

Awareness about Knowledge, attitudes and Practices of medical ethics related to patient care among health practitioners” A case study of Al-Qassim Region, Saudi Arabia

**By: MOUSA LAFI HEJI AL-ANAZI
IN ASSOCIATION WITH: DR. FAHD AL-SHAMMARI**

Abstract

Medical ethics refers to the moral ideals that a physician must adhere to. Its importance lies in providing the standards that shape the professional relationship between physicians and their patients. Moreover, it supports privacy issues and confidentiality for patients. The most important thing is that it promotes health and well-being in all that concerns the medical profession. This study aimed to evaluate the present knowledge, attitude, and practice of healthcare ethics among healthcare practitioners in Al-Qassim Region. A cross-sectional descriptive-analytical method based on a quantitative approach was used on 371 participants including (60 doctors- 187 nurses – 36 administrative and 88 other professionals) using a survey questionnaire. The study showed that gender, age, education degree and years of experience had a significant impact on healthcare practitioners' perception of medical ethics. A large portion of healthcare practitioners weren't aware of ethical codes (59.0% weren't aware of Hippocratic Oath, 74.4% of Nuremberg Code, 66.8% of Helsinki Code). Moreover, 28.8% of the participants learn medical ethics and laws through workshops and lectures. While 45% of the participants prefer consulting ethics committee on an ethical problem. Moreover, 56.3% of the participants prefer consulting a lawyer on legal problems. The relation between healthcare practitioner's attitude and Preference in consulting on a legal problem was significant. There was a significant relation between the preferred instrument for learning ethics and law among the healthcare practitioners and their practice for ethical codes. The study concluded that practicing medical ethics can be beneficial for both physicians and patients as well. Policymakers can make the best use of this study to promote the knowledge and practice of medical ethics as the results showed that most practitioners aren't aware of medical ethics.

Keywords: Medical ethics, Healthcare Practitioners, Consulting, Hippocratic Oath, Nuremberg Code

1- INTRODUCTION

1.1. Research Background

When it comes to making medically-related choices, health professionals should adhere to a set of guiding principles and values. Keeping patients' best interests in mind and making decisions in an ethical manner will yield the best outcomes (Buchanan & Brock, 2019). The number of ethics specialists and ethical committees has grown, and medical ethics are included in the curricula of many countries' health professional training programs. On the other hand, it seems that public complaints are increasing. This may be due to both rising levels of public awareness and unethical practices in the medical field. In most cases, the ethical challenges faced by healthcare professionals cannot be overcome with the aid of conventional medical education. Despite claims that only a small fraction of medical students actually takes courses in ethics, it is nonetheless expected of those who work in the healthcare industry that they act ethically at all times (Giubilini, et al., 2016).

While studying the human body, researchers have a responsibility to act ethically. There are institutions that oversee these regulations, as well as professionals in research ethics, and these rules and ethics apply to medical research on a global scale (Sieber & Tolich, 2012). Research involving animals must be reviewed and approved by one of several distinct boards. Because of its unique expertise, medical ethics for research is treated very seriously, and it is responsible for protecting patients' privacy and avoiding any potential harm to them (Martin, 2022; Beauchamp & DeGrazia, 2019). Research can only be undertaken once it has been reviewed and approved by the Ethics Committee, which is why it is generally assumed that every hospital should have its own medical ethics research center (Murphy et al., 2015).

Studying, evaluating, and comprehending the significance and efficacy of the implementation of medical ethics or ethical practices of healthcare professionals is the exclusive focus of this investigation (Grove & Gray, 2018). This is critical for assessing healthcare providers' familiarity with and knowledge of medical ethical principles including the Hippocratic Oath, Nuremberg Code, Helsinki Declaration, and others. Concurrently, it is essential to assess how the mindset, conduct, and activities of healthcare providers affect the growth and contentment of their patients. Having a strong sense of ethics is crucial in any profession, but it is especially critical in the medical industry. Health care providers must protect their patients' privacy and their own while handling sensitive patient information. Moreover, doctors and nurses must do this because medical treatment is something everyone deserves and needs (Rashmi et al., 2019).

1.2. Research Problem

The insufficient understanding and awareness of medical ethics among healthcare professionals pose a notable research challenge that may affect patient care and the overall quality of healthcare services. Medical ethics is an essential component of healthcare practice, providing guidance to practitioners in making morally and ethically appropriate decisions while prioritizing the welfare and rights of patients. The research problem stems from the potential implications of insufficient understanding, attitudes, and practices of medical ethics among healthcare practitioners. Insufficient understanding of medical ethics can impede practitioners in effectively addressing complex ethical dilemmas in patient care. These factors can result in less-than-optimal decision-making, decreased patient safety, and ethical misconduct. Moreover, a lack of understanding of medical ethics can lead to inadequate contact with patients, violations of confidentiality, and a disregard for patient autonomy and dignity.

Gaining insight into the present level of understanding, attitudes, and behaviors regarding medical ethics among healthcare professionals is essential for identifying areas that need to be enhanced. The study intends to shed light on key areas where practitioners may need further training, education, or support to improve their ethical decision-making and behavior through a thorough assessment.

Moreover, it is imperative to tackle this research issue to sustain the ethical standards of healthcare practice and guarantee that patients receive the utmost level of care. Furthermore, it aligns with the overarching objective of fostering a culture that emphasizes ethical consciousness and responsibility within the healthcare system, leading to enhanced patient results and the general professionalism of healthcare providers in the region.

Essentially, the issue of healthcare practitioners lacking sufficient knowledge, attitudes, and practices in medical ethics has important consequences for patient care and the ethical conduct of healthcare professionals. The study seeks to address this issue with the goal of improving ethical standards and the provision of high-quality healthcare services in the region.

1.2.1. Research Questions

The study had three main questions:

- 1- What is the relation between healthcare practitioners' demographic (and the perception of medical ethic?)
- 2- What is the level of knowledge of medical ethics codes among healthcare practitioners in Al Qassim Region?
- 3- What is the association between healthcare practitioners' attitudes and knowledge of ethical codes in the Al Qassim Region, KSA?

1.3. Aim & Objectives

The main aim of this study was to increase the understanding of medical ethics among health professionals in the Al Qassim Region of Saudi Arabia by examining their knowledge, attitudes, and practice in this area. This can be achieved through the following objectives:

1.3.1. Secondary Objectives

- To investigate the relationship between healthcare practitioners' demographics and their perception of medical ethics.
- To assess the knowledge of medical ethics codes among healthcare practitioners in Al Qassim Region.
- To assess the attitude and practice towards different aspects of healthcare ethics among health practitioners.

1.4. Research significance

The research is of great significance due to its potential to enhance the quality of patient care, encourage ethical conduct, support professional development, raise awareness of ethical issues, provide information for policy and guidelines, and contribute to the existing knowledge on medical ethics in the Al-Qassim Region of Saudi Arabia. Gaining insight into the present condition of healthcare practitioners' awareness and implementation of medical ethics is essential to guarantee the provision of top-notch patient care. It has a direct impact on the ethical decision-making processes, communication with patients, and the overall treatment and management of medical issues. The study has the potential to enhance patient care quality and safety by enhancing ethical knowledge and practices.

The research holds great importance due to its capacity to foster ethical conduct among healthcare professionals.

The study can provide valuable insights into the areas where practitioners may have limited comprehension or compliance with medical ethics principles. This information can be used to develop specific treatments, training programs, and ethical standards aimed at fostering ethical conduct and decision-making. The research findings have the potential to enhance the professional growth of healthcare practitioners. The study can provide valuable insights into areas of insufficient knowledge and inadequate practices about medical ethics. These findings can then be used to create continuing education programs, workshops, and materials specifically designed to improve the ethical competence of healthcare professionals. Consequently, this can enhance the healthcare system's overall professionalism and ethical standards.

The study's significance lies in its ability to foster a culture of ethical consciousness and responsibility throughout the healthcare system. The research can enhance the ethical atmosphere within healthcare organizations and among practitioners by promoting an understanding of medical ethics concepts and cultivating a dedication to ethical conduct. This, in turn, will ultimately benefit patients and the wider community.

The research can provide valuable insights for the formulation of policies, guidelines, and optimal approaches pertaining to medical ethics in the Al-Qassim Region. The results can be utilized to influence institutional policies and ethical frameworks, guaranteeing that healthcare organizations possess the essential assistance and resources to foster ethical conduct and decision-making among their personnel. This study can potentially enhance the current understanding of medical ethics awareness and practices, specifically in the Al-Qassim Region. It can be a great resource for future studies, comparative studies, and the creation of treatments to enhance the comprehension and adherence to medical ethics among healthcare practitioners.

2- LITERATURE REVIEW

2.1. Medical ethics' importance in healthcare

It is not hyperbole to claim that medical knowledge has advanced during the second half of the 20th century and has been outpaced by the growth of global health systems that has accompanied it (Jakovljevic & Getzen, 2016). Science, with the tools God has given humans, has led us to ever-greater horizons, but it is not always better or safer. Examples include the discovery of antibiotics, the success of organ transplantation, the recording of the human genome, the ability to modify genes, and the introduction of artificial intelligence into the health service (Torkamani et al., 2017).

Humanity has had to pay a price for this scientific development in health. The quantities and types of service providers have increased throughout the government, private, voluntary, and insurance sectors, while patient expectations have risen and become more urgent. The average life expectancy has increased, especially in the most developed nations, which has led to a greater demand for age-appropriate health services. As a result, there have been many debates about the concepts of the beginning and end of life as well as the need for health interventions to be guiding and prevail in the public interest. not only the patient's preferences or hopes (Naja et al., 2017).

With this complexity and the variety of sources and levels of the health service, ethical issues that weren't as urgent before this knowledge revolution emerged. These issues include the patient's right to make medical decisions, medical error, determining the genders of fetuses and changing some of their genetic characteristics, removing devices from the brain-dead and even defining death necessitating the removal of devices, and the rights of participants in health research to enact informed consent (Wertz et al., 2003). As a result, a particular area of expertise developed and spread where these concerns were the main focus of the workers' attention. As a result, associations, training programs, fellowships, and degrees were established to teach and uphold medical ethics, and workers now have the academic and professional knowledge and sufficient training to be able to identify, analyze, and address ethical issues (Cruess et al., 2016).

Hippocrates is the earliest known figure in the history of medical ethics, which has continued to the present day. Since not everyone in the world constantly upholds the same moral standards, the concept of ethics is rather changeable. A physician's life will start to include medical ethics the moment they are accepted into medical school. But knowing modern medical ethics can aid doctors during their medical school interview, where you will undoubtedly be asked about ethical dilemmas (Almaghaslah et al., 2022).

2.2. Level of Knowledge of Ethics Codes among Healthcare Practitioners

Life and death scenarios are usually a problem in medical ethics. From a medical ethics standpoint, patient rights, informed consent, confidentiality, competency, advance directives, and other significant health problems are all being explored. The doctor's and hospital's obligations to the patient, to other medical professionals, and to society are all covered under medical ethics. The health profession has its own set of ethical standards that apply to different types of healthcare personnel and organizations. The concept of ethics is not a universal one that can be used at any period. Ethics that were considered acceptable a century ago might not be so today. The hospital administrator must be well aware of all of his or her moral and legal responsibilities (Jamshed, 2016).

Jalal et al. (2018) contend that maintaining a culture of professionalism and ethics among healthcare practitioners is crucial to their effectiveness. This strengthened the sense of security and safety among people of both genders and help patients and their families form a positive, responsible impression of the organization. Given the value of human life, medical ethics ought to be taken seriously. Medical practice complaints about unethical behavior on the part of residents, fellows, and consulting physicians frequently represent problems with medical ethics. Patients would be more satisfied and healthcare personnel would be better able to build a strong and reliable relationship with their patients if ethical practices were effectively promoted and put into practice. This study found that 9% of the participants weren't even familiar with the Hippocratic Oath's fundamental idea. Similarly, only 4% of the chosen doctors were familiar with the Helsinki and Nuremberg codes on a fundamental level. It successfully demonstrated that a major lack of grasp of fundamental ethical principles exists.

The Declaration claimed that there was not much knowledge of research ethics. This implied that there may be a hole in the context of academic training for medical ethics. The study found that residents and consultants had considerably higher opinions on the major medical ethical issues when compared to fellows. The different levels of training may be the cause of this. Perhaps colleagues were willing to help the doctor on occasion. This study emphasized the requirement for organizations to establish and oversee the ethical practices of medical practitioners as well as successfully raise awareness of medical ethics (Jalal et al., 2018).

Practical ethics education had the potential to enhance knowledge, attitude, and practice of utilizing an ethical approach—especially in a multidisciplinary setting. By enabling the subsequent generation of doctors to perform with higher ethical competence, these activities will help us build instructional methodologies that will enable us to fulfill our commitments as medical educators (Hariharan et al., 2006).

2.3. Healthcare Ethical Practice and attitudes:

Medical ethics is concerned with moral standards and medical judgment. The objective of ethics education is to help medical students comprehend moral concepts and assess and clarify their own convictions. As the delivery of healthcare services becomes increasingly privatized and commoditized, the importance of ethics in healthcare practice diminishes. Growing public knowledge of their rights to get the best health care services, along with doctors' deteriorating efficacy due to a lack of experience or disobedience with medical ethics, is putting them in greater legal jeopardy. In order to avoid such litigation, it is essential that medical ethics be taught and followed correctly (McCullough, 2013; Tomlinson, 2012).

Parker et al. (2019) conducted a study to investigate the awareness of medical ethics in healthcare practice among resident physicians in a sub-Himalayan tertiary hospital. More than half of the 61 participants in that study were female. The majority of research participants had received knowledge of medical ethics at their workplaces, according to the findings. Over ninety percent of the participants in that study agreed that medical ethics is an essential component of the undergraduate curriculum.

Concerning the medical ethical challenges faced by healthcare professionals in Saudi Arabia, AbuAbah et al. (2019) conducted a study and found that the vast majority of physicians lacked understanding of some healthcare-related ethical issues. Not only in medical school, but also after graduation and during clinical rounds, there must be a uniform curriculum for teaching medical ethics to healthcare professionals. Numerous clinical specialists with adequate medical knowledge lack an understanding of medical ethics. In addition, medical teams with adequate knowledge of medical ethics frequently disregard ethical norms in practice, resulting in moral misconduct and weakening people's and communities' faith in medical experts and health-care teams.

A lack of clear management policies to promote and develop medical ethics in educational and medical bodies; a lack of medical ethics knowledge among physicians and the health-care team; a deficiency in the educational system for the effective training of medical students in adhering to ethical principles; and a lack of clear management policies to promote and develop medical ethics in educational and medical bodies. Such medical ethics issues must be monitored frequently in order to develop appropriate solutions (Civaner et al., 2017).

3- METHODS

3.1. Research Design

A cross-sectional descriptive-analytical study that relied on a questionnaire was used to assess the level of awareness of the knowledge, attitudes, and practices of medical ethics in relation to patient care among health practitioners in Al Qassim Region, Saudi Arabia. Due to the nature of this study's topic, which is "Awareness of knowledge, attitudes, and practices of medical ethics related to patient care among health practitioners in Al Qassim Region, Saudi Arabia," the researcher chose a quantitative approach to experimentally and statistically demonstrate the study's effectiveness.

3.2. Population and Sampling Size

The sample size for this study consisted of 371 healthcare professionals drawn from various hospitals in the Al Qassim Region based on a population of 10500 healthcare practitioners. As this study was about ethical codes of behavior and standards, the snowball sampling technique was utilized to get accurate and useful data. It is the method of sampling based on references, in which existing subjects make referrals to recruit additional samples required for a research study.

3.3. Data Collection Tools

This study utilized a primary quantitative approach. The researcher used a questionnaire from a previous study. The researcher contacted the questionnaire's author and obtained the appropriate permissions to utilize it. The questionnaire was pilot-tested with 50 individuals in order to determine its validity and consistency.

Two or three weeks before to data collection, the researcher mailed a questionnaire to 400 participants who work in the most important hospitals in the Al-Qassim Region. As stated, the permission forms and study information sheet (Cover letter) were delivered to the sample of participants selected. Each participant received a URL for the questionnaire, based on their consent. The researcher's contact information was also included in the questionnaire, allowing participants to contact the researcher directly with any study-related questions. The research adhered to all ethical standards, and all subjects will provide verbal or written consent to participate.

3.4. Data Analysis

The data collected from the questionnaire was coded and entered into a computer system and analyzed using SPSS version 25. Descriptive Statistics (frequencies) and parametric or Non-

Parametric Tests were used to analyze the data. Frequency Analysis examined the number of occurrences as well as measurements of central tendency, dispersion, and percentiles, among others (13). In contrast, regression assisted the study in determining the influence of variables on one another.

3.5. Ethical Considerations

The Standing Committee for Research Ethics of the General Directorate of Health Affairs in Qassim granted ethical approvals. The authorization required to conduct the study was sought from the hospitals administrators and appropriate authorities. By signing the accompanying written informed consent form, the study participants were adequately informed, instructed, and declared their consent to participate.

4- RESULTS

4.1. Pilot study

A pilot study was conducted with 50 participants initially, followed by a second round two weeks later. The purpose of the pilot study was to ensure the accuracy and consistency of the questionnaire. It was determined that no major modifications were necessary.

4.2. Reliability & Validity

4.2.1. Validity

A team of professionals, academics, and experts assessed the questionnaire using the face validity method to ensure its accuracy and relevance for the study goals. The questionnaire was adapted from a prior study (Adhikari et al., 2016).

Correlation coefficients have been calculated between the degree of each paragraph and the total score of the questionnaire to which it belongs, the results indicate validity consistency of internal data in the study where values of correlation coefficient ranged for all phrases 0.504 to 0.875, and these values were significant at 1% level.

4.2.2. Reliability

In this study, the Cronbach's Alpha method has been used to calculate the reliability in the data collected through the study tool (questionnaire), and the results were shown in Table (1) below.

Table 1: The value of Cronbach's Alpha for Questionnaire Statements

Questionnaire Themes	No. of statements	Cronbach's Alpha
The attitude/ Practice	19	0.814

4.3. Describing Data

After the questionnaire was circulated, (371) responses were obtained. Out of this sample for demographic profile of participants, both male and female were equally distributed at (51.5%) of the participants were males and (48.5%) were females. Most of the participants belonged to (30-40) year's old (59.6%), and had Bachelor degree with (55.3%), Master degree with (22.9%). (57.1%) of the participants had experience of (5-14) years, (20.2%) of them had experience of (15-24) years. Also, most of them are nurses (50.4%), doctors (16.2), administration (9.7%) and the others (23.7%), respectively.

Table 2: Demographic Characteristics

Characteristics of participants	No.	(%)
Gender		
Male	191	51.5
Female	180	48.5
Total	371	100.0
Nationality		
Saudi	337	90.8
Non-Saudi	34	9.2
Age		
Less than 30	65	17.5
30-40	221	59.6
41-50	73	19.7
More than 50	12	3.2
Education Degree		
Diploma	57	15.4
Bachelor degree	205	55.3
Master degree	85	22.9
PhD.	24	6.5
Years of experience		
< 5 year	64	17.3
5-14 years	212	57.1
15-24 years	75	20.2
25 years or more	20	5.4
Job title		
Doctor	60	16.2
Nurse	187	50.4
Administrative	36	9.7
Other	88	23.7

From table (3), we find out that 28.6 % of the participants prefer leaning ethics and laws from “Workshops” while 1.6 % of the participants prefer “Case conferences”.

Table 3: Preferred Instruments for learning ethics and law among Health Practitioners

Preferred Instruments for learning ethics	Instruments	N	(%)
	Ethics journals	22	5.9
	Books on ethics	46	12.4
	Social Media channels	69	18.6
	Workshops	106	28.6
	Lectures	86	23.2
	Panel discussions	36	9.7
	Case conferences	6	1.6
	Other	0	0.00
	Total	371	100.0

The majority of the participants weren't aware of ethical codes. 59.0% of the participants aren't aware of Hippocratic Oath, 74.4% of the participants aren't aware of Nuremberg Code and 66.8% of the participants aren't aware of Helsinki Code as shown in figure (1).

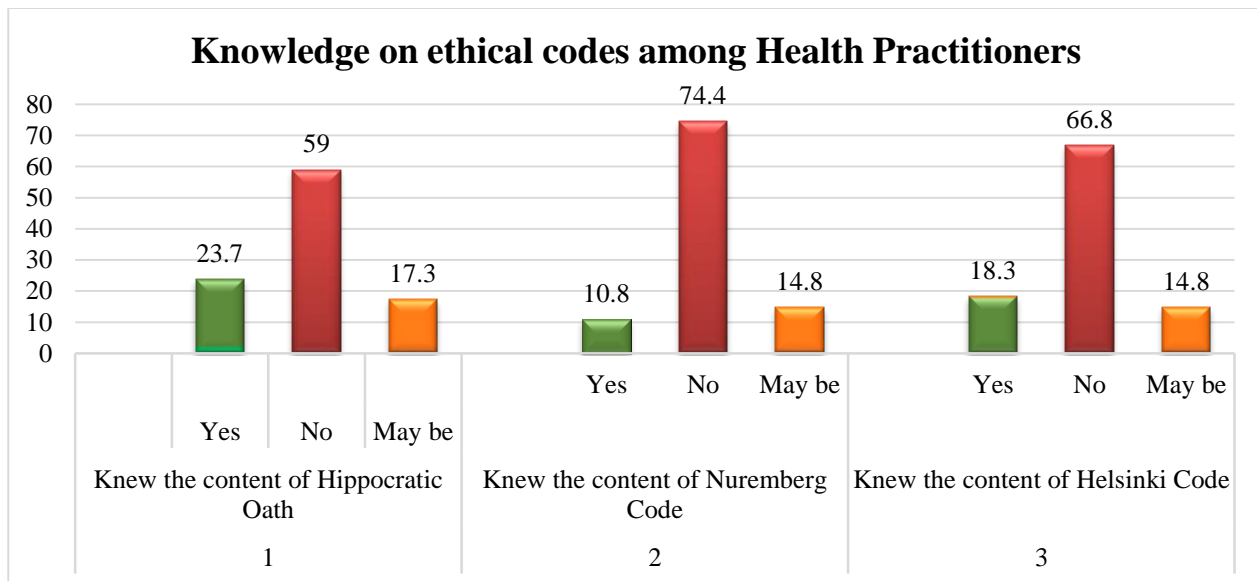


Fig. 1: knowledge on ethical codes among health practitioners

56.3 % of the participants prefer consulting a lawyer on a legal problem, while 1.1% of the participants prefer consulting "Saudi Commission for Health Specialties", as shown in figure (2).

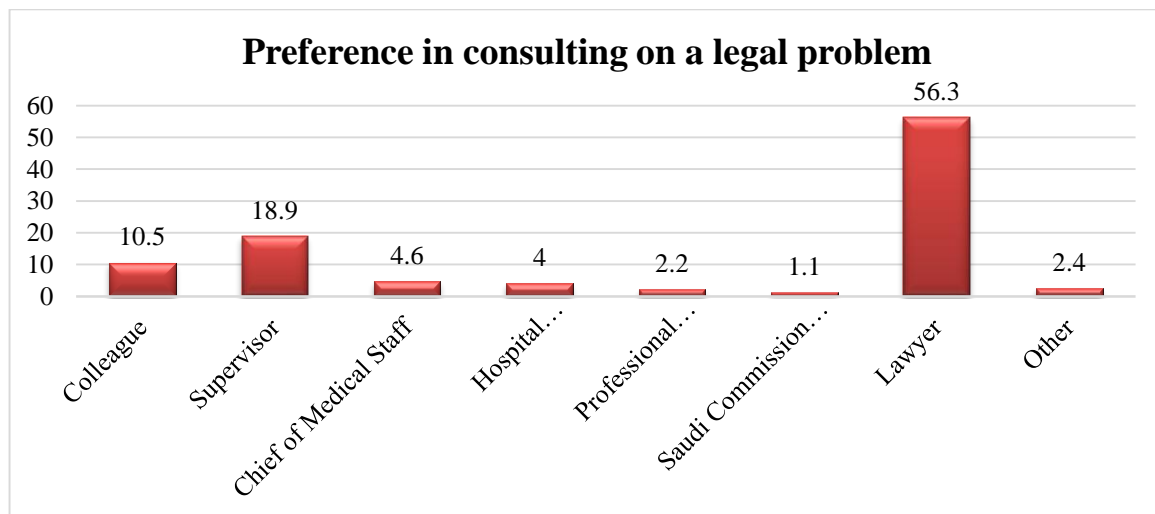


Fig. 2: preference in consulting on a legal problem

As indicated in table (4), we find out that 45.6% of the participants prefer consulting ethics committee on ethical problems while 1.9% of the participants prefer consulting Saudi Commission for Health Specialties.

Table 4: Preference in consulting on an ethical problem

	Answer	N	(%)
Preference in consulting on an ethical problem	Colleague	52	14.0
	Supervisor	77	20.8
	Chief of Medical Staff	21	5.7
	Hospital Administrator	10	2.7
	Ethics Committee	169	45.6
	Saudi Commission for Health Specialties	7	1.9
	Text, Internet	7	1.9
	Close friend/family	26	7.0
	Other	2	0.5
	Total	371	100.0

From table (5), we find out that 29.07% of the participants agreed strongly for the attitudes towards different aspects of healthcare ethics and 15.88% of the participants strongly disagreed for these attitudes while 21.275 of the participants were neutral.

Table 5: The attitude towards different aspects of healthcare ethics among Health Practitioners

	Answer	N	(%)
The attitude towards different aspects of healthcare ethics among Health Practitioners	Strongly Disagree	۱۲۹۶	15.88
	Disagree	۸۳۰	10.17
	Neutral	۱۷۳۶	21.27
	Agree	۱۹۲۷	23.61
	Strongly Agree	۲۳۷۳	29.07
	Total	۸۱۶۲	100.0
	(Mean ± S. D.)		3.3993 ± 0.53685

Table (6) showed the practice towards different aspects of healthcare ethics among healthcare practitioners. (24.1%) of the participants agreed on the practices, 21% were neutral and 17.3 of them strongly disagreed.

Table 6: The Practice towards different aspects of healthcare ethics among Health Practitioners

	Answer	N	(%)
The Practice towards different aspects of healthcare ethics among Health Practitioners	Strongly Disagree	379	17.3
	Disagree	431	19.5
	Neutral	464	21
	Agree	533	24.1
	Strongly Agree	397	18
	Total	2204	100
	(Mean ± S. D.)		3.932 ± 0.43485

Discussing the study objectives:

There were three objectives for the researcher, the first one was to evaluate the impact of healthcare practitioners' demographics on their perception of medical ethics., the second is measure the knowledge of ethical codes among healthcare practitioners, the third is measure the attitude towards different aspects of healthcare ethics among Health Practitioners in Al-Qassim region Saudi Arabia.

The first objective: The relation between healthcare practitioner's demographics and their perception of medical ethics.

For the relation between healthcare practitioners' demographics and their perception of medical ethics, we did an independent sample t-test and one-way analysis of variance (ANOVA), the results of tests show that, (Table 7)

Table 7: The relation between healthcare practitioners' demographics and their perception of medical ethics

Characteristics of participants	Attitude (P. Value)	Decision
Gender	0.000	Sig.
Nationality	0.089	Not-Sig.
Age	0.011	Sig.
Education Degree	0.000	Sig.
Years of experience	0.011	Sig.
Job title	0.280	Not-Sig.

The second objective: the knowledge of medical ethics codes among healthcare practitioners

For the measurement of (knowledge of ethical codes among healthcare practitioners), one-way analysis of variance (ANOVA) was carried out. The results of the tests showed that the preference for consulting on an ethical problem was a significant source for obtaining the knowledge for ethical codes among healthcare practitioners (P-Value=0.003<0.05) (table 8).

Table 8: Preference of healthcare practitioners

		Sum of Squares	Df	Mean Square	F	Sig.
Preferred Instruments for learning ethics and law among Health Practitioners.	Between Groups	7.860	3	2.620	1.335	0.263
	Within Groups	720.129	367	1.962		
	Total	727.989	370			
Preference in consulting on a legal problem	Between Groups	31.478	3	10.493	1.732	0.160
	Within Groups	2223.406	367	6.058		
	Total	2254.884	370			
Preference in consulting on an ethical problem	Between Groups	82.424	3	27.475	4.621	0.003
	Within Groups	2181.905	367	5.945		
	Total	2264.329	370			

Regarding knowledge of ethical codes among healthcare practitioners, knowing the content of the Hippocratic Oath was significant (P- Value=0.037<0.05) (Table 9).

Table 9: Knowledge of ethical codes

		Sum of Squares	Df	Mean Square	F	Sig.
Knowledge of the Hippocratic Oath content	Between Groups	3.435	3	1.145	2.858	0.037
	Within Groups	147.013	367	.401		
	Total	150.447	370			
Knowledge of the Nuremberg law	Between Groups	1.722	3	.574	2.273	0.080
	Within Groups	92.672	367	.253		
	Total	94.394	370			
Knowledge of the Helsinki law	Between Groups	.220	3	.073	.220	0.882
	Within Groups	122.324	367	.333		
	Total	122.544	370			

The third objective: The attitude and practice towards different aspects of healthcare ethics among health practitioners

For discussing the measurement of attitude towards different aspects of healthcare ethics among Health Practitioners we obtained the Pearson correlation coefficient between healthcare practitioner's attitude and ethical codes among healthcare practitioners (Table 10).

Table 10: The correlation of healthcare practitioner's attitude and ethical codes among healthcare practitioners

		Attitude
Preferred Instruments for learning ethics and law among Health Practitioners.	Pearson Correlation	0.059
	Sig. (2-tailed)	0.258
Knowledge of Hippocratic Oath content	Pearson Correlation	0.056
	Sig. (2-tailed)	0.358
Knowing the content of the Nuremberg code	Pearson Correlation	0.076
	Sig. (2-tailed)	0.144
Knowledge of the Helsinki code content	Pearson Correlation	0.039
	Sig. (2-tailed)	0.457
Preference in consulting on a legal problem	Pearson Correlation	-0.117*
	Sig. (2-tailed)	0.024
Preference in consulting on an ethical problem	Pearson Correlation	0.062
	Sig. (2-tailed)	0.236
Total	N	371

*The relation between healthcare practitioner's attitude and preference in consulting on a legal problem was significant (P-Value=0.024<0.05)

Regarding the practice towards different aspects of healthcare ethics among health practitioners, we obtained the Pearson correlation coefficient between healthcare practitioner's practice and ethical codes among healthcare practitioners. There was a significant relation between the preferred instrument for learning ethics and law among the healthcare practitioners and their practice for ethical codes. (P-Value=0.015<0.05) (Table 11).

Table 11: The correlation of healthcare practitioner's practice and ethical codes among healthcare practitioners

		Practice
Preferred Instruments for learning ethics and law among Health Practitioners.	Pearson Correlation	0.113*
	Sig. (2-tailed)	0.015
Knowledge of Hippocratic Oath content	Pearson Correlation	0.212
	Sig. (2-tailed)	0.542
Knowing the content of the Nuremberg code	Pearson Correlation	0.056
	Sig. (2-tailed)	0.213
Knowledge of the Helsinki code content	Pearson Correlation	0.213
	Sig. (2-tailed)	0.325
Preference in consulting on a legal problem	Pearson Correlation	-0.232
	Sig. (2-tailed)	0.123
Preference in consulting on an ethical problem	Pearson Correlation	0.053
	Sig. (2-tailed)	0.326
Total	N	371

*The relation between healthcare practitioner's practice and preferred instruments for learning ethics and law among health practitioners was significant (P-Value=0.015<0.05)

5- DISCUSSION

The study aimed to spread the awareness of medical ethics among healthcare Practitioners. The researcher depended on three main themes to achieve this goal. The researcher tried to assess the relation between the demographics of the healthcare workers and the awareness and the application of medical ethics among healthcare practitioners. Many studies have been carried out to assess the relation between the demographic characteristics of healthcare practitioners and their awareness and application of ethical codes.

Bhuyan et al. (2020) showed that there was a significant difference in job experience and educational qualification. In contrast, there was no significant difference in practice code of ethics based on age or gender. As a result, it was critical to modify physicians' attitudes and provide proper understanding and awareness of ethical rules at all stages of the medical process. The findings of this research showed that the gender of healthcare professional can affect the perception of medical ethics.

Jalal et al. (2018) had carried a research study to assess the knowledge, attitudes and practices of medical ethics among male and female healthcare practitioners and reported that in terms of ethical practice. The study showed that female physicians had a stronger opinion than male physicians. Complying with consent for operations, addressing violent/noncompliant patients, listening to the patient's requests, autonomy, and, most importantly and keeping confidentiality. This may reflect the difference in the training between the two professionals. Perhaps fellows are trained to be in a supportive role to the doctor in some setting. It was noticed that the awareness of medical ethics was significantly affected by the age of the healthcare professionals who has taken part in the study.

This finding match the results of a study that has been carried out by Akoijam Brogen et al. (2009) and showed that Knowledge of medical ethics was higher among those who were over 35 years of age. This could be affected by the years of experience for the medical staff. In this study the years of experience also affected the perception of medical ethics among the participants and showed a significant correlation. Moreover, a study has been carried in Taif City, Saudi Arabia by Althobaiti et al. (2021) had shown that nursing specialists/technicians, with of 20-<30 years of practice and participants who had previous training in bioethics had significantly higher mean attitude scores than others.

Ethics is a branch of philosophy concerned with moral ideals. The practice of medicine has been guided by ethics since the beginning. The basic set of directives is based on the premise that all human life has intrinsic value and must be safeguarded, and that all physician activities must be consistent with healing disease and acting in the best interests of the patient. Medical research, too, is guided by similar beliefs while looking for new ways to help individuals. The main three sources for medical ethical codes are Hippocratic Oath, Nuremberg Code and Helsinki Code (Al-Bar et al., 2015).

Regarding the knowledge of ethical codes among healthcare practitioners the participants showed low levels of knowledge about these resources. A large number of healthcare practitioners were uninformed of the Hippocratic Oath's contents. Similarly, the bulk of them had no idea what the Nuremberg Code and the Helsinki Declaration were about. These findings demonstrated that health practitioners had a poor understanding of the most basic ethical concepts and research ethics. 59% of the participants don't know the content of Hippocratic Oath, 74.4% don't know the content of Nuremberg Code while 66.8% of the participants don't know the content of Helsinki Code.

Karasneh et al. (2021) reported that 54% of the participants in his study could not recall any of the contents of the Hippocratic Oath. Adhikari et al. (2016) have stated that the three main documents on healthcare ethics, which are the essential principles in clinical practice, were unknown to a large percentage of doctors and nurses.

The participants in this study had shown different attitudes towards different aspects of healthcare ethics among healthcare practitioners. About 52.67% of the participants had agreed towards different aspects of healthcare ethics while 26.05% of the participants had disagreed against these aspects. Regarding the confidentiality of the patients, 73.6% of the participants disagreed against the sentence that states “confidentiality of the patients is not important”.

Karasneh et al. (2021) reported that many areas of patient confidentiality were found to be lacking in the understanding of physicians from various disciplines. While some of the physicians' practices were legal, others were found to be in violation of patient confidentiality. 91.4% of the participants agreed that ethics (as a part of a syllabus) should be taught in every medical or nursing teaching institution.

Shrestha et al. (2021) had conducted a study and reported that Participants who received medical ethics training scored higher in terms of knowledge, attitude, and practice. The findings support the inclusion of medical ethics instruction in the mainstream medical curriculum. It is necessary to create a blame-free environment in which seniors can be sought for assistance. Ethics in research should also be considered. During medical ethics training, ethical issues involving poor performance by doctors should be prioritized and explained in a country-specific context.

Regarding the practices of different aspects of healthcare ethics among health practitioners, the participants strongly disagreed (46%) against abandoning confidentiality as it was difficult to keep it. This is because maintaining confidentiality is often difficult, and it is important to ensure that patient information is kept secure and private. Furthermore, it is essential for health practitioners to adhere to ethical standards in order to ensure that patients receive the best possible care. Therefore, it is important for healthcare professionals to continue to uphold confidentiality as an ethical practice.

About 34% of the participants agreed that doctors are influenced by drug company inducements, including gifts. This finding is concerning, as it suggests that a large portion of the population believes that doctors are being influenced by drug companies. This could lead to doctors prescribing medications that may not be in the best interest of their patients, as they are being incentivized to do so. It is important for healthcare providers and drug companies to ensure that any inducements given to doctors are ethical and do not influence their decision-making. 46.1% of the healthcare practitioners strongly agreed that doctors and nurses must serve hard to reach remote areas and under-served population. This finding is a testament to the commitment of healthcare practitioners to medical ethics. By serving hard to reach remote areas and under-served populations, healthcare practitioners are upholding their ethical obligation to provide care for all, regardless of location or financial status. This is an important reminder that medical ethics should always be at the forefront of healthcare decisions and that healthcare practitioners should strive to ensure equitable access to care for all.

6- Conclusions & Recommendations

6.1. Conclusion

In conclusion, this study sheds light on the knowledge, attitude, and practice of healthcare ethics among healthcare practitioners in Al-Qassim Region. The findings indicate that there are gaps in the practitioners' knowledge of ethical codes, such as the Hippocratic Oath, Nuremberg Code, and Helsinki Code. It also highlights the importance of education, age, gender, and experience in shaping healthcare practitioners' perception of medical ethics. The study suggests that there is a need for continued education and training in medical ethics, as well as more accessible resources, such as workshops and lectures. Moreover, consulting an ethics committee for ethical problems and a lawyer for legal problems was the preferred option for a significant number of participants. These findings have implications for healthcare policy and the importance of developing comprehensive ethics education programs for healthcare practitioners. Ultimately, enhancing healthcare practitioners' knowledge, attitude, and practice of ethics will promote better patient care, enhance trust in the healthcare system, and improve patient outcomes.

6.2 Recommendations

Based on the findings of the study, the researcher recommends the following:

- Educational interventions should be implemented to improve healthcare practitioners' awareness and knowledge of medical ethics, especially among those who are younger, less experienced, and have lower education degrees.
- There is a need to raise awareness about ethical codes and their significance among healthcare practitioners. Organizations and institutions could provide training programs and workshops to increase practitioners' understanding of ethical codes such as the Hippocratic Oath, Nuremberg Code, and Helsinki Code.
- Workshops and lectures should be conducted to enhance healthcare practitioners' knowledge and awareness of medical ethics and laws.
- Healthcare organizations should establish or improve existing ethics committees and encourage practitioners to consult them when ethical issues arise.
- Since more than half of the participants prefer consulting a lawyer on legal problems, healthcare organizations could establish legal departments or provide legal support to healthcare practitioners when necessary.
- There is a need to further investigate the relation between healthcare practitioner's attitude and preference in consulting on a legal problem to develop appropriate interventions.

REFERENCES

- AbuAbah, F., Alwan, A., Al-Jahdali, Y., Al Shaikh, A., Alharbi, A., & Hamdan, A. J. (2019). Common medical ethical issues faced by healthcare professionals in KSA. *Journal of Taibah University Medical Sciences*, 14(5), 412-417.
- Adhikari, S., Paudel, K., Aro, A. R., Adhikari, T. B., Adhikari, B., & Mishra, S. R. (2016). Knowledge, attitude and practice of healthcare ethics among resident doctors and ward nurses from a resource poor setting, Nepal. *BMC medical ethics*, 17, 1-8.
- Akoijam Brogen, S., Rajkumari, B., Laishram, J., & Joy, A. (2009). Knowledge and attitudes of doctors on medical ethics in a teaching hospital, Manipur. *Age (years)*, 35, 35.
- Al-Bar, M. A., Chamsi-Pasha, H., Al-Bar, M. A., & Chamsi-Pasha, H. (2015). Regulation of medical profession and medical research. *Contemporary Bioethics: Islamic Perspective*, 85-103.
- Almaghaslah, D., Alsayari, A., Almaghaslah, S., & Alsanna, H. (2022, April). Patients' satisfaction with E-Prescribing (Wasfaty) in Saudi Arabia: a survey of country-level implementation. In *Healthcare* (Vol. 10, No. 5, p. 806). MDPI.
- Althobaiti, M. H., Alkhaldi, L. H., Alotaibi, W. D., Alshreef, M. N., Alkhaldi, A. H., Alshreef, N. F., Alzahrani, N.N. & Atalla, A. A. (2021). Knowledge, attitude, and practice of medical ethics among health practitioners in Taif government, KSA. *Journal of Family Medicine and Primary Care*, 10(4), 1759.
- Beauchamp, T. L., & DeGrazia, D. (2019). *Principles of animal research ethics*. Oxford University Press.
- Bhuyan, B., Kumar, S., Choudhury, S., & Kashyap, K. (2020). Impact of Demographic Factors on the Ethical Conduct of Physicians in India. *Indian Journal of Public Health*, 11(02), 589.
- Buchanan, A., & Brock, D. W. (2019). Deciding for others. *Death, Dying and the Ending of Life, Volumes I and II*, 205-282.
- Civaner, M. M., Vatansever, K., & Pala, K. (2017). Ethical problems in an era where disasters have become a part of daily life: A qualitative study of healthcare workers in Turkey. *PLoS one*, 12(3), e0174162.
- Cruess, R. L., Cruess, S. R., & Steinert, Y. (Eds.). (2016). *Teaching medical professionalism: supporting the development of a professional identity*. Cambridge University Press.
- Giubilini, A., Milnes, S., & Savulescu, J. (2016). The medical ethics curriculum in medical schools: present and future. *The Journal of clinical ethics*, 27(2), 129-145.
- Grove, S. K., & Gray, J. R. (2018). *Understanding nursing research e-book: Building an evidence-based practice*. Elsevier health sciences.
- Hariharan, S., Jonnalagadda, R., Walrond, E., & Moseley, H. (2006). Knowledge, attitudes and practice of healthcare ethics and law among doctors and nurses in Barbados. *BMC Medical ethics*, 7, 1-9.
- Jakovljevic, M., & Getzen, T. E. (2016). Growth of global health spending share in low and middle income countries. *Frontiers in pharmacology*, 7, 21.
- Jalal, S., Imran, M., Mashood, A., & Younis, M. (2018). Awareness about knowledge, attitude and practice of medical ethics pertaining to patient care, among male and female physicians working in a public sector Hospital of Karachi, Pakistan-A cross-sectional survey. *European Journal of Environment and Public Health*, 2(1), 04.
- Jamshed, S. Q. (2016). Journal of Pharmacy and Bioallied Sciences. *Journal of Pharmacy & Bioallied Sciences*, 8(1), 1.

- Karasneh, R., Al-Mistarehi, A. H., Al-Azzam, S., Abuhammad, S., Muflih, S. M., Hawamdeh, S., & Alzoubi, K. H. (2021). Physicians' knowledge, perceptions, and attitudes related to patient confidentiality and data sharing. *International Journal of General Medicine*, 721-731.
- Martin, A. K. (2022). Animal research that respects animal rights: Extending requirements for research with humans to animals. *Cambridge Quarterly of Healthcare Ethics*, 31(1), 59-72.
- McCullough, L. B. (2013). The professional medical ethics model of decision making under conditions of clinical uncertainty. *Medical Care Research and Review*, 70(1_suppl), 141S-158S.
- Murphy, S., Nolan, C., O'Rourke, C., & Fenton, J. E. (2015). The reporting of research ethics committee approval and informed consent in otolaryngology journals. *Clinical Otolaryngology*, 40(1), 36-40.
- Naja, S., Makhlof, M. M. E. D., & Chehab, M. A. H. (2017). An ageing world of the 21st century: a literature review. *Int J Community Med Public Health*, 4(12), 4363-9.
- Parker, C., Scott, S., & Geddes, A. (2019). Snowball sampling. *SAGE research methods foundations*.
- Rashmi, K. S., Kulkarni, U., & Mitra, P. (2019). Knowledge on Ethical Codes among Undergraduate Medical Students and Faculty Members. *Indian Journal of Public Health*, 10(11), 2893.
- Seedhouse, D. (2008). *Ethics: the heart of health care*. John Wiley & Sons.
- Shrestha, C., Shrestha, A., Joshi, J., Karki, S., Acharya, S., & Joshi, S. (2021). Does teaching medical ethics ensure good knowledge, attitude, and reported practice? An ethical vignette-based cross-sectional survey among doctors in a tertiary teaching hospital in Nepal. *BMC Medical Ethics*, 22, 1-16.
- Sieber, J. E., & Tolich, M. B. (2012). *Planning ethically responsible research* (Vol. 31). Sage Publications.
- Tomlinson, T. (2012). *Methods in medical ethics: Critical perspectives*. Oxford University Press.
- Torkamani, A., Andersen, K. G., Steinhubl, S. R., & Topol, E. J. (2017). High-definition medicine. *Cell*, 170(5), 828-843.
- Wertz, D. C., Fletcher, G. F., & Berg, K. (2003). *Review of ethical issues in medical genetics: report of consultants to WHO* (No. WHO/HGN/ETH/00.4). World Health Organization.