

Attitudes of Medical Faculty Enrolled in Masters in Health Professions Education towards Professionalism in a Private Pakistani University: A Mixed-Methods Study

Zaineb Qamar, M. Nasir Ayub Khan, Hina Zaid, Laraib Qamar, Zartashia Arooj, Lamia Yusuf

ABSTRACT

Objective: To examine the attitudes of medical faculty enrolled in the Masters in Health Professions Education (MHPE) program towards professionalism at Shifa Tameer-e-Millat University, Islamabad.

Methodology: The study was conducted at Shifa Tameer-e-Millat University, Islamabad from August 2024 to January 2025 after ethical approval. After taking informed consent, universal sampling technique was used to enroll all 40 MHPE faculty members. Using a convergent parallel mixed-methods design, both quantitative and qualitative data were gathered to explore dimensions of professionalism including excellence, altruism, honor & integrity, accountability, duty and respect. A 36-item validated Likert-scale questionnaire assessed attitude of MHPE faculty, complemented by four in-depth semi-structured interviews. Quantitative data was analyzed using the Statistical Package for the Social Sciences (SPSS) version 23. For the analysis of qualitative data, Notta software was used.

Results: Quantitative analysis revealed most of the participants were females [28(70%)] and belonged to MBBS background [21(52.5%)]. Our participants exhibited poor professional attitudes indicated by low mean scores of professionalism (2.07 ± 0.45) and its six domains. A significant positive correlation was present between professionalism and variables such as excellence ($r=0.77$), duty ($r=0.68$), and altruism ($r=0.68$). Regression analysis confirmed these as key predictors. Qualitative themes highlighted challenges in curriculum integration, resource gaps, and the influence of institutional culture.

Conclusion: Our results showed poor attitudes of MHPE enrolled medical faculty towards professionalism indicated by low mean scores of professionalism and its six domains of altruism, respect, honor & integrity, accountability, duty, and excellence. Our thematic analysis identified professionalism as one of the fundamentals of medical education. Time & resource constraints and role ambiguity were major challenges towards integration of professionalism into medical courses and the role of institutional support was also highlighted.

Keywords: Professionalism. Faculty. Attitude.

INTRODUCTION

Professionalism is a cornerstone in medical education, essential for cultivating healthcare professionals who are not only skilled and compassionate but also have ethical integrity. Medical faculty plays a pivotal role in this process, serving as educators and role models who shape the professional identities of future medical professionals.¹ Their attitudes and behaviors significantly influence the learning environment and the development of medical students. The attitude of medical faculty towards professionalism reflects their personal and professional beliefs about the importance of ethical behavior and responsibility in medical practice. This attitude influences how they interact with students, colleagues, and patients, and how they prioritize professional values in their teaching.² In the modern era, there is a rapid

advancement in the use of technology for delivering better patient care, however, the development of global guidelines for digital professionalism should also be emphasized.³

Recent research highlights professionalism as a dynamic construct influenced by socio-cultural, institutional, and individual factors. Cornett et al. emphasize the role of identity formation, while explicit integration in curricula is also considered critical.⁴ Studies in Pakistan underscore contextual challenges such as hierarchical norms, inconsistent training, and resource disparities.⁵ Faculty development, curriculum reforms, and ethical modeling are recurrent themes across global literature.⁶

Masters in Health Professions Education (MHPE) program serves dual roles as clinicians and academic mentors. Their understanding and practice of professionalism shape the next generation of healthcare professionals. However, despite its recognized importance, professionalism is often inconsistently embedded in medical training, especially in private institutions. This study aims to evaluate how medical faculty pursuing MHPE perceive professionalism and its constructs. By analyzing both quantitative metrics and narrative insights, the research aimed to provide a comprehensive understanding of the prevailing

Sharif Medical & Dental College, Sharif Medical City.
Sharif Medical City Road, Off Raiwind Road, Jati Umra,
Lahore 54000, Pakistan.

Correspondence: Dr. Zaineb Qamar
Senior Demonstrator Department of Medical Education
Sharif Medical & Dental College, Lahore
E-mail: zainebbilal1403@gmail.com

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attitudes and identify areas requiring targeted interventions.

METHODOLOGY

The study was conducted at Shifa Tameer-e-Millat University, Islamabad from August 2024 to January 2025. A convergent parallel mixed-methods design was used. Ethical approval was obtained from the institutional review board (Letter No. 0279-23, 22-07-2023). After taking informed consent, universal sampling technique was used to enroll all 40 MHPE enrolled faculty members of Shifa Tameer-e-Millat University, Islamabad. The quantitative data was collected by using a 36-item validated questionnaire measuring six domains of professionalism: honor and integrity, excellence, duty, altruism, respect and accountability.⁷ A 5-point Likert scale (1=strongly disagree to 5=strongly agree) assessed responses. The questionnaire was developed following the seven-step process outlined in AMEE Guide No. 87, as exemplified in Akbar et al.'s 2023 BMC Medical Education study, and underwent pilot testing to ensure reliability (Cronbach's $\alpha=0.8$).⁸ The mean and standard deviation for each item, domain, and total score were calculated. Qualitative data came from four semi-structured, audio-recorded interviews. This is followed by four in-depth semi-structured interviews. To increase the validity of the results, data triangulation was done using information from several sources, such as observational data and interviews. This method cross-checked data from many perspectives to ensure a thorough comprehension. The authenticity of the data was determined after cross-matching the recordings with transcripts and scribed notes of individual interviews. Responses from each interview were examined and analyzed in detail.

STATISTICAL ANALYSIS

Quantitative data was analyzed in the Statistical Package for the Social Sciences (SPSS) version 23, including descriptive statistics, Pearson correlation, and multiple linear regression to identify predictors of professionalism. The p-value of ≤ 0.05 was considered as significant. Thematic analysis was conducted using open coding. Notta software was applied to transcribe the audio recordings from the four interviews conducted.

RESULTS

Demographics of the 40 participants showed 28(70%) were females and 12(30%) were males. Most of the participants [32(80%)] were single, 23(57.5%) identified as Punjabi, 24(60%) were in the 2nd year of MHPE and 21(52.5%) had MBBS background. The poor professionalism was indicated by a low mean score for professionalism (2.07 ± 0.45). The mean scores for six domains of professionalism are given in Table 1. Significant and strong correlations were found between professionalism and all the individual domains: excellence ($r=0.77$), duty ($r=0.68$), altruism ($r=0.68$), honor & integrity ($r=0.62$), accountability ($r=0.53$), and respect ($r=0.53$) with a p-value of 0.001. These results are shown in Table 2. Regression analysis revealed excellence ($\beta=0.66$, $p=0.000$) and altruism ($\beta=0.43$, $p=0.025$) as significant predictors of professionalism.

Qualitative analysis identified three themes: (1) Professionalism as foundation, (2) Challenges in curriculum integration, (3) Need for institutional support. These themes represent recurring patterns that reflect the perceptions and experiences of medical faculty regarding professionalism (Table 3 and Figure 1).

Table 2: Descriptive Statistics and Correlation of Professionalism Score with Score of Individual Domains

Professionalism Domains	Mean \pm Standard Deviation	r-value	p-value
Honor and integrity	2.46 \pm 0.67	0.62	0.001*
Excellence	2.38 \pm 0.48	0.77	0.001*
Duty	2.36 \pm 0.70	0.68	0.001*
Altruism	2.36 \pm 0.70	0.68	0.001*
Accountability	2.43 \pm 0.57	0.53	0.001*
Respect	2.24 \pm 0.78	0.53	0.001*

*Significant p-value

In our results, honor & integrity had the highest scores (2.46 ± 0.67) and respect had the lowest score (2.24 ± 0.78). Rasul et al. also assessed medical professionalism among students and faculty members of a medical college in Lahore. Among their faculty members, honor & integrity were the highest rated (3.84 ± 1.23) attributes of professionalism, whereas, the poorest scored domain was excellence (2.17 ± 1.26).¹³ Ahmed et al. also conducted a comparative study to evaluate medical professionalism among faculty of public and private medical and dental colleges in Karachi. They observed that excellence was the highest scored attribute of professionalism among faculty of private medical colleges, whereas, duty, honor & respect had the highest scores among faculty of public medical colleges.¹⁴

The present study offers a comprehensive analysis of medical faculty professionalism. The qualitative findings revealed three major themes: the foundational role of professionalism in shaping ethical identity, challenges in integrating professionalism into overloaded faculty roles & curriculum, and the pressing need for institutional support. A study on young medical doctors' perspectives on professionalism by Jalil et al. in Pakistan reported that young doctors believed the integration of professionalism and ethics into the curriculum was not necessary. Other factors identified as predictors of bad professionalism were false pride, lack of willingness to work in interprofessional collaborations and normalization of anger among seniors.¹⁵ Another study done in Iran also emphasized the role of institutional support in mitigating the effect of personal constraints on professionalism. They recognized that factors like family issues, mental & physical health status, and poor communication skills acted as barriers towards professionalism.¹⁶ Another qualitative study on perspectives about professionalism among undergraduate students in a medical college in India also revealed that ethics, accountability and integrity were recognized as important attributes of professionalism. They emphasized that professionalism should be explicitly taught in the medical curriculum.¹¹

The challenges for integration of professionalism into the curriculum were time constraints, role ambiguity and cultural barriers in our study. Bhardwaj reported that the significant drivers of unprofessional behaviors were uncooperative leadership, poor organizational culture & work environment, no recognition for model behaviors, reduced opportunities for professional growth,

resource constraints and lack of autonomy & decision-making capabilities. The study also identified a few other domains of professionalism like lifelong commitment, mentoring & coaching, and role modelling in addition to those six described in our research. Mentorship and structured support systems were consistently emphasized as necessary for cultivating a culture of professionalism.¹⁷ A study reported that most of the medical students perceive their teachers as positive role models and the most important qualities of positive role models highlighted by the students were respect and empathy.¹⁸

Our study underscored the centrality of items like excellence and altruism as strong predictors of professional attitudes. The significantly high correlation between excellence and professionalism illustrated that faculty members who strived superior academic, clinical, and ethical standards were more likely to uphold professional values in their roles. Altruism also emerged as a strong driver of professionalism, highlighting the enduring relevance of selflessness, compassion, and service orientation in health professions education. The American Board of Internal Medicine foregrounds altruism, honor & integrity and excellence as foundational pillars of professionalism.¹⁹

CONCLUSION

Our results showed poor attitudes of MHPE enrolled medical faculty towards professionalism indicated by low mean scores of professionalism and its six domains of altruism, respect, honor & integrity, accountability, duty, and excellence. Excellence, duty, and altruism were identified as strong predictors of professionalism. There was a significant & strong correlation between excellence and professionalism scores. Our thematic analysis identified professionalism as one of the fundamentals of medical education. Time & resource constraints, role ambiguity, and cultural barriers were major challenges towards the integration of professionalism into medical courses and the role of institutional support was also highlighted.

LIMITATIONS & RECOMMENDATIONS

This study had several limitations. Firstly, it was confined to a single private university, limiting the generalizability of the results. Secondly, the sample size ($n=40$), though appropriate for this study, was relatively small for nationwide conclusions. Lastly, while the interviews yielded valuable insights, the presence of social desirability bias could not be ruled

out. Future studies should consider multi-site research and larger sample sizes. Longitudinal modules on professionalism should be implemented within MHPE curricula. The faculty development workshops focusing on ethical reasoning, mentoring, and reflective practice should be designed. Institutional policies to foster a culture of equity and respect must be strengthened.

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Authors' Contributions:

Z.Q: Study design, concept, acquisition of data, and manuscript drafting

M.N.A.K: Final approval and statistical analysis

H.Z: Final approval and statistical analysis

L.Q: Data analysis and critical review

Z.A: Critical review

L.Y: Critical review

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