

## A STUDY OF PROFESSIONAL ETHICS AMONG FEMALE MEDICAL PRACTITIONERS IN THE HOSPITAL SYSTEM IN SRIGANGANAGAR

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### ABSTRACT

*The growth of medical professions has brought to emergence of various occupations which never thought by traditionally thinking of late nineteenth century. The growth explicates the significance of the medical profession. This profession has evolved from its traditional structure to modern counterpart. Traditionally, medical profession was confined to intellectual elite and often it was associated with the persons specializing in religion and education. Thus, one comes across a convergence of these roles of religious priest; teacher and medical practitioner in one individual in a traditional society like India.*

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**Keywords:** Professional Ethics, Medical Professions, Intellectual Elite, Traditional Society.

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### Introduction

Medical professionals must always try to make society's members as happy and healthy as possible. They work hard to meet society's needs. The word "rationality" is often used in the medical field. It means making healthcare decisions that make sense and have clear goals. Medical professionals are seen as the best examples of what a profession should be like. They are highly respected, well-paid, and provide essential services to their communities. They have special knowledge and expertise.

Female medical students and healthcare providers tended to prioritize personal and compassionate aspects of patient care over the scientific facets, influencing their choice of medical specialties and their approach to practicing medicine. Since 1965, women medical professional have increased substantially, with female applicants to medical school rising from 7.3 percentage in the academic year 1965-66 to 40.3 percentage in 1990-91. A article published in British Medical Journal highlighted cumulative increase in number of female medical students both in the USA and some European countries.

The journey of female medical students begins from their entry into medical school to their establishment in the profession paints an insightful picture of the challenges women face in the medical field. Women also more frequently cite personal reasons for choosing medicine as a career, while men are influenced by the field's status and income potential. Psychologist Marjorie A. Browman's research

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highlights that women who enter medical school are typically outgoing, independent, well-adjusted individuals with academic records comparable to their male counterparts. However, the stresses of medical training and professional life take a toll on these women.

The medical profession is committed to the value of health and humanity. In this regard, a unique tradition is followed in the pursuance of the medical profession. World over the newly qualified medical practitioners are given the license to practice only after they take an oath to abide by the values and ethics of the medical profession. This oath is called the Hippocratic Oath after the famous Greek physician.

### **Review of Literature**

As regards role commitment, doctors are found to be committed to their profession more than the nurses (Oommen, 1978). Furthermore, the orientation of the doctor's commitment is '*affective*' while that of the nurse is instrument (Oommen 1978). Most of the studies seem to be concerned with the occupational role of doctors and nurses rather than their professional roles. The point is that they rest content with reporting the routine role practices of doctors and nurses but rarely raise questions about the professional implications of these practices.

Similarly, examining the structure of functioning of medical education in India, with particular reference to its highly bureaucratized admission procedures, provision of capitation fees and the use of political influence for securing admission, N. Jayaram (1977) effectively exposes its propensity and for elite perpetuation. The high rate of the brain drain of medical practitioners in the country is among others, an important latent consequence of the same tendency<sup>105</sup> (Jayaram, 1977; Jeffery, 1976b). Apart from medical education, another organisational aspect of the medical profession studied by social scientists is the regulation of the medical profession with particular reference to the question of state control versus autonomy.

Further some studies have reported the doctors' anguish at their excessive workload and excessive demands of patients and their attendants (Madan, 1977; Chandani, 1977; Oommen, 1978). Colleagues relations among doctors are not always those of professional accord. They see each other as competitors, particularly the private practitioners who avoid discussing their patients with each other (Madan, 1972; Chandani, 1977).

### **Research Methodology**

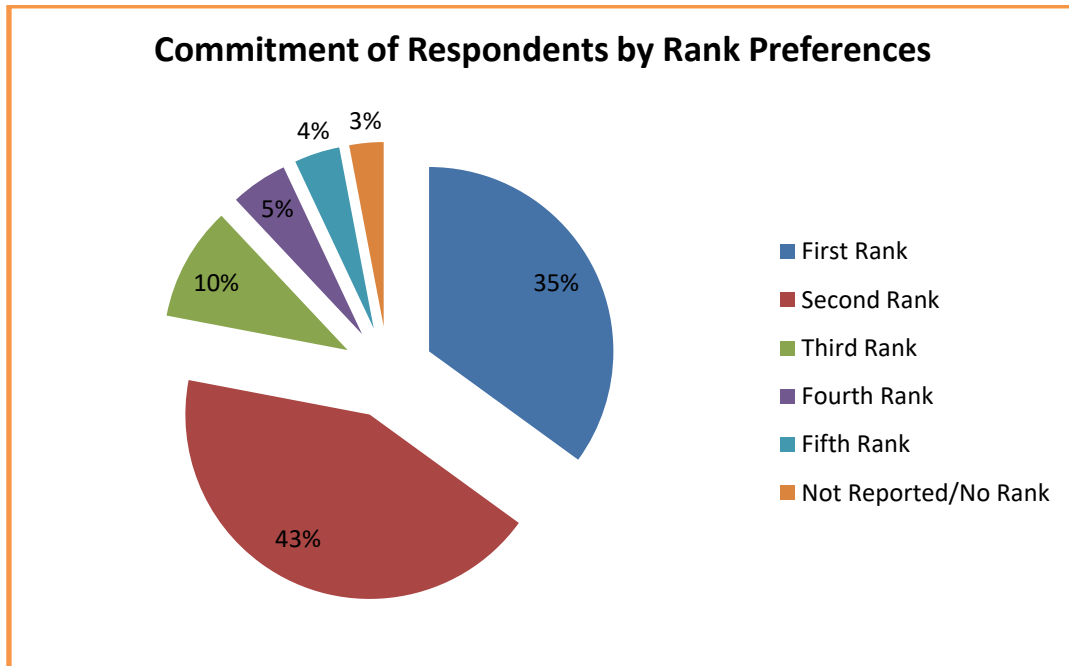
The present study employs the descriptive statistics combined with qualitative and quantitative approach. The administrative area of study is Sriganganagar district of Rajasthan state. A sample of 200 units has been selected using the sampling technique comprising government and private sector. The respondents have been selected on the basis of various socio-economic and demographical variables. The field data have been collected through questionnaire from the targeted respondents in the area of the study. The primary data have been collected from the respondents by administering a questionnaire, interviews and discussions with medical professionals in selected hospitals and medical settings.

### **Data Analysis and Interpretation**

In view of better understanding of perceptions of the female doctors about their profession, respondents were asked to fill up the rank in order of preference the main ethics, value of their profession. This has been done to analyse the level of commitment among female medical practitioners towards commitment to work, commitment to human service, commitment to research, commitment to the institution and commitment to charity. The data collected is tabulated below for each ethics as discussed below.

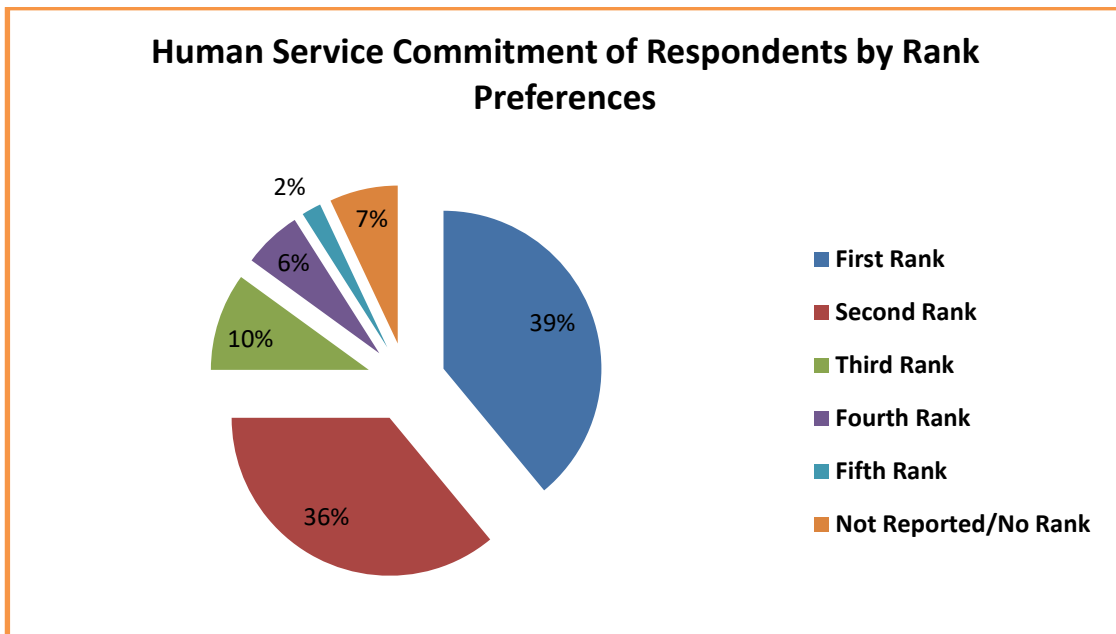
### **Commitment to Work**

The order of preference given by the female medical practitioners regarding commitment to work is depicted by the figure given below. It is worthwhile to mention that Only 35 percentage of female medical professional gave 1<sup>st</sup> preference to the commitment for work as an attribute of professional ethics and conduct, 43 percentage of the female doctors gave 2<sup>nd</sup> preference, another 10 percentage gave 3<sup>rd</sup> preference whereas 5 percentage respondents have given 4<sup>th</sup> preference. Another 4 percentage of respondents gave 5<sup>th</sup> preference to commitment to work, while 3 percentage of respondents not provided answers.



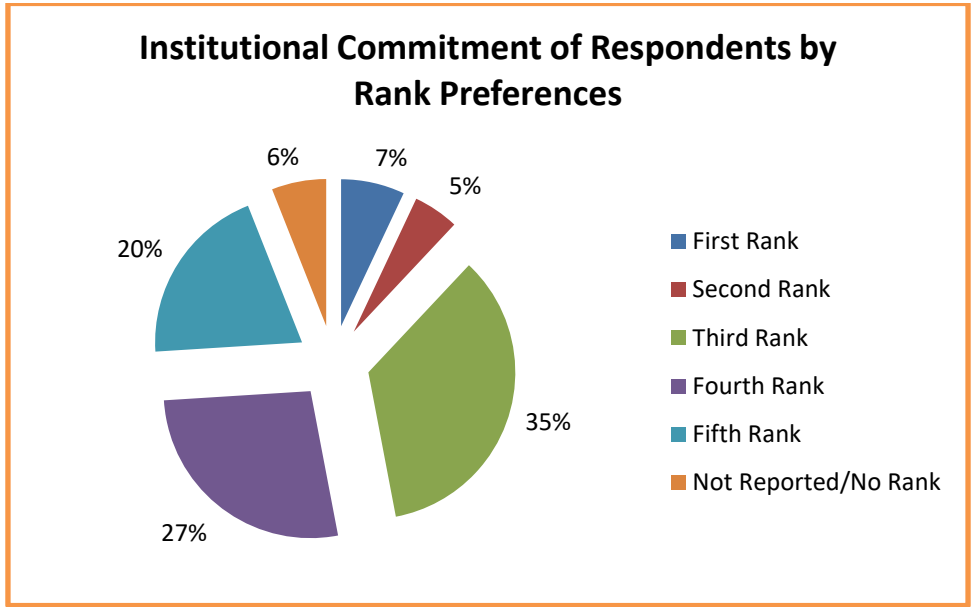
**Commitment to Human Service**

The preferences given by female medical practitioners pertaining to this section are mentioned in figure given below. It is worthwhile to mention that Only 39 percentage of female medical professional gave 1<sup>st</sup> preference to the commitment to human service as an attribute of the professional ethics, 36 percentage of the female doctors gave 2<sup>nd</sup> preference, another 10 percentage gave 3<sup>rd</sup> preference whereas 6 percentage respondents have given 4<sup>th</sup> preference. Another 2 percentage of respondents gave 5<sup>th</sup> preference to commitment to human service, while 7 percentage of respondents not provided answers.



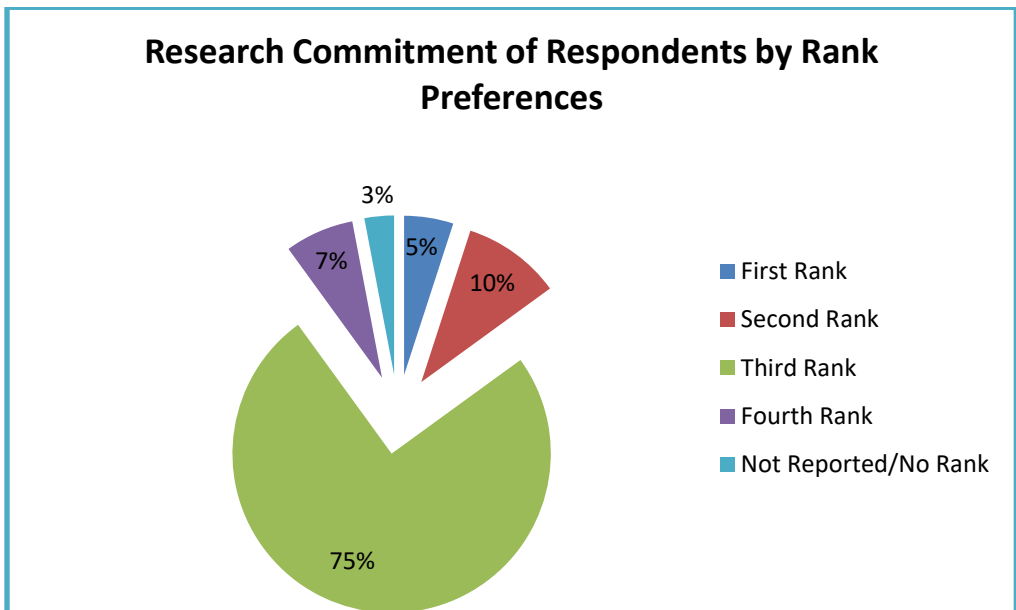
**Commitment to the Institution**

It is worthwhile to mention that Only 7 percentage of female medical professional gave 1<sup>st</sup> preference to the institutional commitment as an attribute of the professional ethics, 5 percentage of the female doctors gave 2<sup>nd</sup> preference, another 35 percentage gave 3<sup>rd</sup> preference whereas 27 percentage respondents have given 4<sup>th</sup> preference. Another 20 percentage of respondents gave 5<sup>th</sup> preference to institutional commitment, while 6 percentage of respondents not provided answers.



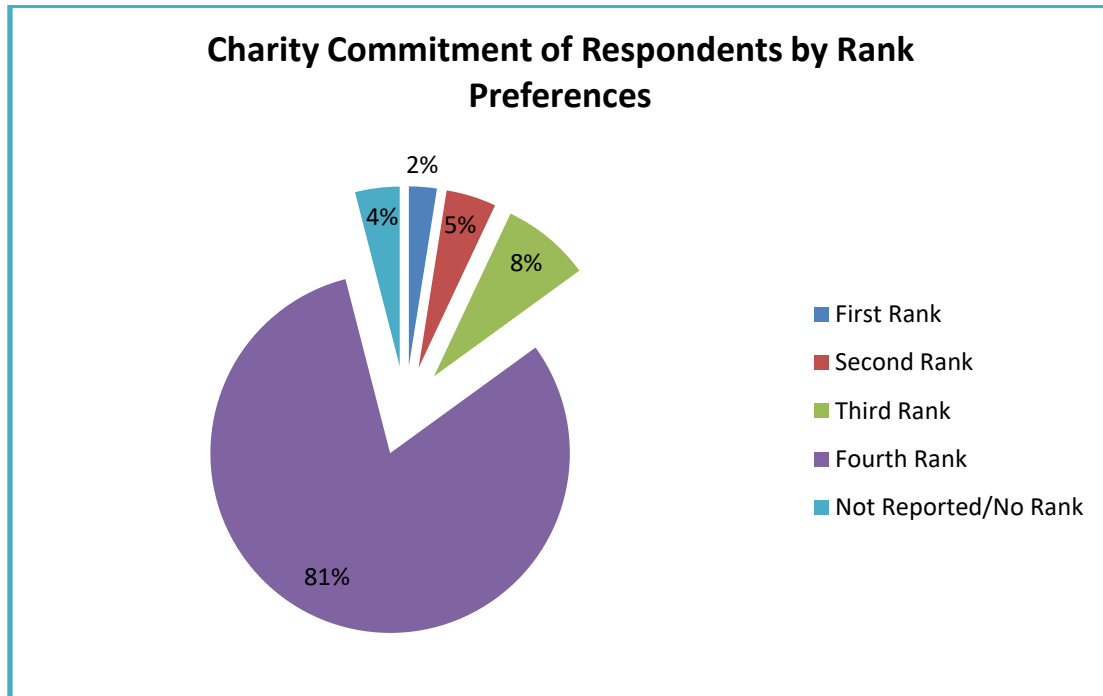
**Commitment of Research**

As depicted in the graph below, it is worthwhile to mention that Only 5 percentage of female medical professional gave 1<sup>st</sup> preference to the research commitment as an attribute of the professional ethics, 10 percentage of the female doctors gave 2<sup>nd</sup> preference, 75 percentage gave 3<sup>rd</sup> preference whereas 7 percentage respondents have given 4<sup>th</sup> preference. Another 3 percentage of respondents not provided answers.



### Commitment for Charity

As depicted in the graph below, it is worthwhile to mention that Only 2.5 percentage of female medical professional gave 1<sup>st</sup> preference to the commitment for charity as an attribute of the professional ethics, 4.5 percentage of female doctors gave 2<sup>nd</sup> preference, 8 percentage gave 3<sup>rd</sup> preference whereas 81 percentage of sampling units have given 4<sup>th</sup> preference. Another 4 percentage of sampling units not provided answers.



### Conclusion

The data analysis reveals varying degrees of commitment among female medical practitioners in Sriganganagar district, Rajasthan, towards different aspects of their profession. While work commitment garnered a mixed response, humanitarian service and research commitment emerged as top priorities for a significant portion of respondents. Institutional commitment received relatively less attention, and a limited emphasis was placed on charitable endeavors. The findings underscore the diverse ethical values within this group of medical professionals.

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