, data analysis was done was done in a reflexive manner. Thus, exploring themes was done based on back and forth activity between meaning units, as well as other exploratory concepts. Also, analysis was done by checking the themes with peer review. For the promotion of rigor we emphasized tape-based is tape-based analysis, wherein the researcher listens to the tape of the focus group and then creates an abridged transcript ([28](#_ENREF_28)). Also it have been addressed by `member checking' by participants of its validity or plausibility as an explanation.

Ensuring rigor in in this study, for credibility we used member checking and participants feel the findings are credible and accurate. For transferability or external validity we thoroughly described the context of the research to assist the reader in being able to generalize the findings and apply them appropriately. For dependability we documented all aspects of any changes or unexpected occurrences to further explain the findings. For confirmability we examined by other researchers that findings are supported by the actual data collected. Here we found that there is no inappropriate biases impacted the data analysis.

In regard to ethical consideration, the study was conducted according to the ethical criteria of Helsinki declaration ([29](#_ENREF_29)) and the study was under monitoring by the ethics committee of Shiraz University of Medical Sciences. For this reason we were able to assure our participants about the confidentiality of the content generated during the interviews.

**Results**

Generally, based on saturation criteria, 44 people participated in this study. 12, 17, 4, 6, and 5 people from Shiraz, Yasuj, Fasa, Bushehr and BandarAbbas respectively were included.

Based on data, both positive and negative attitudes toward ethics of education were explored. Participants believed that there is a diverse manner of education. They have the best and polite teachers with grate knowledge who respect their students. They try to provide a good teaching for their students. However, the context of medical education is faced with several defects that effect on behavior of their teachers. In this context with several deficiency, the teachers are being not responsible about education. Therefore, although teachers are expert in their specialty, however some of them did not teach well, do not having proper behavior with their students and having paternalistic view on their relationships is general in their relationships. More teachers do not care about the students. One-side relationships is defined as norm so that students cannot provide or present a critical view about knowledge of teacher or his/her interaction. In this situation, students prefers to keep silent. Students know he/she is faced with several scientific needs that cannot request them. This is an unacceptable and unsatisfactory situation. In addition, students cannot presents his/her problems. He/she should be silent and just pass the courses. The main explored themes which are: *one-dimensional teaching*, *uselessness*, *suppression*, *suppression.* The themes which were

*One- dimensional teaching*

Hospitalization of the medical education is the biggest problem of medical education. General teaching in this context is done based on the hospital. In other words, education starts from the hospital and ends in the hospital. While, medical students believed that they need to OPD knowledge. Many of them are graduated with the little practice about the clinic. In addition, hospital teaching is very specialized. Because some of the patients who admitted in the hospital are in the last stage, medical educator emphasized on these cases, medical students fell that they are learning in vain. Although this educational system is based on the hospital, however there is no enough teaching about hospital.

*I think it would be a must before the student entered the hospital, he/she learned injections and vessels taking. We shocked because suddenly entered the hospital. It is very stressful (participant from Yasuj).*

As this statement shows, the educational planning did not present a short course about hospital, despite the hospital is the main context of this medical education system.

*Uselessness*

One-dimensional teaching leads to the other problem which called here uselessness. Participants believed education not only is one-dimensional but also is useless in some cases. Long-term theoretical courses in basic science step is not inevitable. Some of these courses are very special so that did not used at all specifically if the student wants to work as a GP. In addition some of these items did not used even at hospital practice. In addition some operation room planning is very repetitive. Despite this, in some cases there is no any practical course; for example ophthalmology clinic which was needed by all participants.

*In our university, most of the courses are not beneficial for intern who wants to enter the community and undergo outpatient treatment. It is more beneficial for residents (participants from Bushehr).*

Participant believed that the educational system in basic science course and in some cases of practical courses is not effective and work wastefully.

*Negative hidden curriculum*

Medical education is a context for hidden learning about 3 main themes. Materialism which means focusing on the money. Students have found that material issues are important to some of their teachers. They more emphasize on the money than education. Students found that health is an excuse to get more money. Second item is no responsibility of some teachers. They are not responsible to their patients, students, and institution. No one cannot petite them. Other hidden curriculum is unplanned behavior. Some teachers do not have any clear plan. Sometimes students, patients, and nurses are waiting for hours until the teacher comes. And finally bad doctor-patient relationship is other one. Teachers not only do not teach good doctor-patient relationship skills, but sometimes they present bad relationship.

*Unfortunately everything is money; we had a discussion with one of our teacher, and we said that many doctors try to have more patients for getting more money, for more salary. Okay, you are not inevitable for getting money (participants from Shiraz).*

*Suppression*

Although there are complaisant and polite teachers however there are some teachers who suppress the student. In this contexts, some teacherstands on the dominant position with a huge authority. Students should hear the commands of the teachers and follow their orders correctly. Therefore, the students come in the clinical consultations with stress and fear. They are worried about questions of the teachers if they cannot response them. Some teachers suppress the students badly in front of the patients.

*For example, some of the professors teach well but they behave badly. Teaching is important as well as behavior. They behave so bad that we did not learn anything at all because of experiencing stress and tension. Despite good teaching we just wanted to finish this field (Participant from Fasa)*

Because of this students present in the daily round of these teachers stressfully. This is a manner that leads to reprimanded and blamed students.

**Discussion**

Results of this study showed that medical education is not in direction of ethics of education. All four themes which explore show that the students have expectations that do not responded by the teachers. Participants believed they are practicing in a uselessness circle. In one hand, this education is not based upon their personal and social needs. In addition, this education is a so theoretical and repetitious which leads to feeling of the waste of the time. Finally, they have experienced of stress and fear because of impolite behavior of some teachers.

Results of this study are in line of findings of other studies. As Sohrabi et al. showed ‘*education in shadow*’ refers to defects of medical education with personalization in management styles, lack of suitable grounds, ambiguity in the structure and process of education which can lead to incompetency of medical science graduates ([21](#_ENREF_21)). Emphasize on old methods of education which does not look at the stents and social needs is other problem which it seems it is in line of the lack of an innovative medical education curriculum ([22](#_ENREF_22)). This study showed that ethics in education is making a negative hidden curriculum on the students. This is in line of other study which emphasized on the hidden curriculum in medical education ([23](#_ENREF_23)). If commitment to the students and commitment are two main dimensions of education ethics ([7](#_ENREF_7)) in the context of study these dimensions were week.

Theoretically, mutual understanding based upon mutual interests are not active in this context. According to Habermas view these context is developing the different view on interest and understanding between students and their teachers. In other words, there is a distorted teacher-student interaction in this context. Therefore, a conflict of interests was formed so that teachers behave according to their interests not based on the students’ interests. In this situation, students’ desires were ignored. Ethically, dialogical symmetry and reciprocity is needed which can lead to agreement and satisfaction.

Ethically, Habermas believed that discourse is a form of practical argument for discursively testing norms. He proposed principle of universalization (Principle U) for discourse ethics. Based on his theory in the interpersonal conflicts valid norms help us for judging and such norms must survive a universalization test that examines what is equally good for all {Habermas, 2015 #259}. This principle offer a communication-centered moral framework within which ethical standards may be developed and challenged by individuals and organizations {Meisenbach, 2006 #258}.

Haberms believed that education as other systems such as religion, and the family become associated with general reproductive functions of the lifeworld (that is, with cultural reproduction, social integration, or socialization) {Habermas, 2015 #259}. This study showed that the type of negative hidden curricula which socialized the medical students. It seems that this type of education is reproduced during time because of this type of socialization. Thus this distorted teacher-student communication is similar to distorted doctor-patient communication in this context which was explored in other studies {Sadati, 2016 #158}{Sadati, 2016 #261}. In addition it was shown that in this context the pattern of educator voice comprised characteristics such as superficiality, marginalization of patients, one-dimensional approach, ignoring a healthy lifestyle, and robotic nature {Sadati, 2017 #260}.

It was proposed need for major changes in medical education ([19](#_ENREF_19), [22](#_ENREF_22)). Although quality of education is main point, however, other main side of this change is ethics of education. Because this is dependent to social or cultural since moral values and virtues are indexed to local socio-cultural perspectives ([2](#_ENREF_2)), therefore we need to discuss about the subject based on our Islamic sociocultural features. Hear, we need to define the ethical principles in medical education contextually.

**Conclusion**

Medical teachers needs to know their teaching rsponsibility. For this reason, ethics of education is a pivotal point. This study showed that medical students view about teaching of their professor is not positive. They have experienced *one- dimensional teaching, uselessness, negative hidden curriculum,* and *suppression*. These findings show that ethics of education in this context is in crisis. Medical education not only ignores its goals but also leaded to unpredicted outcomes which are in opposite of the goals. Therefore, our medical teachers needs to change their view and behavior about teaching. The main key is equal communication with their students. In this situation, they can achieve to a clear understanding of their students’ needs and they manage their teaching based on them. Medical education in Iran needs to fundamental reform and ethics of education is one dimension of this correction. Paying attention to our contextual value is important in this path.

**Aknowledgment**

Undobtedly, there are medical professors who work in our educational who devote their times for their patients. This study does not try to ignor these greate teachers and their effrots. This study try to explore the defects that more related to the inefficeient structure than our professors as agency. All participants in the study are appreciated.

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