

Current Status of Knowledge, Attitudes and Practices towards Healthcare Ethics Among Doctors and Nurses from Northern India - A Multicentre Study

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Abstract

Recent raise in litigation against healthcare practitioners is definitely an issue of immediate concern and may reflect an increase in unethical practices. Professional relations between physicians and nurses may have differences with respect to their attitudes towards patient-care. Therefore present study was conducted to assess the knowledge of, and attitudes to, healthcare ethics among north Indian physicians and nurses. The present cross sectional study was carried out among 298 physicians and 107 nurses of three medical colleges of northern India in the month of July-August 2011, using pretested self administered questionnaire. Data analysis was done using SPSS ver 20. There was a statistically significant difference between the opinion of physicians and nurses with respect to adherence to confidentiality, paternalistic attitude of doctors (doctors should do their best for the patient irrespective of the patient's opinion), informing close relative of a patient's consent for procedures. The study highlighted gaps in the knowledge about practical aspects of health care ethics among physicians and nurses which they encounter in day to day practice at the workplace. Measures of workplace education like sensitization workshops, conferences on health care ethics would assist in bridging this gap to a certain extent.

Key words : Healthcare ethics, Physician, Nursing staff, KAP study.

Introduction :

Healthcare practitioners provide comprehensive care for patients, their families and communities, but they still express dissatisfaction over the care they receive. Dissatisfaction is reflected in expressions about poor ethical conduct[1]. Growing public awareness regarding the ethical conduct of healthcare practitioners and complaints against physicians appear to be escalating[2]. This may reflect an increase in unethical practices by

healthcare providers or increasing public awareness of such unethical practices[3].

The recent raise in litigation against healthcare practitioners is definitely an issue of immediate concern[4-6]. Negative publicity in the media about the profession has done further damage and created a crevice in people's faith in healthcare providers[7,8]. Few studies have been conducted in India to assess the behavioural pattern of healthcare fraternity towards ethics.

There is an argument that doctors and nurses should be taught medical ethics simultaneously[9]. Physicians and nurses work together to provide patient-care, but the professional relations between the two groups may have differences with respect to their attitudes towards patient-care[10,11]. Therefore, present study was conducted to assess the knowledge of, and attitudes to, healthcare ethics among north Indian physicians and nurses.

Material and Methods

The present descriptive cross sectional study was carried out among physicians and nurses of three medical colleges of northern India in the months of July-August 2011, using

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pretested, self administered questionnaire. The study population consisted of 298 physicians and 107 nurses of which 132, 111, 55 physicians and 41, 36, 30 nurses were from PGIMS Rohtak, MMIMSR (both from Haryana) and SKIMS, J&K respectively. All levels of staff were included in the study. Senior residents and junior residents were considered as junior physicians and the rest grouped into the category of consultant physicians. Nurses included ward staff nurses and sisters-in-charge.

Information was collected by interviewing study population using a structured proforma. It was ensured that the respondents understood the meaning of questions well. A detailed proforma containing 34 questions was framed for the purpose of capturing socio-demographic information of the study participants, questions on everyday ethical issues, whether the respondent agreed or disagreed with statements concerning ethical conduct, autonomy, confidentiality, informing patients about wrongdoing, informed consent, treating violent patient etc. The questionnaire was pilot tested on 20 subjects and amended for clarity with the addition of some answer options and was modified accordingly. The respondents were required to answer if they agreed or disagreed with the statements made on these issues. The gradation of the response was provided in a Likert scale ranging from 1 to 5 (1:strongly disagree, 2:disagree, 3:not sure, 4:agree and 5:strongly agree). The nature and purpose of study was explained to the population studied and they were requested to fill

the questionnaires which were distributed by authors in the wards and various outpatient departments. Informed consent was obtained. Ethical committee approval of the study was obtained.

The collected data was coded and entered onto SPSS (Statistical Package for the Social Sciences) version 20. Interpretation of the collected data was done by using appropriate statistical methods like percentage and proportions. For comparison across the groups, Chi square test was used and $p < 0.05$ was considered statistically significant.

Results

Among the six hundred distributed questionnaires, 465 were completed and returned, giving an overall response rate of 77.5%. Sixty proforma were discarded during data analysis due to lack of internal consistency. Finally data of 405 subjects was compiled and included in the study.

There was a statistically significant difference between the opinions of physicians and nurses with respect to adherence to confidentiality, paternalistic attitude of doctors (doctors should do their best for the patient irrespective of the patient’s opinion), informing close relative of a patient’s consent for procedures. There were no differences in the strength of the opinions regarding other issues such as patient wishes, informing patient regarding wrongdoing, seeking consent for children. (Table 1)

Table 1: Distribution of subjects according to their knowledge and attitudes on various dimensions of healthcare ethics.

Issues in healthcare ethics	Staff	Disagree	Agree	P-value
Patient’s wish must always be adhered to	Physicians	78 (33.1)	158 (66.9)	0.19
	Nurses	16 (24.6)	49 (75.4)	
Patient should be always informed of wrongdoing by anyone involved in his/her treatment.	Physicians	156 (61.6)	97 (38.4)	0.17
	Nurses	52 (70.3)	22 (29.7)	
Confidentiality is not so important aspect of treatment.	Physicians	217 (81.3)	50 (18.7)	0.000**
	Nurses	43 (60.6)	28 (39.4)	
Doctors should do their best for the patient irrespective of the patient’s opinion.	Physicians	133 (54.7)	110 (45.3)	0.004**
	Nurses	47 (74.6)	16 (25.4)	
Close relatives should be told about patient condition.	Physicians	27 (10.0)	242 (90.0)	0.007**
	Nurses	15 (22.1)	53 (77.9)	
Children should not be treated without consent of parent.	Physicians	99 (38.5)	158 (61.5)	0.06
	Nurses	16 (25.8)	46 (74.2)	

If law allows abortion, doctors cannot refuse to do abortion.	Physicians	156 (63.9)	88 (36.1)	0.04**
If there is disagreement between patients/families and health care professionals about treatment decisions, doctors decision should be final.	Nurses	56 (76.7)	17 (23.3)	
	Physicians	161 (64.4)	89 (35.6)	0.37
	Nurses	38 (58.5)	27 (41.5)	
* Missing values due to 'not sure' category, **p<0.05				

There was a statistically significant difference between the physicians and nurses with respect to practice of ethical conduct only to avoid legal action, keeping ethics as a part of syllabus, receiving money for referring patients, documenting something which has not been

actually done, influences of drug companies, examination of female patient without attendant, interest in learning healthcare ethics and serving in underserved areas. (Table 2)

Table 2: Distribution of study subjects towards their practice of healthcare ethics.

Issues in practice of healthcare ethics	Staff	Disagree	Agree	P-value
Ethical conduct is important only to avoid legal action.	Physicians	121 (47.8)	132 (52.2)	0.002**
	Nurses	45 (69.3)	20 (30.8)	
Ethics as a part of syllabus should be taught in every medical/nursing teaching institution.	Physicians	37 (14.9)	210 (81.5)	0.000**
	Nurses	29 (40.8)	42 (59.2)	
It is very difficult to keep confidentiality so it should be abandoned.	Physicians	222 (86.7)	34 (13.3)	0.09
	Nurses	64 (94.1)	4 (5.9)	
In your opinion do you think that doctors are receiving income from referring patients for medical tests?	Physicians	195 (80.2)	48 (19.8)	0.000**
	Nurses	22 (28.6)	55 (71.4)	
Consent is required only for surgeries, not for tests and medicines.	Physicians	160 (59.9)	107 (40.1)	0.14
	Nurses	44 (69.8)	19 (30.2)	
Copying answers in degree examinations is bad/sin.	Physicians	90 (31.5)	195 (68.5)	0.52
	Nurses	31 (35.2)	57 (64.8)	
Writing "Nervous system examination- normal" or "B.P. - normal" when it hasn't been done, is acceptable because it is important for documentation.	Physicians	157 (56.1)	123 (43.9)	0.002**
	Nurses	54 (76.1)	17 (23.9)	
If a patient wishes to die, he or she should be assisted in doing so no matter what their illness.	Physicians	219 (83.6)	43 (16.4)	0.12
	Nurses	61 (91.0)	6 (9.0)	
In your opinion, do you think that doctors are influenced by drug company inducements, including gifts?	Physicians	197 (69.6)	86 (30.4)	0.000**
	Nurses	26 (29.9)	61 (70.1)	
In order to prevent transmission of TB, Disclosure of TB positive status to neighbours should be done.	Physicians	231 (93.9)	15 (6.1)	0.63
	Nurses	63 (95.5)	3 (4.1)	
Given a situation, a male doctor need to examine a female patient and female attendant is not available. In your opinion is it ethical to refuse the patient?	Physicians	168 (66.4)	85 (33.6)	0.000**
	Nurses	19 (25.3)	56 (74.7)	

Do you have interest in learning healthcare ethics?	Physicians	157 (59.9)	105 (40.1)	0.003**
	Nurses	27 (40.3)	40 (59.7)	
Do you think doctors/nurses must serve in hard to reach areas and underserved population?	Physicians	164 (63.3)	95 (36.7)	0.000**
	Nurses	12 (19.0)	51 (81.0)	
** p<0.05				

Discussion

The present study analyzed behavioural patterns of 298 physicians and 107 nurses towards healthcare ethics. They were representative of different levels of staff from three medical colleges from northern India. The observations clearly show the difference in the knowledge, attitudes and practices amongst physicians and nurses regarding healthcare ethics.

Not surprisingly, our study shows that doctors were generally not in favour of revealing doctors' mistakes to patients. Doctors were also likely to lean towards revealing a patient's condition to the close relative, irrespective of whether or not the patient's permission was sought. Similar observations were also made by Brogen SA [3].

On the question of autonomy there was wide difference of opinion among different cadres of medical and nursing staff. In another study on attitudes towards patient autonomy, nurses from United Kingdom showed a greater commitment to patient autonomy than did any of the US groups, showing that there may be regional variations [12]. The fact that many senior level staff did not feel that the patient's wishes should be adhered to at all times, show a lack of knowledge of the basic principles of medical ethics.

Since healthcare ethics is not taught during the undergraduate level in most of the medical colleges, it is more likely that senior doctors (either by age or qualification) have better knowledge of healthcare ethics either because of experience or increased attendance at conferences and workshops. The same explanation can be attributed to findings in this study. Similar findings have also been made by an Indian study and a study from the West Indies [3, 13].

Other studies from United States of America and from Barbados, which was undertaken to compare attitudes regarding ethics between faculty members and house staff, found that the increased confidence of the staff to teaching ethics did not quite match the staff's low knowledge scores on ethics [1,14]. It shows clear

behavioural discrepancy between different levels of healthcare staff.

Conclusion

The findings of the present study indicate that gaps exist in the knowledge about practical aspects of health care ethics among physicians and nurses. Practical education in ethics could assist in bridging the gap in ethical approaches among different levels of healthcare staff. Measures of workplace education like sensitization workshops, conferences on health care ethics etc., would assist in bridging this gap to a certain extent.

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