

Professionalism Among the Medical Graduates and Ethical Responsibility: Bangladesh Perspectives

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Abstract

Background: Ethics and professionalism, though interconnected, represent distinct aspects of professional conduct. Ethics are explicit guidelines that dictate acceptable behaviour within a profession, while professionalism encompasses personal attributes such as competence, reliability, and ethical integrity.

Objectives: This study aimed to assess the attitude of recent medical graduates towards medical ethics and professionalism.

Methods: This descriptive cross-sectional study explored the status of professionalism and ethics regarding knowledge, attitude and behavioural skills among graduates of different medical college hospitals in Bangladesh. This study period was July 2015 – June 2016. The sample size was 300 and a convenience sampling technique was adopted.

Result: This cross-sectional descriptive study was carried out to evaluate 300 intern doctors based on their knowledge, attitudes, and behavioural skills as it concerns professionalism and ethics through the use of questionnaires, direct observation, and evaluation by patients. Of the participants, 73.3% were from government medical colleges with almost equal male-to-female ratios. Behavioral skills were assessed among 72 interns by assistant registrars and patients assessed 60 interns. While 68.3% of the interns reported prior knowledge about professionalism, only 15% correctly identified core elements of professionalism. Most participants, 52.3%, were unclear about the difference between ethics and professionalism.

Conclusion: This study underscores how vital professionalism and ethics are in shaping Bangladesh's future workforce. Combining ethical training with technical education is key as the economy grows, particularly in healthcare. New graduates must blend expertise with empathy and strong ethics to build public trust and support the country's development on a global scale.

Keywords: Professionalism, Ethics, Behavioral skills, Patient's satisfaction.

Date of Submission: 15-09-2024

Date of Acceptance: 25-09-2024

I. Introduction

Professionalism and ethical accountability are some of those key ingredients that not only characterize individual behaviour but also set common standards at different levels of professional entities. To the graduates entering the workforce, these principles are important in ensuring personal success while guaranteeing their professions' general trust and integrity. Professionalism is historically entrenched, reaching as far back as the medieval guilds that established self-regulation and high standards as essential features of professions. Modern codes of professional conduct are, therefore, direct descendants of guild practices, purposed to protect the

professions from external pressures by maintaining high standards of practice. As such, these codes represent tangible manifestations of professionalism, stressing the importance of self-regulation and adherence to ethical norms¹.

Building on this idea, the authors describe professions as being self-governing, having specific knowledge, and being in the service of the public instead of vying for money. In its broadest sense, it thus rests on an ideal model that has two distinctive levels: collective self-preservation and individual obligation. Occupations are expected to operate according to high ideals to avoid compromising the public's trust and guarantee that the occupant always puts the public interest above their own or the organisation. For instance, ethical codes within the medical profession hold the service above a business interest to emphasize the relevance of ethical codes in the maintenance of integrity within the profession²

Therefore, in Bangladesh, issues of professionalism and ethical responsibility among the graduates are gradually gaining more importance. With the changes in industries across the globe today, it has become very vital for students to showcase not only proficiency but also reliability, competence and good communication skills³. Obviously, professionalism is not confined to formal education and formal manners, which is why it is a set of properly developed attributes serving as the foundation for higher performance standards, introspection, and the process of constant improvement^{4,5}.

Business education in Bangladesh needs ethical education with technical education so that graduates can face modern-day problems correctly. Stress the relevance of professional identity formation through education and the lack of adequate programs that would facilitate this process⁶.

Ethics, of course, plays an important part in case conversations as an establishment of a professional self and self-regulation system. discuss the idea of the 'hidden curriculum' of medical education, which is the other unformal courses in medical education enabling students to be professional individuals who can easily distinguish right from wrong. The same is true with the General Medical Council (2020) and the Liaison Committee on Medical Education (2022) on how professionalism may be fostered in well-developed educational systems^{7,8}.

Various studies have been done to explain different ways of measuring professionalism. Focuses on the approaches to assessing professionalism and ethical standards in medical training; presents historical perspectives of assessing professional demeanour. Highlight the importance of professional role models in the formation of the medical students' perception of professionalism and analyze medical professionalism in clinical practice^{9,10,11,12}.

To establish even more associations between professionalism and humanism and the last one is the ethical base emphasizes the need for professionalism to be humanized, thus endorsing the cultivating of humanism within medical education as part of the professional growth of a medical student into a holistic and humane professional^{13,14}.

This view provides an impetus for the larger concern that graduates, as professionals, need to balance technical knowledge as well as ethical concerns in their functionality. concerning the idea of professionalism among the students of Al-Kindy College of Medicine, it is found that only a strong sense of professionalism can help them to in dealing with the various professional issues that come with the medical practice¹⁵.

In summary, as Bangladesh's economic landscape evolves, integrating professionalism and ethical transfer of that responsibility into graduate education is however necessary. This approach also guarantees a quality and self-policed workforce which is technically competent and culturally ethical and every effort is made to uphold the image of the nation in the international community.

Specific Objectives: This study aimed to assess the attitude of recent medical graduates towards medical ethics and professionalism

II. Methodology And Materials

This descriptive cross-sectional study was conducted at six selected medical college hospitals in Bangladesh from July 2015 to June 2016. The institutions included Dhaka Medical College Hospital, Sir Salimullah Medical College Mitford Hospital, Saheed Suhrawardi Medical College Hospital, Ibrahim Medical College BIRDEM Hospital, Chittagong Medical College Hospital, and East-West Medical College Hospital. The primary aim was to evaluate the knowledge, attitude, behavioural skills, and performance of intern doctors concerning professionalism and ethical responsibility.

A total of 300 intern doctors were enrolled in the study. All participants were assessed on their knowledge and attitude towards professionalism through self-administered questionnaires. However, due to constraints in time and the availability of interns, behavioural skills were evaluated by observing 72 intern doctors through assistant registrars, and performance evaluation was carried out for 60 interns based on feedback from patients.

For inclusion in the study, intern doctors had to meet several criteria. They needed to be willing to participate after motivation and had to have completed at least one month of internship training. For the

behavioural skills evaluation, interns were required to have been assigned to a specific ward for at least one week under the supervision of an assistant registrar. For performance evaluation, interns needed to have been attached to specific patients for a minimum of four days.

Exclusion criteria included intern doctors who were not willing to participate after motivation efforts, those with less than one month of internship experience, and those who had not been placed in a ward under the supervision of an assistant registrar for at least one week.

Data collection involved a triangulation method to ensure comprehensive assessment. Following a briefing, self-administered questionnaires were distributed to the intern doctors, who were asked to respond honestly. The questionnaire consisted of 13 questions—seven structured, two semi-structured, and four open-ended—focused on knowledge and understanding of professionalism. To assess attitudes, the questionnaire included 15 statements related to 12 major professional attributes and responsibilities. Responses were collected within one hour, and a total of 300 questionnaires were completed.

Behavioural skills were evaluated by 17 assistant registrars, who had directly supervised the interns for at least one week. A modified version of the Professionalism Mini Evaluation Exercise (P-MEX) format was used to assess 27 specific skills across six major categories. The evaluation process was supervised by the researcher to ensure consistency and included a rating scale.

Performance evaluation was conducted through feedback from 60 patients who had been under the care of an intern doctor for at least four days. The patients completed performance evaluation forms based on their interactions with the interns, using a modified ABIM Patients Survey format. An open section allowed patients to provide additional comments beyond the structured format.

Data were meticulously checked, edited, and analyzed using SPSS version 16. The findings were presented in tables and graphs for comparative analysis, with statistical significance determined by a p-value of < 0.05.

Ethical considerations were addressed by obtaining permission from the respective authorities at the participating institutions. All respondents participated voluntarily, and informed consent was obtained. Confidentiality was maintained, and only aggregated results were used for further study and presentation.

III. Result

The results of this cross-sectional descriptive study are organized according to three instruments. A total of 300 intern doctors were enrolled to test knowledge and attitudes by self-administered questionnaire. However, due to limitations of allocated time and availability of purposive evaluators; behavioral skills evaluation was done from the observation of 72 intern doctors by assistant registrars & performance evaluation by patients done on activities of 60 interns respectively. Results are presented here as tables, pie charts, bar diagrams as well as descriptive texts. Non-parametric Chi-square, Mann –Whitney U & Wilcoxon W test were applied to the analysis of various findings. The level of significance (p-value) was set at < 0.05.

Table 1: Characteristics of Respondents in Terms of Self-Administered Questionnaire, Skills Evaluation, and Patient's Evaluation

Characteristics of respondents		Number of Data (n) & weighted proportion (%)		
		Self-administered questionnaire n (%)	Skills Evaluation n (%)	Patient's Evaluation n (%)
Gender	Male	149(49.7)	36(50.0)	34(56.7)
	Female	151(50.3)	36(50.0)	26(43.3)
Type of Hospital	Govt.	220(73.3)	52(72.2)	51(85.0)
	Non-govt.	80(26.7)	20(27.8)	9(15)
Name of Hospitals	DMCH	70(23.3)	30(41.7)	30(50)
	SSMCH	70(23.3)	17(23.6)	10(16.7)
	ShSMCH	60(20.0)	5(6.9)	2(3.3)
	CMCH	20(6.7)	4(5.6)	9(15)
	BIRDEM	56(18.7)	0(0)	2(3.3)
	EWMCH	24(8.0)	16(22.2)	7(11.7)
Total (n)		300	72	60

Table 1 shows that a total of 300 intern doctors responded in a self-administered questionnaire. Among them, 220 (73.3%) attended from government medical colleges hospitals & 80(26.7%) from non-government medical colleges hospitals. Male female ratio was almost 1:1. Their mean length of internship was 7.41±2.36 months. Total 72 interns were evaluated by 17 Assistant Registrar & their mean length of internship was 6.10 ±

2.89 months; male: female was 1:1 & Government: nongovernment was 52:20. Duration of internship under assistant registrar was 8.04 ± 4.63 weeks. 60 interns A were evaluated by their 60 patients. Government: Non-government ratio of interns was 5:1; whereas the male: female ratio was about 2:1. Lengths of Hospital stay of patients were 10.82 ± 6.35 days.

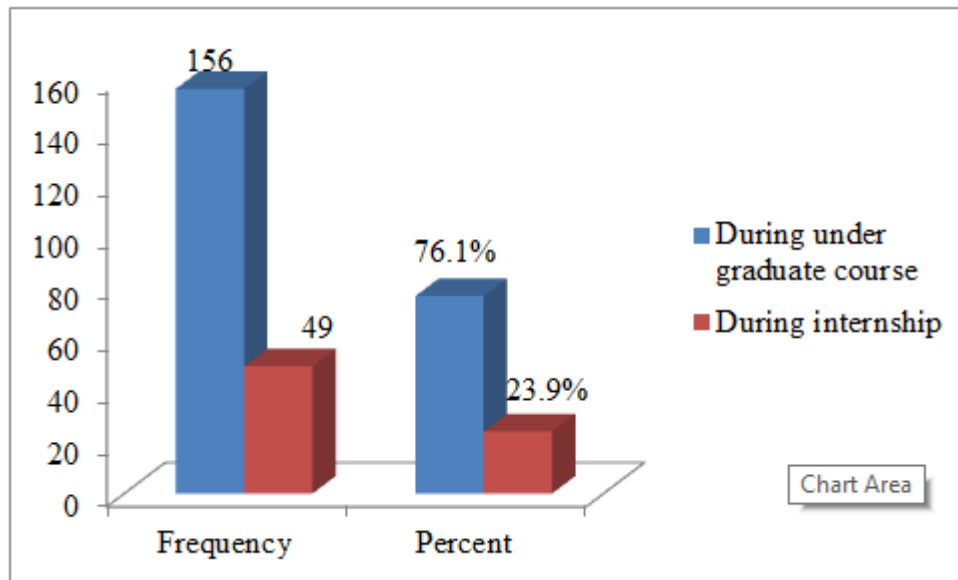


Figure 1: Distribution of respondents by opinions regarding their first orientation about the term Professionalism (n=205)

Among 205 participants who already heard the term professionalism; most of them i.e. 156 out of 205 (76.1%) stated that they first heard the term 'professionalism' during their under graduate course.

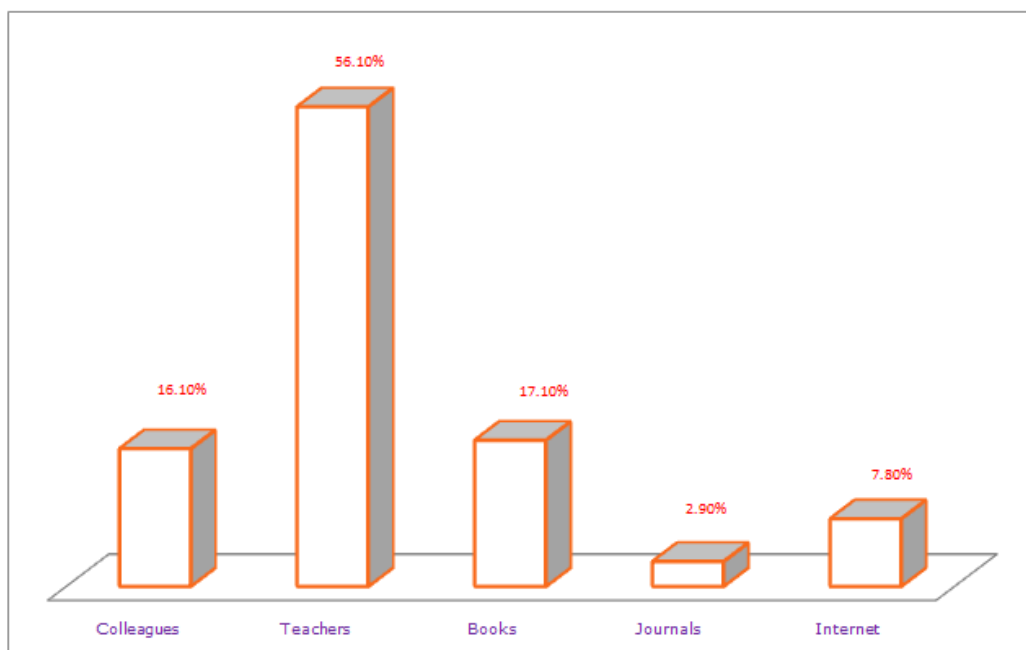


Figure 2: Distribution of respondents by opinions regarding their first experience with the term professionalism (n=205)

Among 205 participants who already heard the term professionalism; about 56.1% (115) stated that they first heard the term professionalism from their teacher, 16.1% (33) stated that they heard it from their colleagues, 17.1% (35) from books, 7.9% (16) from internet, 2.9% (6) from journals.

Ideas regarding Professionalism expressed by intern Doctors	Frequency (%)
Master of Knowledge and Skills in respective areas	05(2.5)
Uphold the highest standard of ethical & professional behavior	29(14.5)
Maintain moral and social contract between patients and doctor both personally & professionally.	33(16.5)
Master of Knowledge and Skills in respective areas and uphold the highest standard of ethical & professional behavior	05(2.5)
Uphold the highest standard of ethical & professional behavior & maintain moral and social contract between patients and doctor both personally & professionally.	67(33.5)
Master of Knowledge and Skills in respective areas& maintain moral and social contract between patients and doctor both personally & professionally.	17(8.5)
Master of Knowledge and Skills in respective areas, uphold the highest standard of ethical & professional behavior & maintain moral and social contract between patients and doctor both personally & professionally.	30(15)
Meaningless descriptions	08(4)
Expressed that they have no ideas	06(3)
Total	200(100)

Table 2: Distribution of respondents by their opinion regarding their idea about professionalism (n=200)

Among 200 participants who responded to the question about ideas of professionalism only 30(15%) responded correctly and included 3 elements e.g. Master of Knowledge and Skills in respective areas, upholding the highest standard of ethical & professional behaviour & maintaining moral and social contract between patients and doctor both personally & professionally.

Table 3: Distribution of respondents by their opinion regarding characteristics of a Physician to be a best professional (n=232)

Characteristics of a Physician	Frequency (%)
Honesty with patients	83(35.8)
Sincere/Caring/Careful about patient	95(40.9)
Punctual	87(37.5)
Responsible, attentive	48(20.7)
Well Disciplined	15(6.5)
Maintain Professional competence	17(7.3)
Knowledgeable	44(19)
Skilled (Technical, Clinical)	40(17.2)
Attitude	20(8.6)
Confident	15(6.5)
Intelligent	3(1.3)
Patients' confidentiality	5(2.2)
Maintaining appropriate relationships with patients	40(17.2)
Respect	31(13.4)
Good Behavior	34(14.7)
Good Moral, ethics, etiquettes	66(28.5)
Sympathy	12(5.2)
Empathy	37(16)
Easy access, adequate time, attend when required	10(4.3)
Just distribution of finite resources Equity, priority to illness	15(6.5)
Maintain trust by managing conflicts of interest(Less investigation)	12(5.2)
Professional responsibilities (attentive to duty)	20(8.6)
Friendly, understandable, co-operative, sharing to other colleagues, Nurses, Medical assistant & others	41(17.7)
Regularity	12(5.2)
Devoted/Dedicated	36(15.7)
Self-regulation	18(7.8)
Not hamper other dignity	3(1.3)
Not loss temper, patients	18(7.8)
Idealistic, maintain a limit	10(4.3)
Industrious	48(20.7)
Respect to teacher	6(2.6)
Respect to own profession, happy	15(6.5)
Good communication skills	20(8.6)
Capable to manage all the unfavorable situation, Leadership	14(6.0)
Helpful	15(6.5)
Volunteer to humanity country	16(6.9)

Among 300 participants most of them 232(77.3%) responded to this question regarding characteristics a Physician should have to be the best professional. Almost all respondents stated multiple characteristics. Among those responses Honesty with patients 83(35.8%), Sincere/Caring/Careful about patient 95(40.9%), Punctual

87(37.5%), Responsible & attentive 48(20.7%), Good Moral/ ethics/ etiquettes 66(28.5%), Maintaining appropriate relationships with patients 40(17.2%) - by Respect 31(13.4%), Good behavior 34(14.7%), Sympathy 12 (5.2%) and Empathy 37(16.0%) etc.

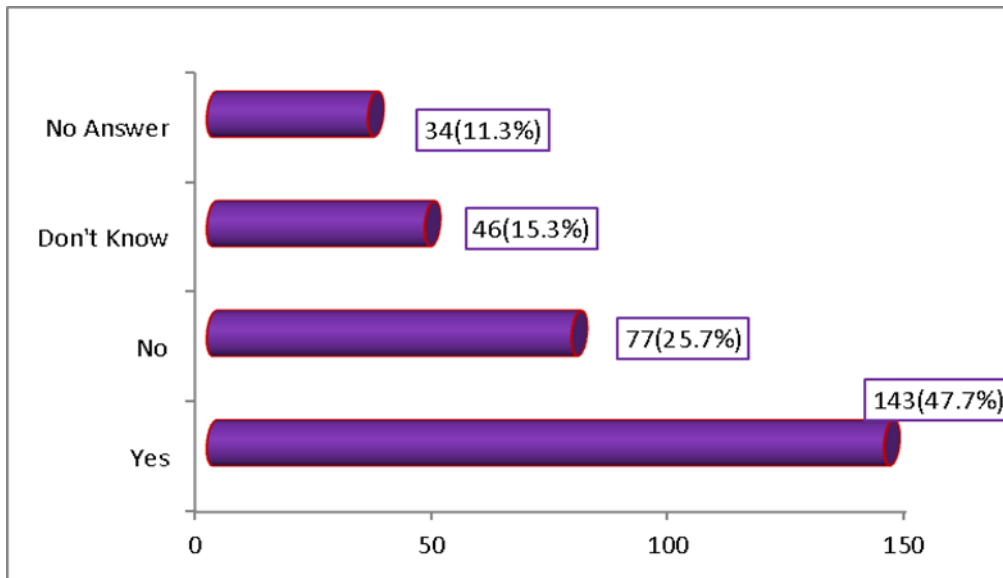


Figure 3: Distribution of respondents by their opinion that 'Ethics & Professionalism is different' (n=300)

'Is there any difference between Ethics & professionalism?' More than half of the participants 157(52.3%) were not clear about the differences between ethics and professionalism. Among those who responded 'yes'; only 24(08%) could mention a clear difference between Ethics & professionalism e.g. Ethics refers to the guidelines in a specific context whereas professionalism refers to the specific traits that are expected of a professional. Ethics are usually stated whereas professionalism is cultivated by the individual personally.

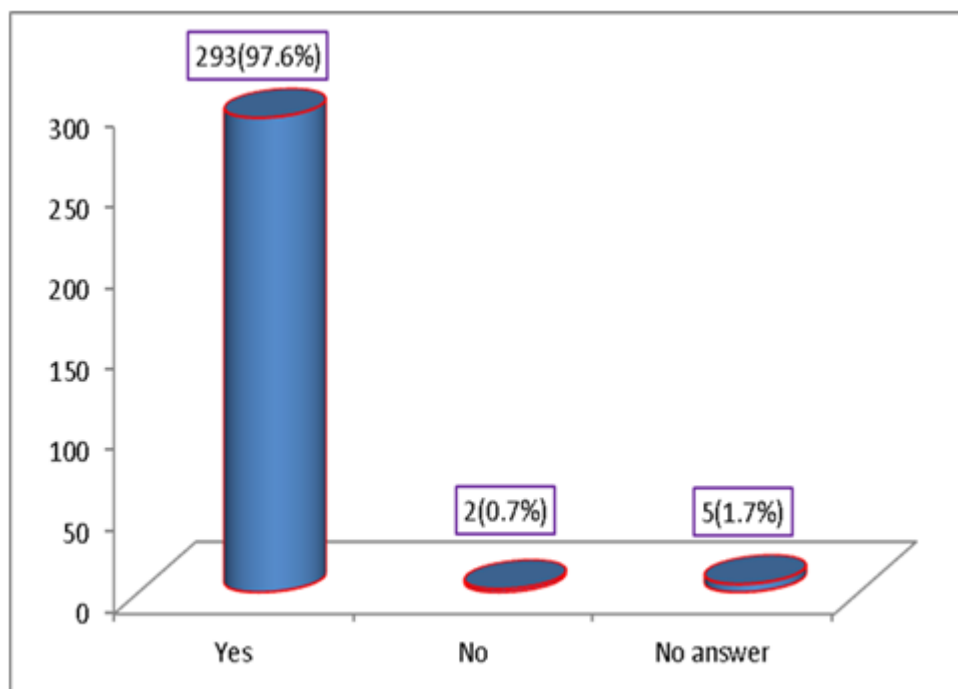


Figure 4: Distribution of respondents by their opinion about Medical Ethics (n=300)

Almost all participants 293(97.6%) knew about Medical Ethics.

Table 4: Distribution of respondents by opinions regarding ethics toward Professionalism

Domains	Statements	Number of Respondents (n)	Strongly disagreed (SD) (1) f (%)	Disagreed (D) (2) f (%)	Neither disagreed nor Agreed (ND/NA) (3) f (%)	Agreed (A) (4) f (%)	Strongly agreed (SA) (5) f (%)	Total Agreed (A) f (%)	95% CI of Agreed %	Mean Score (SD)
Honesty with patients	Physician should disclose all significant medical errors to affected patients and/or guardians.	n=290	75(25.9)	83(28.6)	25(8.6)	55 (19.0)	52(17.9)	107 (36.9)	31.35 to 42.45	2.74 (1.47)
Patients confidentiality	Physician should keep confidential the patient's medical condition, privacy, and etc.	n=292	6(2.1)	11(3.8)	3(1.0)	23 (7.9)	249(85.3)	272 (93.2)	90.13 to 96.09	4.71 (0.84)
Appropriate relations with patients										
Appropriate relations with patients- Respect	Physician should inform all about the disease situation and treatment options in details and respect patients' autonomy.	n=291	29(10)	22(7.6)	11(3.8)	46 (15.8)	183(62.9)	229 (78.7)	74.0 to 83.4	4.14 (1.36)
Appropriate relations with patients- Sympathy	Physicians have responsibility to take steps to reduce other sufferings of patients along with treatment.	n=289	13(4.5)	11(3.8)	15(5.2)	62 (21.5)	188(65.1)	250 (86.6)	82.67 to 90.53	4.39 (1.06)
Appropriate relations with patients- Empathy	Physician I should always put themselves in the place of patient's sufferings to increase confidence.	n=287	40(13.9)	52(18.1)	48(16.7)	63 (22.0)	84(29.3)	147 (51.3)	45.52 to 57.08	3.34 (1.42)

Improving quality of care	Physician should participate in peer evaluations of the quality of care and accept feedback from any source.	n=277	21(7.6)	12(4.3)	18(6.5)	66 (23.8)	160(57.8)	226 (81.6)	77.04 to 86.16	4.20 (1.21)
Improving access to care	Physician should provide necessary medical care regardless of the patient's ability to pay.	n=290	31(10.7)	29(10.0)	20(6.9)	59 (20.3)	151(52.1)	210 (71.4)	67.21 to 75.59	3.93 (1.40)
Just distribution of finite resources (Equity)	Physician should treat equally regardless of patients' ethnic, gender, social status, or economic status.	n=289	18(6.2)	4(1.4)	4(1.4)	10 (3.5)	253(87.5)	263 (91.0)	86.21 to 95.79	4.65 (1.04)
Commitments to scientific knowledge	Physician should often read the relevant academic literature.	n=290	15(5.2)	1(0.3)	9(3.0)	39 (13.4)	226 (77.9)	265 (91.3)	86.76 to 95.84	4.59 (0.97)
Maintaining trust by managing conflicts of interest	Physician should put the patient's health above the physician's financial interest	n=286	32(11.2)	15(5.2)	13(4.5)	35 (12.2)	191(66.8)	226 (79.0)	74.28 to 83.72	4.18 (1.38)
Professional responsibilities & self-regulations										
Professional responsibilities	Physician should report significantly incompetent colleagues/any significant medical errors they observed to hospital, or other	n=283	16(5.7)	32(11.3)	32(11.3)	74 (26.1)	129(45.6)	203 (71.7)	67.48 to 75.92	3.95 (1.24)

	relevant authorities.									
Self-regulation	Physician should maintain a limitation / boundaries with patients/colleagues.	n=287	64(22.3)	40(13.9)	17(5.9)	74 (25.8)	92(32.1)	166 (57.9)	52.17 to 63.63	3.31 (1.56)
Maintain integrity	Ethical decisions must be made relative to the needs of the patient and the needs of the health care system.	n=285	17(6.0)	10(3.5)	17(6.0)	54 (18.9)	187(65.6)	241 (84.5)	80.3 to 88.7	4.35 (1.13)
Altruism	Physician should always attend emergency situation voluntarily during his/her off days.	n=284	36(12.7)	45(15.8)	14(4.9)	77 (27.1)	112(39.4)	189 (66.5)	61.01 to 71.99	3.65 (1.45)
Professional competence	should undergo Re-certification examinations to renew their registration periodically (say, 10-15 years interval) throughout their career.	n=286	92(32.2)	31(10.8)	40(14.0)	48 (16.8)	75(26.2)	123 (43.0)	37.26 to 48.74	2.94 (1.62)

More than 80% of respondents agreed with 6 of 15 statements regarding 12 principles of professional attribute. These are patient’s confidentiality (93.2%), appropriate relations with patients by sympathy (86.6%), improving quality of care (81.6%), Just distribution of finite resources (Equity 91%), commitments to scientific knowledge (91.3%), maintain integrity (84.5%). Whereas, regarding honesty with patients, one statement like physicians should disclose all significant medical errors to affected patients and/or guardians 36.9% agreed (only 17.9% strongly agreed & 19% agreed) with this. **The mean score of ethics is 3.98±0.42; 95% CI is 3.92 to 4.03.**

Table 5: Distribution of mean scores of Behavioral skills of interns (n= 72)

Type of Hospital	Government (52)	Mean	SD	Level of difference
			3.05	0.43

	Non-Government (20)	3.17	0.28	so, p>0.05 (No significant difference)
Gender of Respondents	Male(36)	3.06	0.41	$\chi^2 = 0.38$ so, p>0.05 (No significant difference)
	Female(36)	3.11	0.39	

Calculated χ^2 - value (by non-parametric Pearson’s chi-square) indicates there is no significant difference (p>0.05) between government and non-government hospitals as well as male and female intern doctors regarding behavioural skills of professionalism.

IV. Discussion

This cross-sectional descriptive study provided insight into professionalism and ethics in medical interns, highlighting both its positive and negative aspects and painting a picture of the pros and cons of the current medical education system in Bangladesh. Harold, (2007) showed that the results of the study confirm part of the larger literature on professionalism and ethics in medicine, rooted in the historical guild tradition of maintaining high professional standards¹. The term "professionalism" was familiar to two-thirds of intern doctors (68.3%), with 69% first encountering it during their undergraduate education. This is consistent with the findings of Cruess, Cruess, and Steinert (2016), which reflected that professionalism needs to be introduced early in medical education to build a professional identity⁶.

On the other hand, only 15% of respondents could correctly identify the core elements of professionalism, highlighting a gap between passive exposure and active understanding of its components. This emphasized the need for more and better education on the subject throughout medical training. Over half of the participants were unable to distinguish between ethics and professionalism, with only 8% explaining both accurately. Starr (1982) described that ethics refers to written rules or guidelines that regulate behavior within specific circumstances while professionalism relates to personal qualities and attributes expected of professionals. This conceptual confusion underscores a significant gap in medical education, specifically regarding the balance between ethical behavior and professionalism².

There were no significant differences in the behavioral skills assessments between interns from government and non-government institutions or between male and female participants. This suggests that professionalism training is generally consistent in quality across institutions. Additionally, the lack of gender differences indicates that professionalism is being taught as a universal trait, aligning with Wilkinson et al. (2009), who emphasized that professionalism should apply equally to all medical professionals³.

However, the principle of patient-physician communication, especially regarding honesty and the disclosure of medical errors, showed a gap in ethical responses. Only 36.9% of respondents believed that doctors should fully disclose errors to patients or their guardians, a finding consistent with previous literature that identifies transparency as a contentious issue in medical ethics. Sox (2007) stressed that patient trust depends on honest communication, highlighting that physicians must genuinely believe in and act on what they say. This gap suggests a need for targeted interventions to enhance doctors' ability to handle ethically challenging situations, such as error disclosure¹⁴.

Most participants (56.1%) cited teachers as their primary source of information about professionalism, underscoring the significant role that educators play in shaping professional development. Byszewski et al. (2012) highlighted the importance of role models in promoting professionalism, a finding supported by this study¹¹. However, the "hidden curriculum"—the unspoken lessons learned through observation and experience (Hafferty & Franks, 1994)—also played a major role in shaping professional attitudes⁷. The impact of both formal education and the hidden curriculum suggests that medical education should not only explicitly address professionalism and ethics but also foster a culture that promotes ethical behavior through real-life examples and mentorship.

The interns' high awareness of medical ethics, particularly concerning patient confidentiality and resource distribution, is encouraging. This aligns with ethical guidelines from bodies like the General Medical Council (2020), which emphasized ethics as a core component of medical practice. However, the gaps in understanding specific ethical principles, such as error disclosure, indicate that learning objectives in this area need to be clearer for comprehensive ethical competence⁸.

While this study shows that medical interns are broadly aware of professionalism and ethics, it also reveals misconceptions about specific ethical principles and the distinction between ethics and professionalism. These findings highlight the need for structured and holistic training in professionalism and ethics throughout medical curricula. Additionally, fostering positive role models and addressing the hidden curriculum will be essential to ensure that future medical professionals not only learn about professionalism and ethics but also embody these principles in their practice.

V. Limitations Of The Study

The use of non-probability sampling methods may result in a sample that is not representative of the entire population. This can limit the generalizability of the study findings. Convenience sampling was employed due to the limited allocated time and availability of purposive samples. This approach may introduce bias, as the sample may not accurately reflect the diversity of the broader population. The evaluation of behavioral skills was conducted by a single evaluator. This could introduce subjective bias and affect the reliability of the assessments. There were fewer samples obtained from non-government hospitals, which might skew the results and not provide a comprehensive view of intern performance across different healthcare settings. The sample sizes for the three instruments were not equal due to the unavailability of purposive samples and evaluators. This inconsistency can affect the comparability and overall robustness of the study's conclusions.

VI. Recommendations

1. Implement Ethical Courses into Education: Educational institutions in Bangladesh should add a specific course for ethics in each graduate program to produce well-educated material for the market.
2. Promote CPD: Invest in a culture of continued learning where professionals are self-aware and committed to deepening competence, advancing technical knowledge, and refining ethical practice.
3. Promote Role Models and Mentorship: Create mentorship programs where seasoned professionals set a good example of ethical conduct and professional behavior to ease the transition from school to career.
4. Progress - Professionalism Assessment: Develop comprehensive educational program evaluation systems to measure professionalism among graduates so they are capable not only of performing technical tasks but also of exhibiting high ethical standards.
5. Collaborate with Industry: Engage in stronger institution-industry partnerships to bridge curriculum and outcomes so that graduates have the skills and professional ethics required for the dynamic workplace.
6. Prioritize Empathy and Humanism: Teach empathy, humanism, and patient-centred care as part of professional identity, specifically in medical education, to create more compassionate and ethically responsible healthcare professionals.

VII. Conclusion

This study highlights the critical role of professionalism and ethical responsibility in shaping the emerging workforce in Bangladesh. As the country's economy grows, integrating ethical training with technical education becomes essential for preparing graduates to meet industry demands. Specifically, in the medical field, recent graduates must balance technical competence with qualities like empathy, humanism, and ethical reflection. This approach ensures public trust and long-term success, contributing positively to the nation's development and global standing.

Acknowledgement

I gratefully acknowledge the support and cooperation received from the staff and participants involved in this study.

Financial support and sponsorship

No funding sources.

Conflicts of interest

There are no conflicts of interest.

Ethical approval

The study was approved by the Institutional Ethics Committee.

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