

Medical professionalism: what does the public think?

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ABSTRACT – In the context of professionalism being viewed increasingly as a social contract, a survey was conducted to investigate the importance placed by the general public on doctors’ professional attributes. A quota sample of 953 responded to a 55-item online inventory of professional attributes. The quotas closely represented the national census. The majority of the highly important attributes focused on the relationship with patients. Statistically, the responses emerged as a three-facet model (clinicianship, workmanship and citizenship) of medical professionalism. The general public did not equate professionalism with social standing, wealth production, physique or appearance. They recognised doctors as professionals by their good behaviour, high values and positive attitudes as clinicians, workmen and citizens. Although, their preference of professional attributes varied with the setting, eg patient consultation, working with others and behaving in society, they expected doctors to be confident, reliable, dependable, composed, accountable and dedicated across all settings.

KEY WORDS: medical professionalism, professional attributes, public view, social contract

Introduction

The concept of ‘medical professionalism’ probably emerged in the late medieval and early renaissance periods, when doctors organised a professional guild.¹ However, it did not transform into the current definition until the late 20th century.² In its earliest conceptualisation, professionalism was the practice standards and codes of conduct set by the practitioners themselves.¹ Subsequently, at different historical stages, elements for guarding medical practice from other competing professions, and for controlling commercialisation of the profession, were included in the definition.¹ Therefore, historically, ‘professionalism’ has been a moveable feast, responding to both political and societal changes.^{3,4}

Even today, agreeing upon a common definition for healthcare professionalism has proved challenging.³ However, ‘there is a general agreement on the salient features of professionalism’ which include attitudes, values and behaviour.³ Until recently, medical professionalism was defined only through a doctor’s perspective. In the late 1970s and early 1980s, there

was a shift towards a more public-centred view and, as a result, professionalism is increasingly recognised as a social contract between doctors and society.^{5–8} This relationship has been acknowledged by the regulatory authorities of the medical profession both within and outside the UK.^{9–14} With recent changes made to the UK healthcare workforce, eg the emergence of specialist nurses for performing minor surgery or endoscopy, the concept of professionalism may have to be widened to bring different healthcare professions under a single umbrella, ie poly-professionalism rather than uni-professionalism.¹⁵ The aim of this study was to investigate the importance placed by the general public on different professional attributes of doctors.

Methodology

The survey was conducted using a 55-item online inventory. Participants were asked to rate the importance of each item as a professional attribute for doctors on a five-point Likert scale (5 = extremely important and 1 = unimportant). Ethical approval was obtained from the research ethics committee of the University of Dundee.

For the initial step of identifying the attributes of professionalism, documents published by the General Medical Council and the American Board of Internal Medicine were examined.^{9,10,12,16} As these tended to be guidelines rather than rules and there was no consensus on the attributes of healthcare professionalism, the list was supplemented with additional attributes identified by several researchers.^{17–37} The resultant 57 items were reviewed by 32 international medical educators. This group represented clinicians and basic scientists from the UK, USA, Asia, Africa and Australia involved in both or either undergraduate and postgraduate medical education. Based on their review, certain items were combined and others deleted and the list was condensed to 46. Another nine items, which

Box 1. Misconceptions included in the list of professional attributes.

- Having a good sense of humour
- Being physically fit
- Being well read outside the professional arena
- Always being busy
- Earning a high salary
- Speaking with a refined accent
- Attending a prestigious school
- Being physically attractive
- Owning a luxurious home

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Table 1. Demographic distribution of the study population and representativeness of demographic quotas.

Quota category	Quota	Percentage representative of UK general population (%) [*]	Respondents achieved in each quota	
			Percentage (%)	Number
Gender	Females	52	50	479
	Males	48	50	474
Age	18–24	11	13	120
	25–44	37	31	299
	45–64	31	32	301
	65+	21	24	233
Social grade	A	11	16	150
	B	10	13	121
	C	33	33	317
	D	26	20	194
	E	20	18	171

Table 2. Mean score given to different attributes of professionalism by the general public (n=953). The items in bold were rated as extremely to very important.

Aspect of professionalism score	Mean
Respecting a patient's confidentiality and privacy	4.60
Respecting a patient's autonomy	4.47
Treating patients fairly and without prejudice	4.47
Behaving honestly and with integrity	4.45
Acting in a responsible fashion towards patients	4.44
Being attentive to the needs of patients	4.38
Being accountable for one's actions	4.36
Showing compassion towards patients	4.36
Adhering to professional rules and regulations	4.34
Communicating in a clear and effective manner	4.32
Being sound in judgment and in decision making	4.29
Functioning according to the law	4.28
Being accessible to patients	4.26
Behaving in a reliable and dependable way	4.25
Providing advice to patients and colleagues when required	4.21
Being empathetic when caring for patients	4.19
Avoiding substance or alcohol misuse	4.17
Taking a dedicated approach to one's work	4.13
Acting with confidence in one's duties	4.12
Making effective use of the resources available	4.11
Treating other healthcare professionals fairly and without prejudice	4.10
Treating colleagues fairly and without prejudice	4.09
Being aware of one's limitations as a practitioner	4.08
Working well as a member of a team	4.05
Respecting colleagues	4.01
Being able to manage situations where there is a conflict of interest	3.99
Being punctual	3.98

Continued

Table 2. Mean score given to different attributes of professionalism by the general public (n=953). The items in bold were rated as extremely to very important. *Continued*

Aspect of professionalism	Mean score
Acting in a responsible fashion towards colleagues	3.94
Not using one's professional status for personal gain	3.91
Behaving with composure	3.91
Having a positive attitude towards professional development	3.90
Working with one's colleagues towards common goals	3.88
Being receptive to constructive criticism	3.82
Looking after one's own health and wellbeing	3.81
Being sensitive to the cultural background of colleagues and patients	3.81
Being adaptable to changes in the workplace	3.79
Reflecting on one's actions with a view to improvement	3.76
Having the skills to train colleagues if required	3.75
Avoiding a cynical approach in one's job	3.75
Being accessible to colleagues	3.75
Being attentive to the needs of colleagues	3.69
Showing altruism towards patients	3.67
Showing leadership skills and initiative	3.66
Acting in a responsible fashion towards society	3.58
Being mindful of one's personal appearance	3.37
Having a good sense of humour	3.25
Being physically fit	3.05
Conforming to social norms	2.89
Being well-read outside one's professional area	2.67
Always being busy	2.32
Earning a high salary	2.26
Speaking with a refined accent	1.87
Having attended a prestigious school before going to university	1.70
Being physically attractive	1.54
Owning a luxurious home	1.34

are misconceptions related to professionalism and with no evidence base, were added to the list by the researchers (Box 1). The purpose of adding these items was to check for validity. Advice from professionals involved in public survey was sought to ensure the language of items used was appropriate to all social strata.

In this survey, a sample of the general public, representative of the main demographic characteristics, namely gender, age and social class, was used. Quota sampling, a technique which is the non-probability equivalent of stratified sampling was also adopted.³⁸ A cohort of the general public, which had volunteered to take part in online surveys without payment, was accessed through a private marketing firm. The target was to achieve quotas representative of the national census with approximately 800 respondents. Satisfactory numbers for all quotas were finally achieved with 953 respondents.

The possible limitations of this study may be the use of a quota sample rather than a random sample and the delivery of the survey online. The validity of findings for the research ques-

tion, however, was best achieved with a representative sample rather than a random sample. With 65% of the UK population currently having access to the internet, with impressive coverage across different age, gender and social groups,³⁹ the argument for online delivery being a possible cause for bias has very little value. Therefore, the possible biases are outweighed by the accessibility of a predefined national stratified sample through this relatively novel approach.

Results

The percentage representation of each demographic quota closely matched by the national statistics (Table 1). In addition, there was adequate representation of the general public from different geographical areas in the UK.

The internal consistency of the 55-item inventory was very high (Cronbach's alpha = 0.95) which suggests that the items including those nine added by the researchers were focused on the same construct (ie professionalism).

The respondents felt that all attributes of professionalism identified by the organisations were ‘extremely’ or ‘somewhat’ important. However, attributes related to personal appearance, eg dress code,^{25,36} and conforming to social norms,^{32,37} which were identified in earlier studies, were categorised as ‘slightly important’ or ‘unimportant’. All nine items included by the researchers, which were thought to be social misconceptions on professionalism, were rated among the bottom 10 items. The mean rating for each item is shown in Table 2.

When ranked according to mean score, 25 of the attributes were categorised as ‘extremely important’ or ‘very important’ by the general public. Many were related to the relationship with patients, eg respecting a patient’s confidentiality and privacy and showing compassion towards patients, and personal qualities, eg functioning according to the law and avoiding substance or alcohol misuse. Some of them were related to the relationship towards co-workers, eg treating colleagues and other healthcare professionals fairly without prejudice and working well as a member of a team.

There were significant gender differences in the rating of 22 of the top 25 items. The majority of these items fell within the ‘extremely important’ or ‘very important’ bracket, ie five and four of the rating scale. The statistical differences, therefore, may not have significant practical implications. Age did not seem to be a factor in the rating of items with only six out of the top 25 showing any statistical significance, nor did social status have any impact on the ratings.

Factor analysis of the 55 items identified three meaningful principle components: interaction with patients, interaction with co-workers and the work place, and interaction with society (Box 2). The planned misconceptions on professionalism, added by the researchers, together with the item ‘conforming to social norms’ formed a fourth component.

In the principle component analysis, certain items demonstrated acceptable correlations (>0.3) with a second or a third component. This was helpful in making a meaningful relationship between the three components (Fig 1).

Discussion

Three facets of professionalism, which the general public would like to be exhibited by their doctors, were identified. Unsurprisingly, as a doctor’s main role is the treatment of patients, items relating to patient care were given a high priority. However, certain attributes towards co-workers and society also featured highly. The general public expect doctors to be professional as a clinician, ie when interacting with patients, as a worker, ie when working with colleagues and other professionals, and as a citizen, ie a moral and law-abiding individual. However, the relationship of these facets was not mutually exclusive. For example, respecting colleagues or reflective practice are attributes which are contributory to

Box 2. Attributes grouped together in the factor analysis.

Clinicianship

- Respecting a patient’s autonomy
- Being empathetic when caring for patients
- Showing compassion towards patients
- Being attentive to the needs of patients
- Being accessible to patients
- Treating patients fairly and without prejudice
- Acting in a responsible fashion towards patients
- Providing advice to patients and colleagues when required
- Behaving in a reliable and dependable way
- Communicating in a clear and effective manner
- Showing altruism towards patients
- Respecting patient’s confidentiality and privacy
- Avoiding a cynical approach in one’s job
- Behaving with composure

Workmanship

- Respecting colleagues
- Treating colleagues fairly and without prejudice
- Being attentive to the needs of colleagues
- Working well as a member of a team
- Acting in a responsible fashion towards colleagues
- Treating other healthcare professionals fairly and without prejudice
- Being accessible to colleagues
- Working with one’s colleagues towards common goals
- Being adaptable to changes in the workplace
- Having the skills to train colleagues if required
- Being able to manage situations where there is a conflict of interest
- Having a positive attitude towards professional development
- Showing leadership skills and initiative
- Reflecting on one’s actions with a view to improvement
- Being receptive to constructive criticism
- Making effective use of the resources available
- Being aware of one’s limitations as a practitioner
- Being sensitive to the cultural background of colleagues and patients
- Acting in a responsible fashion towards society
- Acting with confidence in one’s duties
- Looking after one’s own health and well-being
- Not using one’s professional status for personal gain

Citizenship

- Adhering to professional rules and regulations
- Functioning according to the law
- Avoiding substance or alcohol misuse
- Behaving honestly and with integrity
- Being sound in judgment and in decision making
- Taking a dedicated approach to one’s work
- Being accountable for one’s actions
- Being punctual

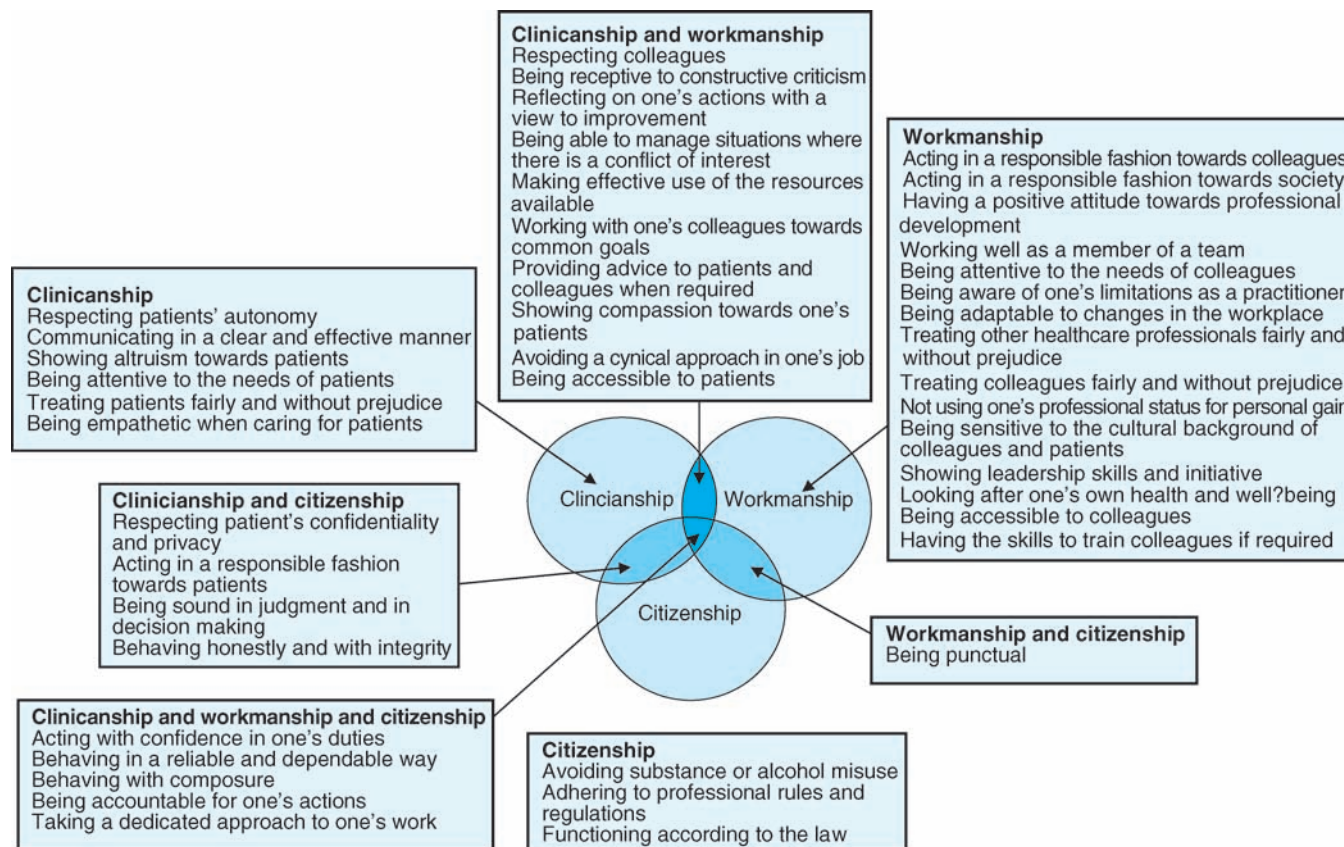


Fig 1. Professional attributes which share different facets of medical professionalism.

both workmanship and clinicianship. Therefore, the three facets may be more appropriately described as three overlapping circles (Fig 1). The three-facet framework may be a further step towards recognising a doctor's professional behaviour in terms of being a healer and a professional³ or recognising their commitment to the values of an individual and in their relationship with patients. On the other hand, the general public does not equate professionalism with social standing, wealth production or physique. These low and high ratings were virtually constant across gender, age and social classes. The majority of elements identified under primary and secondary themes of professionalism by Wagner *et al* can be categorised under the three facets identified in this study.⁴⁰ However, sense of humour, dress code and appearance featured prominently in Wagner *et al*'s study unlike in these results.⁴⁰ A paper by van-de-Camp *et al* suggested that three themes come under the definition of professionalism namely inter-, intra- and public professionalism.⁴¹ These themes are a sound framework for conceptualising professionalism. However, the items categorised under each theme were not in concordance with the component analysis findings of the current survey. Almost all items found by van-de-Camp *et al* were perceived by the public as important in the current study.⁴¹

In conclusion, in the context of professionalism being viewed increasingly as a social contract, the general public recognises

doctors as professionals by their good behaviour, high values and positive attitudes related to clinicianship, workmanship and citizenship. They would like to see certain attributes of this contract demonstrated in various settings, eg during patient consultation, working with colleagues and other professionals or behaving in society. However, they expect doctors to be confident, reliable, dependable, composed, accountable and dedicated across all settings. Personal appearance, physical features or social standing may play little or no role in a doctor being considered 'professional'.

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Ethics approval

Ethics approval for this project was obtained from the University Research Ethics Committee of the University of Dundee.

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