
ORIGINAL ARTICLE**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:

Background: Recent raise in litigation against healthcare practitioners is definitely an issue of immediate concern and may reflect an increase in unethical practices by them. Professional relations between physicians and nurses may have differences with respect to their attitudes towards patient-care. *Aim and Objectives:* To assess the knowledge of, and attitudes to healthcare ethics among north Indian physicians and nurses. *Material and Methods:* 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 version 20. *Result and Conclusion:* 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 relatives of a patients for consent 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 workplace. Measures of workplace education like sensitization

workshops, CME's, 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 are supposed to provide comprehensive care for patients, their families and communities but still dissatisfaction is expressed about 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 on healthcare providers [7, 8]. Only a 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

closely for patient-care, but these two professional groups may have differences with respect to their knowledge and attitudes towards patient-care [10, 11]. Therefore present study was conducted to assess the knowledge of and attitudes regarding healthcare ethics among the 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 month of July-August 2011 using pretested self administered questionnaire. The study population consisted of 298 physicians and 107 nurses, 132, 111, 55 physicians and 41, 36, 30 nurses were from Post Graduate Institute of Medical Sciences (PGIMS) Rohtak, Maharshi Markandeshwar Institute of Medical Sciences & Research (MMIMSR) (both from Haryana) and Sher-I-Kashmir Institute of Medical Sciences (SKIMS), Jammu & Kashmir (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 falling into the category of consultant physicians. Nurses included staff nurses and sisters-in-charge of wards. Information was collected by interviewing study population using a structured proforma. It was ensured that respondents understood well the meaning of the questions. 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 like ethical conduct, autonomy, confidentiality, informing patients about wrongdoing, informed consent, treating violent patient etc was collected. 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 agree or disagree to the statements made on these issues and 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). Study population was explained about the nature and purpose of the study and requested to fill up the questionnaires which were distributed by authors in the wards and various outpatient departments. Informed consent of the participants was taken. Ethics committee approval for the study was obtained. The collected data was coded and entered onto Statistical Package for the Social Sciences (SPSS) version 20. Interpretation of the collected data was done by using appropriate statistical methods like percentages 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 were compiled and included in the study. There were statistically significant differences 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 relatives of patients during consent procedure. There were no differences in

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
Patients wishes must always be adhered to	Physicians	78 (33.1)	158 (66.9)	0.19
	Nurses	16 (24.6)	49 (75.4)	
Patient should always be informed of wrong doing 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's 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 their parents.	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**
	Nurses	56 (76.7)	17 (23.3)	
If there is Disagreement between patients/families and health care professionals about treatment decisions, doctor's decision should be final.	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

the opinions regarding other issues such as patient wishes, informing patient regarding wrongdoing, seeking consent for treating children, where doctors and nurses were having similar opinions in relation to these issues (Table 1). Regarding practice of healthcare ethics, there was a statistically significant difference between the physicians and nurses with respect to practicing ethical conduct only to avoid legal action, keeping ethics as a part of syllabus, receiving money for referring patients, docu-

menting 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).

Discussion:

The present study has analyzed behavioural patterns of 298 physicians and 107 nurses towards healthcare ethics who have represented different levels of staff from three medical colleges from northern India. The observations

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 only important 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 (85.0)	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 & 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 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				

clearly show the difference in the knowledge, attitudes and practices between physicians and nurses regarding the healthcare ethics. Not surprisingly our study shows that doctors have been generally not in favour of revealing doctors' mistakes to patients. Doctors have been 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 have also been made by Brogen SA [3]. Breach of confidentiality is against ethics but at times, in the larger interest of the public, it may be acceptable. On the question of autonomy there have been wide differences of opinion among different cadres of medical and nursing staff. In another study on attitudes towards patient's autonomy, nurses from UK have shown a greater commitment to the patient's autonomy than any of the US groups, showing that there may be regional variations [12]. The fact that many senior level staff do not feel that the patient's wishes should be adhered to at all times, shows the lack of knowledge of the basic principles of medical ethics. Since healthcare ethics is not taught in the undergraduate level in any of the medical colleges, it is more likely that the senior doctors (either by age or qualification) have better knowledge in healthcare ethics either by experience or by attending more CMEs, conferences and workshops. The same explanation could be given for the other findings in this study. Similar findings are observed by an other Indian study [3] and a study from West Indies [13]. Other studies from United States of America [14] and from Barbados [1] comparing attitudes regarding ethics between faculty and house staff, authors have found that the high

confidence of staff to teach ethics has not matched with the staff's low knowledge scores on ethics found in the study. It shows clear behavioural discrepancy between different levels of healthcare staff.

Conclusion:

The findings of the present study indicate gaps in the knowledge about practical aspects of health care ethics among physicians and nurses which they encounter in day to day practice at their workplace. 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, CME's, conferences on health care ethics would assist in bridging this gap to a certain extent.

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