

Professionalism among family medicine residents at King Abdulaziz University Hospital, Jeddah, Saudi Arabia: A cross-sectional study

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ABSTRACT

Background: The Saudi Commission for Health Specialties (SCHS) recently proposed the Saudi Meds Family Medicine (FM) 2020 program, which is based on CanMEDS-FM 2017 and includes a number of competencies. The purpose of this study is to evaluate the professionalism of FM residents who follow the modified curriculum of the SCHS. **Materials and Methods:** A cross-sectional study was conducted between June and August 2023 at King Abdulaziz University Hospital in Jeddah among FM residents from year 1 to year 3 and postgraduates from the FM residency program of both genders. For data collection, a structured self-administered web-based questionnaire adapted from CanMEDS was used. **Results:** A total of 45 FM residents responded, with the majority (73.3%) between the ages of 20 and 30 (77.8%), and 62.2% females. In terms of patient professionalism, 93.3% frequently/always demonstrated appropriate professional behavior and relationships in all aspects of practice; 62.2% frequently/always demonstrated a commitment to excellence in all aspects of practice. In terms of professionalism and societal commitment, 80% frequently/always demonstrated accountability to patients, society, and the profession by responding to societal expectations of physicians, and 86.6% frequently/always demonstrated a commitment to patient safety and quality improvement. In terms of professional commitment, 88.9% frequently/always fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice. In terms of self-commitment, it was discovered that 86.6% frequently/always demonstrated self-awareness and managed influences on personal well-being and professional performance. The majority (80%) managed personal and professional demands for a sustainable practice throughout the physician lifecycle, and 86.7% frequently/always promoted a culture that recognizes, supports, and effectively responds to colleagues in need. **Conclusion:** FM residents in Jeddah, Saudi Arabia, demonstrated acceptable levels of dedication to patients, society, profession, and self, indicating a high level of professionalism.

Keywords: Cross-sectional study, family medicine, professionalism, residents, Saudi Arabia

Introduction

Family physicians serve as society's first line of defense, providing preventive and therapeutic health care for disease prevention, early detection, and control, as well as services for healthy living.^[1]

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The Saudi Commission for Health Specialties (SCFHS) has released an updated Family Medicine training program curriculum (Saudi MED-FM 2022) for all Saudi family physicians who wish to pursue a specialty career. The Canadian Medical Education Directions for Specialists (CanMEDS-FM 2017), the Accreditation Council for Graduate Medical Education (ACGME), and the National Vision 2030 new model of care (MOC) were combined to create this framework. Medical knowledge, patient care, communication and collaboration, management and leadership, professionalism, and scholarship are the six categories.^[2]

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The term “professionalism” has a few different meanings. It is a framework that emphasizes the importance of the family physician’s respectful attitude and behaviors in the presence of patients, colleagues, and society, according to Saudi Med-FM 2022.^[3] The American Board of Family Medicine (ABFM) defines it further as “a belief system in which group members (“professionals”) declare (“profess”) to each other and the public the shared competency standards and ethical values they promise to uphold in their work, as well as what the public and individual patients can and should expect from medical professionals.”^[4]

There have been insufficient studies to assess the professionalism of family medicine residents who have completed SCHS’s updated curriculum. There aren’t enough studies to evaluate the professionalism of SCHS’s modified curriculum’s family medicine residents. As a result of our findings, we proposed evaluating professionalism among FM residents at KAUH in Jeddah, Saudi Arabia.

Materials and Methods

Study design and participants

A cross-sectional study was conducted between June and August 2023 at King Abdulaziz University Hospital in Jeddah, Saudi Arabia, among family medicine residents from year 1 to year 3 and postgraduates from the family medicine residency program of both genders. Residents who refused to participate in the study, as well as those who provided incomplete or duplicate responses, were excluded.

Data collection

For data collection, a structured self-administered web-based questionnaire adapted from CanMEDS was used.^[5] There were five sections in the questionnaire: demographic information and residency level, commitment to patients, commitment to society, commitment to the profession, and commitment to self. Participants were asked to select a response (never, rarely, occasionally, frequently, and always) regarding their professional practice.

Ethical considerations

The study received ethical approval from the research ethics committee of King Abdulaziz University Hospital in Jeddah, Saudi Arabia.

Data analysis

The data was statistically analyzed using (SPSS) version 28. Qualitative data was expressed as numbers and percentages to test the relationship between variables, and the Chi-squared test (χ^2) was used. A statistically significant *P* value of less than 0.05 was considered.

Results

According to Table 1, 45 family medicine residents completed the online questionnaire, with the majority of participants

Table 1: Distribution of studied participants according to their demographics and residency level (n=45)

Variable	n (%)
Age (years)	
20–30	35 (77.8)
31–35	10 (22.2)
Gender	
Female	28 (62.2)
Male	17 (37.8)
Marital status	
Married	22 (48.9)
Single	23 (51.1)
Residency level	
R1	9 (20)
R2	10 (22.2)
R3	13 (28.9)
Post-residency	13 (28.9)

aged 20 to 30 years (77.8%), 62.2% females, and 51.1% single. Furthermore, 20% of the participants were in the R1 level, 22.2% in the R2 level, 28.9% in the R3 residency level, and 28.9% in the post-residency level.

CanMEDS [Table 2] was used to assess the professionalism of family medicine residents towards patients, society, the profession, and oneself. In terms of patient professionalism, 93.3% frequently or always demonstrated appropriate professional behavior and relationships in all aspects of practice; 62.2% frequently or always demonstrated a commitment to excellence in all aspects of practice. Approximately 46% (46.6%) recognized and managed conflicts of interest frequently or always; 75.5% frequently or always exhibited professional behavior in the use of technology-enabled communication; and 53.3% frequently or always recognized and responded to ethical issues encountered in practice. In terms of professionalism and societal commitment, 80% of physicians frequently or always demonstrated accountability to patients, society, and the profession by responding to societal expectations of physicians, and 86.6% frequently or always demonstrated a commitment to patient safety and quality improvement. In terms of professional commitment, 88.9% frequently or always fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice. Approximately 71% (71.1%) of physicians and other colleagues in the healthcare professions recognized and responded to unprofessional and unethical behavior on a regular or consistent basis. More than half (60%) participated in peer assessment and standard setting frequently or always. The commitment to self is also illustrated in [Table 2], where it was discovered that 86.6% exhibited self-awareness and managed influences on personal well-being and professional performance frequently or always. The majority (80%) managed personal and professional demands for a sustainable practice throughout the physician lifecycle, and 86.7% always or frequently promoted a culture that recognizes, supports, and effectively responds to colleagues in need.

The statement “Exhibit appropriate professional behavior and relationships in all aspects of practice, demonstrating

Table 2: Distribution of studied participants according to their response to items of the professionalism scale (n=45)

Variable	Always n (%)	Often n (%)	Sometimes n (%)	Rarely n (%)	Never n (%)	Mean SD
Commitment to patients						
Exhibit appropriate professional behavior and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality	36 (80)	6 (13.3)	2 (4.4)	0 (0.0)	1 (2.2)	4.69±0.76
Demonstrate a commitment to excellence in all aspects of practice	27 (60)	1 (2.2)	2 (4.4)	0 (0.0)	15 (33.3)	4.51±0.69
Recognize and manage conflicts of interest	19 (42.2)	2 (4.4)	10 (22.2)	0 (0.0)	14 (31.1)	4.11±0.91
Exhibit professional behavior in the use of technology-enabled communication	19 (42.2)	15 (33.3)	8 (17.8)	2 (4.4)	1 (2.2)	4.09±0.99
Sand responds to ethical issues encountered in practice	14 (31.1)	10 (22.2)	10 (22.2)	8 (17.8)	3 (6.7)	1.35±1.29
Commitment to society						
Demonstrate accountability to patients, society and the profession by responding to societal expectations of physicians	20 (44.4)	16 (35.6)	5 (11.1)	2 (4.4)	2 (4.4)	4.11±1.07
Demonstrate a commitment to patient safety and quality improvement	28 (62.2)	11 (24.4)	4 (8.9)	2 (4.4)	0 (0.0)	4.44±0.84
Commitment to profession						
Fulfill and adhere to the professional and ethical codes, standards of practice and laws governing practice	31 (68.9)	9 (20)	3 (6.7)	1 (2.2)	1 (2.2)	4.58±0.72
Recognize and respond to unprofessional and unethical behavior in physicians and other colleagues in the healthcare professions	14 (31.1)	18 (40)	7 (15.6)	3 (6.7)	3 (6.7)	3.82±1.15
Participate in peer assessment and standard setting	13 (28.9)	14 (31.1)	11 (24.4)	4 (8.9)	3 (6.7)	3.67±1.18
Commitment to self						
Exhibit self-awareness and manage influences on personal well-being and professional performance	20 (44.4)	19 (42.2)	5 (11.1)	1 (2.2)	0 (0.0)	4.29±0.75
Manage personal and professional demands for a sustainable practice throughout the physician life cycle	16 (35.6)	20 (44.4)	9 (20)	0 (0.0)	0 (0.0)	4.16±0.73
Promote a culture that recognizes, supports, and responds effectively to colleagues in need	25 (55.6)	14 (31.1)	4 (8.9)	2 (4.4)	0 (0.0)	4.38±0.83
Total score						54.37±7.74

honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality” (4.69 ± 0.76) received the highest mean scale score. The statement “sand responds to ethical issues encountered in practice” received the lowest mean score (1.35 ± 1.29) in Table 2.

There were no differences in the responses of family medicine residents to items on the professionalism scale based on their age [Table 3], gender [Table 4], or marital status [Table 5]. However, in terms of residency level, R1 residents (4.52 ± 0.38) and post-residency participants (4.28 ± 0.76) scored higher on a commitment to the profession than R2 and R3 residents (3.67 ± 0.77 and 3.69±0.88, respectively), $P = 0.024$ Table 6.

Discussion

To the best of our knowledge, this is one of only a few studies that look into professionalism among resident physicians in the Kingdom of Saudi Arabia. On a scale of 0–65, the mean total score of professionalism in the current study was 54.37.74, indicating adequate interventions for promoting professionalism among family medicine residents in our region. Furthermore, high mean scores of commitments to patients, society, profession, and self were observed, indicating a high level of professionalism.

Another recent Saudi study conducted among family medicine residents in the Al Madinah Region, Saudi Arabia, found the same results.^[5] However in two studies carried out in Iran, the total mean score of professionalism was 73.93 ± 36.01 on the 0–150 scale and 6.12 ± 0.37 on a scale of 0–10, respectively, which indicates the inadequate level of professionalism.^[6,7]

The current study, as well as a study conducted in the Al Madinah Region, found a high level of professionalism among Family Medicine residents.^[8] This could be a reflection of the importance given to Family Medicine in the Kingdom of Saudi Arabia in recent decades to support primary care and preventive measures due to the cost-effective nature of these services.

Professionalism has recently improved in other Saudi studies conducted among medical students and resident physicians. A study of professionalism among medical students at various colleges found that the majority of students had a positive attitude towards professionalism.^[9] Additionally, the ophthalmology and general surgery residents demonstrated strong leadership abilities and accepted the CanMEDS competencies throughout their residency programs.^[10,11] This also supports the fact that Saudi Arabia improved the level of knowledge and professional attitude among medical students and residents of various specialties, including family medicine.^[12,13]

Table 3: Association between residents' age and their response to items of the professionalism scale

	Participants' age (years)		P
	20-30 n=35	31-35 n=10	
	Mean±SD	Mean±SD	
Commitment to patients	4.22±0.66	4.08±0.84	0.587
Commitment to society	4.20±0.81	4.56±0.96	0.252
Commitment to profession	3.95±0.72	4.27±1.04	0.280
Commitment to self	4.20±0.63	4.53±0.59	0.144
Total score	4.14±0.57	4.36±0.74	0.328

Table 4: Association between residents' gender and their response to items of the professionalism scale

	Participants' gender		P
	Male n=17	Female n=28	
	Mean±SD	Mean±SD	
Commitment to patients	4.16±0.77	4.20±0.66	0.871
Commitment to society	4.24±0.97	4.30±0.77	0.796
Commitment to profession	4.08±0.75	3.99±0.84	0.791
Commitment to self	4.14±0.70	4.36±0.59	0.263
Total score	4.15±0.68	4.21±0.57	0.758

Table 5: Association between residents' marital status and their response to items of the professionalism scale

	Participants' marital status		P
	Single n=23	Married n=22	
	Mean±SD	Mean±SD	
Commitment to patients	4.31±0.54	4.05±0.81	0.215
Commitment to society	4.28±0.84	4.27±0.87	0.969
Commitment to profession	4.00±0.86	4.05±0.75	0.852
Commitment to self	4.33±0.54	4.21±0.72	0.527
Total score	4.23±0.57	4.15±0.65	0.640

Table 6: Association between residents' level of residency and their response to items of the professionalism scale

	Participants' residency level				P
	R1 n=9	R2 n=10	R3 n=13	Post-residency n=13	
	mean±SD	mean±SD	mean±SD	mean±SD	
Commitment to patients	4.22±0.56	4.16±0.51	4.00±0.80	4.23±0.79	0.577
Commitment to society	4.67±0.35	4.10±0.46	3.92±1.06	4.50±0.96	0.132
Commitment to profession	4.52±0.38	3.67±0.77	3.69±0.88	4.28±0.76	0.024
Commitment to self	4.22±0.67	4.23±0.50	4.28±0.52	4.33±0.84	0.977
Total score	4.46±0.36	4.04±0.34	3.97±0.69	4.34±0.74	0.190

Furthermore, a recent Canadian study assessed family medicine professionalism using the CanMEDS framework and found that the majority of Canadian residents could identify experiences with ethical practice role modelling. A recent Saudi study found that 75% of respondents displayed professional behavior in the same domain of professionalism.^[8] In the current study, however, 53.3% of FM residents frequently/

always recognized and responded to ethical issues encountered in practice.

In terms of professional commitment, the majority of residents frequently/always fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice, as well as recognize and respond to unprofessional and unethical behavior in physicians and other healthcare professionals. In a Canadian study, nearly half of the residents could identify examples of profession-led regulation role modelling.^[14] In Al-Madinah, Saudi Arabia,^[8] roughly two-thirds of Saudi residents fulfilled and adhered to professional and ethical codes, standards of practice, and laws governing practice on a regular/consistent basis.

In terms of self-awareness and managing influences on personal well-being and professional performance, the majority of residents in the current study exhibited self-awareness and managed influences on personal well-being and professional performance, managed personal and professional demands for a sustainable practice throughout the physician lifecycle, and promoted a culture that recognizes, supports, and responds effectively to colleagues in need. In a separate Canadian study,^[14] some residents were able to identify multiple positive examples and even believed that their preceptors explicitly sought to model a commitment to personal health, whereas others had difficulty identifying experiences in which a commitment to personal health was modelled. Another Saudi study^[8] found that 60% of residents were self-aware and able to manage influences on personal well-being and professional performance.

One limitation of the current study is that it was conducted in only one family medicine program in Saudi Arabia. As a result, the generalizability of its findings to other programs is dubious. Because of the small sample size, the results of this study may be underpowered to detect significant associations. As a result, we recommend exercising caution when interpreting our findings.

Conclusion

According to the CanMEDS, family medicine residents at KAUH in Jeddah, Saudi Arabia, demonstrated acceptable levels of commitment towards patients, society, profession, and self, indicating a high level of professionalism. Based on this finding, it is suggested that professionalism be incorporated into the curriculum of medical schools to develop professionalism among undergraduates to assist them when they enter the job market in the future.

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Conflicts of interest

There are no conflicts of interest.

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