

Ethical knowledge perception and related factors in department of public health students

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Key words Ethical knowledge perception, public health student

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1. Introduction

Recently, the interest of ethical problems in public health were lifted up to the highest because of stem cell research in Korea. The code of ethics on organization has been publishing constantly. Itself emphasize the ethical organization. Recognizing that professionals are accountable for their actions and that they should meet certain standards when serving society, professions develop and adopt codes of ethics that serve to guide and govern the behavior of their members¹⁾. With the growing number of malpractice actions by patients against professionals who have treated them, it is wise for professionals to be cautious²⁾. Three main categories of ethical issues were identified: paternalism, responsibilities, and ethical decision making³⁾. An ethical conflict can be made for the use of human patients on clinical licensure examination⁴⁾. As a health care provider, department of health students has a legal duty at all times to the patient being treated⁵⁾. This study was designed to determine, for public health students, perceived awareness of ethical, moral, and legal matters and convictions about being knowledgeable in dealing with them. It was conducted to ascertain whether any related factors in perception about ethics knowledge.

2. Methods

For a month of April, 2005, a brief self-administered questionnaire was developed for this survey which included questions adapted from previous ethics surveys of health care professionals^{2,3)}. The sample consisted of 650 public health students. Questionnaire surveys were conducted for 596 in public health students from four Korean colleges. Descriptive analyses characterized ethical knowledge perception for college students. A second set of multiple linear regression analyses using the SPSS Version 11.5 were conducted such that acquired ethical knowledge perception was used as a predictor variable along with the other predictor variables to control for the effect.

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

Contents	Topic	Variables
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
		Demographics character (Gender, Age, Major, Grade, Religion)
		Role model for learning ethical principles (Faculty, Relative, Friend, Religion classes, Employer, None)
		Sources of influence on personal ethical principles (Home, Religion classes, Ethics committees, Others, None)
		Licensure and health care law
Dependent Variables		Professional protocol
		Decision/Judgment and personal belief
		Teamwork

3. Results

3.1. Ethical knowledge perception

The results, in terms of participants judging themselves knowledgeable ethical knowledge perception by the descriptive analysis are presented in <Table 2>. Variables 2 on the survey, it was that licensure and health care law perception and teamwork perception were 3.10 (0.32) and 3.22 (0.44) was higher level of ethical knowledge perception than others.

Table 2. Ethical knowledge perception analysed by the descriptive analysis

Variables	mean (S.D.)
Licensure and health care law	3.10 (0.32)
Professional protocol	3.06 (0.31)
Decision/judgment and personal belief	2.97 (0.33)
Teamwork	3.22 (0.44)

3.2. Licensure and health care law perception

Licensure and health care law perception by the multiple linear regression are presented in <Table 3>. The only factor related to the licensure and health care law perception was demand as

necessity of professional ethics education. Respondents who has demand as necessity of professional ethics education was high it's perception.

Table 3. Licensure and health care law perception analysed by the multiple linear regression

Variables	β	S.E.	p
Demand as necessity of professional ethics education	0.233	0.083	0.002
$R^2 = 0.054$			

3.3. Professional protocol perception

Professional protocol perception by the multiple linear regression are given in <Table 4>. It was found out that the more demand as necessity of professional ethics education and grade (senior) and practice of work ethics education, the more high perception they have on professional protocol. As a while, a respondent that role model for learning ethical principles was relative was low in the professional protocol perception level ($R^2 = 0.121$).

Table 4. Professional protocol perception analysed by the multiple linear regression

Variables	β	S.E.	p
Demand as necessity of professional ethics education	0.188	0.122	0.027
Grade (senior)	0.197	0.041	0.007
Practice of work ethics education	0.192	0.046	0.008
Role model for learning ethical principles (relative)	-0.142	0.072	0.049
$R^2 = 0.121$			

3.4. Decision/judgment and personal beliefs perception

Decision/judgment and personal beliefs perception by the multiple linear regression are presented in <Table 5>. The variables which related to the decision/judgment and personal beliefs perception were demand as necessity of professional ethics education, clinical practice exercise, sources of influence on personal ethical principles (others), practice of professional ethics education. R square was 0.150. It was found out that the more demand as necessity of professional ethics education, the more clinical practice exercise, the more practice of professional ethics education, the more high perception they have on decision/judgment and personal beliefs perception. Also, respondents who were sources of influence on personal ethical principles (others) was low in the decision/judgment and personal beliefs perception level.

Table 5. Decision/judgment and personal beliefs perception analysed by the multiple linear regression

Variables	β	S.E.	p
Demand as necessity of professional ethics education	0.195	0.116	0.008
Clinical practice exercise	0.211	0.047	0.004
Sources of influence on personal ethical principles (others)	-0.176	0.059	0.017
Practice of professional ethics education	0.164	0.077	0.026
$R^2 = 0.150$			

3.5. Teamwork perception

Teamwork perception by the multiple linear regression are given in <Table 6>. The major factors related to the teamwork perception were role model for learning ethical principles (religion classes), sources of influence on personal ethical principle (home), practice of professional ethics education. The more role model for learning ethical principles (religion classes), the more sources of influence on personal ethical principle (home), the more practice of professional ethics education, the more teamwork perception was likely.

Table 6. Teamwork perception analysed by the multiple linear regression

Variables	β	S.E.	p
Role model for learning ethical principles (religion classes)	0.200	0.089	0.007
Sources of influence on personal ethical principles (home)	0.168	0.063	0.023
Practice of professional ethics education	0.155	0.107	0.035
$R^2 = 0.084$			

3.6. Some of public health updating or publishing new codes

Some of organizations updating or publishing new codes in the past include those listed in <Table 7>. In 1960s, Korean Association of Medical Technologist and Korean Physical Therapy Association adopted code of ethics. In 1980s, Korean Dental Hygienist Association, Korean Nurse Association, and Korean Radiological Technologist Association published code of ethics. Korean Dental Hygienist Association, Korean Nurse Association, Korean Association of Medical Technologist and Korean Physical Therapy Association has revised since adopted for strengthened to serve as a guide. However, the Korean Radiological Technologist Association and Korean Association of Occupational Therapist code of ethics has not been substantially revised since published. And, Korean Dental Technologist Association has code of ethics but not knew publishing date.

Table 7. Some of public health publishing or updating new codes

Organization	Code of ethics adopted/revised*
Korean Dental Hygienist Association	1981 / 2004
Korean Nurse Association	1983 / 1995
Korean Association of Medical Technologist	1968 / 1992
Korean Physical Therapy Association	1969 / 1982, 1997
Korean Dental Technologist Association	-
Korean Radiological Technologist Association	1986 / -
Korean Association of Occupational Therapist	1993 / -

* Data was provided by the association on organization.

4. Discussion

The primary purpose of this investigation was to examine the predictive validity of four ethical knowledge perception on the ethical reasoning of department of health students. This study assessed the performance of ethical perception and related factors in department of health students. The department of public health students are a professional health care provider—an individual who has completed a required higher education accredited program; demonstrated knowledge, skills, and behaviors required by the college or university for graduation; passed a written national board examination; and successfully performed certain clinical skills on a state examination. Because of these accomplishments, the state then grants to this individual a license to practice the profession for which he or she completed training and education. By taking this step, the state is assuring the public that this licensed individual is competent to practice. As a health care provider, department of health students at all times has a duty to the patients. Graduates need to be able to think critically in today's complex health care environment⁽⁶⁾. In the absence of definitive ethical standards it is advisable to refer to this code as adopted by the association⁽⁷⁾. Thus, the code of ethics should be reviewed and strengthened to serve as a guide for state practice acts. The need for a code of ethics for department of health, then, might be viewed as a code of restraint, a code to preserve fairly and appropriately the negative rights of citizens to noninterference⁽⁸⁾. Some of organizations updating or publishing new codes in the past include those listed in <Table 7>. It was according to association's advice, but Korean Dental Technologist Association not knew code of ethics' publishing date.

Codes has not provide specific guidance about how best to deal with ethical conflicts arising in

department of public health practice. The concept of professional ethics has long received a high level of awareness within the medical and legal professions by both practitioners and their clients⁹⁾. Codes of ethics are common and becoming increasingly more common. Whenever discussions arise about the nature of professionalism, codes of ethics has cited. Presumably, the presence of a code of ethics defines what it means to be a genuine profession¹⁰⁾.

In this study, no statistically significant associations were observed with any of the demographic character except grade. It was that ethical knowledge perception was not affected by forming character naturally. So that, it has to do extend learning chance of ethics.

5. Conclusion

As a health care provider, department of health students need to be able to think critically in today's complex health care environment. Therefore, ethics education support them. Associations also try to rise ethical knowledge perception. Then it should revise constantly ethics code.

6. References

1. Gaston MA, Brown DM, Waring MB. Survey of ethical issues in dental hygiene. J Dent Hyg 1990;64(5):217-224.
2. Conger SX. The law and dental hygiene practice. J Dent Hyg 1983;57:337-343.
3. Rogers WA. Ethical issues in public health: a qualitative study of public health practice in Scotland. J Epidemiol Community Health 2004;58:446-450.
4. Feil P, Meeske J, Fortman J. Knowledge of ethical lapses and other experiences on clinical licensure examinations. J Dent Educ 1999;63(6):453-458.
5. Granger B. Legal aspects of dental hygiene practice. J Dent Hyg 1980;54:337-343.
6. Gradbury-Amyot CC, Holt LP, Overman PR, Schmidt CR. Implementation of portfolio assessment in a competency-based dental hygiene program. J Dent Educ 2000;64:375-380.
7. ADA principles of ethics and code of professional conduct. the American Dental Association, Chicago: January; 1987:117-133.
8. Kass NE. An ethics framework for public health. Am J Public Health 2001;91(11):1776-1782.
9. Burgess GL, Mullen D. Observations of ethical misconduct among industrial hygienists in England. Am Ind Hyg Assoc J 2002;63:151-155.
10. Hasegawa TK, Welie JV. Role of codes ethics in oral health care. J Am Coll Dent 1998;65(3):12-14.

보건계열 학생들의 윤리 지식수준에 관한 연구

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이 연구는 보건계열 학과에 재학 중인 학생들의 윤리의식에 미치는 영향요인을 살펴보고자 4개 전문대학 보건계열 학과에 재학 중인 학생 650명을 대상으로 실시하였다. 연구방법은 개별자기기입법에 의한 설문조사법이었고, 설문은 윤리 지식수준을 측정하기 위한 문항과 윤리교육에 대한 경험과 필요성을 묻는 문항, 윤리의식에 미치는 영향 요인을 묻는 문항, 윤리의식을 배우는 역할모델을 묻는 문항으로 구성하였다. 수거된 설문은 596부이었고, 회수율은 91.7%이었다. 연구 결과, 의료관계법규 지식수준과 팀워크 지식수준이 다른 윤리 지식수준에 비해 높은 것으로 나타났고, 의료관계법규 지식수준은 전문 윤리 교육 필요성을 인지하고 있는 학생에서 높은 것으로 나타났다. 전문가 윤리 지식수준은 전문 윤리 교육 필요성을 인지하고 있는 학생에서, 3학년에서, 직업 윤리 교육경험이 있는 학생에서 높은 것으로 나타났다. 의사결정판단 지식수준은 전문 윤리 교육 필요성 인지, 임상실습경험, 윤리의식 영향요인, 전문 윤리 교육경험이 유의한 영향을 미치는 것으로 나타났으며, 이 중 가장 큰 영향을 미친 변수는 임상실습경험이었다. 팀워크 지식수준은 역할모델이 종교단체라고 응답한 학생에서, 윤리의식 영향요인이 가정이라고 응답한 학생에서, 전문 윤리 교육을 경험한 학생에서 높게 나타났다. 이상의 결과로 보아, 윤리교육의 필요성을 인지하고 있는 학생일수록 윤리 지식수준이 높은 것을 알 수 있었으며, 이 외에도 다양한 변수를 고려하여 후속 연구가 이루어져야 할 것으로 사료되었고, 본 연구를 통하여 보건계열 학과에 재학 중인 학생들에게 윤리에 대한 사고 기회를 부여했다는 점과 윤리 의식수준을 점검했다는 점에서 의의가 있다고 사료되었다.

색인 보건계열 학생, 윤리 지식수준