1 **DOI: https://doi.org/10.47391/JPMA.1218**

2

3 # Management of professionalism matters by foreign returned
4 doctors in Khyber Pakhtunkhwa Province.

5

6 **Zaheer -ul- Hassan[1], Usman Mahboob[2], Kamran Ashfaq[3], Naeem Riaz[4],**
7 **Bilal Akram[5], Baber Niazi[6]**

8 **1,3,6** Department of ENT, Combined Military Hospital, Peshawar, Pakistan; **2** Institute of
9 Health Professional Education and Research, Khyber Medical University, Peshawar,
10 Pakistan; **4** Department of ENT, PNS Shifa, Pakistan; **5** Department of ENT, PAF Hospital
11 Faisal, Pakistan.

12 **Correspondence:** Zaheer -ul- Hassan. **Email:** zaheerent@yahoo.com

13

14 **Abstract**

15 **Objective:** To determine the management of professionalism issues by foreign
16 returned doctors who are practicing clinicians after returning from abroad.
17 **Methods:** The qualitative study was conducted in tertiary care hospitals of
18 Khyber Pakhtunkhwa province from January to August 2016. Purposive
19 sampling technique was used to include foreign returned doctors who shared
20 how they managed professionalism matters in context of contrasting cultures at
21 home and abroad. The participants were interviewed in-depth, and the audio
22 records were transcribed verbatim. The data analysis generated codes that were
23 consolidated under categories and then themes.

24 **Results:** Interviews with ten foreign returned doctors led to 20 codes that
25 resulted in eight categories out of which four main themes were developed
26 namely;

27 Foreign Cultural influence that observed how their stay abroad have influenced
28 their practice methods. Experience, showed how personal experiences of the

Provisionally Accepted for Publication

interviewees helped forge their practice rules in Pakistan. Social Contract theme included the ways in which foreign returned doctors understood and accepted the concept of social contract in Pakistan as compared to west and how they adapted accordingly. Wise Man Approach included the help sought and received by foreign returned doctors from their senior colleagues in managing and adjusting to societal norms regarding professional behaviors in Pakistan.

Conclusion: There are multiple dissimilarities between the socio-cultural aspects, practices, and knowledge of foreign returned and local medical practitioners. There exists a gap in knowledge with regards to their clinical practice between foreign returned and local doctors. To authors knowledge foreign returned doctors face substantial challenges with adjustment in Pakistan.

Key Words: Professionalism, Foreign Doctors, Professionalism Issues

Introduction

Professionalism has been viewed as a collection of essential skills of doctors since Hippocrates' time. The acknowledgment of medical professionalism as a multifaceted communal paradigm makes the framework, topographical setting, and values important deliberations in any conversation of professional conduct.[1] Various studies done on the topic of migrating doctors have observed that doctors who travel to the European countries usually return after their higher-level training overseas.[2,3]

Last half century has seen a steady increase in physicians migrating from developing countries to developed countries. Approximately 30-35 % of practicing physicians and international medical graduates working in England are from developing countries.[4,5] In comparison the percentage of foreign returned Pakistani doctors is only 5-10 %.[6] Extensive research has been done regarding adaptations made by migrating doctors during their stay in developed countries. Reciprocating studies observing adjustments foreign returned doctors make during their stay in Pakistan are lacking.

Provisionally Accepted for Publication

58 The rationale of this study is that there is limited evidence to support the
59 argument that professionalism thoughts and qualities from Western nations are
60 fully adaptable to other cultures. There has been a question on western
61 framework of professionalism in non-western contexts in a view that applies in
62 new settings.
63 In this paper, we explore the ways by which foreign returned doctors managed
64 professionalism issues in cultural context. The purpose is to explore how
65 cultural change effects professionalism of medical doctors.
66 Challenges documented will be of value to both local and international doctors
67 which may act as a guideline for future.
68

69 **Methods**

70 A qualitative study was done in tertiary care hospitals of Khyber Pakhtunkhwa
71 from Jan 1st to31st August 2018. The participants included those doctors who
72 had stayed abroad for a minimum of five years and were now actively working
73 as practicing physicians for at least two years in Pakistan. Anyone failing to
74 fulfill any of the above criteria was excluded from the study. Purposive
75 sampling was opted to gather data based on our previous knowledge and
76 judgment about the participants
77 **Data Collection & Analysis:** Permission was taken from the ethical review
78 committee of Islamic International Medical College application number
79 Ripah/ERC/18/0277. Data was collected according to the procedure outlined in
80 Fig 1. Two pilot interviews were done to improve the quality flow and order of
81 questions. Foreign returned Pakistani doctors were contacted in person, via
82 email and telephone. Willing participants were enlisted for the study after being
83 briefed in detail about the nature and purpose of the study. Written informed
84 consent was taken and persons were interviewed. Interviews were recorded
85 followed by detailed transcription of the interviews.
86 A thematic analysis of the data was performed, that involved following steps:

Provisionally Accepted for Publication

87 A thorough read and careful listening of data (called transcription) notes was
88 made regarding the initial impression. This was followed by a much in-depth
89 review of the interviews. Pertinent word, phrases, sentences and sections in
90 transcripts were then categorized and coded. The ideas, concepts and theme
91 were coded to fit into categories. In our study, categories were developed using
92 content analysis in which similar chunks of text were ordered or placed
93 proximally. This helped in identifying the relationship between categories and
94 subcategories. Following coding and categorization, themes were evaluated for
95 repetition and links and covert themes were established through interpretation
96 and reflection. Finally, correlation between themes was identified and results
97 were summarized to be presented in the form of matrix tables to compare
98 themes or categories.
99 Quality of data was assured by associating all narratives using triangulation. All
100 the results and discussions were shown to the participants for validation.
101 Transcripts were sent to study participants to ensure all the points that they had
102 mentioned were adequately addressed. Data was checked by the lead author for
103 generation and extractions of codes and themes respectively. Finally, data was
104 reviewed by two qualified medical educationists to establish credibility.
105
106 **Results**
107 Out of the ten doctors interviewed two had studied and worked in the United
108 States of America, seven in the United Kingdom and one had trained and
109 worked in Canada. The group consisted of three emergency medical specialist,
110 two general surgeons, one Rheumatologist, Infectious disease specialist,
111 Endocrinologist, Psychiatrist, and Otorhinolaryngologist. Twenty codes were
112 generated from the in-depth interviews that led to nine categories and were
113 finally presented under four themes (table 1)
114
115

Provisionally Accepted for Publication

116 **Discussion**

117 It was observed that most physicians used their prior experiences, help of their
118 seniors or their foreign cultural influences to deal with professionalism related
119 matters. In its broadest sense, medical professionalism encompasses all aspects
120 of the higher attributes of being a physician but it might be understood
121 differently by members of the medical profession itself. Even leading medical
122 organizations have different interpretations and attributes of the elements
123 contributing to medical professionalism. [7, 8]Medical professionalism is a blend
124 of moral commitment and core behaviors. As medical practice becomes
125 increasingly globalized, students, physicians, and patients move among different
126 countries and, in doing so, may encounter existing local beliefs regarding
127 professionalism. The main issues raised during this study were related to the
128 attitudes of doctors', nurses, intensive care unit staff and even the patients.
129 Everyone had their own relevant views for these domains.[9,10]
130 In our study, under the theme of 'influence of foreign culture', the respondents
131 emphasized to have more training of doctors, nurses, and other supporting staff
132 especially to improve the overall practices for example maintenance of pre op
133 check list. Limited finding about the influence of foreign culture in form of
134 trainings have been reported in the literature .[11,12] There is one perception
135 among doctors that main cause is due to lack of formal training during
136 postgraduate teaching of professional behaviors and may well be the cause of it
137 here as well. In Asian countries there is no focus on teaching professional
138 competence.[13]
139 In the context of the theme, experiences it was learned that compromises were
140 made by the foreign returned doctors with regards to what is accepted as patient
141 privacy and consent. Participants observed that these aspects were not given due
142 weightage in consultations. In addition, participants reflected that they adapted
143 due to involvement of hospital administration. This observation was also made
144 previously where the patient's perception of informed consent and Pakistani

Provisionally Accepted for Publication

145 physician's perspective on informed consent were taken.[14]A study conducted by
146 Schwartz showed that adaptability to workplace changes was regarded as
147 essential for Asians, who were considered culturally less flexible.[15] This may
148 well represent a counter-cultural response, which again demonstrates doctors'
149 keenness to challenge cultural barriers in order to help patients. [14, 15]
150 The theme social contract highlights that while there was a culture of
151 continuous medical education in west that transcended the barrier of seniority
152 and experience, it was relatively unheard concept in Pakistan where the
153 acquisition of new skills and improving clinical acumen through workshops and
154 conferences was considered by seniors to be time consuming[16]. Additionally
155 healthcare staff are neither encouraged nor incentivized to acquire better skills.
156 It was suggested that incentivizing promotion and monetary benefits would go a
157 long way in encouraging health care workers to learn newer skills. Previously it
158 was observed that linking promotion and financial gains as well as personal
159 prestige with continuous professional development in west has been invaluable
160 in firmly establishing a culture of professional growth and continuous
161 education.[17]
162 One of the ways to adapt in Pakistani culture was by taking the support of senior
163 staff members and learning from their experiences in managing the culturally
164 different environment of Pakistani hospitals. This was observed under the theme
165 of Wiseman approach.[18] A member of the group shared how the positive
166 attitude and guidance of senior faculty members helped ease his transition from
167 west to Pakistani medical setup. A similar approach has been previously
168 observed that senior faculty members playing a mentoring role helped
169 apprehensive young fellows in making a smooth transition from culturally
170 different setups.[19]
171 **Strengths and Limitations:** There is limited local literature available on the
172 management of professionalism issues by foreign returned doctors. The scope of
173 this study can be broadened by including participants who have returned not

Provisionally Accepted for Publication

174 only from west but also from Middle East, and Australia. This may lead to the
175 compilation of views of doctors coming back from wider part of globe. Further
176 studies can also compare the management of professionalism issues by foreign
177 return doctors among different specialties to see if there is any difference of
178 opinion regarding such matters between surgical and medical professionals.
179

180 **Conclusion**

181 There are multiple dissimilarities between the socio-cultural aspects, practices
182 and knowledge of foreign returned and local medical practitioners. There exists
183 a gap in knowledge with regards to their clinical practice between foreign
184 returned and local doctors. They face difficulties in adjustment with the
185 administration of hospitals of Pakistan. However, there are advantages for
186 foreign returned doctors as the patients perceive them to be more
187 knowledgeable, skillful and professional.
188

189 **Disclaimer:** This article is written from the Masters in Health Professional
190 Education thesis of Zaheer ul Hassan. Usman Mahboob supervised the thesis
191 and was involved in conception of the idea, study design data analysis, drafting
192 the paper and editing the final version. Kamran Ashfaq Butt was involved in
193 collection of data analysis, drafting the paper and editing the final version.
194 **Conflict of Interest**: None declared.
195 **Source of Funding**: None declared.
196

197 **References**

198 1. Adhikari S, Paudel K, Aro AR, Adhikari TB, Adhikari B, Mishra SR.
199 Knowledge, attitude and practice of healthcare ethics among resident
200 doctors and ward nurses from a resource poor setting, Nepal. BMC Med
201 Ethics, 2016 Nov 8;17(1):1–8.
202 2. Akhund S, Shaikh ZA, Ali SA. Attitudes of Pakistani and Pakistani

Provisionally Accepted for Publication

heritage medical students regarding professionalism at a medical college in Karachi, Pakistan. BMC Res Notes . 2014 Mar 15;7:150.

3. Aly Z, Taj F. Why Pakistani medical graduates must remain free to emigrate. PLoS Med. 2008/01/29. 2008 Jan;5(1):e2–e2.

4. Shafqat S, Zaidi AKM. Pakistani physicians and the repatriation equation. N Engl J Med. 2007 Feb;356(5):442–3.

5. Ho M-J, Alkhal A, Tekian A, Shih J, Shaw K, Wang C-H, et al. Contextualizing the Physician Charter on Professionalism in Qatar: From Patient Autonomy to Family Autonomy. J Grad Med Educ. 2016 Dec;8(5):719–25.

6. Afzal S, Masroor I, Shafqat G. Migration of Health Workers : A Challenge for Health Care System. 2012;22(9):586–7.

7. Jha V, Mclean M, Gibbs TJ, Sandars J. Medical professionalism across cultures: A challenge for medicine and medical education. Med Teach. 2015 Jan 2;37(1):74–80.

8. Jha V, Robinson A. Religion and Medical Professionalism: Moving Beyond Social and Cultural Nuances. J Grad Med Educ. 2016 May;8(2):271–3.

9. McKimm J, Wilkinson T. "Doctors on the move": Exploring professionalism in the light of cultural transitions. Med Teach. 2015;37(9):837–43.

10. Morrow G, Rothwell C, Burford B, Illing J. Cultural dimensions in the transition of overseas medical graduates to the UK workplace. Med Teach . 2013 Oct 1;35(10):e1537–45.

11. Crush J, Pendleton W. Brain Flight: The Exodus of Health Professionals from South Africa. Int J Migr Heal Soc Care . 2011 Feb 7;6(3):3–18.

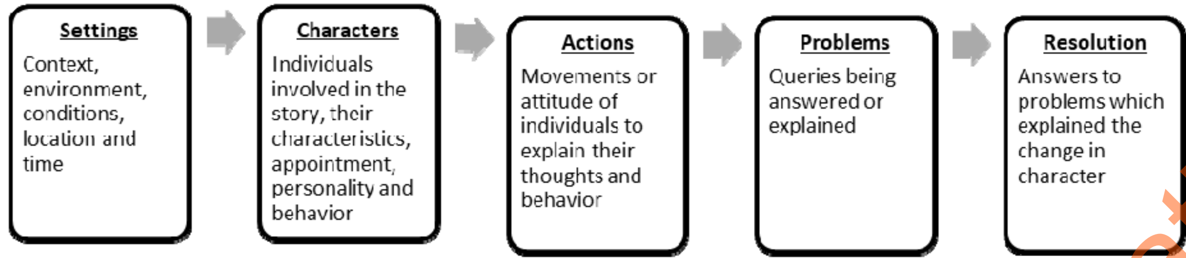
12. Hofstede G. Cultural Dimensions. Stockholm: Itim International.

13. Humayun A, Fatima N, Naqqash S, Hussain S, Rasheed A, Imtiaz H, et al. Patients' perception and actual practice of informed consent, privacy and

Provisionally Accepted for Publication

232 confidentiality in general medical outpatient departments of two tertiary
233 care hospitals of Lahore. BMC Med Ethics. 2008 Sep 25;9:14.
234 14. Jafarey AM, Farooqui A. Informed consent in the Pakistani milieu: the
235 physician's perspective. J Med Ethics . 2005 Feb;31(2):93–6.
236 15. Schwartz SH. A Theory of Cultural Values and Some Implications for
237 Work. Appl Psychol. 1999 Jan 1;48(1):23–47.
238 16. Zaidi Z, Hashim J, Iqbal M, Quadri KM. Review Article Paving the way
239 for Evidence-based medicine in Pakistan Traditional vs EBP. 1992;556–
240 60.
241 17. Ahmed K, Wang TT, Ashrafian H, Layer GT, Darzi A, Athanasiou T. The
242 effectiveness of continuing
243 medical education for specialist recertification. Can Urol Assoc J.
244 2013;7(7–8):266–72.
245 18. Ahmed YA, Alneel S. Analyzing the Curriculum of the Faculty of
246 Medicine, University of Gezira using Harden's 10 questions framework. J
247 Adv Med Educ Prof. 2017 Apr;5(2):60–6.
248 19. Kehoe A, McLachlan J, Metcalf J, Forrest S, Carter M, Illing J.
249 Supporting international medical graduates' transition to their host-
250 country: realist synthesis. Med Educ. 2016/09/15. 2016 Oct;50(10):1015–
251 32.
252
253 --
254
255
256
257
258
259
260

Provisionally Accepted for Publication



261

262 ***Figure 1: Procedure for Data Collection***

263

264 --

265

266

Provisionally Accepted for Publication

Table 1: Codes, themes and representative statements for the management of professionalism by foreign returned doctors.

Sr. No.	Code	Frequency	Category	Theme	Representative Quote
1	Practical Improvements	7	Foreign Cultural Strengths	Foreign Culture Influence	R6“ **in Pakistan establishing patient identifying checklists prior to surgery is still not followed** “(participant 9)
2	More Communication	9			R4: “**after gathering the facts I went to the family and explained about the procedure and they got comfortable.**” (participant 6)
3	Learning And Teaching	10	Contract		R10: “I teach my experiences to my students” (participant 3)
4	Doctors Attitudes	6	Cultural Adaptations	Experiences	R1:“**I become more authoritative here**” (participant 4)
5	Religious Practices	10			R5“**In the west there was no involvement of religion but here there is religious abuse in management of professional issues**” (participant 10)
6	Cultural Specific Skills	6			R1: “**they are not very good in dealing trauma in their country... we are good because we have more practice here**” (participant 8)
7	Managerial Differences	10	Administrative Adaptations		R8: “**People don’t come on time even if they are warned**” (participant 7)
8	Duty Performances Differences	8			R6: “**The most bothering thing for me was to see that the duty of a doctor was being performed by the nursing staff and the worst part that I have learnt is administration could not control it**” (participant 5)
9	More Communication	7	Foreign Cultural Strengths		R7: “”**communicating with patients in Pakistan is still not followed”** (participant 1)
10	Learning And Teaching	10			R10: “I teach my experiences from foreign hospitals to my students” (participant 2)
11	Responsibilities	7	Duty Performances	Social Contract	R6: “**No one here wants to be responsible for what they have signed up** ”(participant 9)
12	Skills Set	5			R1: “**Nurses and doctors would like to take skills learning trainings, if they get assurance of their promotion**” (participant 4)

Provisionally Accepted for Publication

269
270
271
272
273
274
275
276
277
278
279
280
281
282
283
284
285
286
287

13	Rules	6	Contract		R5: "Rules and regulations of the hospitals should be strict to make processes smooth" (participant 2)
14	Timings	9			R8: "Some of the doctors come late even if they are asked for several times"(participant 3)
15	Management Skills	7	Continuous Learning Environment	Wiseman Approach	R3: "The doctors here need to get trained about their use of protocols and management issues" (participant 5)
16	Process Learning Skills	10			R7: "**top of the line is the nursing training for handling patients that needs to be addressed**."(participant 4)
17	Self Assessment	6			R9: "even what I am practicing is guided and assessed by my seniors " (participant 5)
18	Monitoring And Evaluation	9			R1:"Formulation and implementation of rules and protocols is not the only solution, my seniors advised me to implement it" (participant 1)
19	More Surgeons	5	Workload Management		R2:"**More support and surgeons are required here**"(participant 10)
20	More Assistants	8			R3: "**there are less assistant staff, my seniors advised me to make proper plans to involve staff in processes**" (participant 7)

Provisionally Accepted for Publication