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OBSERVING PROFESSIONAL ETHICS, TREATMENT TEAM AND LIFE EXPECTANCY AMONG CANCER PATIENTS

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ABSTRACT

Introduction: Professional ethics has turned into a special issue for many years. Physicians, nurses, medical staff, etc. are the most important individuals that their adherence to professional ethics not only increases their occupational health but it can also be considered as a therapy infrastructure. Methods: This is a descriptive cross-sectional study. The population included 100 cancer patients of Emam Reza and Taleqani hospitals of Kermanshah. The level of trust of patients in physicians and the medical staff was assessed with the Wake-Forest questionnaire. This questionnaire was evaluated by 3 faculty members of Tehran and Ilam medical sciences universities and content validity was analyzed. Results: The trust level of patients in physicians is more than their trust level in medical staff. The questionnaire had high reliability. The mean score of patients' trust in physicians was 26.74 percent, while the mean score of patients' trust in the medical staff was 22.52 percent. The data obtained from the questionnaire had a normal data distribution. A significant relationship was witnessed between some of the demographic variables and the score obtained from the questionnaire. Conclusion: The Wake-Forest questionnaire has high reliability to test trust level s in physicians and medical staff. The higher trust level meant more referring of cancer patients to the physicians. Thus, this questionnaire can be a highly important instrument in the evaluation of the professional ethics of physicians on specific patients.

Keywords: Professional Ethics, Patient-Physician Relationship, Medical Staff

INTRODUCTION

Professional ethics is generally defined in work and occupational context and is placed within applied ethics, and points to creative and respectful interaction with others besides occupational and individual skills (Hall et al., 2002). Ethics is a totality and has subsets, the most important of which is professional ethics. It is especially significant in medical sciences that professional commitment or professional ethics is an effective factor in treatment having various effects in progress or lack of progress in treatment. Sometimes this professional commitment is defined within the law and a scheduled and single charter is considered for it (Swick, 2009). The ethic circle is more inclusive and we can say that no law can be considered in some sections since law observes contractual rights and ethics observes natural rights. However, professional ethics have a close relationship with the law, and the law is sometimes referred to as "commitment" in this section and this commitment becomes mandatory. Next, it

turns into “wisdom”, which is the most important outcome of professional ethics observation (Goudge and Gilson, 2005). Physicians, nurses, medical staff, etc. are the most important individuals that their adherence to professional ethics not only increases their occupational health but it can also be considered as a therapy infrastructure. Business and policy gaps such as lack of facilities and lack of human resources appear in each profession. If these gaps are accompanied by observation of a great section of professional ethics, lead to professional commitment, may result in mobility and structural healing, and provide positive effects. In fact, professional ethics can fill these shortcomings and gaps to some extent.

Professional ethics in medical and treatment occupations do not only mean having the occupational skill; rather, it also involves following humane and moral considerations that the physician and medical staff are obliged to obey. One of the most significant principles in this process is the protection of people’s personal resources and preferring them to their personal benefits as well as respecting and trusting the other party and maintaining ethical, moral, and behavioral integrity, which leads to achieving the highest work standards (Hall, 2006). Commitment to professional ethics in medical sciences is not only leads to patient reassurance but can be also very influential in the treatment process. This issue is more important in certain patients such as cancer patients who need more motivation for treatment due to repeated reference and longer and frustrating treatments.

Physician and medical staff’s professional ethics is more required for the comprehensive care of patients. Professional ethics in medical sciences have different codes that are generally divided into two sections:

- 1- Introduction and mutual goals
- 2- Behavioral regulations based on effective professional ethics.

One of the important factors in professional ethics while treating that is the patient or care receiver has the right to be treated with respect (Thom et al., 1999).

A mutual goal in medical professional ethics means meeting the health care needs of the patient with seriousness in pursuing their health and respecting patients’ rights. The physician and the medical staff’s behavioral regulations are effective only when the patient is optimistic about following the treatment. It may be assumed that the relationship between professional ethics and trust in certain patients such as cancer patients cannot be clearly evaluated through evidence. However, past studies have demonstrated that these variables can be examined and compared by focusing on the attitude and behavioral sections. Finally, it is possible to introduce meaningful patterns for such evaluations.

Previous studies evaluated professional ethics through patients’ points of view in various hospital sections. But, no report of professional ethics and trust relationship of cancer patients has been witnessed in Iran so far.

Professional ethics evaluation was published in 1990 by Anderson and Detrick through the codification of a certain questionnaire. In this study, it was reported that satisfaction with treatment is related to patients’ trust to continue treatment (Anderson and Detrick, 1990). In the study by Thom et al. in 1999, it was stated that continuing treatment is related to patients’ trust in physicians (Thom et al., 1999).

In 2002, a comprehensive questionnaire called Wake-Forest was published by Hall et al. (2002) to evaluate patients’ trust in physicians, which benefitted high reliability according to



Cronbach's Alpha. To evaluate the validity, another questionnaire introduced by Kao et al. (1998) was used.

The mentioned questionnaire was translated from English to Persian. In each question, 5 choices (totally agree, agree, neutral, disagree, totally disagree) were used to answer the questions in the questionnaire. This questionnaire was reevaluated by 3 faculty members of Tehran Medical Sciences University and content validity was used to evaluate the validity.

METHODS

This study was based on simple random sampling. The population included 100 cancer patients of Emam Reza and Taleqani hospitals of Kermanshah. These hospitals were chosen as the main sites for this study because they include patients of the three western provinces of Iran (Kermanshah, Ilam, and Lorestan) and are therefore important for the study.

Patients were selected randomly among all admitted patients. They were informed about the purpose of the study by the researchers and were asked to sign a lease in case of willingness to take part in the study and then answer the questionnaire. Many of the patients were illiterate or semi-literate or were not able to answer the questions due to physical inability, but they were eager to take part in the study; so, the researchers recorded the patients' answers in the questionnaire with the supervision of the people accompanying the patients.

The Wake-Forest questionnaire was arranged with 10 questions that were translated in Tehran Medical Sciences University earlier and the validity of the translation was confirmed by a number of Ilam Medical Sciences University professors. The only difference between this questionnaire and the original English version is that in the original version, the questions are stated from the third person's point of view whereas in Persian translation the first person point of view is used for better accuracy. Unlike the English version which had the "neutral" option, the "no comment" option was used in the Persian version.

Demographic questions included: patients' sex, age, admittance duration, illness background, education, marital status, type of illness, and sex of the physician.

The questionnaire consisted of two sections. One section asked questions about the evaluation of the physician's professional ethics and the other section asked questions about the professional commitment of the medical staff (such as the nurse and assistant). This dimension was different from previously conducted studies in this regard.

The researcher provided a full explanation about the definition of "Medical Staff" to the patients so that they would be fully aware to fill the questionnaire. The researcher had previously evaluated the patient in terms of being able to fill the questionnaire and the clarity of the questions. In the case of incompetency, the patient was excluded from the study. An attempt was made to avoid various biases. Patients' condition was evaluated in terms of moral principle observation and a sufficient amount of time was considered for patients to answer with patience. SPSS software version 16 was used to analyze data. Central indicators and statistical parametric tests were used for data analysis.

RESULTS

Among a total of 100 cancer patients, 66 percent were male and 34 percent were female. Also, 84 percent of the patients were married, 48 percent were illiterate, and 36 percent had an



experience of being hospitalized due to cancer. All patients visiting physicians were male. Each patient was given two questionnaires (one regarding professional ethics in physicians and the other regarding medical staff), and they were asked to answer both questionnaires. The first questionnaire was called group 1 and the second questionnaire was called group 2. First, the sums of questions 1 to 10 were separately added together in each group and its variable was called trust 1 and 2. According to the following hypothesis, the mean of the relationship of trust in physicians and medical staff was evaluated.

Table 1. T-test for two independent groups to test trust based on admitted individuals' gender.

Variable	Gender	N	Trust mean score	SD	T	Df	Sig.
Trust	Male	16	30.24	4.60	-0.891	98	0.375
	Female	85	25.04	3.72			

The table demonstrated no significant difference ($p=0.375$).

Table 2. T-test for two independent groups to test trust based on admitted individuals' marital status.

Variable	Marital Status	N	Mean	SD	T	Df	Sig.
Trust	Single	16	25.18	4.84	0.587	98	0.598
	Married	84	24.52	4			

The table showed no difference between the trust level of single and married admitted individuals ($p=0.589$).

Table 3. Regression to test trust based on admitted individuals' education.

Variable	Education	N	Mean	SD	r	Sig.
Trust	Illiterate	48	24.60	4.21	0.027	0.787
	Primary school	18	24.72	2.69		
	Secondary school	22	25.31	4.60		
	High school degree	12	23.33	4.81		

The table showed no relationship between the trust level and individuals' education level.

Table 4. T-test for two independent groups to evaluate trust based on having or not having pain in admitted individuals.

Variable	Pain	N	Mean	SD	T	Df	Sig.
Trust	Yes	36	25.50	4.56	1.592	98	0.115
	No	64	24.14	3.81			

The table showed no difference in the trust level between admitted individuals with or without pain ($p= 0.115$).

Table 5. Regression test to evaluate trust based on admittance period in individuals.

Variable	Admittance Period	N	Mean	SD	r	Sig.
Trust	Less than 1 month	16	24.31	2.70	-0.080	0.427
	1 to 2 months	8	24.50	4.40		
	3 to 6 months	44	25.50	4.02		
	More than 6 months	32	23.59	4.66		

The table showed no relationship between trust level and admittance period of individuals ($p=0.427$).

Table 6. ANOVA test to measure trust based on the type of cancer.

Variable	Cancer Type	N	Mean	SD	f	Sig.
Trust	Uterus and ovaries	8	23.50	4.40	1.327	0.253
	Lymph	12	25.08	3.98		
	Blood	42	25.50	4.02		
	Stomach	16	22.75	4.10		
	Tumor	4	23.25	3.09		
	Lung	16	25.18	4.36		
	Maxillofacial	2	21.50	3.53		

The table showed no relationship between trust level and cancer type ($p=0.253$).

Table 7. T-test for two independent groups to evaluate trust between medical staff and physicians.

Variable	Individuals	N	Mean	SD	T	df	Sig.
Trust	Medical Staff	50	22.52	3.30	-5.922	98	0.000
	Physician	50	26.74	3.80			

The table showed that admitted individuals have a higher trust level in physicians than the medical staff.

DISCUSSION

The main aim of this study was to evaluate the relationship between the professional ethics of physicians and medical staff and cancer patients. It was evaluated with the Wake-Forest questionnaire. Patients had 100 percent participation in completing the questionnaire which is much more than the studies conducted by Hall et al. (2002) (85.5%). The cooperation reason might have been the presence of the researcher and conducting normative communication accompanied by respect toward the patients which led to patients' enthusiasm to take part in the study to some extent. Another factor might have been the presence of the patients in the hospital, unlike Hall et al.'s study that was conducted over the phone.

In this questionnaire that was divided into two sections of 1 and 2 (including group 1 belonging to physicians and group 2 belonging medical staff), each group consisted of 10 questions. The sum of these 10 questions was evaluated as a trust testing variable. The mean of trust testing score was 26.74% in group 1 (regarding the physicians) and 22.52% in group 2 (regarding the medical staff). However, in studies conducted by Hall et al., this mean was 39.7% and 28.5%, respectively. Thus, the trust level was lower than previous studies in our study which might be due to having a smaller population. There was a difference in the trust testing level between questionnaires 1 and 2 of this study. The reason might be that cancer patients somehow owe their physician rather than the medical staff, and in fact, consider the physicians' job a blessing and the medical staff's job a duty.

Trust level was higher in female patients than men in this study and was reported with a frequency of 25.04%. It might be possible to say that since all the physicians in this study were



men, female patients felt more confident in the treatment while the trust level of females toward the medical staff was less than 19%.

Generally, the trust variable was evaluated from all questions and was considered as a measure to evaluate the professional ethics index in the two groups of physicians and medical staff. In fact, the greater was the amount of the two mentioned variables, the higher professional ethics was evaluated.

CONCLUSION

This study demonstrated that from the viewpoint of cancer patients, physicians act much better than the medical staff in terms of following principles and regulations of professional ethics, and it requires more commitment from the medical staff in removing shortcomings to conduct such humane and moral obligations. It can be said that we can get closer to this basic value through patience and acceptable behaviors.

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Conflict of interest

The authors do not have any conflict of interest.

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