**The study of barriers of observing professional ethics in the interns' performance in educational Hospitals of Ahvaz, Iran 2019-2020**

Hamed Jahanara, MD.1, Mahdi Bijanzadeh, MD, PhD.2\*

Department of medical ethics, Medical school, Ahvaz Jundishapur University of Medical

Sciences, Ahvaz, Iran

1. Student Research Committee, Ahvaz Jundishapur University of Medical Sciences, Ahvaz,

Iran.

2. Department of Medical Genetics, Medical school, Ahvaz Jundishapur University of Medical

Sciences, Ahvaz, Iran.

\* Corresponding Author: Mahdi Bijanzadeh, Department of Medical Genetics, School of Medicine, Ahvaz Jundishapur University of Medical Sciences, Golestan Boulevard, Ahvaz, Khuzestan, Iran. **Tel:** +989161117707 **Fax:** +986133332036 **E-mail:** mbijanz@yahoo.com

**Abstract**

Considering the principles of professional ethics by physicians and therapists and following them can lead to better communication with the patient, faster patient recovery, improved treatment process, reverberation of clients, and reduction of patients' complaints.

The barriers awareness of compliance with professional codes of ethics can help health policy makers in planning for better patient's care and satisfaction.

In this descriptive epidemiological study, 284 interns from educational hospitals of Ahvaz Jundishapur University of Medical Sciences, Iran were studied during 2019-2020. Data gathering tool was a questionnaire containing important factors in compliance with ethics codes.

Regarding these factors, environmental barriers 76.25%, personal barriers 53.14%, and managerial barriers 65.97%, were in compliance with professional ethics. The most important environmental barrier was biological change during night shifts, the most important personal carrier was failure to meet basic needs, and the most important managerial barriers was long-duration work.

**Keywords**: Internship, professional ethics, barriers

**Introduction**

Professional ethics is a set of principles and standards of human behavior determining the behavior of individuals and groups (1). In fact, professional ethics is a kind of moral assurance and loyalty for any work and authority. Also, the objective of professional ethics is to introduce a lot of guidelines that should be followed voluntarily based on the censor of people in the pursuit of professional enterprises (2).

Ethics is one of the most important and essential sciences, which is important for all members of the health care team. Medical Ethics is a branch of professional ethics that describes the professional ethics of medical practitioners (3). One of the major achievements of the code of Ethics in the medical profession is to facilitate the implementation of clinical governance such as measures to minimize risk for doctors and patients, appropriate and disinterested detection of major difficulties and appearances and the reasons of their outcome, considering patient’s complaints, and self-estimate of performance and conclusions of clinical interventions (4). Ethical performance is one of the key components of providing quality and appropriate care for the patients and clients (3). Many physicians consider the ethical issues that they encounter in their work, but do not act on them. In fact, many cases have not enough power and support to react and sometimes do not know what to do (5). In Iran, excepted the patients’ charter rights, there is no modified code of professional ethics for medical staff; therefore, health professionals do not follow a uniform code of ethics and usually adhere to ethics based on their cultural beliefs or relying on certain international statements, so it will make their reaction different. In such circumstances, also the patients do not know what to expect.

The cornerstone of medical care deserving of today and future worlds is training the physicians with professional ethics. Currently, regional codes of the behavior and ethics are conducted on the heart and mind of medical students who are being instilled by their educational institutions (6). Lots of barriers may block considering and observing professional ethics during medical procedures. Accordingly, some researchers introduced these barriers in three categories of environmental barriers (inadequacy basic teaching on professional items during education, lack of legal and ethical support of staff by administrators, scant of ward apparatus, biological variations due to night shiftwork, etc.), personal barriers (such as knowledge-less about or awareness of the professional codes, lack of time, performing entirely new duties that one does for the first time while he/she have incomplete skills about them, lack of staff’s competent attention and acceptable alertness due to high workload, and patients’ improper treating with doctors), and managerial barriers (such as non-efficient control and administration by managers, low attention to educational needs of doctors and planning for providing these needs, lack of ethical codes, and ineffective management of disaster in ward) (7).

Due to the direct influence of medical ethics on healthcare practice and the fact that medical interns are directly involved in the process of treatment and health care, paying attention to medical ethics in this group is very important. Therefore, considering their important role in treatment and health services, this study aimed to investigate the barriers of observing professional ethics in the interns' performance. In the current study, we evaluated the most important barriers that may inhibit allegiance of these codes and widen the gap between theory ethical principles and practical procedures at the medical centers.

**Method**

The present study was a descriptive epidemiological study. The study population were medical interns of Golestan, Imam Khomeini and Aboozar hospitals, Ahvaz, Khuzestan province, Iran, affiliated to Ahvaz Jundishapur University of Medical Sciences, during 2019-2020. The sample included 284 individuals out of 300 students had asked to participate, so the participation rate was 95%. Participants of this study were subjected to verbal and informed consent, also, they were assured that their personal information would be kept confidential. The researcher referred to the research units (medical interns of Golestan, Imam Khomeini and Aboozar Hospitals) and orally explained the purpose of the research and then obtained the consent of participation in the research. The researcher allocated the questionnaire paper among the participants and took them after completing. The questionnaire completion was carried out during 3 months, from Dec. 2019 to Feb. 2020. Data collection tool consisted of 33 questions related to 3 categories of environmental, personal (individual) caring, and management factors based on Likert's five-choice spectrum to measure professional ethics barriers in medical interns performance. Questionnaire`s minimum score is 33 and its maximum is 165. The Cronbach's alpha coefficient calculated in Dehghani et al.'s research in 2013, was estimated to be 0.81 for this questionnaire (6). Questionnaire was grammatically little modified for better understanding of the questions' purposes by the participants. SPSS software version 22 was used for statistical analysis. Data were analyzed using descriptive statistics (mean, standard deviation, frequency, and percentage).

The project was approved by the ethics committee of Ahvaz Jundishapur University of Medical Sciences by No. IR.AJUMS.REC.1397.409.

**Results**

In the present study, 284 medical internship students in three Golestan, Imam Khomeini and Aboozar hospitals analyzed the barriers to professional ethics. Interns mean age was 26.07±2.72 years old with a minimum of 24 years old and a maximum of 45 years old. 169 (59.5%) participants were men and 115 of them were women (40.5%). The total score of the code of conduct barriers questionnaire was 129.61±13.61.

Regarding environmental barriers, there were 615 votes in complete favor and 468 in favor of the code of ethics (1420 total votes) as 39.06% and 26.91 of votes, respectively. Much of the agreement was on the biological changes in the body during night shifts (85.6%), overcrowding (83.8%), and lack of adequate equipment in the ward (82.8%) (Table 1).

In terms of personal and caring barriers (4544 votes), there were 1297 votes in complete favor and 1118 in favor as 28.54% and 24.60% of votes, respectively. Much of the agreement was about not meeting basic needs such as adequate income or adequate rest (86.3%), lack of attention and inaccuracies due to high workloads, others (76.4%), lack of time (73.6%), and dissatisfaction with the place of work (73.3%) (Table 2).

Regarding the managerial dimension of the barriers to compliance with the Code of Professional Conduct (4544 votes), there were 1995 votes in complete favor and 1233 votes in favor as 39.06% and 26.91 of votes, respectively. Most agreed with long working hours (94%), lack of effective supervision and supervision by teachers (90.5%), formulation of inappropriate shifts (87.4%), and lack of attention to ability and skill during division of labor (85.5%) (Table 3).

Table 1. Frequency distribution of environmental obstacles to compliance ethical codes

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question | Quite agree (%) | Agree (%) | No idea (%) | Disagree (%) | Quite disagree  (%) |
| Lack of facilities and equipment | 145 (51.1) | 90 (31.7) | 33 (11.6) | 15 (5.3) | 1 (0.4) |
| Body changes on the night shift | 134 (47.2) | 109 (38.4) | 32 (11.3) | 8 (2.8) | 1 (0.4) |
| Crowded ward | 145 (51.1) | 93 (32.7) | 26 (9.2) | 15 (5.3) | 5 (1.8) |
| Shift circulation | 80 (28.2) | 93 (32.7) | 91 (32) | 14 (4.9) | 6 (2.1) |
| Patients and fellows expectations | 111 (39.1) | 83 (29.2) | 50 (17.6) | 34 (12) | 6 (2.1) |

Table 2. The distribution of personal obstacles to compliance ethical codes

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Quite disagree (%) | Disagree (%) | No idea (%) | Agree (%) | Quite agree (%) | Question |
| 10 (3.5) | 31(10.9) | 76 (26.8) | 85 (29.9) | 82 (28.9) | Lack of knowledge and awareness about the criteria |
| 10 (3.5) | 24 (8.5) | 41 (14.4) | 86 (30.3) | 123 (43.3) | Lack of time |
| 14 (4.9) | 19 (6.7) | 48 (16.9) | 64 (22.5) | 139 (48.9) | Perform the completely new duties, no awareness |
| 13 (4.6) | 27 (9.5) | 27 (9.5) | 93 (32.7) | 124 (43.7) | Insufficient attention due to overload work, etc. |
| 12 (4.2) | 51 (18) | 67 (23.6) | 76 (26.8) | 78 (27.5) | Inappropriate behavior of patients |
| 16 (5.6) | 55 (19.4) | 94 (33.1) | 71 (25) | 48 (16.9) | Negative attitudes toward the criteria |
| 7 (2.5) | 61 (21.5) | 63 (22.2) | 86 (30.3) | 67 (23.6) | Dealing with infectious patients and its stress |
| 13 (4.6) | 65 (22.9) | 17 (6) | 108 (38) | 81 (28.5) | Lack of motivation and interest to medicine |
| 1 (0.4) | 16 (5.6) | 22 (7.7) | 51 (18) | 194 (68.3) | Lack of the basic requirements such as income and rest |
| 13 (4.6) | 18 (6.3) | 45 (15.8) | 99 (34.9) | 109 (38.4) | Lack of consent of the place of work |
| 12 (4.2) | 62 (21.8) | 53 (18.7) | 60 (21.2) | 97 (34.2) | Lack of interns' technical skills |
| 14 (4.9) | 82 (28.9) | 64 (22.5) | 67 (23.6) | 57 (20.1) | Lack of critical thinking or ethics deciding abilities |
| 20 (7) | 71 (25) | 55 (19.4) | 94 (33.1) | 44 (15.5) | Defects in appropriate and effective communication with patient |
| 29 (10.2) | 61 (21.5) | 62 (21.8) | 78 (27.5) | 54 (19) | Weakness belief to the ethics compliance |

Table 3- Frequency distribution of managerial barriers to professional code

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Quite disagree (%) | Disagree (%) | No idea (%) | Agree (%) | Quite agree (%) | Question |
| 2 (0.7) | 17 (6) | 22 (7.7) | 129 (45.4) | 114 (40.1) | Insufficient attention to the abilities and skills |
| 6 (2.1) | 7 ( 5 .2 ) | 14 (4 .9 ) | 124 (43.7) | 133 (8 .46 ) | Lack of effective control and monitoring by teachers |
| 1 (0.4) | 5 (1 .8) | 36 (7. 12 ) | 76 ( 8 .26 ) | 166 ( 58 .5 ) | Insufficient attention to the educational needs, and planning in fix them |
| 3 (1.1 ) | 1 (5.3 ) | 93 (7 .32) | 96 (33.8 ) | 8 (28.9) | Lack of ethical codes in the medicine |
| 2 (7.0 ) | 15 (5.3) | 83 (29.2) | 101 (35.6) | 83 (29. 2) | Non-effective management of crisis |
| 9 (3.2) | 7 (2.5 ) | 20 (7) | 57 (20.1) | 191 (67.3) | Planning of improper work shifts |
| 22 (7.7) | 47 (16.5) | 66 (23.2) | 74 (26.1) | 75 (26.4) | Deficit of interns |
| 2 (0.7) | 3 (1.1) | 12 (4.2) | 67 (23.6) | 200 (70.4) | Long working hours |
| 15 (15.3) | 0 (0) | 27 (9.5) | 93 (32.7) | 149 (52.5) | Improper teacher-  interns relationship |
| 7 (2 .5 ) | 20 (7 ) | 50 (17.6) | 103 (36.3) | 103 (36.3) | Lack of continuing education course in professional ethics |
| 4 (1 .4 ) | 22 (7 .7 ) | 60 (1. 21 ) | 69 (3. 24) | 129 (4 .45 ) | Lack of documented policy or standard laws related to medical care |
| 1 (0.4) | 31 (10.9) | 78 (27.5) | 83 (29.2) | 91 (32) | Lack of sufficient educators' experience about the ethical issues |
| 2 (0.7) | 14 (4.5 ) | 89 (31 .1) | 85 (29.9 ) | 94 (33.1 ) | Deficit necessary education in the field of ethics |
| 0 ( 0 ) | 21 (7.4 ) | 32 (11.3) | 66 (23.2) | 165 (58.1 ) | Inadequate teachers' ethical support |

**Discussion**

In this study, barriers to adherence to professional ethical standards were evaluated. Accordingly, this was performed in three domains of management, environmental, and personal care from the perspective of 284 internship students in educational hospitals of Ahvaz Jundishapur University of medical sciences. The total score of the barriers to compliance code of professional ethics was 129.61±13.61 (score range 33-165). Regarding the average score, most of the interns were in favor of the ethical barriers of professional ethics. As barriers to professional ethics, 76.25% of interns considered environmental factors, 53.14% personal and caring factors, and 65.97% management factors. Also, the highest agreement was on environmental barriers, which means that, majority of Ahvaz interns believed that, environmental obstacles are against the compliance of ethical codes, which are less interventional items and therefore less activities are expected from them for changing and refusing barriers.

In the study by Dehghani et al. (2013), they agreed with the deterrent role of all three categories of environmental (68.5%), personal and caring (62.7%), and managerial factors (61.6%) in adherence to professional ethics criteria. however, environmental factors were identified as the most important affecting dimensions (6). In Ghamari's study (2014), most nurses in Qom hospitals agreed on the deterrent role of all three categories of environmental (3.73±0.77), managerial (3.71±0.8), and self-care factors (3.62±0.69) in adherence to professional ethics (8). In the study by Mosalanezhad et al. in 2017, the medical staff at Jahrom University hospitals observed that, managerial (75.17%), environmental (80.2%), and individual (65.73%) barriers were above average (9).

In the present study, the most important management barriers were observing the standards of professional ethics of long working hours, lack of effective control and supervision by professors, formulation of inappropriate work shifts, and lack of attention to ability and skill during work division. Although working hours are almost steady in all hospitals, improvement of supervision, management of appropriate work shift, and persons' skills are some available and supported emprises for the enhancement of medical ethics. These suggestion should be defined as mandatory tasks for the supervisors of educational and non-educational medical centers. Up to the best of our knowledge, no review of the study resources was found assessing the barriers to professional ethics in physicians and interns. Elit et al. reported that, interns face numerous ethical issues during their clinical practice, including uncertainty on the best decision and practice beyond one's skill that can be addressed by providing the necessary training (10). Also, Nasiriani et al. (2002) have cited insufficient in-service training of trainers on ethical and legal issues by nurses as the main barriers to professional ethics (11). Moreover, in a study by Borhani et al. (2011), who examined the status of nursing ethics education, it was found that, 90% of ethical content in the curriculum was taught by a group of nursing instructors who were not proficient in ethics (12). In the study by Dehghani et al. (2013), nurses believed that, in the managerial domain of staff shortages, inappropriate work shifts, long working hours, insufficient experience of trainers on ethical issues, and lack of training in ethical issues were the most important barriers to professional ethics (6). In the study by Ghamari et al. on nurses in Qom hospitals (2014), the most important barrier to adherence to professional ethics was reported to be the shortage of personnel (8). Bennett et al. reported that, working time and staff shortages were at the top of the barriers to nurses applying research evidence and adherence to professional ethics in care (13). Also, a study by Abbasi et al. in 2018 on midwives in Qom hospitals found that, the most important barrier to management of the implementation of professional codes of ethics in clinical settings, was lack of in-service training and training programs (14). To overcome the managerial barriers to professional ethics in hospitals, health care organizations must address the problem of manpower shortages, inadequate shifts, and long working hours with careful planning. One of the barriers expressed by students was the lack of effective control and supervision by professors that direct supervision of teachers in the clinical interventions of staff can help removing these barriers. Training and application of professional ethics instructors should also be considered by organizations.

In the present study, regarding the environmental barriers to professional ethics, the most consensus were found to be the biological changes of the body in night shift, overcrowding, and lack of proper equipment in the ward. In the study by Dehghani et al. (2013), nurses believed that, in terms of environmental factors, patient`s improper expectations and biological changes in the body were the most important barriers to professional ethics (6). Moreover, in a study by the American Nursing Association, nurses stated that, there were some barriers to ethical functioning in their workplace and impaired their ability to provide appropriate and compassionate care. Accordingly, from their point of view, patient overcrowding, high workload, and insufficient time were important barriers to professional ethics, which make it difficult for them to make ethics-based practice and decision-making a priority in day-to-day care practice (15). In Abbasi's study on nurses and midwives in Qom hospitals, the most important environmental barrier to midwives' professional ethics was the lack of appropriate equipment in the ward. Also, from the nurses' point of view, the most important obstacle was working shift (14). Ferri's study suggested that rotating night chart nurses need more consideration, because they have the higher risk for job discomfort and unsatisfactory health events (16). Therefore night shifting and ward overcrowding were known as the two reasons of hard working nature of medical jobs, it is suggested that, by adjusting work shifts more consistently to give staff the opportunity to adapt biologically to working time, they should be assisted in adhering to better standards of care, including better adherence to professional ethical standards in care practices.

In the present study, regarding personal and caring barriers, more agreement was made on the lack of basic needs such as income adequacy or adequate rest, lack of attention and inaccuracy of interns due to high workload, etc., lack of time, and dissatisfaction with the workplace. All of these items are the basic needs of a physician as a Human being. Also, medical interns spend their educational period and take high impact experiences for their future life, it should not be forgotten that they require their basic needs. In one study from the viewpoints of medical students, the most important ethical issues facing them were lack of skills and activity without sufficient skills (10). In the study by Dehghani et al. (2013), among the individual factors of care, lack of basic needs such as income adequacy or adequate rest in nursing staff, inappropriate behaviors of patients to nursing staff, and lack of attention and inadequacy of staff due to overload of work were the most important barriers to ethics, respectively (6). In the Ghamari et al. (2014) study on nurses in Qom hospitals, the most important barriers to professional ethics in the individual-caring field were nursing satisfaction with basic needs such as inadequate income or adequate staff rest (8). In the study by Khaki et al. in 2017, the most important barrier to adherence to professional ethics in terms of self-care from the viewpoints of midwives and nurses was lack of technical skills (7). The results of a comparative study on nurses' perceptions of ethical problems in China and Switzerland also showed that, nurses in China and Switzerland experienced lack of communication with patients (17). So, providing basic needs, such as income adequacy or adequate rest, seems to be effective on resolving ethical issues.

Generally, when we expected medical students to follow professional ethics, we should evaluate all the sides and then remove the barriers of this hard and comfortable way. Theory teaching items of medical ethics to medical students cannot shape their vision, believe, and behavior as the future doctors. They should watch following ethics by their teachers and respecting ethics by all the founders of medical Universities and hospitals.

**Conclusion**

According to the results of the study, the most important barriers to adherence to professional ethical codes from the viewpoint of medical interns of Ahvaz Jundishapur University of Medical Sciences, were long working hours and lack of basic needs such as adequate income or adequate rest. Different health care and medical education centers should work on removing the barriers to professional ethics, also, this must be done after performing regional surveys based on their specific requirements and condition. These centers are supposed to diagnose, evaluate, and remove the environmental, personal, and managerial barriers for observing professional ethics in the performance of interns and practitioners. These barriers can be explained for institutes by each one of students, teachers, and staffs. It is also recommended that, all the teachers try to follow precision medical ethics, as the practical patterns for their students.

**Acknowledgment**

This research is a part of thesis of Mr. Hamed Jahanara, MD student, with General practitioner research project no. U-97112 and so the authors would like to sincerely thank the research affairs of Ahvaz Jundishapur University of medical sciences and all interns who took the time to do this research.

**Conflict of Interests**

All authors declare that they have no significant competing interests that might have influenced the performance of the work or presentation of the article.

**References**

1. Veatch RM. A theory of medical ethics. Second ed. Amazon 1981, chapter1, [Medical Ethics](https://philpapers.org/browse/medical-ethics) in [Applied Ethics](https://philpapers.org/browse/applied-ethics);p.22-34.

2. Thomas JC, Sage M, Dillenberg J, Guillory VJ. A code of ethics for public health. American Public Health Association; American Journal of Public health 2002 Oct 10;92(7):1057-9.

3. Fazeli Z, Bavandpour F, Tavirani RM, Mozafari M, Moghadam HR. Professional ethics and its role in the medicin. Sci J Ilam Univ Med Sci. 2013 May13;20(5):10-17. Persian.

4. Maarefi F, Ashktorab T, Abbaszadeh A, Majd HA. Investigating the viewpoints of patients regarding the compliance of codes of professional ethics by nurses at Jahrom hospitals of Medical Sciences 2013. Bioethics J. 2016 Jul 15;3(10):35-57. Persian.

5. Dehghani A, Dastpak M, Gharib A. Barriers to respect professional ethics standards in clinical care; viewpoints of nurses. Iranian J Med Educ. 2013 Aug 1;3(4):55-9. Persian.

6. Ghamari Zare Z, Alizadeh Barmi Z, Sadegholvaad HM, Esmaeili M, Romouzi M. Study of barriers professional ethics in the practice of nurse care from nurse managers’ viewpoints in year 2013. Journal of Education and Ethics in Nursing. 2014 Nov 5;3(1): 57-63. Persian.

7. Mosalanezhad L, Tafvizi M, Dezhkam L, Porkhorshid M. Barriers to Compliance with the Codes of Medical Ethics at Hospitals Affiliated with Jahrom University of Medical Sciences in 2016. Pakistan J Med Health Sci. 2017;11(4):1629-36.

8. Elit L, Hunt M, Redwood‐Campbell L, Ranford J, Adelson N, Schwartz L. Ethical issues encountered by medical students during international health electives. Med Educ. 2011 June 7;45(7):704-11.

9. Nasiriany K, Salemi S,Yazdy S, Hosseini F. How nurses respect patient’s rights. Iran J Nurs. 2002 Aug 25;15(32):8-14. Persian.

10. Borhani F, Alhani F, Mohammadi E, Abbaszade A. Nursing students’ perceived of barriers to professional ethics obtaining: a qualitative study. Strid Develop Med Educ. 2011;8(1):67-80. Persian.

11. Bennett S, Tooth L, McKenna K, Rodger S, Strong J, Ziviani J, et al. Perceptions of evidence‐based practice: A survey of Australian occupational therapists. Australian Occup Ther J. 2003 Mar 17;50(1):13-22.

12. Abbasi M, Momenyan S. Barriers to observance of the codes of professional ethics in clinical care: Perspectives of nurses and midwifery of hospitals affiliated with Qom University of Medical Sciences in 2016. Health Spiritual Med Ethic. 2018 Feb 13;5(1):33-9.

13. De Casterlé BD, Izumi S, Godfrey NS, Denhaerynck K. Nurses’ responses to ethical dilemmas in nursing practice: meta‐analysis. J Advanc Nurs. 2008 Sep 4;63(6):540-9.

14. Wilson-Barnett J. Ethical dilemmas in nursing. J Med Ethic. 1986 Sep 1;12: 123-6.

15. Khaki I, Abbasi M, Khalajinia Z, Momenyan S. Barriers to Observance of the Codes of Professional Ethics in Clinical Care: Perspectives of Nurses and Midwifery of Hospitals Affiliated with Qom University of Medical Sciences in 2016. Health, Spirituality and Medical Ethics. 2018 Feb 13;5(1):33-9.

16. Silén M, Tang PF, Ahlström G. Swedish and Chinese nurses’ conceptions of ethical problems: a comparative study. J Clin Nurs. 2009 Apr 8;18(10):1470-9.