Ethical perception from practice of ethics education

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1. Introduction

The traditional curriculum in education has tended to emphasize the acquisition of knowledge and practical skills. This present situation raises certain ethical issues with regard to professional responsibilities[1]. For the most part, it was to ignore, close examination of the social and moral dimensions of the health technologist's role. Therefore, to prepare students to practice in the changing healthcare environment, educational programs must take responsibility for providing the best instruction possible[2].

Health educators often failed to notice the need for ethics training and examined varied teaching approaches. Furthermore, major portion of public health in Korea, the ethics still dose not adopt an individual class. An individual ethics course can promote desired ethical outcomes[3,4]. Ethics is increasingly being included in the training curriculum for the health care professionals. However, debate continues around the appropriate content of ethics courses for such students and the most relevant teaching approaches which will enable students to apply their ethical knowledge in clinical settings[5]. Competency-based education supports integration of knowledge and clinical skills with interpersonal and problem solving skills[6]. Faculty members were able to distinguish sensitivity to moral considerations from technical competence and social interaction skills[7]. Students do appear to experience real difficulties in bridging the gap between the possession of ethical theories, principles, and con-

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cepts and use of such knowledge in clinical practice[8]. The association between ethics and patient care is an obvious and important one, ethical sensitivity and behavior are also necessary before students begin their clinical experiences[9]. Their traditional responsibilities have involved providing a quality service through their scientific, technical and clinical skills[10]. So, strengthening ethics education in public health training requires the development of expertise, curriculums, and resources. This study was designed to determine, for department of health students, that practice of ethical education have an effect on ethical knowledge perception.

2. Methods

A brief self-administered questionnaire was developed for this survey which included questions adapted from previous ethics surveys of health care professionals[11,12]. For a month of April, 2005, participants were asked in the survey how knowledgeable they felt they were in various practice.

The variables are given in <Table 1>. Because each item had responses numerically scaled from 1 to 4 (4 = strongly agree, 1 = strongly disagree), all of the numbers selected for the responses in each item were tabulated. The sample consisted of 650 public health students. Questionnaire surveys were conducted for 596 in public health students from four Korean colleges. The survey enjoyed an 91.7% response rate. However, the extent to which the outcome is representative of all students cannot be reported confidently because the participants were not randomly chosen. Descriptive analyses characterized ethical knowledge perception for college students. Additionally, t-test was conducted such that ethical knowledge perception by practice and demand of ethics education. Corresponding p-values were considered significant at values less than 0.05. <Table 2> shows the surveyed reliability of measuring instrument. Ethical knowledge perception satisfy the reliability on Cronbach's alpha ($\alpha = 0.05$).

Table 1. Classification of the study variables practices presented in the survey

Contents	Topic
Independent Variables	Practice of medical ethics education
	Practice of professional ethics education
	Practice of work ethics education
	Clinical practice exercise
	Demand as necessity of professional ethics education
	Demand as necessity of medical ethics education
Dependent Variables	Licensure and health care law
	Professional protocol
	Decision/Judgment and personal belief
	Teamwork

Table 2. Reliability of variables on ethical knowledge perception

Items	Cronbach's alpha
Licensure and health care law	.7078
Professional protocol	.5137
Decision/judgment and personal belief	.6382
Teamwork	.7335

3. Results

3.1 Ethical knowledge perception analysed by clinical practice exercise

Ethical knowledge perception by clinical practice exercise is displayed in <Table 3>. Clinical practice exercise and practice of work ethics education contribute to a statistically significant difference in licensure and health care law knowledge perception (p E 0.05).

3.2 Ethical knowledge perception analysed by practice of work ethics education

Ethical knowledge perception by practice of work ethics education is displayed in <Table 4>. Practice of work ethics education contribute to a statistically significant difference in four ethical knowledge perception.

Table 3. Ethical knowledge perception analysed by clinical practice exercise

Variables	Clinical practice exercise	
	Experienced	Inexperienced
Licensure and health care law	3.13 (0.31)*	3.07 (0.32)
Professional protocol	3.08 (0.32)	3.04 (0.30)
Decision/judgment and personal belief	2.99 (0.33)	2.95 (0.32)
Teamwork	3.22 (0.44)	3.21 (0.43)

All values are Mean(Standard Deviation)
p values are computed by the t-test
*: p E 0.05

Table 4. Ethical knowledge perception analysed by practice of work ethics education

Variables	Practice of work ethics education	
	Experienced	Inexperienced
Licensure and health care law	3.17 (0.31)**	3.08 (0.32)
Professional protocol	3.13 (0.28)**	3.04 (0.32)
Decision/judgment and personal belief	3.04 (0.33)**	2.95 (0.32)
Teamwork	3.30 (0.44)*	3.20 (0.43)

All values are Mean(Standard Deviation)
p values are computed by the t-test
*: p E 0.05

Table 5. Ethical knowledge perception analysed by practice of medical ethics education

Variables	Practice of medical ethics education	
	Experienced	Inexperienced
Licensure and health care law	3.16 (0.33)	3.09 (0.32)
Professional protocol	3.13 (0.28)*	3.05 (0.31)
Decision/judgment and personal belief	3.03 (0.34)	2.96 (0.32)
Teamwork	3.29 (0.45)	3.21 (0.43)

All values are Mean(Standard Deviation)
p values are computed by the t-test
*: p≤0.05

3.3 Ethical knowledge perception analysed by practice of medical ethics education

Ethical knowledge perception by practice of medical ethics education is displayed in <Table 5>. Practice of medical ethics education demonstrate a statistically significant difference in professional protocol (p≤0.05).

3.4 Ethical knowledge perception analysed by practice of professional ethics education

Ethical knowledge perception by practice of professional ethics education is displayed in <Table 6>. Practice of professional ethics education demonstrate a statistically significant difference in professional protocol (p≤0.05).

3.5 Ethical knowledge perception analysed by demand as necessity of professional ethics education

Ethical knowledge perception by demand as necessity of professional ethics education is displayed in <Table 7>. Demand as necessity of professional ethics education have no statistically significant difference in teamwork.

4. Discussion

The problem with distribution of ethics throughout the curriculum is whether the faculty are sufficiently grounded in moral philosophy to discuss complex ethical dilemmas clearly and cogently. Consideration should be given to developing a strong core course in ethics with

Table 6. Ethical knowledge perception analysed by practice of professional ethics education

Variables	Practice of professional ethics education	
	Experienced	Inexperienced
Licensure and health care law	3.18 (0.35)	3.09 (0.31)
Professional protocol	3.17 (0.27)*	3.07 (0.31)
Decision/judgment and personal belief	3.05 (0.32)	2.96 (0.30)
Teamwork	3.30 (0.44)	3.19 (0.42)

All values are Mean(Standard Deviation)
p values are computed by the t-test
*: p≤0.05

Table 7. Ethical knowledge perception analysed by demand as necessity of professional ethics education

Variables	Demand as necessity of professional ethics education	
	Experienced	Inexperienced
Licensure and health care law	3.11 (0.32)*	3.00 (0.29)
Professional protocol	3.07 (0.31)**	2.90 (0.31)
Decision/judgment and personal belief	2.98 (0.32)*	2.87 (0.36)
Teamwork	3.23 (0.44)	3.14 (0.42)

All values are Mean(Standard Deviation)
p values are computed by the t-test
*: p≤0.05, **: p≤0.01

adequate time for discussion and problem solving. It's encouraging that many schools are already using these techniques. It is also crucial for faculty and peers to serve as role models to foster ethical behavior in students[13]. It was provided with limited guidance for the development of programs that would substantially influence professional behaviour[14]. He concludes that new research along another line is necessary. Such a new research is possibly found in cognitive developmental theory. Recent efforts to explain moral behavior suggest that values and attitudes are but one reason why professionals may fail to meet the moral expectations of society. It published a major synthesis of research that outlines four abilities needed for successfully managing cases presenting ethical problems[15]. Continuing education programs on ethics are needed that are designed to meet the specific needs of frontline public health workers[16]. As educators, our goal is to promote ethical behavior in our students. Other than serving as role models, our sole means of accomplishing this goal is to provide ethical knowledge and opportunities for observation and self-examination within the context of examining ethical dilemmas[17]. Most of stu-

dents responded that small-group discussion, interactive work in a classroom, and case-based studies were effective[18]. Ethical education will be done in these method. A program of research and development has been established to study the influence of this curriculum on the abilities defined, and to link them to clinical performance[19]. It is important for institutions, whether governmental or educational, to evaluate ethical status and concepts, especially when the institution represents a self governing profession[20].

This study identified four category-licensure and health care law, professional protocol, decision/judgment and personal belief, teamwork-to occur ethical problem. In a study, practice of ethical education have made a significant contribution to ethical knowledge perception. The most effective way to achieve proper education in ethics is to begin early, build and broaden on it through school, college, medical school, and continuing professional development[21, 22].

5. Conclusion

The importance of promoting ethical behav-

ior in students will be reflected in the emphasis on formal ethics teaching within the curriculum of most colleges. An obvious and crucial step to take is to promote the teaching of ethics in all schools of health in Korea.

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Abstract

윤리 교육경험에 따른 윤리
지식수준에 관한 연구

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색인 : 윤리 교육경험, 윤리 지식수준

이 연구는 보건계열 학과에 재학 중인 학생들의 윤리교육 경험과 윤리교육 필요성인지에 따른 윤리지식수준의 차이를 살펴보고자, 보건계열 학과에 재학 중인 596명을 대상으로 자기기입법에 의한 설문조사법으로 2005년 4월 한달 동안 실시하였다. 연구에 사용된 연구도구로 독립변수는 의료윤리 교육경험, 전문윤리 교육경험, 직업윤리 교육경험, 임상실습 경험, 전문윤리 교육 필요성 인지, 의료윤리 교육 필요성 인지이었고, 종속변수는 면허관련법규 지식수준, 전문윤리 지식수준, 의사결정판단 지식수준, 팀웍 지식수준이었다. 수집된 자료를 SPSS 12.0을 사용하여 기술통계와 t-test를 실시한 결과, 임상실습경험, 직업윤리 교육경험, 의료윤리 교육경험, 전문윤리 교육경험, 전문윤리 교육 필요성 인지에 따라 유의한 차이가 있었으며, 이 중 직업윤리 교육경험에 따라서는 4가지 윤리지식수준에서 유의한 차이가 있는 것으로 나타났다. 따라서 정상적으로 학교에서의 윤리교육이 이루어져야 하고, 일반 윤리교육에 비해서 직업 윤리교육이 강화되어야 한다고 사료되었다.