

Evaluating the Perspective of Students at Shiraz School of Dentistry Regarding Standards of Professional Ethics and Patients' Rights

Original Article

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Abstract

Introduction:

During the past few decades, dental educators have addressed the need for ethics training and have examined various teaching methods. At present, the formulation of comprehensive ethical standards and emphasis on education of its principals have been the subject of debate within the medical profession. Learning elements are available as established educational curriculum. However, students also learn from their experiences in clinical settings. This study aims to evaluate the perspective of dental students regarding professional ethics.

Materials and methods:

A total of 81 (42 males, 39 females), dental students at Shiraz School of Dentistry were randomly selected. They were given provided two validated and reliable questionnaires regarding the students' perspectives towards the standards of professional ethics and adherence of faculty members to the ethical principles. The data were analyzed using the t-test and one-way ANOVA.

Results:

The average grades for males and females in the first questionnaire were 2.25 ± 0.34 and 2.04 ± 0.29 , respectively. The average grade in the second questionnaire was 2.50 ± 0.48 for males and 2.47 ± 0.49 for females. In the first questionnaire, the 6th year, 5th year, and 4th year students obtained an average grade of 2.10 ± 0.30 , 2.12 ± 0.40 , and 2.53 ± 0.46 , respectively, and the average grades in the second questionnaire were 2.44 ± 0.49 , 2.45 ± 0.52 , and 2.43 ± 0.46 , respectively.

Conclusion:

Males had a better perspective regarding professional ethics compared with females. However, regarding the adherence of faculty members to ethical principles, there was no significant difference between the two sexes. None of the variables of age, year of study, and marital status had a significant effect on the students' perspective of professional ethics.

Key words:

•Ethics •Professional •Patient Rights •Students •Dental

Introduction

Medical ethics is a structured frame aimed at resolving ethical issues in medical fields, including dentistry. Until now there has been a lot of debate over the concept of professional ethics. The various existing definitions have a lot in common; however, a definitive agreement over the subject remains to be reached.⁽¹⁻⁴⁾ Because professional ethics originates in each nation's culture, it is subjected to certain changes over the course of time.

The content and method of teaching ethical principals in dentistry is of utmost importance. Formulating comprehensive ethical standards and emphasis on the education of its principals has recently been the subject of debate within the medical profession. This may lead to improved ethical behavior among dentists in the future.

The following questions regarding the education of ethics are being addressed: What are the objectives of this education? What are the methods of achieving these objectives? Is it possible to improve the personality and behavior of individuals only through education? To ensure the efficacy of the delivered education, practical evaluation of the students regarding their ability to use these ethical principals in clinical practice is necessary.⁽⁵⁾ In Iran, similar many other countries, there has been an attempt to teach these ethical principles to students of medical fields, including dental students. Learning elements are available as established educational curriculum in universities. However, students also learn from what they see and what they experience (hidden learning elements), and the effect of culture and society on this matter is overlooked.⁽⁶⁻⁷⁾

An unprofessional behavior by a tutor has a potentially harmful effect on the professional development of the students because an ethical paradox forms between the student's emotion and behavior and what he/she learns from his/her educators. This paradox has a negative effect on the students' behavior for acclimation to the culture of the medical society.⁽⁸⁻⁹⁾

The negative result of "hidden learning elements" is that although from a theoretical aspect, the individual is aware of his/her responsibility in a complicated ethical situation, he/she lacks the ability to make an accurate decision in actual practice. There is a theory-practice gap.⁽¹⁰⁾

Therefore, Hilton emphasizes the role of practical education in the teaching and development of professional ethics.⁽¹¹⁾ On the other hand, patient satisfaction is another criteria for evaluating efficiency; therefore, having respect for patient rights is essential.

This study aims to evaluate the perspectives of clinical dental students regarding professional ethics and patient rights. When improvement is needed in the level of the students' attitude towards ethical issues encountered in clinical settings, one should take into account the necessity for more serious and comprehensive education and change in the educational protocol.

Materials and Methods

A total of 81 (42 males, 39 females) dental students studying in their last 3 years, at Shiraz University of Medical Sciences were randomly selected. Data collection tools were two reliable and valid standardized questionnaires obtained from previous similar studies. Each questionnaire consisted of two parts. The first part was related to demographic data including age, sex, place of birth, year of entrance to the dental school, marital status, overall grade, parent occupation, and level of education. The second part in the questionnaire was for collecting students' viewpoints and perspectives regarding professional ethics, adherence of educators and faculty members to professional ethics, and patient rights. Both questionnaires were formed based on the principles of professional ethics of the medical association,(GMC).

The questions in first questionnaire were associated with honesty, health, relationship with patients, working with colleagues, and having an acceptable level of medical knowledge. Second questionnaire, with regard to these principles, was about the practical exposure of students to educators' behaviors that are against the ethical principles. The two questionnaires were translated to Persian under the supervision of an orthodontist. Validity and reliability were also confirmed by experts' opinions and a translate-back translation technique. Based on the statistical analyses performed, Chronbach's alpha was 83% and 86% for first and second Questionnaire respectively.

Questions in the first Questionnaire were graded from

“completely disagreed” to “completely agreed” from 0 to 4 based on the 5 point Likert scale. The maximum score was 52, and the minimum was 0. The higher the score shows, the more positive the attitude towards professional ethics. Questionnaire 2 was also rated based on the 5 point Likert scale: 4 = never, 3 = sometimes, 2 = usually, 1 = most of the time, and 0 = always. The maximum grade was 64, and the least score was 0. The higher the score shows, the stronger the adherence of educators to professional ethics. Questionnaires were given to subjects in the dental school, and each subject was given 15 minutes for completing the two questionnaires. Subjects were advised to pay attention to the instructions at the beginning of the questionnaires. After data collection, it was entered in SPSS software and data analyses, using descriptive (average and standard deviation), were performed. Analytic statistics were performed to make a comparison between the average grades ($P < 0.05$).

Results

A total of 81 (51.9% male, 48.9% female) subjects participated in this study. All the subjects were selected from the dental students studying in their last 3 years of dentistry (4th year = 38.3%, 5th year = 27.2%, and 6th year = 33.3%). Among 81 subjects, 19 did not define their marital status in the questionnaires, and among the other 62, 80.6% were single and 19.4% were married.

The average obtained scores by students from Questionnaire 1 in terms of sex, year of study, and marital status is shown in Table 1.

The average acquired score by male students (2.25 ± 0.34) was significantly higher than the score by female students (2.04 ± 0.29) (p value = 0.004). However, there was not a significant difference in scores in terms of marital status and year of study. The average scores obtained by students from Questionnaire 2 in terms of sex, year of study, and marital status are shown in Table 2. Average student scores in Questionnaire 1 in terms of sex, year of study and marital status

Variable	Number	Mean \pm SD	Pvalue
Sex	Male	42	2.25 ± 0.34
	Female	39	2.04 ± 0.29
Year of study	1386	28	2.10 ± 0.30
	1387	22	2.12 ± 0.40
	1388	31	2.15 ± 0.33

Table 2. Based on the findings, none of the mentioned variables had a significant difference in the obtained scores.

There was not a significant correlation between age and obtained scores in Questionnaires 1 and 2 (Table 3). Furthermore, no significant correlation was found between the scores obtained from Questionnaires 1 and 2 (p value = 0.35).

Table 2. Average student scores in Questionnaire 2 in terms of sex, year of study and marital status

Variable	Number	Mean \pm SD	Pvalue
Sex	Male	42	2.50 ± 0.48
	Female	39	2.47 ± 0.49
Year of study	1386	28	2.44 ± 0.49
	1387	22	2.45 ± 0.52
	1388	31	2.53 ± 0.46
Marital status	Single	50	2.43 ± 0.47
	Married	12	2.66 ± 0.55

Table 3. Correlation between the acquired score in Questionnaires 1 and 2 and the students' age ($n = 69$).

Variable	Questionnaire 1	Questionnaire 2
Age	0.23	0.22
P index	0.054	0.86

Discussion

This study was performed to assess student attitude towards professional ethics. In this cross-sectional survey, 81 students studying in their last 3 years of dentistry participated. According to the final results from Questionnaire 1, the acquired scores, obtained by male students, were significantly higher when compared with female students. However, there was not a significant difference between the scores of the two sexes in first Questionnaire.

Marital status and year of study did not have a significant effect on the scores. There was no relationship between age and scores obtained from second Questionnaires first and second.

This finding is not in line with previous studies. Surveys conducted by Johnston⁽¹²⁾ and Yates⁽¹³⁾ showed that women had a better attitude towards professional ethics. Johnston et al. did not report any reason for the differences in attitudes between the two sexes. Based on the average score between 2 and 3 obtained from Questionnaire 2 (highest score = 4, lowest score = 0), it could be concluded that regarding the adherence of

faculty members and educators to professional ethics, performance of the educators is considered moderate/good, as viewed by students.

In contrast to the surveys conducted by Johnston et al., in the current study no significant correlation was noticed between the year of study and age with acquired scores in the questionnaires (first and second). Results from the current study indicate that, regarding attitude towards professional ethics, the scores are lower in higher years of study. Johnston et al.⁽¹²⁾ concluded that the reason for this decline is exposure to clinical environment and unethical behaviors. The difference in our results and findings of Johnston et al. study could be attributed to the fact that in our study, all students in their last 3 years were exposed to clinical environments, whereas in the survey conducted by Johnston et al., among the 3 groups studied, only 1 group had the experience of being exposed to clinical environments. In the current study, differences in the age of subjects were not significant; therefore, age and year of study were not strong variables. In the present study, the relation between professional ethics and marital status was assessed, showing that marital status had no significant effect. There are no similar studies available, evaluating the effect of marital status on individuals' attitudes.

References

1. Yousefinejad Ostadkelayeh A, Larijani B, et al. Designing and compiling a generic informed consent form for human volunteers participating in research. *Journal of Reproduction and Infertility* 2006;553-62. Persian.
2. Irvine D. A short history of the General Medical Council. *Med Educ* 2006;40(3):202-11.
3. Blank L, Kimball H, McDonald W, et al. Medical professionalism in the new millennium: a physician charter 15 months later. *Ann Intern Med* 2003;138(10):839-41.4.
4. Working Party of the Royal College of Physicians. Doctors in society. Medical professionalism in a changing world. *Clin Med* 2005;5(6 Suppl 1):S5-40.
5. Larijani B, Zahedi F. Medicine and modern medical ethics. *Iranian Journal of Diabetes and Metabolism* 2005;4:1-11. Persian.
6. Hafferty FW. Beyond curriculum reform: confronting medicine's hidden curriculum. *Acad Med* 1998;73(4):403-7. 7.
7. Cordingley L, Hyde C, Peters S, et al. Undergraduate medical students' exposure to clinical ethics: a challenge to the development of professional behaviours? *Med Educ* 2007;41(12):1202-9. Epub 2007.
8. Feudtner C, Christakis DA, Christakis NA. Do clinical clerks suffer ethical erosion? Students' perceptions of their ethical environment and personal development. *Acad Med* 1994; 69(8):670-9.
9. Satterwhite RC, Satterwhite WM, Enarson C. An ethical paradox: the effect of unethical conduct on medical students' values. *J Med Ethics* 2000; 26(6): 462-465.
10. Howe A. Professional development in undergraduate medical curricula—the key to the door of a new culture? *Med Educ* 2002;36(4):353-9.11.
11. Hilton S. Education and the changing face of medical professionalism: from priest to mountain guide? *Br J Gen Pract* 2008;58(550):353-61. doi: 10.3399/bjgp08X280128.
12. Johnston JL, Cupples ME, McGlade KJ, Steele K. Medical students' attitudes to professionalism: an opportunity for the GP tutor? *Educ Prim Care* 2011;22(5):321-7.
13. Yates J, James D. Risk factors at medical school for subsequent professional misconduct: a multi-centre retrospective case-control study. *BMJ* 2010;340:c2040.

The results of this study indicated that students' attitudes towards professional ethics could be influenced by the students' experience of being exposed to behavior from educators in clinical environments.

Because this is a cross-sectional survey, cause and effect cannot be thoroughly assessed. Another limitation in this study is that only students in the clinical period were entered in the survey and the attitude of younger students who did not have clinical experience was not investigated.

Conclusion

Attitude towards professional ethics is likely better in male students when compared with female students. However, there was not a significant difference in the attitudes of the two sexes regarding adherence of faculty members to professional ethics. None of the variables of age, year of study and marital status had a significant effect on students' attitude towards professional ethics.

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