**Professionalism Among Family Medicine Residents in Al Madinah region, Saudi Arabia**

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**Abstract**

This was an observational,

descriptive, and cross-sectional study conducted

among the medical students at UB.

**Background:** Professionalism is the core to sustaining trust between a healthcare provider and the community. Family medicine has an important role in health promotion, prevention and is the first line care which provides service to all age groups; this cross-sectional study was conducted to assess knowledge and attitude among family medicine residents in Al Madinah region.

**Methods:** A structured self-administered web-based questionnaire was adapted from CanMEDs use to assess professionalism. The questionnaire contained five domains: demographics, commitment to patients, commitment to society, commitment to the profession, and commitment to self. 119 out of 161 residents at family medicine training centres in Al Madinah responded by completing the questionnaire, giving 74% response rate. There was 49% male and 51% female participants; most (47%) graduated from Taibah University, followed by 18% from Umm Al-Qura University.

**Results:** findings ofcommitment towards patients indicated that 75% of participants often or always exhibited appropriate professional behaviour and relationships in all aspects of practice. More than 80% of participants often or always demonstrated a commitment to excellence in all aspects of practice. More than half (58%) of participants often or always recognised and managed conflicts of interest. Findings ofcommitment toward society showed that more than half (59%) of participants often or always demonstrated accountability to patients, society and the profession by responding to societal expectations of physicians always or often. Findings of commitment revealed that 68% of participants often or always fulfilled and adhered to the professional and ethical codes, standards of practice, and laws governing practice. Findings of commitment to oneself showed that 60% of residents often or always exhibited self-awareness and managed influences on personal well-being and professional performance. About two-thirds (65%) often or always managed personal and professional demands for a sustainable practice.

**Conclusion:**

The current study showed that family residents had high levels of commitment towards patients, society, the profession and self, which reflects high levels of professionalism according to the CanMEDs.

# **Key words**

Professionalism, Saudi Arabia, family medicine, CanMEDs.

# **Introduction**

The term professionalism is widely used in the medical profession. Professionalism is the main element of the patient-physician relationship. The primary outcome is to promote patient safety (1). It is also important to any future decisions about revalidation processes (2). Being a professional physician provides healthy work environment giving the patient the maximum benefit of the healthcare service, resulting in a patient-centred approach and improving the healthcare service (3).

There are so many different definitions of professionalism. According to the American Board of Medical Specialty, professionalism is professional competence in 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 community being served (4). The American Board of Medicine defines medical professionalism as a belief system in which group members (“professionals”) declare (“profess”) to each other and the public the shared competency standards and ethical values they promise to uphold in their work and what the public and individual patients can and should expect from medical professionals (5).

Definitions varied widely even in the core beliefs. Theses variations among religions, countries and cultures make the ability to set a golden standard for professionalism a difficult mission.

Practising medicine in Saudi Arabia is highly influenced by the Islamic religion which is called Fatwa. An example of Fatwa is “Awra” (Awra is the body part that should not be exposed to strangers) so physicians must pay attention when performing the physical examination not to expose the patient’s Awra to strangers. Another Fatwa is about witnessing: “Shahada” that explains when you can disclose patient’s confidential information. These general good manners “Adab” are the core of Islamic manners and apply to healthcare also (4). On the other hand, there are a set of core values that must be held by healthcare providers which are provided by the American Board of Medicine. These core beliefs include integrity, honesty, dedication, self-improvement, altruism, respect to colleagues, patient, responsibility, accountability, compassion and empathy (6). The Saudi Commission for Health of Specialties (SCFHS) had published a Professionalism and Ethics Handbook for Residents which is integrated into the Canadian Medical Association Framework CanMEDs that identifies and describes the abilities physicians require to effectively meet the healthcare needs of the people they serve, which described a competent physician as a medical expert, communicator, collaborator, leader, health advocate, scholar, and professional (7).

In 2020, the Saudi Commission For Health of Specialties proposed the Saudi Competency Curriculum for Family Medicine (FM), a three-year residency programme, named SaudiMeds FM 2020, which was adapted from the Canadian Medical Education Directives for Specialists (CanMEDS-FM) 2017 and from the Accreditation Council for Graduate Medical Education (ACGME) frameworks. The SaudiMEDs framework includes six competences: Medical Knowledge, Patient Care, Communication and Collaboration, Management and Leadership, Professionalism, and Scholarship (6).

According to the SaudiMEDs FM 2020, professionalism should focus on the attitude and behaviour of the family physician; and the significance of treating all people with respect, compassion and dignity; putting the patients’ needs prior to their and needs of self-interest. Moreover, they should show accountability not only to the patient but also to their colleagues and society (8).

A professional physician’s role in healthcare exceeds his/her duty in the clinic or the hospital but reaches the whole community. The physician should adhere to the professional behaviour with patients and patients’ families by listening carefully to the patient’s complaint, showing empathy and to his colleagues, by being a collaborator, acknowledging them, praising them, and being grateful (9). Professional behaviour allows all healthcare providers to work in a healthy environment which can improve the healthcare service, focusing on the patients’ needs by using a patient-centred approach.

The 2030 Vison of Saudi Arabia for training and education aimed to improve residency training and quality. Professionalism is one of the SCFHS values as well as fairness, patient safety, innovation and quality. The strategic plan for education and training is to meet the national healthcare needs by increasing the residency capacity, improving the quality of training and promoting underserved specialties, such as Family Medicine (10).

SCFHS increased training capacity from 1,217 in 1995 to 8,718 in 2016. Currently, there are 34 general specialties with 8,894 trainees of which 1,179 are family medicine trainees (9) making it the third largest number of trainees after Internal Medicine and Pediatrics. Another strategy was to increase trainee numbers by shortening the residency programme’s duration from four to three years, which was applied only on Family Medicine Residency Program in 2019 (9).

The CanMeds competency framework has been adopted by the SCFHS in 2011. There was a lack of experience with the competency-based training (CBT) model by most of the training faculty workforce, and the high expectations of policymakers concerning the simplicity of the implementation process (11).

Assessing professionalism among Family Medicine residents is crucial since the 2030 vision aims to increase number of family physicians due to urgent need to focus on primary and preventive care; also, to ensure that the family physicians provide the best services to the patients by adhering to SaudiMEDs framework.

**Methodology**

**Study design**

This study used a prospective cross-sectional self-administered questionnaire which was carried out in Family Medicine training centres in Al Madinah region in Saudi Arabia.

**Population and Setting**

This study was conducted with Family Medicine residents practising in the Al Madinah region, which is in the Western province of Saudi Arabia. The total number of Family medicine residents this region is 161

**Sample Size and Sampling Procedure**

The sample size was based on the number Family Medicine residents (161) and determined by using a Raosoft sample size calculator (<http://www.raosoft.com/samplesize.html>) with a predetermined margin of error of 5% and a confidence level of 95%. In order to minimise erroneous findings and to increase study reliability, the target sample size was set at 109 residents. Of that 161, 119 responded to the survey, giving a response rate of 74%. A non-probability convenience sampling method was used. The inclusion criteria were as follows: being an FM resident and being trained in an FM centre in Al Madinah region. The exclusion criteria were as follows: Family medicine residents in other regions than Al Madinah, Family Medicine specialists and consultants.

**Sampling size and technique**

The sample size was based on the number of family medicine residents in Al Madinah region (161) from two different centres and determined by using a Raosof sample size calculator (http://www.raosof.com/samplesize.html) with a predetermined margin of error of 5% and a confidence level of 95%. In order to minimise erroneous findings and to increase study reliability. The minimum sample size is 114.

**Data collection**

The structured questionnaire was adapted from CanMeds (12) and was adjusted according to the Ethics and Professionalism Handbook by SCHS. The questionnaire was in the forum of self-administered web-based questionnaire. The questionnaire consisted of five domains: demographics/background information and **commitment to patients, commitment to society, commitment to the profession,** **commitment to self**. The first section of the questionnaire gathered demographic information on the participants, such as age, gender, university graduated from and previous professionalism knowledge. The second section assessed residents' commitment to patients by applying best practices and adhering to high ethical standards. The third section assessed **commitment to society** by recognising and responding to societal expectations in healthcare. Section four assessed **commitment to the profession** adhering to standards and participating in physician-led regulation. The last section assessed commitment **to self** by demonstrating a commitment to physician health and well-being to foster optimal patient care. Participants were asked to choose a response (never, rarely, sometimes, often, and always) regarding their practice of professionalism. The assessment of the response will be done blindly. Face and content validity was discussed and agreed upon by two FM consultants. The questionnaire was piloted with five FM residents who were representatives of the study population to determine the clarity of the language and the questionnaire’s structure. The results of the pilot study were not included in the results. The validated questionnaire was delivered to study respondents, with the data being collected from October to December 2020.

**Data entry and analysis**

The collected data will be cleared, entered and analysed by using the Statistical Package for Social Sciences (SPSS) version 24.0 for windows. Results will be described in terms of frequencies and percentages.

**Ethical consideration**

An ethical clearance was given by the Ethical Committee of the Ministry of Health in Al Madinah region.All respondents were asked for their consent before participation in the study

**Results**

Table 1 shows that out of the 161 residents, 119 completed and submitted the online questionnaire, giving a response rate of 74.4%. The data in [Table 1](https://www.dovepress.com/the-effects-of-the-2019-novel-coronavirus-disease-covid-19-outbreak-on-peer-reviewed-fulltext-article-RMHP#T0001) show that of the 119 individuals who responded, the majority (73%) were 26-30 years old. Just over half of participants (51%) were male. Just over a third of respondents (37%) were in year 1 (R1) followed by residents of year 2 (24%). Just under half of participants (47%) graduated from Taibah University, followed by (18%) from Umm Al-Qura University.

Table 1: Demographics/ background

|  |  |  |
| --- | --- | --- |
| **Age** | **Count (n)** | Percentage (%) |
| 21-25 | 13 | 11 |
| 26-30 | 87 | 73 |
| 31-35 | 19 | 16 |
| 35-40 | 0 | 0 |
| **Gender** | 60 | 51 |
| Male | 59 | 49 |
| Female | 60 | 51 |
| **Level of training** |  |  |
| R1 | 44 | 37 |
| R2 | 29 | 24 |
| R3 | 23 | 19 |
| R4 | 23 | 19 |
| **University of Graduation** |  |  |
| Al-Qassim University | 3 | 3 |
| Imam Abdulrahman bin Faisal University | 2 | 2 |
| King Abdulaziz University | 12 | 10 |
| Taibah University | 56 | 47 |
| Umm Al-Qura University | 21 | 18 |
| University of Tabuk | 2 | 2 |
| Other | 23 | 47 |

CanMeds was used to assess professionalism toward the patients, society, profession and self-using a five-point Likert scale among family medicine residents. Table 2 shows the results of assessing professionalism toward patients. Seventy-five percent often or always exhibited appropriate professional behaviour and relationships in all aspects of practice; more than 80% often or always demonstrated a commitment to excellence in all aspects of practice. More than half (58%) often or always recognised and manage conflicts of interest; 70% often or always exhibited professional behaviour in the use of technology-enabled communication; 70 % often or always recognised and responded to ethical issues encountered in practice.

Table 2: Commitment to patients

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Statement | Never  n (%) | Rarely  n (%) | Sometimes n (%) | Often  n (%) | Always  n (%) |
| Exhibit appropriate professional behaviour and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality | 2 (2) | 4 (3) | 23 (19) | 35 (29) | 55 (46) |
| Demonstrate a commitment to excellence in all aspects of practice | 2 (2) | 5 (4) | 27 (23) | 42 (35) | 36 (46) |
| Recognise and manage conflicts of interest | 7 (6) | 6 (5) | 37 (31) | 37 (31) | 32 (27) |
| Exhibit professional behaviour in the use of technology-enabled communication | 3 (3) | 8 (7) | 25 (21) | 37 (31) | 46 (39) |
| sand respond to ethical issues encountered in practice | 2 (2) | 4 (3) | 30 (25) | 39 (33) | 44 (37) |

Professionalism and commitment to society was assessed by using a five-point Likert scale, shown in Table 3. More than half (59%) often or always demonstrated accountability to patients, society and the profession by responding to societal expectations of physicians; 70% often or always demonstrated a commitment to patient safety and quality improvement.

Table 3: Commitment to society

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Statement | Never n (%) | Rarely n (%) | Sometimes n (%) | Often n (%) | Always n (%) |
| Demonstrate accountability to patients, society and the profession by responding to societal expectations of physicians | 2 (2) | 3 (3) | 44 (37) | 42 (35) | 28 (24) |
| Demonstrate a commitment to patient safety and quality improvement | 2 (2) | 3 (3) | 29 (24) | 32 (27) | 52 (43) |

Commitment to profession was assessed by using a five-point Likert scale as shown in Table 4. Sixty-eight percent often or always fulfil and adhere to the professional and ethical codes, standards of practice and laws governing practice. Fifty-nine percent often or always recognised and responded to unprofessional and unethical behaviour in physicians and other colleagues in the healthcare professions. More than half (51%) often or always participated in peer assessment and standard setting.

Table 4: Commitment to profession

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Statement | Never n (%) | Rarely n (%) | Sometimes n (%) | Often n (%) | Always n (%) |
| Fulfil and adhere to the professional and ethical codes, standards of practice and laws governing practice | 2 (2) | 6 (5) | 30 (25) | 40 (34) | 41 (34) |
| Recognise and respond to unprofessional and unethical behaviour in physicians and other colleagues in the healthcare professions | 2 (2) | 12 (10) | 35(29) | 46 (39) | 24 (20) |
| Participate in peer assessment and standard-setting | 4 (3) | 13 (11) | 41 (34) | 42 (35) | 19 (16) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Statement | Never n (%) | Rarely n (%) | Sometimes n (%) | Often n (%) | Always n (%) |
| Exhibit self-awareness and manage influences on personal well-being and professional performance | 2 (2) | 4 (3) | 42 (35) | 34 (29) | 37 (31) |
| Manage personal and professional demands for a sustainable practice throughout the physician life cycle | 2 (2) | 4 (3) | 36 (30) | 53 (45) | 24 (20) |
| Promote a culture that recognises, supports and responds effectively to colleagues in need | 2 (2) | 9 (8) | 26 (22) | 44 (37) | 38 (32) |

Commitment to self was assessed by using five-point Likert scale as shown in Table 5. Sixty percent often or always exhibited self-awareness and managed influences on personal well-being and professional performance. About two-thirds (65%) often or always managed personal and professional demands for a sustainable practice throughout the physician life cycle. Sixty-nine percent always or often promote a culture that recognises, supports and responds effectively to colleagues in need.

**Table 5:** Commitment to self

**Discussion**:

The current study was conducted to assess Family Medicine residents’ professionalism in terms of commitment to patients, commitment to society, commitment to profession and commitment to self, using CanMEDS framework. Residents showed high levels of commitment towards all aspects and hence, demonstrated high levels of professionalism.

Family Medicine speciality has developed enormously over the past few decades. It started in the 1980s when more focus was directed to advancing primary and preventative healthcare due to the comprehensive and cost-effective nature of the service. King Faisal University was the first to establish Family Medicine Program, and two years later, in 1982, a family medicine programme was established in King Saud University in central region; 1985 in King Abdul Aziz University western regionl and lastly King Saud-Abha branch, currently King Khalid University in southern region in 1986. (13) The number of annually enrolled residents was 40, the number kept increasing over the years.

In 2020, the number of enrolled residents reached 1,566 according to last published statistics by Saudi Commission Health for Specialties (13,14).

There are only few published studies assessing professionalism in the medical field in Saudi Arabia and in the Middle East. These studies assessed the perception of professionalism among students, residents, physicians and patients. To our knowledge, there are no studies evaluating professionalism among family medicine residents in Saudi Arabia. In 2011, a qualitative study assessed the perception of professionalism among final year medical students, interns and residents in Dammam University. The findings indicated that participants were unaware of the acquisition of professional values. Professionalism was not taught or assessed during their study and it was described as "hidden curriculum" (15). Another similar study was published by King Abdulaziz University Hospital in Jeddah in 2012. The results showed that residents have low professionalism toward the attributes. The main source of their opinions on professionalism was the consultants, specialists and senior residents in the hospital. Residents at King Abdulaziz University Hospital during their preclinical years felt they were underserved in developing their values toward professionalism (16). Another study published in 2017 compared the importance of professionalism between medical students and faculty on diffent domains. The study concluded that the difference among medical students and faculty members’ views toward the importance of professionalism required agreement on the vision of both (17). Another study conducted in 2017 at King Saud University assessed the perspectives of the medical students towards incorporation of Medical Professionalism Course into medical schools curricula. Fifty-five percent felt positive about their prior knowledge on professionalism and only 14.7% of participants agreed on keeping Professionalism Course in medical schools curricula.

The study concludes that The Medical Professionalism Course needed more time and further improvements in making the students understand the objectives and significance of the topic (15,18). Agreement on the knowledge and attitude perception towards professionalism for medical students, residents and faculties is needed. Improving students’ understanding of objectives and significance of this important area still needs further attention. Medical colleges around the country have responded to the recent changes by including professionalism as a course in their undergraduate curricula (15,17,18).

More recent studies indicated that professionalism among medical students and residents has improved. In 2019, there was a study to assess medical students’ knowledge and attitude towards professionalism in several medical colleges in Saudi Arabia. The findings of the study showed that the majority of students have a positive attitude and perception towards professionalism (19). Another two recent studies published in 2020 found a high level of professionalism among Saudi ophthalmologists (20) and Saudi general surgeons’ residents (21). The study assessed the impact of incorporating the CanMEDS Competency Framework in the Saudi curriculum, residents’ opinions regarding the CanMEDS competencies and its relationship with Clinical Leadership. The residents showed a satisfactory level of leadership skills and they embraced their acquisition of the CanMEDS competencies during their residency programme.

The results of these recent studies from 2019 are consistent with the results of our study regarding knowledge and attitudes of Saudi family medicine residents in Saudi Arabia and present the improvement of the level of knowledge and attitude of professionalism among residents, and medical students in Saudi Arabia.

Conclusion

The current study showed that family residents had high levels of commitment towards patients, society, the profession and self, which reflects high levels of professionalism according to the CanMEDs. Incorporation of professionalism into medical schools' curricula is essential to gradually develop professionalism among graduates before they enter the job market. More focus should also be directed to develop professionalism among residents as they move up on the ladder of their career.

**Informed Consent Statement:** Written informed consent has been obtained from the participants to publish this paper.

**Data Availability Statement:** The data presented in this study are available on request from the corresponding author.

**Conflicts of Interest:** The authors declare no conflict of interest.

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