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**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.3552729>Available online at: <http://www.iajps.com>**Research Article****MEDICAL STUDENTS' EXPERIENCES AND PERSPECTIVE
ON UNPROFESSIONAL BEHAVIOR IN CLINICAL
PRACTICE****Dr. Alaa Yousef Alsurayhi, Arwa Yousef Alsuraihi, Bandari khalid Aljabri**
M.B.B.S, R4, Joint Program of Saudi Board in Family Medicine, Taif, KSA**Abstract:**

Medical professionalism can be defined as a vocation or 'calling', as it is a belief system in which group members ("professionals") declare ("profess") to each other and the public the shared competency standards and ethical values they swear to uphold in their work and what the public and individual patients can and should suppose from medical professionals. Professionalism in general is to do the desired work correctly and taking money for that. But in medical field and beside this definition, doctors should give more attention to many thing beside doing the work correctly to be the one who individual patients suppose from medical professionals. Most of participates think that they have a good vision about professionalism however they did not take or pass any of medical professionalism courses. At first we thought that is because of they have this knowledge from their study at college completely but this is vanished when we know that more than half of them thought they did not have sufficient training to complete their work successfully

This study reveals that Clinical Medical Students practice different types of behaviors from their senior colleagues in clinical settings. The experiences of students are regularly dissimilar from what lectures in professionalism equipped them for. Students experience different kinds of unprofessional behaviors including disrespect, poor feedback and in-group and out-group issues; which often leave them sad, disappointed and demoralized. This research reemphasizes the need for problem- based experiential Professionalism modules throughout clinical Medical training, as well as ongoing training for mentors in both professionalism and how to bring productive and un-harmful feedback to their students.

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INTRODUCTION/BACKGROUND:

Because medicine is a profession and physicians are *professionals*, it is vital to have a clear perception of what "professionalism" means.

Medical professionalism can be defined as a vocation or 'calling', as it is a belief system in which group members ("professionals") declare ("profess") to each other and the public the shared competency standards and ethical values they swear to uphold in their work and what the public and individual patients can and should suppose from medical professionals.

The distinction is usually drawn between a professional (i.e., someone who earns a living from their trade or occupation), and an amateur (i.e., someone who might do the same or a similar thing, but without payment). But the distinction is not simply that one is paid and the other is not, since a 'professional' performance is one which is good, polished and of a high quality, whereas an 'amateurish' performance is the opposite – despite much or little payment might have been received

Also, we should differentiate between business and profession as difference between them is not entirely clear, since professionals may engage in business and make a living by it. However, one critical difference distinguishes them: professionals have a *fiduciary duty* toward those they serve. This means that professionals have an essentially stringent duty to state that their decisions and actions provide the benefit of their patients or clients, even at some cost to themselves. Professionalism have codes of ethics which identify the obligations arising from this fiduciary duty. Ethical problems often occur when there appears to be an argument between these obligations or between fiduciary duties and personal goals.

Medical professionalism, as a result, pledges its members to a dynamic process of personal development, life-long-learning and professional development, including participation in a social activity that continually seeks to express expertise and caring in its work

At the heart of these continuing declarations is a three-part assure to acquire, maintain and advance: (1) an ethical values system grounded in the assurance that the medical professionalism exist to serve patients' and the public's benefits, and not just the self-interests of doctors; (2) the knowledge and technical skills essential for good medical practice; and (3) the interpersonal skills required to work together with patients and eliciting values to line the proper use of the professionalism's specialized knowledge and skills, sometimes referred to as the "art" of medicine

Professionalism requires that the doctors struggle for excellence in the following areas, which should be modeled by mentors and teachers and become part of the attitudes, behaviors, and skills integral to patient care:

- **Altruism:** A physician is required to prefer the best interest of patients, rather than self-interest.
- **Accountability:** Physicians are responsible of their patients, to society on issues of public health, and to their professionalism.
- **Excellence:** Physicians keep on life-long learning.
- **Duty:** When "on call," a physician should be available and responsive accepting an obligation to service within the profession and the community.
- **Honor and integrity:** Physicians should be worked to being fair, truthful and straightforward in their interactions with patients and the profession.
- **Respect for others:** A physician should show respect for patients and their families, other physicians and team members, medical students, residents and fellows.

These values should provide guidance for promoting professional behavior and for making difficult ethical decisions.

Identification of professional and unprofessional behaviors is the most important and basic factor which affects the relationships between the physician and patients. so, in order to progress in their professional life, doctors are supposed to understand and follow these behaviors.

Medical students' awareness of unprofessional behaviors as acceptable may increase their participation in these behaviors. therefore, medical policy makers should think about approaches beyond simply providing ethical and professional guidelines or policies, and students should be frequently evaluated for their activities; their professional behaviors should be evaluated in order to temper them, when appropriate Presence or absence of learning experiences (didactic or experiential) in undergraduate medical curriculum explicitly planned to promote professionalism in medical students, with curriculum evaluation based on 4 attributes commonly recognized as essential to professionalism: subordination of one's self-interests, adherence to high ethical and moral standards, response to societal needs, and demonstration of evincible core humanistic values.

The aim of the present study was to investigate participation in and perceptions of unprofessional behaviors and the relationship between these behaviors among clinical medical students during the study period.

Literature review:

By reviewing the literature; the researcher found that the medical ethics and professionalism have been studied in many researches internationally but unfortunately little studies done locally

Freidson (1988) clarify that a professionalism is often identified by the possession of a body of knowledge or competence that allows for practice under an ethical framework to fulfill the broad requirements of society, in return for which society pays good fee and rewards, and gives the freedom to regulate the education and performance of its members

(Calman, 1994). Cruess et al (2002) express the same opinion by thinking that there is a social contract between society and Medicine. This contract was founded on the fact that physicians are allowed autonomy, self-regulation and financial rights by society in return for the provision of a competent, equitable, ethical, respectful, evidence based, morally upright and altruistic service. Professionalism is therefore a term used to define the acceptable attributes of professions.

According to **Pellegrino (2002)** Professionalism can be understood by considering that the possession of certain virtues is a prerequisite for professional medical practice, although virtue theory has been criticized for lacking a defined content; he asserts that a physician who is yet to promise to some version of the Hippocratic Oath is but a skilled technician (not a professional) competent to work on the human machine.

Beauchamp and Childress (1994) on the other hand, consider that there is a very close relationship between virtue ethics and principle-based ethics, even though this has been criticized as being too abstract.

(Cruess 1997) thought that the professional and personal development curriculum has been introduced as part of undergraduate medical training in most medical schools. This includes modules on medico-legal ethics, communication skills and humanistic attributes

However, some values are under-represented in the medical curricula. Altruism, morality, satisfaction based on serving others, personal and professional accountability, integrity, collegiality but not to the extent of colluding with incompetent or unethical colleagues and adaptability to the ever changing economic, clinical and social environments in which clinician's work; are some of these **(Cruess et al, 2002)**.

Medical students do not automatically accept these beliefs, just because a traditional or predominantly didactic curriculum on professionalism exists **(Hafferty, 2002)**.

Herbert M. Swick, MD; Philip Szenas, MA and Deborah Danoff, MD; (1999) suggest that the teaching of professionalism in undergraduate medical education varies extensively. Although

most medical schools in the United States now concentrate on this important topic in some manner, the strategies used to teach professionalism may not always be adequate.

ZEINAB JAMALABADI and SEDIGHEH EBRAHIMI (2018) stated that Medical students' perception of unprofessional behaviors as acceptable may increase their participation in these behaviors. therefore, medical policy makers should consider approaches beyond simply providing ethical and professional guidelines or policies, and students should be regularly evaluated for their activities; their professional behaviors should be evaluated in order to temper them, when appropriate.

Ozotu Rosemary Abu, Sanni O Abu, Gerard Flaherty (2016) they think that we should introduce more practical vignettes/role playing of common ethical dilemmas into Professionalism training and these should not target only students, but also mentors to reduce students' experiences of unprofessional behaviors. Feedback training and awareness of background issues in Medical clinical training must be provided to clinical trainers.

Rationale:

- Ethics and professionalism in medical field is very important and to understand how medical students in TAIF accept the idea of this ethics and apply it in their practical life and if there is a gap between the concept and real practice.
- Other reason which forced the researcher to choose and work on this idea that there are not many researches has been done in TAIF area to study to what extent principles of medical ethics and professionalism is applied in real despite of it importance. And researcher tried to focus the light on this case to be a brick in the whole wall in developing the medical life so developing the life of patients.
- Furthermore, researcher from her actually life and from her normal observation of her and her friends, she faced many difficulties in clarifying and applying of ethics and professionalism principals in their real life.
- Finally, the last cause is to show that medical students should be learned and understood the concept of medical professionalism from their medical educators who should put this concept in their ways and tools in developing of medical process.

Aim of the study:

Trying to find out to what extent physicians understand the construction of medical ethics and professionalism and their application in their real lives and what behaviors they believe are non-professional.

Specific Objectives :

- To figure out what is the professionalism from the view of medical students
- To underline the most unprofessional behaviors seen in our hospitals and show up the most appropriate solutions for them.
- To point the ways to develop the methods of teaching the medical professionalism to students and how to apply them
- To develop and redesign our hospitals and clinics to provide the appropriate environment the encourages medical professional behaviors.
- To put the tools that could be used to differentiate between professional and unprofessional behaviors
- To clear up the relationship between application of professional behaviors and ethics in real practice and the relationship between patient and doctors

Study Area and Setting:

This study will be conducted among students, interns and graduated doctors, Taif University KSA.

- ❖ The current headquarters of Taif University is located in Al-Hawiya in Taif Governorate, which lies within the Emirate of Makkah Region, west of the Kingdom, on the eastern slopes of the Sarawat Mountains at an altitude of 1700 m above sea level in the southwest of the Arabian Peninsula.
- ❖ The university also has three branches in Taif Governorate: Tarba Branch (approximately 150 km from Taif), Khurma Branch (approximately 200 km from Taif) and Rania Branch (350 km from Taif).
- ❖ The city of Taif is about 85 km away from Makkah, about 160 km from Jeddah, and about 900 km from Riyadh. The city of Taif is about 80 km².
- ❖ The location of the city of Taif is the main road junction coming from the south, north, east and west, and has earned it a reputation tourist, commercial, agricultural and military since ancient times, in addition to hosting delegations and conferences inside and outside Saudi Arabia.

History of Taif university

- ❖ Taif university started by establishing College of Education at 1401H as a branch of King Abdul Aziz University to be the nucleus of university education in the governorate with only 85 students.
- ❖ At 1402 H the college was joined Umm Al Qura university.

- ❖ At 1424 H to transfer the Umm Al Qura University branch in Taif to an independent university.
- ❖ Then on 1425 H the university was named as Taif University.
- ❖ since then the relevant committees have begun to develop the structure of the university and to develop new faculties: Faculty of Medicine and Medical Sciences, Faculty of Administrative and Financial Sciences, College of Computing and Information Technology, College of Engineering, College of Pharmacy and Community Service and Continuing Education.
- ❖ At 1428 H three new faculties: The Faculty of Applied Medical Sciences in Tarba, the Community College in Kharrama and the Faculty of Science and Arts in Beirut was established.
- ❖ At 1429H five new faculties: Faculty of Sharia and Law, College of Design and Home Economics, Faculty of Education and Arts in Taraba, College of Education and Science in Al-Kharamah and the Community College of Beirut were established.

Study design:

This is a cross sectional study used to achieve the objectives of this study.

Why we select this study design?

- This study Used to prove and / or disprove assumption
- Not cost to perform and does not require a lot of time
- Captures a specific point in time.
- Contains multiple variables at the time of the data snapshot.
- The data can be used for various types of research.
- Many findings and consequences can be analyzed to create new theories / studies or in-depth research.

Study population:

The study population consists of regular Saudi medical students, interns and graduated doctors in Taif University KSA.

Sample size:

the sample size will involve medical students, interns and some graduated doctors. The estimated number of eligible regular subjects is (n=300) will be included in this study

Inclusion criteria:

The inclusion criteria are:

Medical student of college of medicine who are presenting during the time of this study, interns and graduated doctors

- Medical students, or graduated
- Regular attendees in the University.

Exclusion criteria:

exclusion criteria include:

- Non-medical members
- subjects who refused to participate.

Data collection method/tools:

- The tool of the study will be a pre-designed English language self-administered questionnaire with a cover letter explaining the purpose of the study
- The questionnaire will be introduced to medical students, interns and graduated doctors.
- Questionnaire will be designed using GOOGLE Form tool and this is Questionnaire link <https://forms.gle/dzeLaRvj3Rf3AbfP8>
- Questionnaires will be distributed by using e-mail and WhatsApp. Applications.
- It consisted of four sections:

The first section (13 Questions) is about personal information like gender and age and then asked about

- ❖ If they are familiar with the mean of professional ethics
- ❖ If they have passed a course in professionalism in medical field or in generally professionalism before
- ❖ If they have any self-study in a professional medical context?
- ❖ And how they evaluate themselves for their knowledge of work ethics and medical professional if they are given a scale from 1- 10

And then we asked them about their opinions in:

- ❖ Non-commitment to continuous learning
- ❖ The lack of self-evaluation and refusal to accept and apply constructive criticism
- ❖ Ignoring educational activities (for example, late access to tours for non-scientific reasons, and skip a lecture requiring attendance)
- ❖ If they have received sufficient training to complete their work successfully
- ❖ Not caring about what others think about them as long as work is done.

The second section (17 Questions) was about Work ethics between Doctor and Patient, asking them about what they thought in:

- ❖ Respect for religious and cultural differences of people
- ❖ Inequality in the service of patients
- ❖ Failure to maintain professional boundaries with regard to patients or colleagues
- ❖ Addressing the patient inappropriately
- ❖ Smoking in the workplace
- ❖ Failure to present yourself and nurses and assistants to the patient and his family

- ❖ Implementation of procedures without adequate skills (without supervision)
- ❖ Conduct personal conversations or mockery of students, doctors, colleagues, or other staff in hospital corridors
- ❖ Eating or drinking in the hallway of the hospital
- ❖ Medical negligence in hospital duties
- ❖ Behavioral attitudes dishonest in the workplace
- ❖ Non-compliance with availability and response "on call"
- ❖ Preferring of to their interests over the interests of the patient
- ❖ Do not propose multiple treatment options for patients who cannot afford them
- ❖ Non-compliance with patient privacy
- ❖ Non-commitment to the privacy of the relationship between the patient and the doctor
- ❖ to reduce the feelings, needs and desires of the patient and frustration

The third section (14 Questions) was about Ethics work among members of the medical sector themselves, asking them if they thought of:

- ❖ The members of the medical field do not appreciate each other in their relationship and in the changing rooms
 - ❖ Non-compliance with hospital regulations and policy
 - ❖ Discussing medical errors to prevent recurrence
 - ❖ A senior doctor, if any, must take all decisions in life-threatening emergencies
 - ❖ Junior members of the junior team should not question the decisions made by senior officials
 - ❖ Upon noticing a problem with patient management, they will talk regardless of who may be affected
 - ❖ In critical situations, rely on my superiors to tell me what to do
 - ❖ My colleagues encourage me to report any incidents I may have seen
 - ❖ The only persons eligible to give comments are members of my own profession
 - ❖ It is better to agree with other medical team members than to express a different opinion
 - ❖ Senior staff should encourage questions from junior medical and nursing staff if appropriate
 - ❖ Doctors who encourage suggestions from team members are weak leaders
 - ❖ Successful management of the medical team is primarily the function of medical and technical competence of the physician
 - ❖ Non-performance of duties in collective action
- The fourth section** (3 Questions) was about Ethics of medical institutions to figure out if they think
- ❖ The department provides adequate and timely information about hospital events that may affect my work

- ❖ Working in this hospital should be like being part of a large family
- ❖ The department leadership will listen to the staff and take care of our concerns

The Questionnaire which will be distributed:

This is a questionnaire to know the extent of our knowledge about the ethics of work in medical institutions and the implementation of professional skills and so we hope you to answer the following questions

Personal information	
Gender	Male Female
Age	
In which stage	Internship Student Graduated doctor
Are you familiar with the meaning of professional ethics and the ability to apply them?	Yes No To some extent
Have you passed a course in medical ethics before?	Yes No
Have you undergone other training courses, other than the Medical Ethics course, on professional ethics?	Yes No
Do you have any self-study in a professional medical context?	Yes No
From 1-10 How do you evaluate yourself for your knowledge of medical and professional ethics?	
What do you think of non-commitment to continuous learning	Agree Not agree Agree to some extent
What do you think about the lack of self-evaluation and refusal to accept and apply constructive criticism	Agree Not agree Agree to some extent
What do you think about ignoring educational activities (for example, late access to tours for non-scientific reasons, and skip a lecture requiring attendance)	Agree Not agree Agree to some extent
I have received sufficient training to complete my work successfully	Yes No
As long as work is done, I do not care what others think about me	Agree Not agree Agree to some extent
Work ethics between physician and patients What is your opinion about?	
Respect for religious and cultural differences of people	Agree Not agree Agree to some extent
Inequality in patient service	Agree Not agree Agree to some extent
Failure to maintain professional boundaries with respect to patients or colleagues	Agree Not agree Agree to some extent
Addressing the patient inappropriately	Agree Not agree Agree to some extent
Smoking in the workplace	Agree Not agree Agree to some extent
Do not present yourself, nurses and assistants to the patient and his family	Agree Not agree Agree to some extent

Implementation of procedures without sufficient skills (without supervision)	Agree Not agree Agree to some extent
Conduct personal conversations or ridicule students, doctors, colleagues, or other staff in hospital corridors	Agree Not agree Agree to some extent
Eating or drinking in the hospital corridor	Agree Not agree Agree to some extent
Medical negligence in hospital duties	Agree Not agree Agree to some extent
Unethical attitudes in the workplace	Agree Not agree Agree to some extent
Lack of commitment to availability and response when "on call"	Agree Not agree Agree to some extent
Physicians prefer their interests to the patient's interests	Agree Not agree Agree to some extent
Do not suggest multiple treatment options for patients who cannot afford them	Agree Not agree Agree to some extent
Non-compliance with patient privacy	Agree Not agree Agree to some extent
Non-commitment to the privacy of the relationship between the patient and the doctor	Agree Not agree Agree to some extent
Minimize the feelings, needs and desires of the patient and frustrate them	Agree Not agree Agree to some extent
Ethics work among the medical sector itself What is your opinion about	
Members of the medical field do not value each other in their relationship and in changing rooms	Agree Not agree Agree to some extent
Non-compliance with regulations and hospital policy	Agree Not agree Agree to some extent
Discussing medical errors to prevent recurrence	Agree Not agree Agree to some extent
The senior officer, if any, must take all decisions in life-threatening emergencies	Agree Not agree Agree to some extent
Junior team members should not question the decisions made by senior staff	Agree Not agree Agree to some extent
If you notice a problem with patient management, I will talk regardless of who may be affected	Agree Not agree Agree to some extent
In critical situations, I rely on my superiors to tell me what to do	Agree Not agree Agree to some extent
My colleagues and colleagues encourage me to report any incidents I may see	Agree Not agree Agree to some extent

The only people who are qualified to give me feedback are members of my own profession	Agree Not agree Agree to some extent
It is better to agree with other members of the medical team than to express a different opinion	Agree Not agree Agree to some extent
Senior staff should encourage questions from junior medical and nursing staff if appropriate	Agree Not agree Agree to some extent
Doctors who encourage suggestions from team members are weak leaders	Agree Not agree Agree to some extent
Successful management of the medical team is primarily the function of medical and technical competence of the physician	Agree Not agree Agree to some extent
Failure to perform duties in teamwork	Agree Not agree Agree to some extent
Ethics of medical institutions What is your opinion about	
The department provides adequate and timely information about hospital events that may affect my work	Agree Not agree Agree to some extent
Working in this hospital should be like being part of a large family	Agree Not agree Agree to some extent
The department leadership listens to staff and cares about our concerns	Agree Not agree Agree to some extent

Table 1

Questionnaires Validity

The researcher will distribute the Questionnaires to two consultants of medical education who are experts and having interest regarding the subject and corrections will be done accordingly.

Pilot study:

A pilot study will be done on 20 medical students who meet the study's eligibility criteria

The pilot study will help to:

- Test the understanding of the subjects of the questionnaires and correcting it accordingly.
- Select the relevant variables suitable for the statistical methods to be used.
- Determine the time needed to answer questionnaire.
- Give an actual situation of the main study.

Ethical considerations:

- Written consent will be obtained from Taif University Administration before start the study

- Consent will be obtained from each participant to voluntary participate in the study.

- Data will be treated confidentially and will be used only for the purpose of research.

Expected study limitation:

- compliance of students to fill out the questionnaire completely. However, importance of the study will be explained and the clarity of the questionnaire would help to improve their compliance.
- Short time and limited resources.
- The study tool as a questionnaire is subject to recall bias.
- limitation due to nature of the cross-sectional design should be considered.
- Small number of population

Budget:

Self-funded

Data Analysis:

Collected data will be coded, verified and analyzed using SPSS program version 16. Statistical tests will be applied as appropriate.

RESULTS:**Stage 1**

Gender	Male	150	50 %
	Female	150	50 %
At any stage	internal	53	17.9 %
	Student	129	42.9 %
	Graduated doctor	118	39.3 %
familiar with the mean of professional ethics	Yes	193	64.3 %
	No	0	0%
	To some extent	107	35.7 %
Passing a course in professionalism in medical field or in generally professionalism before	Yes	64	21.4 %
	No	236	78.6 %
Having any self-study in a professional medical context	Yes	86	28.6 %
	No	214	71.4 %

Table 2

We started this stage of questions by asking about some personal information like Gender, age and at any stage of medical study, this questions give us some information about our population. The results are that 50 % of population are males and most of them are students (42.9%),17.9 % are in the internship and 39.3 % are graduated physician. And in figure below we clarify age distribution finding that most of participates are at 21 years old with mean of (24.23) with standard deviation of 2.99at (p= 0.0041).(figure1)

All of participates think themselves familiar with the mean of professional ethics with different thought about to how much they know as 64.3 % see themselves full understanding of

professionalism's mean while the rest thought that they know this mean by full picture. And despite of this percentage most of participates declared that they never passing a course in professionalism in medical field or even in generally professionalism before, and however that 71.4 % of them did not have any self-study in a professional medical context, 78 .5 % of them give themselves more than 5 when we asked them about how they evaluate yourself for your knowledge of work ethics and medical professional and 50 % give themselves a degree of 7 and 8 while 21 person found themselves as a full understanding and applying medical professionalism.(figure 2)

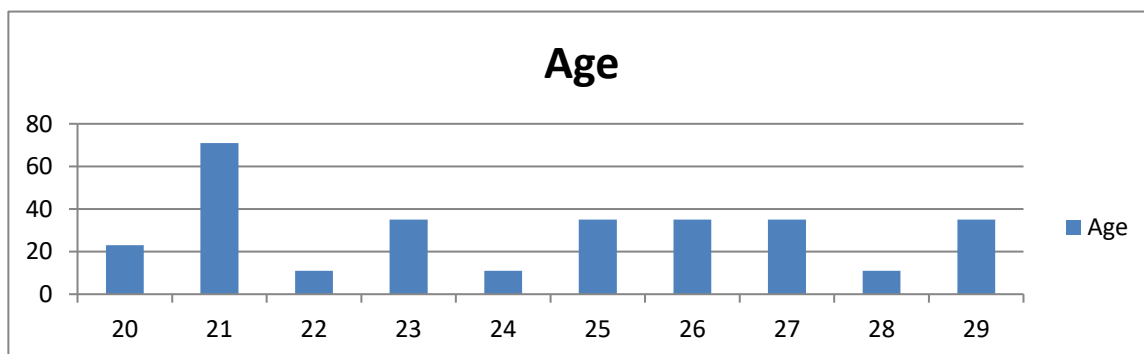


Figure 1

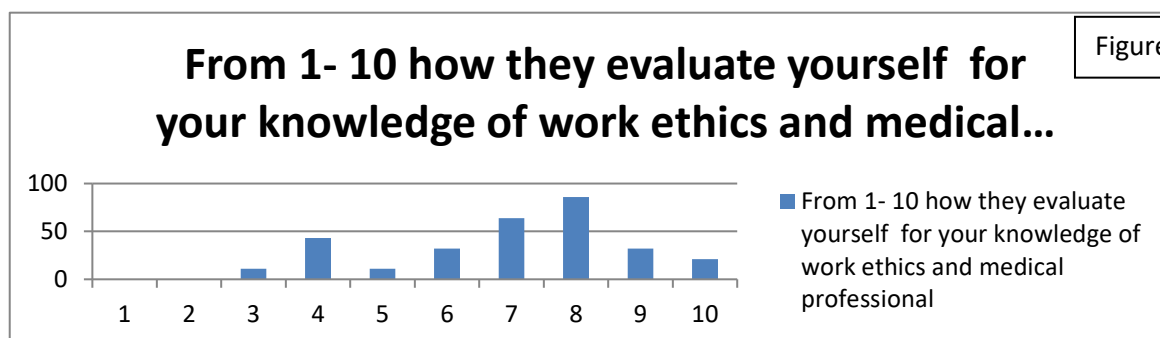


Figure 2

However as we mentioned that most of subjects did not take any courses in professionalism, they agree to be not agree to behaviors like Non-commitment to continuous learning (92.9%) and Ignoring educational activities(78.6%)

This harmony do not continue as 53.6 % of subjects did not think that they have received sufficient training to successfully complete their work while 46.4 % thought that they have the sufficient training background to applying full professionalism.

39.3 % of subjects were not agree with the concept of not caring about other thoughts even they doing their works correctly, while 28.6 % agree with this idea and 32.1 % agree to some extent that doing the work however the way is the main goal.

What do you think about			
Non-commitment to continuous learning	Agree	11	3.6%
	Not agree	278	92.9%
	Agree to some extent	11	3.6%
The lack of self-evaluation and refusal to accept and apply constructive criticism	Agree	0	0%
	Not agree	268	89.3%
	Agree to some extent	32	10.7%
Ignoring educational activities (for example, late access to tours for non-scientific reasons, and skip a lecture requiring attendance)	Agree	0	0 %
	Not agree	236	78.6%
	Agree to some extent	64	21.4%
If they have received sufficient training to complete their work successfully	Yes	139	46.4%
	No	161	53.6%
Not caring about what others think about them as long as work is done.	Agree	86	28.6%
	Not agree	118	39.3%
	Agree to some extent	96	32.1%

Table 3

Stage two:

Work ethics between doctor and patient			
What is your opinion about:	Agree	Not agree	Agree to some extent
Respect for religious and cultural differences of people	279 (92.9%)	0 (0%)	21 (7.1%)
Inequality in the service of patients	0 (0%)	289 (96.4 %)	11 (3.6)
Failure to maintain professional boundaries with regard to patients or colleagues	11 (3.6)	268 (89.3%)	21 (7.1%)
Addressing the patient inappropriately	0 (0%)	300 (100 %)	0 (0%)
Smoking in the workplace	21 (7.1%)	279 (92.9%)	0 (0%)
Failure to present yourself and nurses and assistants to the patient and his family	0 (0%)	268 (89.3 %)	32 (10.7%)
Implementation of procedures without adequate skills (without supervision)	0 (0%)	279 (92.9%)	21 (7.1%)
Conduct personal conversations or mockery of students, doctors, colleagues, or other staff in hospital corridors	21 (7.1%)	247 (82.1 %)	32 (10.7%)
Eating or drinking in the hallway of the hospital	32 (10.7%)	129 (42.9%)	139 (46.4%)
Medical negligence in hospital duties	0	300	0

	(0%)	(100%)	(0%)
Behavioral attitudes dishonest in the workplace	0	300	0
	(0%)	(100%)	(0%)
Non-compliance with availability and response "on call"	0	236	64
	(0%)	(78.6%)	(21.4)
Preferring of to their interests over the interests of the patient	0	279	21
	(0%)	(92.9%)	(7.1%)
Do not propose multiple treatment options for patients who cannot afford them	11	278	11
	(3.6%)	(92.9%)	(3.6%)
Non-compliance with patient privacy	0	300	0
	(0%)	(100%)	(0%)
Non-commitment to the privacy of the relationship between the patient and the doctor	0	300	0
	(0%)	(100%)	(0%)
to reduce the feelings, needs and desires of the patient and frustration	0	300	0
	(0%)	(100%)	(0%)

Table 4

In this stage we asked our subjects about some behaviors between patients and doctors and receiving their answers about their perception of professional and unprofessional behaviors,

From the results that there are some behaviors that are seen to be unprofessional for most of participates therefore most of them disagreed with the inequality in service of patients due to colour, poor or rich condition or religion. Also they refused to idea of reduction from the feeling or needs of the patients. And from the agreement of all our sample about the importance of patient's privacy, they refuse any neglecting in this point especially about patient's relationship with his doctor or any medical negligence in hospital duties. In addition they

disagree with addressing the patient inappropriately or having behavioral attitudes dishonest in the workplace

On the other hand they agreed with the concept of respecting the religious and cultural differences of people

While some behaviors that have many responses around it and there is no clear opinion about it as Smoking in the workplace that only 90 % of subjects refuse it. This percentage is decreased to 82 % in refusal of behavior of Conducting personal conversations or mockery of students, doctors, colleagues, or other staff in hospital corridors and only 42% of subjects refuse behavior of eating or drinking in the hallway of the hospital.

Stage 3

Ethics work among the medical sector itself			
What is your opinion about:	Agree	Not agree	Agree to some extent
The members of the medical field do not appreciate each other in their relationship and in the changing rooms	0 (0%)	214 (71.4%)	86 (28.6%)
Non-compliance with hospital regulations and policy	0 (0%)	236 (78.6 %)	64 (21.4%)
Discussing medical errors to prevent recurrence	258 (85.7%)	21 (7.1%)	21 (7.1%)
A senior doctor, if any, must take all decisions in life-threatening emergencies	171 (57.1%)	32 (10.7 %)	97 (32.1%)
Junior members of the junior team should not question the decisions made by senior officials	32 (10.7 %)	129 (42.9%)	139 (46.4%)
Upon noticing a problem with patient management, they will talk regardless of who may be affected	96 (32.1%)	43 (14.3 %)	161 (53.6%)
In critical situations, rely on my superiors to tell me what to do	182 (60.7%)	32 (10.7%)	86 (28.6%)
My colleagues encourage me to report any incidents I may have seen	86 (28.6%)	75 (25 %)	139 (46.4%)
The only persons eligible to give comments are members of my own profession	43 (14.3 %)	107 (35.7%)	150 (50%)
It is better to agree with other medical team members than to express a different opinion	139 (46.4%)	64 (21.4)	97 (32.1%)

Senior staff should encourage questions from junior medical and nursing staff if appropriate	236 (78.6%)	0 (0%)	64 (21.4)
Doctors who encourage suggestions from team members are weak leaders	0 (0%)	300 (100)	0 (0%)
Successful management of the medical team is primarily the function of medical and technical competence of the physician	193 (64.3%)	11 (3.6%)	96 (32.1%)
Non-performance of duties in collective action	0 (0%)	289 (96.4%)	11 (3.6%)

Table 5

Here we complete to ask our subjects about their opinion about some behaviors between members of medical field and which they agreed with or not.

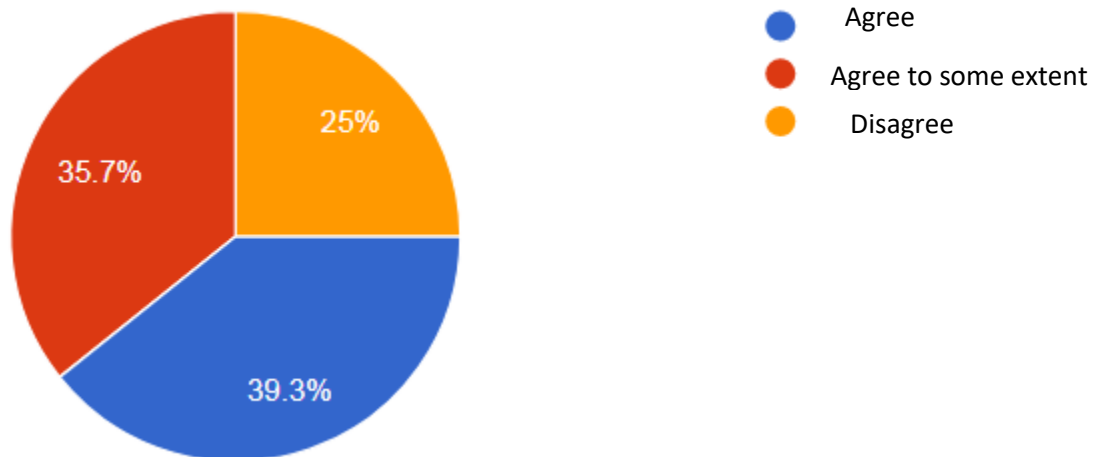
Most of subjects' opinions found that behaviors like discussing medical errors to prevent recurrence, taking all decisions in life-threatening emergencies by senior doctors, talking regardless of who may be affected upon noticing a problem with patient management, , relying on their superiors to tell them what to do In critical situations, agreement with other medical team members than to express a different opinion, encouraging of questions from

junior medical and nursing staff if appropriate by Senior staff and the idea that successful management of the medical team is primarily the function of medical and technical competence of the physician are professional and should be seen in our communication

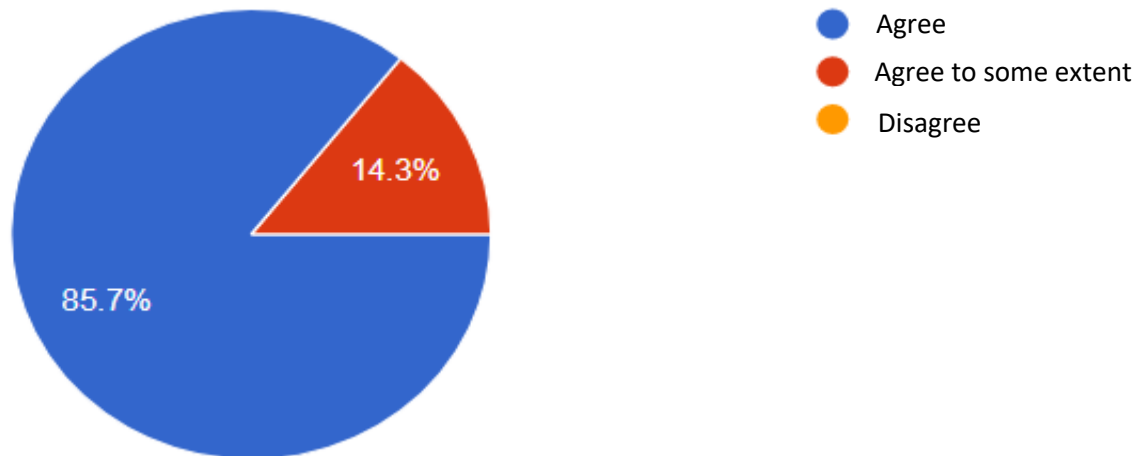
While most of them refuse some behaviors and facts like non-performance of duties in collective action, the idea that doctors who encourage suggestions from team members are weak leaders and non-compliance with hospital regulations and policy.

Fifth stage

Do you think that the department should provide adequate information about hospital events that may affect your work?



Do you think that Working in the hospital should be like being part of a large family?



DISCUSSION:

Professionalism in general is to do the desired work correctly and taking money for that. But in medical field and beside this definition, doctors should give more attention to many thing beside doing the work correctly to be the one who individual patients suppose from medical professionals. So medical professionalism mean having a mainly stringent duty to declare that their decisions and actions serve the benefit of their patients or clients, even at some cost to themselves And to apply the professionalism in our hospitals and clinics , differentiation between professional and unprofessional behaviors is the main problems we have to face. And in the way to understand this concept about to what extent our doctors and medical students' perception of the mean of professionalism is reaching the correct level, the researcher prepared this study using the tool of questionnaire which distributed among medical practitioners students , in internship or doctors.

And after collecting the answers and analyzing them we finally end in these results:

Most of participates think that they have a good vision about professionalism however they did not take or pass any of medical professionalism courses. At first we thought that is because of they have this knowledge from their study at college completely but this is vanished when we know that more than half of them thought they did not have sufficient training to complete their work successfully

And from this questionnaire the researcher has found that most of medical students define professionalism as putting patient's interests as the most important priority for the doctor even than his interests despite of their difference in culture, financial condition, colour and religion this appearing obviously in their refusing to any

inequality in treating different patients, taking to them in bad language or reducing them and their needs and interests.

Even that some behaviors are not seem to be clear to put under whether professional or unprofessional in students' vision. It seem that some behaviors are completely accepted and other are completely not accepted by most of student's vision. These obviously unaccepted unprofessional behaviors like :

- Idea of reduction from the feeling or needs of the patients.
- Any neglecting in patient's privacy especially what between patient and his doctor
- Any medical negligence in hospital duties.
- Addressing the patient inappropriately or having behavioral attitudes dishonest in the workplace
- Non-performance of duties in collective action,
- Non-compliance with hospital regulations and policy.

But the general refusal of these behaviors by most of medical staff mean that frequency of its happening is little so they are solved problems.

Main problems for the researcher is to find unprofessional behaviors that are not known by most of medical staff as participation in unprofessional behaviors is associated with perceiving these behaviors as acceptable.

These behavior like smoking, eating and drinking in front of patients. Non-compliance with availability and response "on call" mention that 21 % of subjects had not any problem in non compliance and agree for some extent to be late. While 22 % of them had not any problem with non-compliance with hospital regulations and policy.

And one of the worst problem we found that most of our subjects did not know the right way to deal with older doctor as we found different answer when we asked them in this relationship so they

do not know how to act in different situations that can be found as in the following table

	Agree	Disagree	Agree to some extent
A senior doctor, if any, must take all decisions in life-threatening emergencies	171 (57.1%)	32 (10.7 %)	97 (32.1%)
Junior members of the junior team should not question the decisions made by senior officials	32 (10.7 %)	129 (42.9%)	139 (46.4%)
Upon noticing a problem with patient management, they will talk regardless of who may be affected	97 (32.1%)	43 (14.3 %)	160 (53.6%)

Finally, we end with that most of ethics required by doctors is known to them and applying the medical professionalism should start from the first day of medical student as knowledge of professionalism tools and ethics and frequency practicing on applying every points of them will lead to professional physician as teaching residents to use a systematic advance in understanding and resolving ethical dilemmas can assist their management of the ethical dilemmas that arise in clinical practice. Providing trainees with a brief structure for the thought process involved gives them confidence in their capability to address the issues directly and to act for reasons that are clear, transparent, and reflect medical professionalism.

CONCLUSION:

This study reveals that Clinical Medical Students practice different types of behaviors from their senior colleagues in clinical settings. The experiences of students are regularly dissimilar from what lectures in professionalism equipped them for. Students experience different kinds of unprofessional behaviors including disrespect, poor feedback and in-group and out-group issues; which often leave them sad, disappointed and demoralized. This research reemphasizes the need for problem-based experiential Professionalism modules throughout clinical Medical training, as well as ongoing training for mentors in both professionalism and how to bring productive and un-harmful feedback to their students.

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