Original Article

Evaluation of Relationship between Professional Ethics, Communication Skills and Job Performance of Clinical Teachers in Lorestan University of Medical Sciences in 2019-2020

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Abstract

Background & Objective: Professional ethics is a process that guarantees students' individual and group welfare maintenance, the violation of which damages students' learning. Therefore, the present study aimed to evaluate the relationship between professional ethics, communication skills and job performance of clinical teachers at Lorestan University of Medical Sciences.

Materials & Methods: This descriptive, cross-sectional study was performed on all clinical teachers in the school of medicine, Lorestan University of Medical Sciences, selected by census sampling. Data were collected using David Musick's 26-item instrument, which included professional ethics and communication skills, along with the Paterson Job Performance Questionnaire. Data analysis was performed in SPSS version 22 using descriptive statistics, Pearson's correlation coefficient and independent t-test.

Results: In this study, 115 out of 176 teachers completed the tools. In terms of age, 64.3% of the subjects were male. Moreover, the mean age of the participants was reported to be 41.78±6.33 years. The results were indicative of a significant relationship only between communication skills and variables of age, being a faculty member and work experience. In addition, there was a positive and direct association between adherence to professional ethics and communication skills, and between the two components and job performance.

Conclusion: Given the direct relationship between professional ethics and communication skills with job performance, it could be concluded that the improvement of the professional ethics of teachers will increase their job performance.

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Introduction

Observance of ethical behaviors in society has always been one of the most important social life issues of human beings throughout their lives. Ethics have become broader and more complicated due to the development of social life. In addition, ethical definitions of human relations in a community have gotten more complex, which has made it difficult to distinguish moral from immoral issues (1). Professional ethics is defined as a person's behavior, etiquette, and action in professional conduct and respect for people's rights in jobs and professions and emphasis on transparency and explanation of immoral acts and accountability for those acts (2-6). Professional behaviors are established through knowing, wanting, ability and attitude. In this regard, people with professional ethics have characteristics such as accountability, supremacy and competitiveness, honesty, respect for others, justice and fairness, empathy with others, and loyalty (5, 7, 8). In this era, the complexity of various aspects of life has led to discussing ethics in different professionals separately. In this regard, some examples would be medical ethics, nursing ethics, and lawyers' ethics. In general, every job has its specific moral responsibilities (9). Similar to other professions, the medical profession has certain ethical rules that describe the principles of staff's performance and behavior. The discipline of medicine is one of the medical science branches, where ethical behaviors in physicians are a reflection of the emphasis on teaching ethical

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principles during their studies (10-12). Adherence to ethics by physicians is extremely important, and real medicine occurs when the physician has the necessary skills to communicate with patients, people and community and is also familiarized with social ethics, customs, traditions and culture of the community in which they work (13). Clinical teachers of medical school have a special place, and their responsibility as a teacher in addition to their commitment to the medical profession doubles their role in fostering humanitarian qualities, honesty, effort and ethics in students (14, 15).

Communication skills are one of the components affecting professional ethics (16). Generally, communication skills are behaviors that help the person express their emotions and needs and achieve interpersonal objectives (17). Effective physician-patient communication is a basic medical process. The most important part of the medical art is the ability to establish friendly communication with patients, and it is important for physicians to acquire this skill (18). Competence in communication skills is equally necessary for medical students and physicians (19). An assessment of scientific and literary works shows the unique role of physician-patient communication in the treatment process. In most cases, patient dependence on a physician has a better therapeutic effect, compared to prescribed medications (20, 21). Some studies have shown that patient satisfaction can be higher if the physician has adequate communication skills (19).

The physician should act in a way that the four basic principles of medical ethics in respecting the patient's rights, including autonomy, beneficence, non-maleficence, and justice, are not violated. Therefore, the job performance of physicians is closely related to their adherence to principles of medical ethics (13). One of the components affecting the organization, job performance is an important part of organizational studies and the core of research in this area (22). Job performance is defined as the degree to which employees perform the jobs assigned to them in a particular work environment. In addition, it is recognized the expected general values of the organization from separate behavioral pieces performed by a person during a certain period of time (23, 24). In our community, despite the many positive elements in the national and religious culture in which work is highly valued, the values that prevail in the overall structure of community often weaken work ethic and consequently work conscience (25). Clinical teachers of universities of medical sciences can play a vital role in the increase of students' ability on the path of decreasing inability and increasing health and life quality in patients by emphasizing work ethics along with providing quality educational and medical services. Therefore, given the research gap in the area of the relationship between professional ethics, communication skills and job performance of clinical teachers in universities of medical sciences, the present study aimed to determine the relationship between professional ethics, communication skills and job performance in clinical teachers of Lorestan University of Medical Sciences.

Materials and Methods

This descriptive, cross-sectional study was performed on all clinical teachers of the school of medicine, Lorestan University of Medical Sciences, in 2019-2020. To adhere to the code of ethics, data were collected following obtaining a code of ethics from the ethics committee of the university (IR.LUMS.REC.1398.223). The participants were selected by census sampling. Inclusion criteria were being a teacher in the school of medicine and working with students in a clinical setting. On the other hand, the exclusion criteria were incomplete questionnaires and unwillingness to participate in the study. The statistical population included all teachers of clinical wards (n=176), who also were among teachers of the school of medicine. The research tool was David Musick's 26-item instrument, a teacher at Kentucky College of

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Medicine. The tool encompasses two sections, and its items are related to professional ethics (13 items) and communication skills (13 items). Items related to adherence to professional ethics include leadership skills, reliability and trust and sense of responsibility towards the patient, reliability and trust and sense of responsibility towards the student, compassion and empathy with the patient, the initiative ability and innovation in providing treatment to different patients, organizational and managerial skills, respect for others, self-confidence, speed and readiness, acceptance of criticism, cooperation and collaboration with physicians and students, attending meetings and conferences related to their field of specialization and active participation in the implementation of meetings and meetings related to their field of specialization. On the other hand, the items related to communication skills are general competence as a physician, clinical judgment-clinical decision-making, application of medical information in diagnosis and treatment, examination skills, diagnostic skills, presentation of evidence to prove diagnosis, patient and patient family education, participation in and supervision of all aspects of treatment, appropriate relationship (goodwill) with non-medical staff, appropriate relationship (goodwill) with patients and their families, interpersonal and social skills, clarity in communicating with the patient, and following the treatment process of patients. The items are scored based on a nine-point scale, and responses in ranges of seven-nine, four-six, and one-three are considered favorable, acceptable and unacceptable, respectively. In other words, the highest and lowest scores are nine and one, respectively. The score range in the questionnaire is generally from a minimum of 26 to a maximum of 234. The scores obtained in the ranges 188-234, 104-156, and 26-78 are considered favorable, acceptable and unacceptable (26). The validity and reliability of the tool were approved by Bazrafcan et al. (27). In the present study, reliability was confirmed at a Cronbach's alpha of 0.90. Another tool applied to collect data was the Paterson Job Performance Questionnaire. This 15-item tool evaluates job performance and the items are scored based on a four-point Likert scale (rarely, sometimes, often and always). The score range of the tool is one (rarely) to four (always), and the minimum and maximum scores obtained from the instrument are 15 and 60, respectively. In this instrument, the closer the score to 60, the more favorable the job performance of the respondent. The content validity of the tool was approved in a study by Saatchi et al. based on the opinions of a number of experts in the field of educational science (28, 29). In the current research, the reliability of the tool was confirmed at a Cronbach's alpha of 0.77. The tools were distributed among the subjects and were collected after completion by self-report. Data analysis was performed in SPSS version 22 using descriptive (frequency, mean and standard deviation) and analytical (Pearson's correlation coefficient and independent t-test) statistics. In addition, a P-value of less than 0.05 was considered statistically significant.

Results

In this study, 115 out of 176 instruments were completed, and 61 participants were excluded due to unwillingness to participate in the research. The mean age of the subjects was 41.78±6.3 years. In terms of gender, 74 subjects (64.3%) were male. Moreover, 70 individuals (60.9%) were faculty members, 59 of whom were assistant professors (51.3%) and 11 (9.6%) were associate professors. Moreover, regarding the clinical discipline of subjects, most participants were working in fields of surgery (13.9%), internal (12.2%) and cardiovascular (9.6%). On the other hand, least subjects were working in areas of internal (2.12%) and gynecology, psychology, emergency medicine and orthopedics (2.5%). In this study, Pearson's correlation coefficient was used to evaluate the relationship between age and work experience using the

questionnaires of professional ethics, communication skills and job performance. In this respect, a significant relationship was observed between both age and work experience and the variable of communication skills (Table 1).

Table 1: Correlation between demographic variables and study questionnaires

Questionnaire	Age correlation coefficient	Significant	Work experience correlation coefficient	Significant
Professional Ethics	0.06	0.49	0.06	0.52
Communication Skills	0.19	0.04*	-0.23	0.01*
Job Performance	0.02	0.78	0.08	0.36

On the other hand, an independent t-test was applied to assess the relationship between the instruments of the current research and variables of being a faculty and gender of the participants. In this regard, a significant relationship was found between communication skills and being a faculty (Table 2).

Table 2: Relationship between demographic variables and study questionnaires

Variable		Professional Ethics Mean (standard deviation)	Significant	Communication Skills Mean (standard deviation)	Significant	Job Performance Mean (standard deviation)	Significant
being a faculty	yes	107.87 (5.49)	0.19	108.41 (4.11)	0.04*	54.42 (3.04)	0.54
	No	109.11 (4.17)		100.28 (4.05)		54.80 (3.33)	
gender	yes	109.02 (4.11)	0.05	109.18 (4.86)	0.90	54.77 (2.63)	0.56
	No	107.14 (6.25)		109.07 (4.88)		54.21 (3.93)	

In the end, Pearson's correlation coefficient was used to evaluate the relationship between the instruments, and the results confirmed a significant relationship in this regard (Table 3).

Table 3: Correlation between study questionnaires

questionnaire	Correlation Professional Ethics	Significant	Correlation communication skills	Significant	Correlation Job Performance	Significant
Professional Ethics	1					
communication skills	0.63	0.00*	1			
Job Performance	0.35	0.01*	0.48	0.01*	1	

Discussion

In the current research, there was no significant association between the age of the participants and their level of adherence to professional ethics. In this respect, our findings are in line with the results obtained by Mahmoudi et al. and Tavakoli Ghouchani et al. (30, 31). According to these findings, all age groups know the ethical principles and are inherently interested in observing the components, which in fact indicates that the

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observance of ethical principles has nothing to do with age.

In the current research, there was a significant relationship between age and communication skills, which is consistent with the results obtained by Gheirati et al. and Rezaeian et al. (32, 33). This could be due to the reduction of focus and concentration with aging and a decreased ability to listen, comprehend and give feedback.

In the present study, there was no significant relationship between age and job performance, which is inconsistent with the results obtained by Dorrani and Adiban (34), which might be due to differences in studied groups. In the current research, the studied population included clinical teachers, who must always be at the highest level of readiness to perform their duties, both as a physician and as a teacher, to educate their students. Therefore, no association was observed between the age of teachers and their job performance. Our findings also revealed no significant relationship between gender and level of adherence to professional ethics, which is in accordance with the results obtained by Mahmoudi et al. (30). Moreover, no significant relationship was observed between gender and communication skills, which is congruent with the results obtained by Rezaeian et al. (33). Our research population encompassed clinical teachers, who have had a continuous relationship with a large community of colleagues, including professors, students, nurses and other colleagues, and even with patients during their education and residency periods and even higher levels, which increased their communication skills.

Regarding job performance, the mean score of male teachers was slightly higher than female teachers. However, the total mean job performance scores of the two groups were at a favorable level, and there was no significant relationship between gender and job performance. In this regard, our findings are incongruent with the results obtained by Dorrani and Adiban (34), and this lack of consistency might be due to the studied populations. Employees of an organization may have different tasks despite being involved in the ultimate goal, and people may be in the wrong position. In the discipline of medicine, however, there are common principles regarding the patient and the student even at the highest scientific positions, which might be the cause of the lack of relationship between age and job performance.

According to the results of the current research, there was a significant relationship between professional ethics and the scientific degree of teachers. In this regard, our findings are in line with the results obtained by Mahmoudi et al. and Rezaeian et al. (30, 33). However, our results are inconsistent with the results obtained by Tavakoli Ghouchani et al. (31). This lack of consistency between the results might be due to the difference in the work experience of the participants. People with higher academic degrees usually have higher work experience and, as a result, have more control over their duties, which has led to an increase in professional ethics. In addition, no significant relationship was observed between communication skills and the scientific degree of teachers, which might be due to the comprehensive relationship between the medical community and all sections of society.

In the present study, we found no significant association between job performance and scientific degree of teachers, which is congruent with the results obtained by Dorrani and Adiban (34). However, our findings were inconsistent with the results obtained by Mosaferchi et al. (35), and this lack of consistency between the results might be due to differences in the studied populations. Since the physician must always be prepared to deal with different types of patients, there is no difference between different degrees in this field. However, in other fields, having a higher level of education can guarantee better job performance. There was no significant relationship between job performance and being a faculty member.

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Meanwhile, no significant association was observed between work experience and job performance, which is consistent with the results obtained by Dorrani and Adiban (34), which could be due to the necessity of physicians' ability to deal with all types of patients. Therefore, these individuals have a high job performance from the beginning. According to the results of the present research, there was a significant relationship between work experience and communication skills, which is congruent with the results obtained by Kalhor et al. (36). Moreover, no significant association was found between work experience and adherence to professional ethics, which is inconsistent with the results obtained by Tavakoli Ghouchani (31). This could be due to the fact that people with higher work experience have more control over their duties, which in turn leads to an increase in professional ethics.

In the current study, there was a significant relationship between adherence to professional ethics and job performance, which is consistent with the results obtained by Shaghozaei et al., Salajegheh and Safari, Sagheb Esmaeelpour et al., Andam et al., Noruzi et al., Saki et al., Naiyananont and Smuthranond and Ulrich et al. (22, 37, 38-43). There was a significant relationship between adherence to professional ethics and communication skills and between communication skills and job performance, which is in line with the results obtained by Kalhor et al. (36). In the end, it could be concluded that professional ethics improved the service culture, which ultimately enhances accountability and performance.

Conclusion

According to the results of the present study, there was a positive and direct relationship between adherence to professional ethics and communication skills, and between the mentioned components and job performance. Therefore, given the direct relationship between professional ethics and communication skills with job performance, it could be concluded that the improvement of teachers' professional ethics increases their job performance. Given the fact that teachers are role models to students, their adherence to professional ethics is of paramount importance and must be considered in the general policymaking of universities, schools, and hospitals.

Conflicts of Interest

None declared. Code of ethics was obtained and research tools were completed anonymously.

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