

In the eyes of the Dunedin public, what constitutes professionalism in medicine?

Maria Hutchinson BSc;¹ Jim Reid MBChB, DipObs, FRNZCGP (Dist), FCCP, MPS²

¹Wellington School of Medicine, University of Otago, Wellington, New Zealand

²Department of General Practice and Rural Health, Dunedin School of Medicine, University of Otago, Dunedin, New Zealand

ABSTRACT

INTRODUCTION: There has been much debate over the last two decades about professionalism in medicine. Opinions are diverse but, problematically, most are from the academic and medical viewpoints. There is substantially less discourse from the public perspective.

AIM: To explore the Dunedin public's perspective of important professional qualities in the medical profession.

METHODS: Customers in pharmacies around Dunedin rated 18 different professional qualities on a five-point scale of importance in a self-administered anonymous survey. They also ranked their top five qualities, including their own ideas.

RESULTS: Participants rated professional qualities categorised as patient autonomy (mean 4.6) and patient welfare (mean 4.7) of higher importance than qualities categorised as social justice (mean 3.9) and appearance (mean 3.7). Honesty was the top ranked professional quality overall (10.6% of respondents had it in their top five) and the next two top ranked were both concerning patient autonomy (listens carefully and treats you with respect). The most significant difference found between demographic groups and choices was that 53% of people with a highest educational qualification of secondary school or below rated 'accepts a leadership role in the community' as a very important or important quality, compared with 29.4% of people with a post-secondary school qualification (p -value <0.001).

DISCUSSION: This has implications for the current move to make doctors take on more social responsibility within the health care system. It is imperative to have both society and the medical profession aiming for common goals and the challenge of this decade will be striking the balance.

KEYWORDS: New Zealand; professionalism; public; social justice; patient autonomy; patient welfare

Introduction

There has been much debate over the last two decades about professionalism in medicine; what it means, how it is changing, how it is taught and how we can improve it. The opinions on the topic are diverse but, problematically, most are from the academic and medical viewpoints and there is substantially less discourse on the public perspective—the arguably more important half of the social contract between medicine and society.¹ Profession comes from the Latin verb 'profiteri', which means to declare publicly. It is apt that the medical profession goes public with their ideas on professionalism to encourage public input and

eventually come to a mutual agreement on where the priorities for both parties lie.

Professionalism has been well described by the Hippocratic Oath, Thomas Percival's code of medical ethics² and, more recently, by a host of leading academics worldwide including Swick, who defined professionalism as a set of nine behaviours.³ It is not surprising that this new interest in professionalism has come to the fore again with today's increasingly complex medical system due to commercialisation and advertising, increasing costs, improving technology and therefore type of medical care available, staffing

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CORRESPONDENCE TO:

Maria Hutchinson
9/37 Daniell Street,
Newtown, Wellington,
New Zealand
hutma672@student.
otago.ac.nz

issues and inquiries into well-publicised instances of unprofessionalism in medicine, such as the Shipman Inquiry in Britain and the Cartwright Inquiry in New Zealand.^{4,5} Much of the Western world has now developed professional conduct guidelines for the medical profession in response, but they are all different. It has been suggested that it would be best to replace and reinforce speciality-specific charters of professionalism with a common-base professional code that is emphasised in medical training and perhaps diversified later in medical careers as appropriate.⁶

The General Medical Council in the United Kingdom released their most recent *Good Medical Practice* document in 2006 and, although it outlines the importance of competency, probity, good relationships, keeping up-to-date and making patient care the first concern, it only includes one briefly-mentioned duty related to social justice, 'protect and promote the health of patients and the public.'⁷ The Physician Charter of 2002 coined by the European and American Internal Medicine Associations formed the basis for categories used in this study, with its three core principles: the principle of primacy of patient welfare, the principle of patient autonomy and the principle of social justice.⁸ Critics argue this version of professionalism is too duty-based and would be better based on more general traditional virtues such as beneficence, altruism and compassion.⁹

Virtue-based ethics is based on the kind of person one should be, rather than specific actions they perform. Pellegrino described the most important physician virtues as fidelity to trust, benevolence, intellectual honesty, courage, compassion and truthfulness.¹⁰ These are all professional qualities that are internalised. The difficulty for doctors with a sense of social responsibility comes when there is conflict between what is good for the patient and what is good for the community. An example of this would be ensuring the just distribution of finite health care resources.¹¹ It is now clear that professionalism goes beyond the individual doctor-patient dyad. Whether the public is aware of and agrees with this, remains to be seen. Whether this should be the individual doctor's concern is also up for contention.

WHAT GAP THIS FILLS

What we already know: There is a substantial amount of literature on the subject of medical professionalism from the profession's viewpoint. Social justice qualities have been shown to be important to most doctors, but there have been debates about whether this is an important issue to the public.

What this study adds: This study contributes an insight into what professional qualities in doctors are, in the eyes of the general public, of most importance. Social justice qualities were not rated as highly as patient autonomy and patient welfare qualities, indicating an important disparity between the profession and the public.

Historically, professionalism has been determined by the values of society; society is constantly changing and so too must the medical profession in order to come to a mutually agreed upon social contract that serves the community in a beneficial way. Medicine is a service profession and it is there to provide what the people want and need. With an ageing population, big decisions will need to be made in the coming years about where health care spending should go and these should come from the public arena, with guidance and advice from the medical profession. If we know what professional qualities the public values most in doctors and how this varies between different groups, we are in a better position to do this. The purpose of this study, therefore, was to explore the Dunedin public's concept of professionalism.

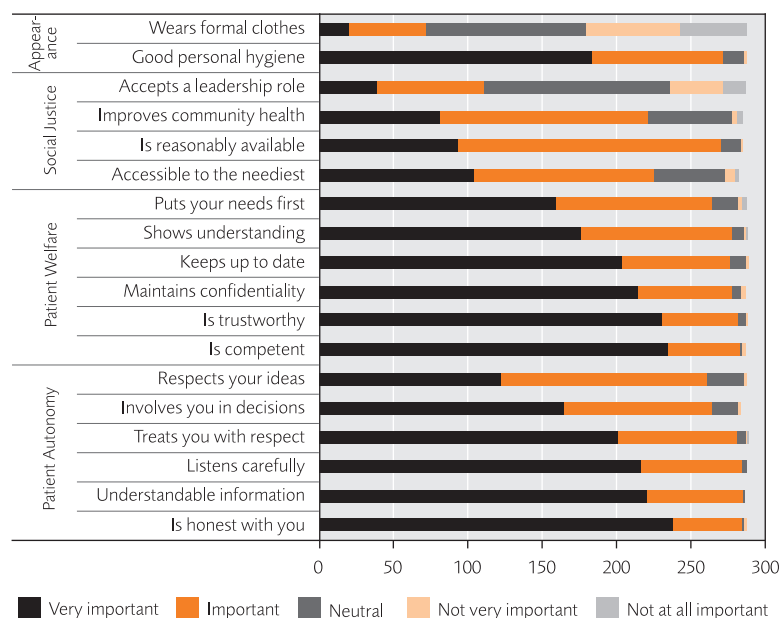
Methods

The study design was a self-administered anonymous written survey of the customers of 10 Dunedin pharmacies. Pharmacies (rather than general practices) were chosen because they were considered to be more neutral, due to the absence of doctors.

Sample

Twenty-five pharmacies within the wider Dunedin area were selected using random number tables, from the 32 listed in the *Yellow Pages*, as this was considered to be a manageable number. Only 23 pharmacies received requests to be included in the study because two pharmacies were listed under more than one name. Ten pharma-

Figure 1. Importance placed on different professional attributes by participants



cies agreed to participate and the main reason for pharmacies declining to be involved was the timing, as December is a busy month in retail. Of the 10 pharmacies, five were suburban, three were rural and two were in the city centre.

Data collection

The questionnaires were in pharmacies from Monday, 30 November to Friday, 11 December

2009 and pharmacy staff invited customers of any kind to complete the survey.

Survey design

The survey was based on limited previous research into similar areas, but due to the requirements of this survey all questions included were newly theorised by the authors.¹²⁻¹⁴ A pilot survey was conducted and the questions were subsequently refined. The two-page survey asked how important 18 different professional qualities were to respondents in doctors of any kind (not necessarily their own), on a five-point Likert scale ranging from 'not at all important' to 'very important'. A free text prompt allowed for the collection of additional professional qualities. Participants were then asked to rank in order the five professional qualities (their own or from the list) that they considered to be the most important. Finally, participant demographics were collected on age, sex, education and ethnicity.

Analytic plan

The data were transcribed from the paper returns and coded by MH. Predictive Analytics Software was used to formulate tables, graphs and analyse relationships using chi-squared *t*-tests and correlations ($p < 0.05$ significant). Professional qualities were grouped into four categories—patient autonomy, patient welfare, social justice and appearance (based on what they pertained to)—as can be seen in Figure 1. Free text was coded into themes; for example the 'shows empathy' theme included 'compassionate', 'sensitive' and 'understands problems'.

Ethics

This research was given Category B ethical approval at a departmental level at the University of Otago. The Ngai Tahu Research Consultation Committee was also consulted.

Results

Sixty questionnaires were placed in each pharmacy and the response rate per pharmacy ranged from seven to 60. A total of 292 questionnaires were returned, but three were discarded from the

Table 1. Demographics of participants

		Number	Percentage
Gender	Female	195	67.5
	Male	76	26.3
	No response	18	6.2
Age	18–37	77	26.6
	38–57	93	32.2
	58+	102	35.3
	No response	17	5.9
Highest level of education	Secondary school	100	34.6
	Post-secondary school	168	58.1
	No response	21	7.3
Ethnicity	New Zealand European	234	81
	Maori	11	3.8
	Other	27	9.3
	No response	17	5.9
TOTAL		289	

analysis due to being blank or containing offensive text ($n=289$). The participants' characteristics are shown in Table 1.

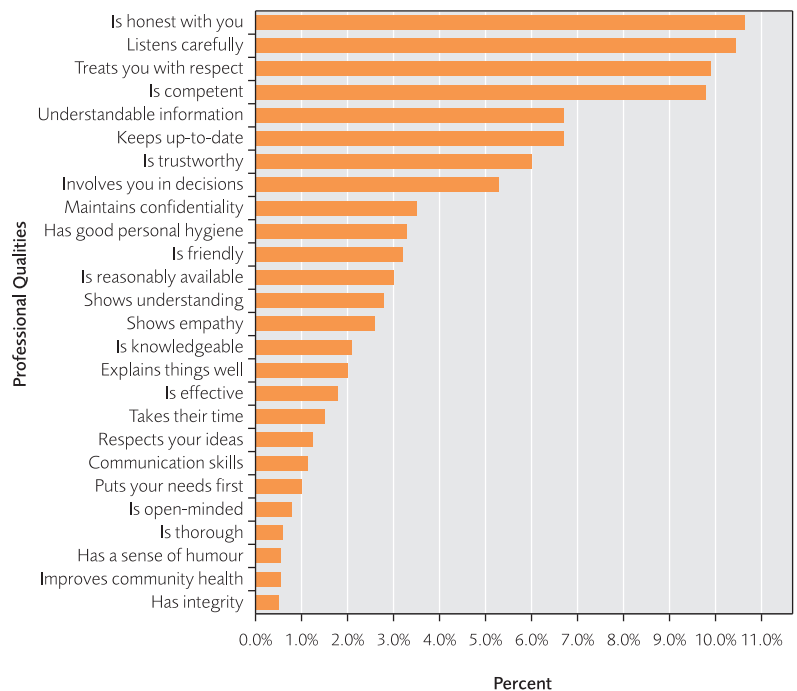
There was significant variability in the level of importance placed by participants on each of the 18 professional qualities, shown in Figure 1. Qualities concerning social justice and appearance were rated as significantly less important than patient autonomy and patient welfare.

Chi-squared tests revealed several significant correlations between demographic characteristics and the level of importance placed on certain professional qualities. Women were more likely than men to rate 'respects your ideas' (93% vs 82.9%, $p=0.032$) and 'Is honest with you' (100% vs 97.3%, $p=0.49$) as very important or important. Participants with post-secondary school education were more likely to value 'Involves you in decision-making' (95.8% vs 88.8%, $p=0.044$) than those with only secondary school education, whereas the latter group were significantly more likely to consider 'Accepts a leadership role' (53% vs 29.4%, $p<0.001$), 'Committed to improving the health of the community' (8.8% vs 74.7%, $p=0.015$) and 'Has good personal hygiene' (72.7% vs 57.1%, $p=0.03$) as very important or important. People aged 38 to 57 years were significantly more likely to consider 'Treats you with respect' ($p=0.049$) and 'Is competent' (0.04) as very important or important than those younger (18 to 37 years) or older (58 years and over).

The free text question asking participants to describe any additional professional qualities they felt were important was not well answered, with only 11% responding. However, 48% of participants recorded additional qualities in their top five ranked professional qualities. The most frequent additional qualities suggested were friendliness, communication skills, knowledge, empathy, ability to explain things well, taking enough time and being effective at making people better.

The top three ranked professional qualities were 'is competent' followed by 'listens carefully' then 'is honest with you.' When the top five rankings for the entire study population were pooled together the quality most often ranked in the

Figure 2. Professional qualities most often ranked in the participants' top five (the top 26)



participants' top five was 'is honest with you' closely followed by 'listens carefully,' 'treats you with respect' and 'is competent.' This is shown in Figure 2.

Discussion

This study found that the public rated professional qualities associated with patient autonomy and patient welfare above those associated with social justice and appearance. Both social justice and appearance had a much greater range of responses, perhaps highlighting how these qualities are not a primary focus of the public. Educational level had the most effect on importance scoring, with four professional qualities rated significantly differently between the two levels.

'Wears formal clothes' was the least important professional quality in this study, which was interesting because professional attire has had a large role in the literature on professionalism, but it does appear that at least the Dunedin public, is beginning to care less about what a doctor looks like and more about how they act.¹⁵ 'Is honest with you,' 'listens carefully,' and 'treats you with respect' were the top three ranked professional

qualities and all of these come into the patient autonomy subset. This result reinforces previous findings that a patient's first priority is for their doctor to respect their autonomy.¹³ Competence was highly important also, with the greatest number of participants ranking this as their number one professional attribute. This reflects some earlier studies that competence is the most important professional attribute.^{16,17}

The generalisability of this study is limited by the homogeneity of the sample demographics (67.5% female), but despite this there was large heterogeneity in their views, perhaps highlighting how difficult it is to determine exactly what the public as a whole wants from the medical profession. It is indeed an art for doctors to be able to pick up on patient preferences and adjust

It has been suggested that the public is lagging behind the medical profession in their grasp of the doctor's role, but this could be altered by increasing public awareness and opening up the debate

their service accordingly. Simply asking for the patient's expectations and preferences at the beginning of a consultation could go a long way to understanding the patient's professional priorities for their doctor; however at a macro level this would be much more difficult. It would be interesting to administer this survey to different population groups—to a doctor population and a health care system management population—and see if there are any differences.

A difficulty encountered in this study was coding participants' free text responses into themes and, due to it being an anonymous survey, it was impossible to follow up with a phone call to clarify ambiguous statements. Further focus groups or interviews are required to sort out, for example, if 'shows empathy' is actually different to 'shows an understanding of your situation' in the participants' eyes. The main limiting factor for this study was the sample; the response rate

was low and very variable across different pharmacies. However, this was not geographically-related and probably representative of the effort made by staff members. Also, the sample had a higher proportion of females and NZ Europeans than the Dunedin or the New Zealand population as a whole.¹⁸ This could be a result of general pharmacy customer demographics; therefore the use of pharmacies may make the results less generalisable.

Social justice professional qualities were rated of little importance to the public in this study, but we have not answered why. A previous study found that most doctors think social justice is important,¹⁹ so this disparity within the social contract is an area that needs urgent attention. It has been suggested that this social justice focus needs to be taken universally within the health care system to allow doctors to find public roles, usually within the health service, that are beneficial to all,¹⁷ but this is not going to be successful without public support. The question remaining is, is what the public wants from health care as a patient, different from what the patient wants from health care as a citizen and taxpayer?²¹ This survey could be reworded to encourage a citizen perspective and see if there would be a different response.

A comprehensive report by the Picker Institute found that many lay people consider the lists of professional qualities expected of doctors to be a given and wonder why they need to be explicitly pointed out.²² The need to be explicit has been reinforced by many examples of doctors who have not been honest, have not listened carefully, have not treated their patients with respect and indeed have not been competent.²³ The profession needs to focus on establishing and maintaining professionalism through student selection, medical education and revalidation. It has been suggested that the public is lagging behind the medical profession in their grasp of the doctor's role, but this could be altered by increasing public awareness and opening up the debate.²² More research is needed into how this could be accomplished as we are confronted with the challenge today of coming up with a mutually-defined description of professionalism that doctors can commit to and the public can assess.

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COMPETING INTERESTS

None declared.