

Ethical Problems in Issues of Daily Practice of Health Professionals with Patients

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Accepted 3 March, 2013

Abstract

Background: Ethical theory is no longer isolated from empirical research. There are few studies on what influence ethical decisions of health professionals in primary care.

Objectives: The aim of this study is to analyse the ethical attitudes of health professionals in dealing with patients.

Methods: A quantitative cross-sectional study involving doctors and nurses. A scale to assess the professionals' ethical attitudes was built, validated with a pre-test, pilot study and the application of Cronbach's Alpha and used through a self-administered questionnaire. The setting of the study was the Health Centres of the Regional Health Authority of the Central Region of Portugal.

Results: The author received questionnaires from 370 health professionals: 180 physicians and 190 nurses. The ethical attitudes of health professionals do not seem to be influenced by gender or age. However, doctors when compared to nurses seem to have stronger ethical attitudes in their relationship with patients, as well as health professionals with more years of activity, as working in the health sub-region of Viseu and Aveiro, and in urban areas.

Conclusions: Ethical problems in primary health care are daily health care concerns. Doctors and nurses are concerned with preserving the ethics of their attitudes towards patients. More studies and training are needed at the interface of bioethics with primary care.

Keyword: Ethics, Primary Health Care, Attitudes Scale, Family Practice, Nursing.

Introduction

At present, ethical theory is no longer isolated from empirical research, which is the traditional precursor of ethical philosophy, rather it is connected with that research and is informed by it.[1]

In order to know what research had already been studied in terms of ethical attitudes of professionals in primary health care, a literature search was performed and it was found that there are few

studies on the factors that influence ethical decisions of health professionals in primary care.[2]

This lack of studies led to the development of a research protocol named "Ethics and Primary Health Care: A descriptive study in health centers" to study the ethical attitudes of primary health care professionals. A scale of 33 items was built and validated (Cronbach's Alpha: 0.823), as published in the Portuguese Journal of Bioethics.[3]

In the present work, the aim is to analyse the data from the first dimension of the constructed scale (Table I), the ethical attitudes of health professionals in dealing with patients. The following null hypotheses were formulated:

H01: The ethical attitudes of health professionals are not influenced by the profession (doctor or nurse).

H02: The ethical attitudes of health professionals are not influenced by gender (male or female).

H03: The ethical attitudes of health professionals are not influenced by age.

H04: The ethical attitudes of health professionals are not influenced by the number of years in the profession.

H05: The ethical attitudes of health professionals are not influenced by the health sub-region where they work (Aveiro, Castelo Branco, Coimbra, Guarda, Leiria, Viseu).

H06: The ethical attitudes of health professionals are not influenced by the geographical area where they work (urban, rural, semi-urban).

Table I. Distribution of the scale items.

Dimension	"Ethical problems in the relations of health professionals with patients"
P1	Seeking the best strategy for clarification of my patient.
P2	Discuss with my patients their medical condition.
P3	Accept the refusal of my patient to my clinical indications.
P4	Do not interfere in the lifestyle of my patient.
P6	Respect the religious values of my patient.
P7	Discuss with my patients their request of procedures.
P8	Evaluate the application of procedures performed by adolescent patient without the consent of their parents or guardians.
P9	Do not share with other members of the health team information on the intimacy of conjugal and family life of my patient.
P11	I preserve my professional secret.
P12	Ask the consent of my patient or his family to report his case in the event or scientific publication.
P13	Establishes limits on professional-patient relationship.
P14	When prescribing a care / treatment of inaccurate result or likely significant side effects, I report that to my patient.
P15	Do not withhold relevant information from my patient.
P16	I pay attention to my patients' ability to pay for the products I prescribe.
P17	I pay attention to the prescription of more expensive products with efficacy similar to other cheaper ones.

Methods

An analytical observational cross-sectional study was conducted by resorting to a purpose-made questionnaire applied to individuals working in a geographically delimited area, corresponding to the area of influence of the Regional Health Authority of the Central Region of Portugal (RHA-C).

The target population consisted of family doctors and nurses working in health centres under the jurisdiction of the RHA-C. Since there were 1660 doctors and 1659 nurses,[4] and due to their geographical dispersion, it was necessary to obtain a sample representative of the entire region. As there were no prior studies or other primary data, a choice was made to take a district based group sample (5) representative of each health sub-region (HSR) . The population to be studied was thus defined: family doctors (both specialists in family medicine and non-specialists who had been assigned a patient list) and nurses (both specialists and non-specialists) working in 50% of all health centres in each HSR of the RHA-C. All health centres belonging to a given HSR were alphabetically sorted, and then a random choice of health centre was performed in that group and iterated until 50% of all health centres in that HSR had been selected. The procedure was repeated for all HSRs in the RHA-C. The randomisation yielded a total of 936

(56%) doctors and 816 (49%) nurses. We expected that there would be 30% of responses, so the number of our sample was fixed in 280 doctors and 245 nurses. Permission to undertake this study was sought from the Ethics Committee of Sao Joao's Health Centre (Oporto) and Directing Council of the RHA-C before administering the questionnaire.

The directors of each of the selected health centres were contacted either in person or by mail, asking for their collaboration in distributing the questionnaires among the doctors and nurses under their supervision, as well as later collecting and returning them to the researcher conducting the study.

The questionnaire was divided into two parts. The first part included six questions on social-professional aspects which characterised the individual: age, gender, profession, HSR and geographical area of work. The second part contained the scale which had previously been validated and devised to evaluate the ethical attitudes of health care professionals.[3]

Results

A total of 370 questionnaires were properly filled and returned to the researcher, representing a reply

rate of 70% of our sample in the randomised health centres.

The studied sample contained 272 female and 98 male individuals, corresponding to 73.5 and 27.5%, respectively. The sample's social-professional features are displayed in Table II.

Mean age was 46.2 years and the median was 48 years. Standard deviation was 8.94 years. The youngest individual was 23 years old and the eldest was 61 years old. Age according to gender had a mean of 44.8 years, median of 44 and a standard deviation of 9.07 years for females. The youngest woman was 23 years old and the eldest was 61 years old. For males, the mean age was 50.1 years, median was 51 years and standard deviation was 7.29 years. The youngest man was 23 years old and the eldest was 58 years old. When divided into age groups, the predominant group was the 50 to 59 years (43.8%).

Regarding profession, the sample contained 180 doctors (48.6%) and 190 nurses (51.4%). Age distribution according to profession had a mean of 51.1 years for doctors, the median was 52 years

with a standard deviation of 6.46 years. The youngest doctor was 30 years old and the eldest was 61 years old. The mean age for the set of nurses was 41.5 years, the median was 41 years and the standard deviation was 8.43 years. The youngest nurse was 23 years old while the eldest was 61 years old.

When classified by HSR, 62 individuals belonged to Aveiro (16.8%), 102 to Castelo Branco (27.6%), 96 to Coimbra (25.9%), 40 to Guarda (10.8%), 40 to Leiria (10.8%) and 30 belonged to Viseu (8.1%).

As to their workplace settings, 180 individuals considered their work environment to be urban (48.6%), 62 rural (16.8%) and 128 semi-urban (34.6%).

When presented with a Likert scale in which five possible answers could range from "one" (signalling complete disagreement) to "five" (indicating complete agreement), individuals showed agreement with the ethical problems under consideration, attaining a mean score of 3.99 (minimum of 3.07 and maximum of 4.80) (Table III).

Table II. Distribution of individuals according to their social-professional background.

Variable	Number	%
Gender		
Female	272	73.5
Male	98	26.5
Age		
20 – 29 years	12	3.2
30 – 39 years	82	22.2
40 – 49 years	106	28.6
50 – 59 years	162	43.8
60 – 69 years	8	2.2
Profession		
Doctor	180	48.6
Nurse	190	51.4
No. of years of experience		
< 5 years	12	3.2
5 – 14 years	68	18.4
15 – 24 years	108	29.2
25 – 34 years	164	44.3
> 34 years	18	4.9
HSR		
Aveiro	62	16.8
Castelo Branco	102	27.6
Coimbra	96	25.9

Guarda	40	10.8
Leiria	40	10.8
Viseu	30	8.1
Workplace settings		
Urban	180	48.6
Rural	62	16.8
Semi-urban	128	34.6

Table III. Descriptive statistics of attitudes of health care professionals when faced with ethical problems.

Variable	Scale
No. of items	15
Mean	3.99
Median	3.93
Standard deviation	0.36
Variance	0.13
Minimum	3.07
Maximum	4.80

Testing of hypotheses

H01: The ethical attitudes of health professionals are not influenced by the profession (doctor or nurse).

It was found that the mean scores were higher in the group of doctors (Table IV). As the variable score on the scale versus professional group did not follow a normal distribution, a non-parametric Mann-Whitney test was applied and statistically rejected the null hypothesis ($p < 0.5$). It can thus be concluded that attitudes towards ethical problems in the interaction of health professionals with patients and their families are influenced by the profession. Considering higher scores, obtained on the assessment of professionals by applying the scale, linked to stronger ethical attitudes, it can be observed that ethical attitudes were stronger among doctors than nurses.

H02: The ethical attitudes of health professionals are not influenced by gender (male or female).

It was found that the mean scores for the scale were equal in both genders (mean = 3.99), which implies that the null hypothesis was not rejected. It is concluded that attitudes towards ethical problems in the interaction of health professionals with patients and their families are not influenced by gender.

H03: The ethical attitudes of health professionals are not influenced by age.

Given that neither of the two variables followed a normal distribution in the test analysis, the

Spearman coefficient was applied and showed a value of 0.059 (positive correlation), associated with a p-value of 0.257 (Figure 1). As such, the null hypothesis is not rejected. It is concluded that attitudes toward ethical problems in the interaction of health professionals with patients and their families are not influenced by age.

H04: The ethical attitudes of health professionals are not influenced by the number of years in the profession.

Given that neither of the two variables followed a normal distribution in the test analysis, the Spearman coefficient was applied and had a value of 0.111 (positive correlation), associated with a p-value of 0.033 (Figure 2). As such, the null hypothesis is rejected. It is concluded that attitudes towards ethical problems in the interaction of health professionals with patients and their families are influenced by the number of years in the profession.

H05: The ethical attitudes of health professionals are not influenced by the health sub-region where they work (Aveiro, Castelo Branco, Coimbra, Guarda, Leiria, Viseu).

It was found that the mean scores were higher in the group of professionals working in the sub-region of Viseu and were lower for those working in the sub-region of Castelo Branco (Table V). As the distribution of the variable scale score did not follow a normal distribution in all sub-samples, the non-parametric Kruskal-Wallis test was applied, and the null hypothesis ($p < 0.001$) was statistically

rejected. It can thus be concluded that attitudes toward ethical problems in the interaction of health professionals with patients and their families are influenced by the sub-region where they work. Considering that higher scores, obtained from the assessment of professionals by applying the scale, are correlated with stronger ethical attitudes, these were predominant in the health sub-regions of Viseu and Aveiro, but not in the subregions of Leiria and Castelo Branco.

H06: The ethical attitudes of health professionals are not influenced by the geographical area where they work (urban, rural, semi-rural / urban). It was found that the mean scores were higher in

the group of professionals working in urban areas (Table VI). As the variable did not follow a normal distribution in all samples, the non-parametric Kruskal-Wallis test was applied, and the null hypothesis ($p < 0.001$) was statistically rejected. It can thus be concluded that attitudes toward ethical problems in the interaction of health professionals with patients and their families are influenced by the geographical area where they work. Considering higher scores, obtained from the assessment of professionals by applying the scale, are correlated with stronger ethical attitudes, one can observe that ethical attitudes are more strongly displayed by professionals who were reportedly working in urban areas.

Table IV. Ethical attitudes of respondents according to their profession.

Professional	Mean scores on the scale	Mann-Whitney test
Doctors (n = 180)	4.02	p = 0.031
Nurses (n = 190)	3.96	

Figure 1. Ethical attitudes of respondents according to their age

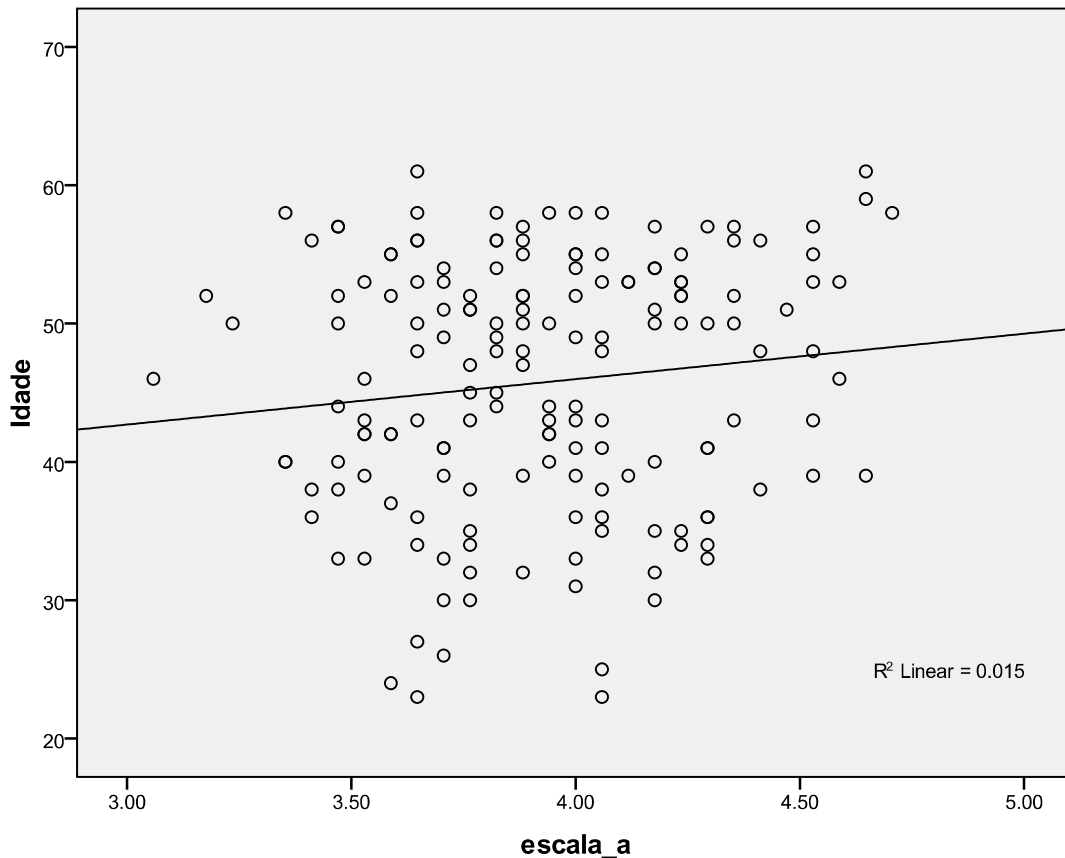


Figure 2. Ethical attitudes of respondents according to number of years in the profession

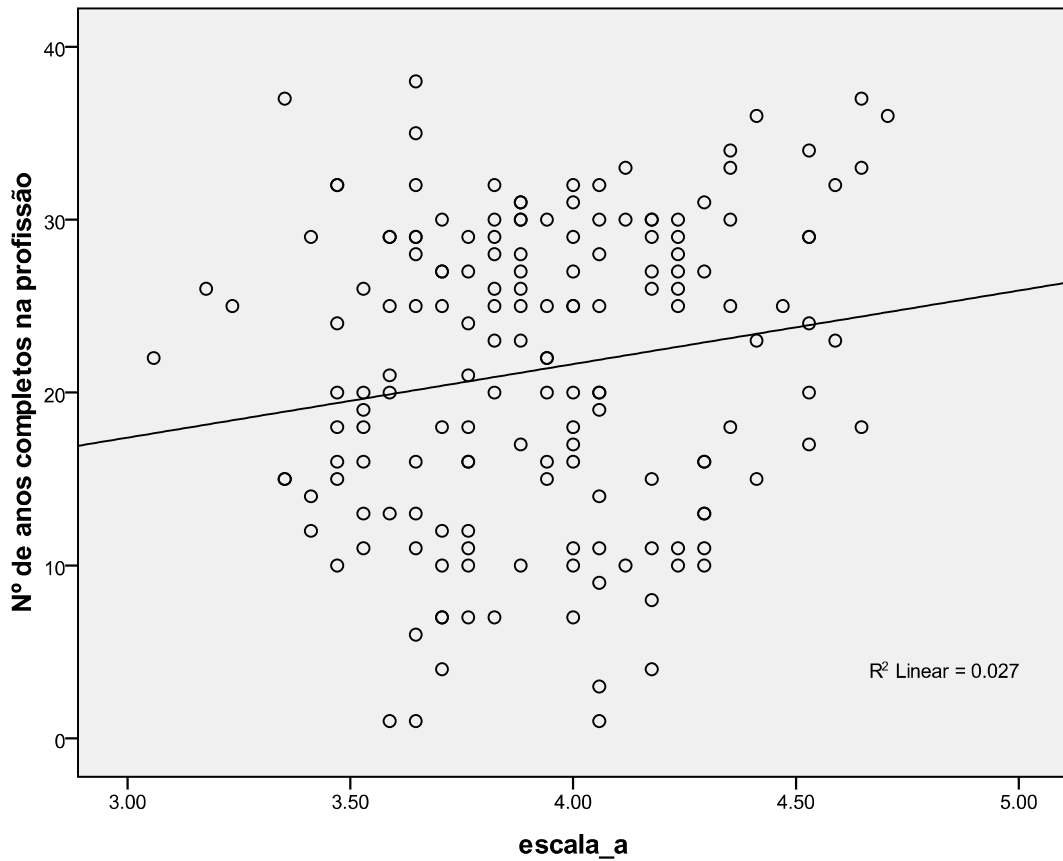


Table V. Ethical attitudes of respondents according to the health sub-region to which they belong.

Region	Mean scores on the scale	Kruskal-Wallis test
Aveiro	4.03	p < 0.001
Castelo Branco	3.88	
Coimbra	4.01	
Guarda	3.99	
Leiria	3.92	
Viseu	4.29	

Table VI. Ethical attitudes of respondents according to the geographical area in which they work.

Area	Mean scores on the scale	Kruskal-Wallis test
Urban	4.06	p < 0.001
Rural	3.92	
Semi-urban	3.92	

Discussion

The majority (73.5%) of respondents were females, in agreement with the current overall demographics of health care professionals in Portugal,[6] where there has been a trend toward increasing predominance of women among health care professionals.[7]

Also to be expected was the predominance of individuals in the age group of 50 to 59 years, with 43.8% of respondents. This confirms that a large number of health care professionals are reaching the age of retirement thus indicating an impending shortage of family doctors in the Portuguese primary care system.[8] In fact, the mean age of family doctors taking part in this study was 51.1 years with a median of 52 years, while the mean age of participant nurses was 41.5 years with a median of 41 years.

The respondents' distribution according to HSR was 16.8% in Aveiro, 27.6% in Castelo Branco, 25.9% in Coimbra, 10.8% in Guarda, 10.8% in Leiria, and 8.1% in Viseu. Concerning the randomisation of health centres, the HSRs of Castelo Branco and Coimbra are over-represented in this sample, whereas Aveiro and Guarda are properly represented, and Leiria and Viseu are under-represented. This may be explained not only by the strong participation observed among participants in Castelo Branco and Covilhã but also by the fact that the researcher working in Coimbra made it possible to motivate participants (due to physical proximity) from this HSR to return their questionnaires.

According to the data gathered and described in the study's results, individuals showed an overall agreement with the items in the scale, having a mean score of 3.99, with a minimum of 3.07 and a maximum of 4.80.

The mean scores for physicians (4.02) were significantly ($p = 0.031$) higher than those of nurses (3.96), thus leading to the conclusion that the ethical attitudes of health professionals are influenced by the profession (doctor or nurse).

In the literature, some studies point out that there are differences in ethical attitudes between nurses and doctors,[9-15] while other studies reported that there is no difference.[16-20] In other studies although the authors reported no differences in the number of identified problems between doctors and nurses, they found differences in the type of problems identified, that is, these differences do not

occur because there are differences in the commitment or ethical approach, but because there are differences in the hierarchical structure and the roles played by doctors and nurses as health care providers.[21-22]

In Portugal, it is anticipated that despite the differences between medicine and nursing, the education in bioethics will tend to narrow the gap between the backgrounds of these two professions.[23] Regardless of the current prevailing ethical and professional traditions involved, the axiological framework of bioethics is the eminent dignity of the human person and his substantive responsibility with other members of the moral community in the context of a real ontological solidarity.[24]

The average score for individuals of masculine and feminine genders is similar, with no statistically significant differences, thus leading to the conclusion that the ethical attitudes of health professionals are not influenced by the gender of the professional. This however seems to suggest a decrease in the relative importance of the "ethics of care" against other ethical currents, namely principlism.

In the literature, there is a study that points to the fact that there may be differences in ethical attitude due to gender [25] and other studies such as this, which state that there are no differences.[19, 26]

The present study found a weak positive correlation of ethical attitudes in association with age but without statistical significance, concluding that the ethical attitudes of health professionals are not influenced by age. However in the literature, several studies have found that there are differences in ethical attitude due to age.[27-29] There was also a weak positive correlation of ethical attitudes in association with the number of years of practice, with statistical significance.

The mean score was higher in the group of professionals working in the health sub-region of Viseu and lower for those working in the sub-region of Castelo Branco. Still noteworthy in the present study is that the ethical attitudes of health professionals seem to be stronger in the health sub-regions of Viseu and Aveiro, and less strong in the health sub-regions of Castelo Branco and Leiria.

Each district administration of medical and social services, created in 1974 in the middle of the

revolutionary process, developed with full autonomy which was extended with its transformation into regional health authorities in 1982;[10] so each sub-region that derived from these administrations has its own history and culture, which may explain the differences found in this study.

Ethical reflection within organizations implies the existence of certain conditions, and the main condition is the "moral community" of the organization, that is, a set of common moral standards for its members, because organizations represent a complex articulation of individual interests that pursue common goals. However, they must do so while respecting the dignity of citizens and their fundamental rights.[30]

Organizational culture arises when there is sharing of values and beliefs, a framework of collective action, and a system of ideas arising from the history of the organization, the definition of situations by dominant players, the cumulative interpretation by stakeholders, and the sense of continuous and reciprocal actions.[31]

The mean score was higher in the group of professionals who were reported to be working in urban areas (4.06) than those reportedly working in rural or semi-urban areas, and this difference was statistically significant ($p < 0.001$), thus leading to the conclusion that ethical attitudes of health professionals are more steadfast when working in urban areas. The study previously mentioned by Hoffmaster et al.[27] regards the existence of differences in ethical attitudes of health professionals according to the geographical area where they work.

Conclusion

Considering the higher values in the assessment of professionals by applying the scale that was constructed associated with stronger ethical attitudes, it can be concluded from the questionnaire answered by the healthcare professionals from the Health Centres of the Regional Health Authority of the Central Region of Portugal that the ethical attitudes of health professionals towards patients are as follows:

- A) They seem to be firmer in physicians than in nurses.
- B) They are not influenced by gender.
- C) They are not influenced by age.

D) They are influenced by the number of years in the profession.

E) They seem to be firmer in the professionals working in the health sub-regions of Viseu and Aveiro than in professionals working in other areas.

F) They seem to be firmer in those declaring that they work in urban areas than in rural or semi-urban areas.

Ethical problems in primary health care are daily health care concerns. Doctors and nurses are concerned with preserving the ethics of their attitudes towards patients. More studies and training are needed at the interface of bioethics with primary care.

Acknowledgements

The author would like to express his gratitude to all professionals working in the Health Centres of the Regional Health Authority of the Central Region of Portugal who accepted to take part in this study. The author gratefully acknowledges Dr. Denise Alexandra for helping in the statistical analysis of this paper.

This work was developed in the Health Sciences Department of the University of Aveiro and in the Health Centres of the Regional Health Authority of the Central Region of Portugal, and is a part of the doctoral project entitled "Ethics and Primary Health Care: A descriptive study in health centres" under the supervision of Rui Nunes (PhD in Medicine by the University of Oporto, Professor in the School of Medicine of the University of Oporto) and Manuel Teixeira Verissimo (PhD in Medicine by the University of Coimbra, Professor in the School of Medicine of the University of Coimbra).

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