



## Medical professionalism among clinical physicians in two tertiary hospitals, China



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### ABSTRACT

In order to investigate medical professional attitudes and behaviors in China and explore the influencing factors with a focus on hospital internal management, we developed a 13-item professional attitudes and 11-item behaviors inventory. Self-administered questionnaires were distributed to 390 physicians mainly in four specialties in two tertiary Chinese hospitals in 2011. 306 completed questionnaires were collected. More than 90% of respondents agreed with at least nine of the 13 specific statements about principles. However, responses on behaviors were not necessarily consistent with those on attitudes. 80.3% of respondents reported that they usually or always participated in quality improvement activities and 48.2% reported that they usually or always participated in peer evaluations of colleagues' quality of care. Some 47.8% had encountered incompetent colleagues and 17.7% had encountered significant medical errors caused by colleagues. Among those who had encountered incompetence or significant medical errors, almost two thirds had never reported their concerns to the hospital or other relevant authorities. Half of the physicians did not obtain enough continuing medical education credits. Physicians' professional reported behaviors were influenced by their personal and professional characteristics, professional attitudes, and assessment of hospital internal management constitutions. For example, participation in decision-making had a significant role in professional reported behaviors of protecting patient confidentiality, improving quality of care, and self-regulation, with those sometimes or often participating in decision-making indicating higher levels of reported behaviors than those who seldom participated (odds ratios: 1.84; 4.31, 2.44; 3.31). The results showed Chinese physicians demonstrated positive attitudes to professionalism principles. However, their reported behaviors were at times inconsistent with their attitudes, especially in the areas of competence, quality improvement, and self-regulation. One of effective strategies to facilitate Chinese physicians' professionalism may be to improving hospital management.

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### Introduction

In the past 20 years, much attention has been paid to medical professionalism both from academic perspectives (Irvine, 1999; Sullivan, 2000; Swick, 2000; Wynia, Latham, Kao, Berg, & Emanuel, 1999), in medical education (Lee et al., 2007) and residency training environments (Arnold, Blank, Race, & Cipparrone, 1998; Kovach, Resch & Verhulst, 2009). In 2002, 'Medical Professionalism in the New Millennium: A Physician Charter' ('the Charter') was published simultaneously in *The Lancet* and *Annals of Internal Medicine* (ABIM Foundation, ACP-ASIM Foundation, & European Federation of Internal Medicine, 2002; Medical Professionalism Project, 2002),

and an increasing number of empirical studies on professionalism in clinical practice settings have been conducted. A national survey of 3504 physicians in the U.S. indicated that physicians agreed with specific statements about principles of professionalism. The authors stated that reported behavior, however, did not always reflect the standards they endorsed. For example, although 96% of respondents agreed that physicians should report impaired or incompetent colleagues to relevant authorities, 45% of respondents who encountered such colleagues had not reported them (Campbell et al., 2007). In 2011, an investigation of 1891 US and 1078 UK doctors revealed that UK doctors were more likely to have developed practice guidelines (82.8% UK vs 49.6% US) and to have taken part in a formal medical error-reduction programme (70.9% UK vs 55.7% US) and US doctors were more likely to agree about the need for periodic recertification (completely agree 23.4% UK vs

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53.9% US), which suggested the context of care may influence both how professional values are expressed (Roland et al., 2011).

In ancient China, medicine was considered the benevolent skill. During the Tang Dynasty Sun Simiao elucidated that the doctor should be equipped with both excellent medical technology and medical morality in his work *On the Absolute Sincerity of Great Physicians (Da Yi Jing Cheng)* (Tsai, 1999), which was considered as the Chinese Hippocratic Oath. However, to date there is no consensus on a universal definition, and an operational definition of professionalism has rarely been proposed in China. The Chinese Medical Doctors Association (CMDA) adopted the Charter in 2005. Thereafter several Chinese research organizations on physician professionalism were established, for example the China-U.S. Center on Medical Professionalism of Peking University Health Science Center was established in 2008 and the Center for Research on Medical Professionalism of CMDA was established in 2009. A series of professionalism seminars have been held since 2006, including five China-U.S. Conferences on Medical Professionalism.

Although much work has focused on professionalism in the medical university and residency training environment (Arnold et al., 1998; Kovach et al., 2009; Lee et al., 2007), professionalism in practice settings and the relationship between professional attitudes and behaviors have not been fully explored. Meanwhile, there is a growing awareness that external factors such as the healthcare system might shape physicians' attitudes and behaviors. Yet few data are available on how hospital internal management processes might contribute to medical professionalism. In addition, most of the previous empirical studies were carried out in western nations, and a little empirical research has been conducted in China (Cui & Yuan, 2012). In this pilot study, we investigated the extent to which specific statements of principles are supported by physicians in tertiary hospitals, examined their professional reported behaviors, and explored how the professional attitudes and hospital internal management factors impact behaviors.

## Methods

### *Measures of professionalism*

The Charter has three fundamental principles (primacy of patient welfare, patient autonomy and social justice) and articulates ten professional commitments with which physicians and healthcare professionals should comply, including maintaining competence, honesty, respect patients' confidentiality, maintaining appropriate relations with patients, improving quality, improving access, justly serving humanity, primacy of patient welfare, scientific knowledge, managing conflicts of interest, and self-regulation. Adapting the surveys that were carried out in the USA and UK (Campbell et al., 2007; Roland et al., 2011), we developed 13-item professional attitudes and 11-item behaviors inventories. All the behavior items were based on the last year, answering that behavior frequency in the last year, excluding reading academic papers. The respondent was required to give the number of academic papers they had read in the last three months. We did not seek to cover every the professional norm (e.g. the norm of commitment to maintaining appropriate relations with patients was not included), because we focused on describing the general situation of professionalism and examining the factors influencing physicians' professional reported behaviors rather than assessing the professionalism comprehensively.

### *Survey sample*

The 2010 China Health Statistical Yearbook reports that there were 2,329,206 medical practitioners and assistant medical

practitioners in China in 2009 of whom 1,198,542 were working in hospitals, with 74.7% (895,553) of them in general hospitals (The Ministry of Health of the People's Republic of China, 2010). Therefore we selected the physicians in general hospitals. Convenience sampling was used to select the hospitals and physicians. We chose one tertiary hospital (Hospital A) in Wuhan in Central China and one (Hospital B) in Wenzhou in Eastern China. Both hospitals are teaching hospitals, and none of them is the site of a professionalism seminar. We chose mainly four specialties (internal medicine, general surgery, obstetrics and gynecology, and pediatrics). Resident physicians and refresher physicians were excluded. All of respondents have gained medical education in China. The study was approved by the Ethics Committee of Tongji Medical College.

### *Survey administration*

The questionnaires were administered to 390 physicians in two tertiary hospitals between May and July 2011. The hospital administrators distributed and recovered the questionnaires. 306 physicians completed a questionnaire, for an overall raw response rate of 78.5%.

### *Statistical analysis*

The primary analyses focused on the determinants of reported professional behaviors. The independent variables were professional attitudes and physicians' assessment of hospital internal management processes (such as participation in making decisions about department management) as well as the individual physician's characteristics (such as sex, age). Univariate and multivariate logistic regression models were applied with the former used to determine the association of each influencing factor with reported behaviors and the latter used to analyze the relationship between several predictor variables and a behavior.

## Results

Table 1 summarizes the characteristics of the respondents. According to Law on Licensed Doctors of the People's Republic of China published in 1998, anyone who meets any of the following requirements may take the examinations for the qualifications of a licensed doctor: (1) having, at least, graduated from the faculty of medicine of a university and worked on probation under the guidance of a licensed doctor for at least one year in a medical, disease-prevention or healthcare institution; or (2) after obtaining the license for an assistant doctor, having reached the level of a graduate from the faculty of medicine of a university and worked for at least two years in a medical, disease-prevention or healthcare institution; or having reached the level of a graduate from the specialty of medicine of a polytechnic school and worked for at least five years in a medical, disease-prevention or healthcare institution. Anyone who has passed the examinations for the qualifications of a licensed doctor or a licensed assistant doctor shall be certified as such.

Table 2 shows the attitudes of physicians toward professionalism. More than 90% of physicians agreed (somewhat agree or completely agree) with 9 of the 13 normative statements about 9 principles. The agreement stayed above 80% for all the statements. In terms of 'honesty with patients', 'improving quality of care', 'improving access to care', and 'self-regulation', physicians were more likely to report that they 'somewhat agreed' rather than 'completely agreed'. For instance, 59.3% of the respondents 'somewhat agreed' and 28.1% 'completely agreed' that physicians should report significantly incompetent colleagues; and 50.7% 'somewhat agreed' and 44.0% 'completely agreed' that physicians should report all significant medical errors.

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