

## **Discuss the core values of professionalism in relation to healthcare**

### *Introduction*

Professionalism can be defined as the competence or skill expected of a professional<sup>1</sup>. Every career expects a level of personal professionalism and exemplary behavior in order to complete the job expected of them.

Professionalism in medicine and healthcare is no different. In fact, one may argue that the level of professionalism held by those working in such an environment must exceed that of which is expected of them, purely because they can be looked at from the outside as being the gatekeepers to delivering good care within the community. Healthcare staffs work to the highest standards to deliver safe quality care for their patients.

There is a range of core values of professionalism in healthcare<sup>2</sup>. These are vast and include things that demonstrate excellence, care, ethics, respect and accountability. These all form part of the ethos of someone that works in the field of medicine.

For this essay I will hone in on what I believe to be some of the most important aspects of professionalism in healthcare. These are altruism and altruistic behavior, demonstration of excellent communication skills and teamwork and finally honesty, integrity and accountability. These are the guiding beliefs that are the foundations of which professional values are built upon and some would argue are the backbone of the quintessential healthcare worker.

### *Methods*

To review the core values of professionalism in healthcare I completed a relevant literature search, which included a range of up to date and relevant articles. These literature studies were located on the search direct, PubMed and Cochrane databases.

The search items used included;

'Professionalism', 'altruism', 'teamwork', 'ethics', 'integrity', 'health care'

All terms were searched in titles, abstracts or medical subject headings. All the captured articles were combined with "AND" to identify the relevant articles whose titles and abstracts were scanned

## *Altruism*

One area of professionalism in healthcare is the concept of altruism and altruistic behavior. Altruism is defined as having a disinterest and selfless concern for the well being of others and was first used by the French philosopher Auguste Comte in the nineteenth century<sup>3</sup>. He coined the term to signify the interests of others as an action guiding principle. This characteristic is commercially attached to medical professionals, with the cliché image of a doctor giving his time and effort for the sake of others – the savior in the white coat. However desirable this concept may be it is important to scrutinize the area surrounding this notion as sometimes it can lead healthcare workers down a very unprofessional path and subsequently becoming detrimental in the care of patients<sup>4</sup>.

To allow for a clear understanding of what altruism means I will give an instance of where it should be professionally expected. For example, if a doctor has just finished their shift on a busy ward and has prior engagements elsewhere, and a sick patient immediately arrives on an understaffed ward, it would be fitting for the doctor to at least concern themselves as to whether they can be of some assistance if it is needed regardless of their plans<sup>4</sup>. To disregard patient care purely based on the fact that the shift is over could demonstrate selfish behavior, and one that may not fitting for a doctor.

Wicks et al carried out a survey on doctors and medical students to measure altruism in medicine. He questioned the participants he interviewed on how they would respond if a major disaster that required urgent medical support were to unfold. His results showed that 37% of professionals would apply for special leave to help, 32% would donate to that cause, 14% would consider going providing their colleagues were and that 10% would 'get the next flight out'<sup>5</sup>. These results are encouraging in that fact that it can demonstrate the keenness of some healthcare professionals to work for others. However, there is a significant criticism we can make to Wicks et al's methods, as well as the results shown. Firstly, if healthcare workers were so widely altruistic in their professional manner, the third world would see an increasing number of foreign doctors volunteer for major organizations such as Medicine Sans Frontiers and catastrophe zones would be brimming with eager professionals willing the sacrifice their time and effort in the service of others<sup>6</sup>. However, this isn't the case today. On April 28<sup>th</sup> 2016, the Guardian newspaper reported that the last Pediatrician in rebel held Aleppo was killed in a government regime bomb attack on a hospital<sup>7</sup>. The fact that the doctor was the last of his specialty in a war zone begs to question the level of altruism that should be expected of doctors worldwide. Does altruism stop when the individuals own life is at risk? Would helping people in these situations become extreme? Shrank argues this by explaining that although altruism is making yourself available to the patient and their needs, it does not mean that the professional does so while sacrificing their own health. He goes on to mention that altruism is all about weighing up the pros and cons and prioritizing them. It is easy to report on a question survey that one would 'get the next flight out' but in reality this is very different. We can gather from this that measuring altruism in the healthcare profession has its limitation.

I believe that it is not a quantifiable subject that can we can objectively measure results from. It is qualitative in its nature and based individual circumstance<sup>5</sup>. The New England Journal of Medicine claims “medicine is one of the few spheres of human activity in which the purposes are unambiguously altruistic”. Furthermore the American board of internal Medicine states, “Altruism is the essence of professionalism; the best interest of patients, not self interest in the rule”<sup>8</sup>. From these statements perhaps doctors can demonstrate altruism on a local level, covering shifts and staying late. However, when it involves personal well-being at the expense of others, it may be safer to become more selfish than altruistic.

Wicks reports in his article on ‘Altruism and Medicine’, that the practice of altruistic behavior is in decline and that it may be important in maintaining respect for the public eye<sup>5</sup>. However, altruism should not be a mere act to show off to others. It should arrive from a deeper passion to help selflessly. Moreover, this decline that he mentions could in fact correlate to the changing of healthcare governing bodies. In the UK we are currently witnessing a decline in the quality of our National Health Service, where over worked and underpaid staff have become demotivated and subsequently this can show in their professional behavior. On January 10<sup>th</sup> 2016 the tabloid newspaper The Sun, the acclaimed most read newspaper in Great Britain today, published an article with the heading “high life of Docs leaders who are heading up NHS strike”<sup>9</sup>. With similar titles in tabloids referring to poor treatment of patients by doctors and hospital staff, with no real evidence to back their claims, I believe the public eye of the NHS and healthcare staff has diminished regardless of this professional behavior, and to therefore show altruistic behavior for the sake of saving face is a false act. In addition new training programs, pay and the inflexibility in some new junior doctor contracts can demotivate the doctor to work more selflessly. Wicks mentions that these contracts can “dampen a doctors enthusiasm for performing acts of good will”<sup>5</sup>.

Altruism also varies from different individuals. Certain upbringings from different environments can encourage this behavior whilst others don't. This, as Abigail Marsh argues, is due to the emotional compassion<sup>10</sup>. She argues that certain individuals hold more emotional capability to show compassion whilst others do not. This is an interesting point when extrapolating this concept to the world of healthcare. Whilst healthcare institutes around the world have a similar method of teaching one to become empathetic towards the patient and to show emotional support, it cannot be denied that their working environment will shape them far more than their schooling ever did<sup>10</sup>. For example, a doctor that has worked all their life in a catastrophe zone may show more altruism than one that has worked in the private sector.

Altruism is an important and core principle when dealing with professionalism in the healthcare environment. It is a unique characteristic that somewhat shows a real human side of the worker. I believe that this innate characteristic is vital in healthcare; not to show off or to encourage ones ego in the presence of others, but rather to better patient care.

## *Teamwork*

Every healthcare professional works as part of a wider multidisciplinary team (MDT)<sup>11</sup>. The sharing of ideas and concepts to progress medical knowledge and provide patient centered care stems from teamwork. With regards to medicine, the World Health Organization (WHO) explains that teamwork in healthcare employs the practice of collaboration and enhanced communication to expand the traditional roles of healthcare workers to make decisions as a unit towards a common goal<sup>12</sup>. In the world of medicine, teamwork is driven by the concept of the MDT. The MDT involves different professionals such as doctors, nurses, specialty workers and even those from a non-medical background such as ward clerks, occupational and physiotherapists<sup>11,12</sup>.

The importance of teamwork is vital, even in today's age with technical medical advancements. To start with, working together in a team reduces the number of medical errors that have the potential to occur<sup>13</sup>. At times doctors may forget certain treatments or even guidelines that may have changed; the team will be there to steer their colleagues away from mistakes. A classic example of this are the checks that are implemented when writing a drug chart. Serious incidents have occurred when team members have not checked each other's prescriptions especially at the junior stages of a new doctor<sup>14</sup>. A nurse and a senior doctor to ensure that no errors have been made, usually check prescriptions prior to the drug being administered. This method of carrying out checks can encourage learning since professionals won't be hesitant to complete a job based on the fear of making a mistake and not being corrected.

Another way in which working in a team can reduce the mistakes made is by delegating and sharing tasks to different members<sup>13</sup>. When sharing tasks amongst healthcare staff you prevent burnout. A tired healthcare professional is prone to making mistakes, and when sharing the responsibility of patients amongst the team, a weight can be lifted off the shoulders. This promotes good practice in the team, making it stronger in order to provide safe care for patients<sup>11, 14</sup>.

Evidence to suggest that teamwork reduces mistakes in practice can be seen in Morey et al's study entitled 'Error Reduction and Performance in Emergency Departments through Formal Teamwork Training'<sup>15</sup>. This study wanted to tell if a military and aviation style team-building course could improve the number of clinical errors made in practice.

The study design involved 684 participants of the emergency department MDT to undergo team training<sup>15</sup>. They measured a range of outcomes, including team behavior, emergency department performance and attitudes and opinions. The results demonstrated a statistically significant improvement in quality of team behaviors between those who went along to the course, against those who didn't. He reported that clinical error rate significantly decreased from 30.9% to 4.4% as well as recording positive attitudes towards teamwork<sup>15</sup>.

This demonstrates that improving how members work together can ensure better patient care and reduce the number of mistakes made. However, to evaluate, we find that this study was a short-term study and used quite a small

sample of participants<sup>15</sup>. Furthermore it can be difficult to extrapolate results from one area of medicine to another. On the other hand these results came from an area of medicine that some have argued to be busy constantly and so if teamwork and patient care can be improved in the emergency department, then it most likely can be done elsewhere.

Another reason as to why teamwork can be viewed as a core principle in healthcare professionalism is because it allows difficult patients with complex medical conditions to be treated by a multitude of professionals who can all contribute to the patient's wellbeing<sup>13</sup>. By working in a large team the patient can be treated holistically, allowing each step of care to be carried out thoroughly.

The General Medical Council states in their Good Medical Practice guidelines that 'you must work *collaboratively* with colleagues, respecting their skills and contributions'<sup>16</sup>. This focus ensures that when looking after many patients who have multiple conditions as well as an increased aging population with comorbidities, it makes it possible for doctors to share the load of responsibility<sup>13, 16</sup>. By eliminating a traditional hierarchical approach on who and who cannot treat the patient, an article by Mickan states that by working in a team across a plain can allow the patient to be treated effectively, hospital waiting times can be reduced and there will be an improved coordination of care<sup>17</sup>.

Finally, effective teamwork can foster better communication. Mickan goes on to explain that effective teams utilize good communication strategies for the benefit of patients and staff<sup>17</sup>. He mentions that 'members listen to each other, respect differences in views and include patients and families in collaborative problem solving'<sup>17</sup>. Nievaard supports this claim when he found that with good communication in healthcare in the Netherlands, nurses perceived patients as 'more interesting and less dependent, while patients felt less isolated and displaced'<sup>18</sup>. There was a stark contrast against those with medical teams that had poor communication, where patients were seen as uncooperative and negative<sup>18</sup>. Mickan then mentions that teams who engage more in active problem solving performed better than those where problems were not identified and were attributed to wrong causes<sup>17</sup>.

An example of where communication within a team broke down can be seen in the unfortunate case of Mrs Elaine Bromiley<sup>19</sup>. What was scheduled to be a routine operation to clear her nasal passage in order to assist with her breathing had turned into something far worse. While multiple senior anesthetists attempted to intubate Mrs Bromiley prior to her surgery they had failed to recognize the patients deteriorating oxygen saturations. She had subsequent brain damage as a result of not being effectively intubated and later on died as a result. An article from Life in the Fast Lane in collaboration with the patient's widower had outlined the key learning points from this case and the first one to note was that of communication<sup>20</sup>. They have argued that there was no effective communication between team members, with none of the senior staff vocalizing to one another what was happening and how to progress. Although this an extreme example of what can happen when there is a breakdown of professional

communication, it can serve as a reminder as to why it is a core value in the world of healthcare.

When a patient first enters a hospital, at every level of care, a member of the team should be discussing certain advancements in their treatment plan every step of the way. This can put the patient at ease and motivate them in their care. Moreover, teamwork promotes better communication within the MDT so that treatment plans can be shared amongst professionals, an understanding can be built to learn why certain patients may receive different treatment and care packages, overall enhancing the learning experience within the healthcare team.

### *Honesty, Integrity and Accountability*

A core principle of professionalism in healthcare workers is integrity<sup>21</sup>. Integrity can be defined as having a steadfast adherence to high ethical principles of professional standards such as truthfulness, fairness and speaking forth about why you do and what you do<sup>21</sup>.

These are all qualities expected of individuals that work in the healthcare profession. The GMC mentions that doctors 'should make sure their information and evidence in practice is true and genuine' and that they must 'act with honesty and integrity'. Furthermore the GMC says that 'professionals must make sure that their conduct justifies their patients trust in them and the public's trust in the profession'<sup>21</sup>.

Having honesty and integrity is always important in any profession. But with this expectation, there are those who are willing to oppose or bend the rules. With traditional medicine, there has always been a culture of respecting seniors and to not speak out against them. At times this culture can become detrimental to the functioning of a medical team and patient care<sup>22</sup>. For example, if a senior member of a team makes an obvious mistake in front of their peers and students, then it may be difficult for one of them to speak out or correct them. This mistake can be as simple as a consultant not washing their hands between patients or not being bare below the elbow. Now although these seem like mistakes that can be forgiven by the team, they are still part of the medical guidelines non-the less and having the personal integrity and moral principle to correct this can be viewed as good practice but understandably difficult in these circumstances.

With scenarios like this all too common, it begs to ask how relevant integrity is to modern healthcare. Tyreman questions this very concept in his article. He mentions that there are two arguments to be made. One is that with the multi professional nature of modern healthcare, personal integrity is at best a futile luxury<sup>22</sup>. On the flip side, he also argues that without personal integrity healthcare loses its humanity and becomes a mere biological and social engineering. He further mentions that integrity is more of a social virtue in which 'individuals are able to demonstrate their relationship with values of the communities in which they are members'<sup>22</sup>. I would argue against this, since medicine is communicated in a universal language and theoretically we are part of a global medical community. Moreover, integrity doesn't just necessarily mean

gaining trust in patients and the public. It involves being trustworthy to oneself, taking responsibility and knowing one's limitations – all things even more relevant in a modern healthcare environment.

Another aspect of integrity is acting on the basis of professional values even when the results of the behavior may place oneself at risk. I believe that doctors and healthcare professionals alike find this to be the most challenging in practice. Medicine is a long and arduous road, and one that professionals have given a lot up for such as being away from loved ones and even moving to various parts of the globe for their illustrious career. For this, it is also one that doctors protect. They may join various medical protection groups and will document every detailed conversation they have with the patient<sup>2</sup>. As a result, if a moral dilemma occurred that puts their profession at risk, they may act towards their self-interest and not of what we expect to be honorably correct.

An example of this is when doctors fail to report serious incidents. Actions that can place the patient at harm but are in the position to be remedied quickly sometimes get unreported out of fear of a disciplinary procedure<sup>23</sup>. It is the doctor's professional responsibility to take the onus on themselves and admit their mistakes. This would create an opportunity to learn from their mistakes and improve themselves as professionals.

A unique but important example of professional integrity is when seniors arrive at work intoxicated. Thankfully there have been reports of these occurring infrequently but I believe this is an important scenario that tests junior's professional integrity even if it occurs in a theoretical setting. A report of an incident occurring like this was when Dr Frank DeLee was accused of delivering a baby while drunk in 2016<sup>24</sup>. To have professional integrity and responsibly would have been to stop this doctor, regardless of their grade and their position in the hospital from carrying out such procedures. There is a culture of fear when reporting incidences like this, firstly because of the serious accusation that the professional is making, and secondly the concern of speaking out due to their hierarchical position. Issues like this need to be dealt with by having a good moral stance and integrity. Despite that fact that a senior who may in fact hold the keys to your lucrative future in your specialty, it is important to have that responsibility to speak out for the well being of the patients and your own professional and moral view.

Accountability is also important in professional development. As Hendee et al state 'healthcare is transitioning into a new era of accountability'<sup>25</sup>. This usually refers to the reliability of the healthcare worker and how they respond professionally to colleagues, patients and themselves. When medical students make that transition from student to doctor they start to develop a sense that they become accountable for their actions. They cannot simply remark their student status as a defense. Healthcare professionals are accountable for their patient's treatment; this includes whether they have treated the patient correctly or made a mistake. Whether a mistake has been made or a new diagnosis spotted, having accountability should be a characteristic that drives one to become a better healthcare worker.

## *Conclusion*

When looking at core values of professionalism in healthcare, there are many aspects that contribute to an expected behavior. These include ethical values, moral obligations, accountability and integrity, honesty, altruism, communication and many more. I chose to explore the main key points that I believe contribute to the foundations of professionalism.

Altruism is the perceived act of doing something for the sake of others selflessly. Many of those that work in the healthcare environment would argue that they work altruistically. However, at what extent does working selflessly for the sake of others impact one's professional demeanor. There may be many reasons as to why we may do this. It could be to give the public a sense of security and trust in their local health service or it could stem from a deeper compassion that workers may have from an upbringing. I would argue that altruism could perhaps stem from a mixture of both – a professional act that you may want to uphold but are reminded that it is desirable to do as well for the public. Altruism should also be a quality that comes with a warning. Arguments have been made that if you work too selflessly in the service of others, you may forget your own personal health and well-being. Furthermore this can all be put down to different environments in which the health care worker operates.

Teamwork and communication are a professional skill and values that are crucial in the functioning of an MDT. In the working healthcare environment teamwork is vital for progression of skills and passing on crucial medical knowledge to improve patient care. It allows team members to share the burden of work amongst themselves preventing burnout and reducing the chance for mistakes to occur – this has proven its importance from the Elaine Bromiley case. Adopting a strong bond with the team that your working with only makes caring for patients easier. Modern medicine has gradually moved away from a patriarchal system and moved towards an approach that involves working with the patient throughout their care.

Honesty and integrity are also vital in core professional values. I would argue that these qualities should be at the forefront of anyone that works in medicine and healthcare. Having that ability to stand up for what is in the patients best interest regardless at your level is extremely important. It is the backbone in which makes practice safe and effective. Furthermore, accountability is another important aspect in core professional values. It allows the professional to grow more responsible for their actions, which in the long run helps build them into a worker with invaluable experience.

The world of healthcare advances everyday. There are new medications being distributed, techniques being used and even jobs that are being created to provide care to the wider community. Careers in healthcare are usually long term, and as the methods around us develop to better patient care, we too must develop our core professional values not just for patients but also for ourselves.



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All links provided are for up to date pdf documents for easy access

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