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Original Article

Experience of Medical Ethics in Practice: A Qualitative Study among Medical Students in South of Iran

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ABSTRACT

Background: Studying ethics teaches students to think critically about life, carefully evaluate the activities, choices, and decisions that are encountered at different stages of life, and also take a deeper look at the world. Other dimensions of education have been less investigated than moral aspects of education. The current study aims to investigate the experience of medical ethics in practice among medical students.

Methods: This is a qualitative study that investigates zone 5 of medical education in Iran. This is a conventional content analysis carried out in 2017. The participants consisted of 44 medical students from five central colleges located in the southern regions of Iran who were selected by the purposeful sampling method. The process of data collection was performed using Focus Group Discussions, and then an inductive data analysis was carried out.

Results: Five themes and 11 subthemes emerged from the data. The themes included one-dimensional teaching methods, uselessness, negative hidden curriculum, suppression, and ignoring virtual education.

Conclusion: It was shown that the ethics of education in this context was in crisis because the main purposes of medical education were ignored and led to unexpected outcomes that did not follow the main purposes. Medical students were made the focal point of medical education, but they were overlooked in this context. Theoretically, medical instructors had to update their instructional methods to achieve joint interests and mutual understanding with their students. However, it was found that the health system in Iran required a practical curriculum reformation based on the requirements of medical students and the nature of the social environment. It was concluded that medical instructors should change their instructional points of view and behaviors.

Keywords: Medical education, Medical students, Ethics, Virtual education

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Introduction

It is required that medical students and doctors improve their clinical skills to become professional physicians (1). Generally, strategies for training professional physicians are divided into two groups, including technical and ethical approaches. Ethical approaches are related to the effects of education on changing human behaviors (2). Many philosophers, theorists, and researchers have related the dimensions of education to ethics. In this regard, there are considerable challenges faced by trained physicians, including ethics in research, ethics in practice (3), and ethics of care (4). Therefore, teaching ethics to medical students plays a vital role in training expert and ethical doctors. To achieve this purpose, it is very important to apply academic ethics as a guideline. Academic ethics is different from the code of conduct of the instructors because it is considered the acquisition and transmission of scientific and scholarly knowledge both inside and outside of universities (5). The processes of discovery and transmission of truth and the health care of patients have significant importance in the medical profession (6). Moreover, commitment to the profession and students is recognized as the main factor of education ethics (7).

Education as a profession includes specific academic-related ethics. First, Plato and Aristotle, respectively, proposed ideas about ethics and education (8). Moral education is a social control tool that leads to rule adaptation (9), which is to pursue the truth, devotion to excellence, and develop democratic principles (7). Therefore, it could be defined as follows: "the education of ethics or values is carried out to develop the good personalities of students through the application of appropriate approaches (10)."

There are various moral education methods; also, there is a realistic view that emphasizes empathy as the main factor of moral education (10). Hargreaves (1998) believed that teaching is an emotional practice, and teachers are required to regulate their emotions because there are always some inappropriate emotional expressions in different situations (11). Reuben emphasized the academic responsibilities regarding the bifurcation of human life and believed that modern academic leaders did not challenge this into the many dualisms and, consequently, the modern characteristics (12). Furthermore, Beaty and Henry argued that in a pluralistic liberal democracy, public universities have to remain morally neutral; in other words, individuals should be free to make their own moral and religious judgments (13).

According to the moral identities of individuals, it was shown that when morality was considered as an important and central factor, people would tend to make moral choices despite having the opportunity to behave immorally (14). Culturally, it was shown that Iranians with interdependent cultural norms had higher cognitive empathy compared to Americans with independent cultural norms; also, females demonstrated more empathy than males in both countries (15).

As it is known in psychology and philosophy, ethics is a sociological factor. Although it seems that ethics is an interpersonal factor, it has significant impacts on the outside world (16). Habermas emphasized the theory of communicative action to achieve mutual understanding. According to this theory, individuals interact and coordinate their actions based on agreed-upon interpretations of the situation (17). Also, ethics in education has two main features, including mutual understanding and agreed interpretation. In *Justification and Application: Remarks on Discourse Ethics*, Habermas focused on three considerable factors, including mutual recognition, mutual trust, and mutual interest (18).

The history of medical education in Iran dates back more than half a century. Azizi (19) and Simfroosh (20) have made significant developments in this field and referred to quantitative progress recently. Sohrabi et al. showed the defects of this system and proposed *Education in Shadow* with a quantity-orientation, ambiguity in the training, unsuitable educational environment, personalization of the educational

management, and ineffective interpersonal relationship characteristics (21). The lack of an innovative medical education curriculum in Iran emerged in another study (22), which referred to teaching professionalism as a hidden curriculum in medical education (23). Several studies also stated that significant changes in this field were urgently needed (19, 22).

Although several studies have been carried out to investigate medical education, there is not enough knowledge regarding the experiences of medical students. Only in these cases can we refer to the article by Larijani et al., who have considered the necessary points for the development of medical ethics in Iran, including: implementation of "nationwide strategic planning for medical ethics," a nationwide bioethics network, the establishment of a National Medical Ethics Information Centre and Library, and a Ph.D program in medical ethics, biomedical research, and dialogue among diverse groups on medical ethics (24) Moreover, no investigations have been conducted in Iran so far to study the importance of ethics in medical education. The current study explores the experiences of medical students regarding the moral status of faculty members in medical education departments. This is the main research question: "How is the quality of ethics of education in the context of study?"

Methods

This is a qualitative study carried out from January to December 2017, which investigates zone 5 of medical education in Iran. This zoning was proposed after the Health Sector Evolution Plan in Iran in 2014. According to this zoning, the five provinces of Fars, Yasouj, Hormozgan, and Bushehr, as well as Fasa and Jahrom cities, which are located in Fars province, were included in zone 5 of medical education. The statistical population included all medical students that passed their basic science part and entered the hospital. All of the participants had to have the following criteria:

- attending the internship course,
- tendency to participate,
- and free participation.

The directed sample selection of medical students from the above-mentioned zone was carried out after coordination with the managers. 44 participants were selected in the interview. Semi-structured interviews with open-ended questions were used during discussions that lasted 90 minutes. The first participants were chosen purposefully. This was done in consultation with the officials of the mentioned universities, and the relevant and appropriate students were selected. After informing the students, those who were ready to interview were invited. In addition, with the help of these students, other students were selected as snowballs to participate in the focus group. To provide appropriate data through different viewpoints (25) and maximise participation (26) strategies, the Focus Group Discussion (FGD) strategy was applied. A quiet room in the medical schools or student dormitories was allocated for the interviews. All of the mentioned students voluntarily participated in the discussions, and everything was digitally recorded. The main questions were as follows:

- Please tell us about your experiences in medical education.
- What do you think about the instructional methods of your instructors?
- Are these methods suitable or effective?
- Do you think your instructors are responsible for their duties?

The discussions were guided and controlled by one of the researchers, and their appropriateness was also confirmed. Furthermore, the accuracy of data collection was achieved through the mitigation of bias and inconsistency. Therefore, various strategies were applied to achieve data accuracy, including giving equal attention to participants by a moderator, allowing everyone to talk about their thoughts, listening to inconsistencies or contradictions throughout a discussion, asking for clarification, providing a communicated topic in that particular space, and allocating the required time to participants.

After each discussion, the data was transcribed and analyzed based on conventional content analysis (CCA). This method is associated with several approaches, which were classified by Hsieh and Shannon's categorization into three groups: conventional, directed, and summative (27). In the current study, conventional content analysis was applied to the data. Also, the data was interpreted to study the condensed meaning units (a brief meaning of the interpretation), sub-themes (an initial abstracted concept that explored the related condensed meaning units), and themes (an abstracted concept related to some subthemes). In an inductive approach, the process of coding would be carried out without trying to fit the data into a pre-existing frame or theoretical responsibilities. Therefore, the data coding procedure was performed through a continuous data back and forth movement and by interpreting the statements of participants. This was a continuous process and carried out through the back-and-forth movement of analysts between data, concepts, and extracted codes.

The concepts and coding were directly extracted from the data. There was a positive relationship between the level of movement towards pivotal codes and the level of data segregation. Thus, data were interpreted to evaluate the condensed meaning units, sub-themes, and themes. As it was shown in table 1, all of the concepts obtained from research data through back-and-forth movements were associated with the highest categorization level.

Generally, the research was conducted step by step and appropriate methods of data collection, analysis, and reporting (28) were also applied. The process of data analysis was carried out through a reflexive approach. Exploring the themes was performed based on the back and forth between meaning units and other exploratory concepts, while data analysis was carried out through checking the themes with peer review. The tape-based analysis was emphasized to enhance the accuracy. According to this approach, the researcher listened to the tape of the focus group and then, created an abridged transcript (29). Also, the process of validating the participants was carried out using the member-checking approach.

During the member checking, which was performed with the purpose of accuracy enhancement, all of the participants felt that the findings were credible and accurate. To ensure transferability or external validity, the research context was completely described to simplify the generalization and appropriate utilization of findings for the readers. Dependability was assured through the documentation of all of the aspects of transformations or unexpected events to represent more explanations of the findings. It is noteworthy that other researchers examined the accuracy of actual data collection to ensure conformability. It was found that the data analysis procedure was not influenced by inappropriate biases.

The current study was conducted based on the ethical criteria of the Helsinki declaration (30); additionally, it was monitored by the ethics committee of Shiraz University of Medical Sciences. Therefore, it was possible to assure the participants about the confidentiality of the content provided during the interviews.

Results

The statistical population of the current study consisted of 44 students, and 12, 17, 4, 6, and 5 of them were respectively selected from Shiraz, Yasuj, Fasa, Bushehr, and Hormozgan based on saturation criteria. In this study, 25 females and 19 males aged 18-23 years participated, with a mean age of 21 years.

Based on the available data, positive and negative attitudes towards educational ethics were investigated. Participants believed that there was a different educational method; also, they claimed that they had the best and most polite instructors with enough knowledge who respected their students and tried to give proper instructions to them. However, medical education is faced with several limitations that influence the behavior of instructors and make them shirk their

Table 1: Conventional content analysis of the experience of education ethics

Meaning unit	Condensed meaning unit	Subtheme	Theme
More hospital care information about OPD patients could be learned.	Emphasizing the hospital	Hospitalization	One-dimensional teaching
We did not know that we had to practice at the hospital in the fifth or sixth semester, so we could spend so much time, ten times a month, every day until noon in the hospital.	Hospitalizing life		
There are variations in hospital cases. The great problem is that we do not have much time to study at all.	Marginalization of study due to hospital work		
We are weak when it comes to patients receiving outpatient care, such as a patient with a GI problem.	Educational need for clinic	Ignorance of clinic	
If I have to work in a village later because I did not visit outpatient cases, I won't have enough confidence to treat the patients.	Low self-esteem in clinic		
There are only a few clinics and health house courses for us. There are very few health centers compared to hospitals.	Inattention to health centers	Ignorance of health	
Many of our friends do not want to start a residency course because of low income, so they start to collect money first.	Domination of money on science	Materialism	Negative hidden curriculum
Many doctors visit patients to make money.	Importance of money		
Some instructors have a lot of delays and come into the ward whenever they want.	Disorganization	Irresponsibility	
Nobody accepts the responsibility of an emergency patient.	Irresponsibility		
It is a religious and moral responsibility that you get money for instructing, while several instructors do not behave based on this principle.			
The relationships between some instructors and patients in the clinic are so bad that I cannot explain it.	Bad doctor-patient interaction	Bad interaction	
I do not think that our graduated students have enough knowledge to start a profession.	Unskilled graduated	Useless teaching	Uselessness
In some clinics, our instructors would prescribe based on medical advertising.	Nonscientific approach		
We do not learn if we have an OPD patient. I believe that all of our OPD approaches are not scientific.			
Our instructor just debates about one medical case in a clinic, hospital, and on the daily round. We just learned about one case several times.	Repetitive education	Repetitive	
Some of our faculty members have very bad interactions with students. It seems that they enjoy suppressing us.	Harassment the student	Harassment	Suppression
In one clinical course, we got all of the IBS because of the severity of the stress	Experience of stress	Stress	
Why not simply state your point, such as the delays in your instructor?	Fear		
Teachers seem to resist virtual education. Some professors do not accept e-learning.	Poor infrastructure Poor evaluation	Poor quality in e-Learning	Ignoring virtual education

educational responsibilities. Therefore, it could be said that although there were several professional instructors, some of them had paternalistic views, did not have appropriate interactions with their students, performed their instructional tasks inappropriately, and most of the instructors did not pay attention to the students. The one-sided teacher-student relationship is defined as communication in which students cannot represent any critical views about the knowledge of teachers or their interactions; therefore, they prefer to stay silent. Although they know that instructors have several scientific requirements, they cannot express anything and have to stay silent and just pass the courses. The main issues that had to be investigated were one-dimensional teaching, negative hidden curriculums, uselessness, suppression, and ignoring virtual education.

One-dimensional Teaching

Hospitalization is a process in which general teaching is carried out based on hospitals; however, it is considered the main problem in medical education. In other words, education starts in the hospital and ends in the hospital. Medical students believed that they needed more OPD knowledge, and many of them would graduate with only a little clinical practice. Also, hospital teaching would be significantly specialized. Since medical educators emphasized that students had to visit patients that were in the last stages of treatment procedures, medical students felt that they could not learn anything significantly. Although this educational system was based on hospitals, there were not enough clinical instructions.

"I think it would be a prerequisite for medical students to learn the processes of injection and venipuncture before entering the hospital. At first, we were shocked and stressed out because we had entered the hospital without passing any related instructional courses (a participant from Yasuj)."

As it was shown, the educational planning did not include any short clinical courses although the hospital was considered as the main part of the medical education system.

Uselessness

One-dimensional teaching could lead to another problem, which was called "uselessness" in the current study. Participants believed that the education was not only one-dimensional, but it was also useless in some cases, and there were several long-term theoretical courses in the basic science step. However, some of these courses were very special, so they would never be utilized especially if the student wanted to work as a GP. Moreover, some of these items were not used even at the hospital practice, and operating room planning was repetitive. However, there was no need for practical courses in some cases; for example, the ophthalmology clinic was needed by all participants.

"At our university, most of the courses are not beneficial for those interns who want to enter the community and undergo outpatient treatments. It is more beneficial for residents (a participant from Bushehr)."

Participants believed that the educational system was not efficient in the basic science courses and some cases of practical courses, and they worked wastefully.

Negative Hidden Curriculums

There are three negative hidden curriculums related to medical education, including materialism, a lack of responsibility by instructors, and unplanned behaviors. According to materialism, money is the priority, and students found that some of the instructors emphasized money more than education and considered health as a way of earning more money. The second item was the lack of responsibility of some instructors, which resulted from the fact that they were not responsible for their patients, students, and institution. The unplanned behaviors were considered as the third hidden curriculum and indicated that some instructors did not have any obvious plans, and sometimes the students, patients, and nurses had to wait for

their instructors for long hours. Moreover, the inappropriate doctor-patient relationship was another problem that occurred as a result of the lack of related instructions.

"Unfortunately, everything is about money. We discussed with one of our instructors, who said that many doctors try to have more patients to earn more money. Okay, you are not guaranteed to earn money (one of the participants from Shiraz)."

Suppression

Although there were several complaisant and polite instructors, some of them preferred to suppress the students and felt that they were much more superior and greater than the students. In these situations, the students had to follow their orders correctly. Many students expressed that they suffered from stress and fear in the clinical consultation sessions because they were worried about the reactions of instructors if they could not respond to their questions. Moreover, some instructors tended to suppress their students in the presence of patients. These behaviors make students disappointed.

"For example, some of the professors can instruct perfectly but behave inappropriately. When they behave inappropriately, however, we cannot learn anything because of the stress and tension we are under. Despite the appropriate instruction, we just wanted to finish this field (Participant from Fasa)."

Ignoring Virtual Education

Although virtual education has permeated universities in recent years, it has not yet been able to change the attitudes and beliefs of some older professors towards this type of education. Resistance to change has prevented students from providing good quality virtual education.

"Some professors in virtual classes do not present the lessons well. They say they have no motivation. They do not accept virtual education. They are not familiar with this method. Today, the new generation is better connected to technology and virtual education. (Participant from Shiraz)."

The current study shows that medical education is not following the ethics of education. The five themes mentioned above imply that students have requirements that were not met by their instructors. Participants believed that they were practicing in a useless cycle and their education was not based on their personal and social needs but was theoretical and repetitious, which made them feel like they were wasting their time. Finally, they experienced too much stress and fear due to the impolite behaviors of some instructors.

The results achieved from this study were the following: In *Education in Shadow*, Sohrabi et al. mentioned the defects in medical education occurred due to the personalization in management styles, lack of appropriate contexts, and ambiguity of instruction structures, which could lead to the incompetency of medical science graduates (21). The emphasis on old educational methods that did not consider the social requirements was also considered as another problem resulting from the lack of an innovative medical education curriculum (22). The current study showed that ethics in education would cause a negative hidden curriculum for students, which was in line with another investigation that emphasized the hidden curriculum in medical education (23). Also, the commitment was negated in the educational ethics (7).

It was theoretically found that mutual understanding, which was based on mutual interests, was not achieved. Habermas argued that distorted teacher-student interaction was being developed and led to the formation of a conflict of interests and made instructors behave based on their interests and ignore the interests and desires of students (17). Ethically, dialogical symmetry and reciprocity would be required because they lead to agreement and satisfaction.

Habermas believed that discourse was a form of practical argument required to discursively test the norms. He proposed the principle of universalization (Principle U) for discourse ethics, which was based on the fact that standard norms had to evaluate

the universality of appropriate factors for people and that it would be very useful to apply them in the processes of judgment in interpersonal conflicts (31). This principle offered a communication-centered moral framework within which ethical standards could be developed and challenged by individuals and organizations (32).

Haberms also believed that there were considerable similarities between education and other concepts, such as religion, and that families would face its general reproductive functions, including cultural reproduction, social integration, and socialization (31). The current study represents the types of negative hidden curriculum that had significant impacts on the socialization of medical students. It seemed that this type of education would be reproduced and would cause distorted teacher-student communication, which was similar to the distorted doctor-patient relationship investigated in other studies (33, 34). Moreover, it was shown that the pattern of the educator's voice was associated with various properties, including superficiality, marginalization of patients, one-dimensional approach, ignoring a healthy lifestyle, and robotic nature (6).

The requirement for major transformations in medical education was also mentioned in the current investigation (19, 22). Although the quality of education was regarded as the most important factor, the ethics of education was regarded as the second most important factor because moral values were based on local socio-cultural perspectives (9); thus, it would be preferable if we discussed the subject in light of our Islamic socio-cultural characteristics and contextually defined the ethical principles of medical education.

The results of studies showed that students have a good attitude towards virtual education and are satisfied with its use in educational programs (35-37). Given that most professors are not part of the digital generation and cannot properly answer students' problems and questions, they are more inclined to use face-to-face teaching. This reduces the quality of education and content produced and annoys students (38).

Although Larijani et al. (24) have provided recommendations for the development of medical ethics in Iran, after two decades, it seems that medical ethics has been somewhat successful in terms of research and theory, but in practice there is still a gap. In their 2008 article, Larijani and Zahedi spoke about the improving state of medical ethics. Although their approach focuses more on the development of centers and institutions related to medical ethics, the main concern of the present article is experience. Research in medical ethics, generally involves the professors' relationship with their students, the physician, and the patient.

The present study showed that in this field, the distance to the ideal conditions is great. Other studies confirm this debate. For example, looking at the results, we find that medical ethics in practice faces many problems. This can be related to the teacher-student relationship or the physician-patient relationship. For example, the issue of physician-patient relationships. Recent studies show that physician-patient relationships in Iran have their own serious challenges, issues, and problems (34, 37, 39). These studies show that in practice, medical ethics needs to promote and achieve its goals and ideals. Of course, it should be noted that some of these issues are related to structural reasons in the health system in Iran, which require serious policy in this area and the reform of traditional and outdated policies.

Implication

Although medical ethics departments have been developed in Iran, they are still failing in practice. More serious attention to medical ethics in practice is one of the necessities of medical education in Iran. The present study shows that medical students do not experience ethical interactions in the clinic in practice and as a hidden curriculum. It is recommended to further develop ethical issues in medical education and to pay more attention to professors' hidden curriculum and the effect that their behavior has on

students' learning of ethics of teaching and interaction with patients.

Limitation and Suggestions

One of the limitations of this study was the non-participation of faculty members in the study. Due to the size of the study area, it was not possible to interview them. The present study is qualitative and has no generalizability. Therefore, it is recommended that quantitative studies be conducted based on our findings.

Conclusion

Medical instructors need to know their instructional responsibilities; therefore, the ethics of education is considered a pivotal point. According to the findings achieved from this study, medical students did not express positive opinions regarding the instructional methods of their professors and were faced with one-dimensional teaching, uselessness, negative hidden curriculum, suppression, and ignoring virtual education. Moreover, it was shown that the ethics of education in this context was in crisis because the main purposes of medical education were ignored and led to unexpected outcomes that did not follow the main purposes. Therefore, it was concluded that medical instructors should change their instructional points of view and behaviors. To achieve this purpose, a positive instructor-student relationship was required to enable the instructors to have a clear understanding of their students' needs and manage their teaching based on these requirements. Generally, medical education in Iran needs fundamental reformation. The ethics of education is considered an important aspect that has to be included in this reformation process; therefore, it is very important to pay attention to related contextual values.

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Authors Contribution

MHK, AKS made a substantial contribution to the concept and design of the study and prepared the first draft of the manuscript. STH and KBL supervised the study and participated in analysis, and interpretation of data, and revised the manuscript. MHK, AKS, STD and KBL Contributed to the writing of the manuscript and substantially revised the manuscript. Finally, all authors have read and approved the final manuscript.

Conflict of Interest

The authors declare that they have no competing interests

Ethical Considerations

This research was conducted under the supervision of Health Policy Research Center of Shiraz University of Medical Sciences.

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