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ETHICAL LEVEL DIFFERENCES OF MEDICAL STAFF IN VARIOUS ORGANIZATIONS*

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Актуальність обраного дослідження пов'язана з тим, що в останній час значно зріс інтерес до ролі етики як у житті суспільства, так і її роль в управлінні і бізнесі. Експерти та аналітики стверджують, що організації з високим етичним потенціалом процвітають і досягають значних результатів, а з низьким рухаються до занепаду, знаходяться в застої, або можуть зруйнуватися. У соціологічному опитуванні медичних працівників нами була використана анкета англійських дослідників, яка побудована за принципом «правильно-неправильно» і включає 15 ділових типових ситуацій, що описують ту, чи іншу проблему вибору етичних норм у професійній діяльності. До дослідження було залучено 121 особа із трьох різних медичних організацій: центру первинної медико-санітарної допомоги (ЦПМСД), Військові медики із однієї організації і медики обласного Лабораторного центру. В кожній групі були як лікарі за двома статтями жіночою і чоловічою, так і медичні сестри – жінки. За отриманими даними, найбільш високий рівень етичності продемонстрували Військові медики звичні додержуватись і виконувати правила і команди в тому числі і моральні настанови. Аналіз етичності медичного персоналу за гендерною ознакою продемонстрував етичні переваги жінок над чоловіками, що суттєво відрізняє їх етичну поведінку від поведінки чоловіків. Навчання і постійне удосконалення етичної поведінки має бути невід'ємним елементом розвитку і удосконалення медичного персоналу як на місцях у медичних закладах, так і під час тематичного професійного удосконалення медичних працівників на різних курсах і тренінгах. Питання етичної поведінки і формування етичних навичок медичного персоналу мають бути введені в учбові програми післядипломного навчання як лікарів, так і медичних сестер.

Ключові слова: етичність медичного персоналу, рівень етичності, гендер, військові медики, лікарі, медичні сестри.

The relevance of the research is associated with an increasing interest to the ethical role both in social life and in business management. Some experts and analysts suggest that if organizations have a high ethical level they can reach significant results and prosperity, whereas those with a low ethical level are prone to regression, stagnation or ultimate failure. In the medical staff survey questionnaire, we have used English scholar's profile following the principle of «right-wrong answers». It includes 15 typical business-like situations describing a problem of ethical norm choice in professional activities. The survey enrolled 121 people from three different medical organizations: PHC (Primary Health Centre), Military medics and Regional Laboratory Centre doctors. Each team included both male and female doctors, and also only female nurses. Data showed a high ethical level in Military medics' team who followed the rules and orders with the ethical deductions. Ethical analysis of medical staff based on the gender dimension revealed women to be more ethically oriented than men. Training and ethical behavior improving should be an inherent part of medical staff development both in medical organizations and during skill improvement courses and training. The issues of ethical conduct and developing ethical skills of medical staff should be introduced in academic curricula of post-graduate studies for both doctors and nurses.

Key words: ethical level of medical staff, ethical level, gender, military medics, doctors, nurses.

The relevance of the research is associated with an increasing interest to the ethical role both in social life and in business management. *Firstly*, this fact is connected with understanding the role of culture in the management optimization process and its influence on the system's effectiveness in general. *Secondly*, this fact is

connected with an attitude to an organization as a socio-cultural system, with a person in its center. Some experts and analysts suggest that if organizations have a high ethical level they can reach significant results and prosperity, whereas those with a low ethical level are prone to regression, stagnation or ultimate failure. Jim Collins, an

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American management researcher in his book "Good to Great" observed that a disciplined culture, and work ethics connection can lead to outstanding and successful results.

Ethics is connected with a human's moral culture. It can be described as characteristics of human moral development describing the process of understanding the society's moral experience; an ability to consistently use values, norms, and principles of ethics in the individual's behavior and relationships with other people; readiness for permanent self-improvement. A personality accumulates the society's moral achievements in his/her mind and implements them in their behavior. Only a personality decides if he/she needs to follow the moral and ethical norms and rules because he/she acts as a source of behavior, which determines the unsurpassed importance of educating morality and acquiring skills of ethical behavior. Self-education of morality and adherence to ethical norms are freewill. The leading personalities of the society at different times believed that moral education significantly affects the development of positive personality traits. We can consider a human to be morally educated only when norms and rules of ethical behavior become a person's views and beliefs.

The data indicate that the majority of current ethical problems appear with human moral incompetence. Lora Nash, an American researcher, named the main problems of current business: greed; concealment of facts; incorrect information in reports, during inspections; getting a client "hooked" on permanent technical assistance; overpricing; deception in negotiations; low work or goods quality; unconditional obedience to the leadership, no matter how unethical and unfair it may seem; interests contradiction between a corporation and a person; lying about doing work; existence of favorites at work; using subordinates as a means to perform one's own work; inability to express one's indignation and disagreement in the atmosphere of constant unethical behavior; selling products with questionable safety characteristics; theft in the workplace; deliberate exaggeration of the benefits of one's work plan to get support; exaggerated attention to promotion; deceiving employees in order to benefit the company; creating dubious alliances hoping for a happy coincidence; procrastination in the performance of one's duties; bribes and so on [3].

The necessity of real moral relations drives people to behave under learned principles, rules, and norms of ethical behavior. Thus, organization of professional activity can influence the human moral development. Social skills, moral habits of an individual can be formed only during the process of moral activities. The moral education needs purposefulness, consistency, coherence of training, development of ethical behavior and skills, influence of family and surround-

ing staff. The formation of employees' ethical behavior implies the development of correct patterns of behavior. Every action reflects a person's attitude to his/her environment. Behavior, according to all norms, can be defined as a result of people's needs to act in a definite way, something that exactly causes positive emotions in a person and his/her environment [1].

However, the present study examines ethical features and differences, which were not previously researched, considering the difference between the professional groups of medical staff in their working process. *The subject of the study* is the ethical level of medical staff in various organizations, differing in working conditions and nature of activities, relationships with the society, and within the organization.

Material and methods

There is a tradition concerning the definition of behavior as the main question of ethics. Especially, what can be defined as a good or bad behavior? Based on these considerations, we used a questionnaire of English researchers in a sociological survey of medical workers [2]. This questionnaire is built on the "right-wrong" principle and contains 15 typical situations describing different choice problems of ethical norms in professional reality. For measuring ethical relations, respondents had to determine their attitude to the described situation at a four-point scale, where "0" is strongly disagree and "3" is strongly agree. Such an evaluation system allows us to detect an individual's ethical attitude. All ethical marks were divided into three levels: High ethical level with 0-15 points; Average ethical level with 16-25 points; Low ethical level with 26-45 points. This created a definite profile characterizing the group of people connected by one feature. All participants have completed a questionnaire anonymously and by themselves.

The research used the sociological survey via questionnaires; the statistical data processing of survey materials using averages, and structural indicators; data grouping; table construction; graphical method, and comparison method.

The research enrolled 121 doctors from different medical organizations: Primary Health Care Center (hereinafter PHCC) - 44 subjects, Military medics - 40 subjects, doctors of the regional Laboratory Center - 37 subjects. Each group included male and female doctors, as well as female nurses (Table 1). Each group included females as prevailing sex from two-thirds to four-fifths in different groups, whereas males made only from one-third to one-fifth from the entire group. The largest number of males was from PHCC - 29.5% and the lowest one was from Military medics - 17.5%.

Table 1.
Characteristics of respondents

	PHCC		Military		Labor. center	
	Male	Female	Male	Female	Male	Female
Doctors	13	14	7	13	9	21
Nurses	-	17	-	20	-	7
Total	13	31	7	33	9	28
The ratio of male/female in %	29.5	70.5	17.5	82.5	24.3	75.7
The number of respondents in a group	44		40		37	

Results and discussion

The sociological data provided the results as described in Table 2. The high level provided a high number of respondents from the Laboratory Center where every ninth got 10.8% when the average figure was 9.1% respondents from 121 surveyed. The PHCC is close behind the Laboratory Center with 9.1% and appears in the average zone. The third place goes to Military medics with the lowest number of respondents. They made 7.5% which makes two-thirds of the average level. The small

group of medical professionals, who are at the highest level of ethics in each of the research groups, are united by good upbringing and high ethical maturity, caused by education in understanding and interpreting what is good and what is not, what is bad. These people are sensible with strong beliefs and ideals manifested in the pursuit of justice, nobility, and a sense of personal dignity. This group can be considered as an example of moral behavior for all medical staff.

Table 2.
Ethical level rate in medical staff

Ethical level	PHCC		Military		Lab. Center		Total	
	number	%	number	%	number	%	number	%
High	4	9.1	3	7.5	4	10.8	11	9.1
Average	29	65.9	35	87.5	26	70.3	90	74.4
Low	11	25.0	2	5.0	7	18.9	20	16.5
Total	44	100	40	100	37	100	121	100

The average ethical level was obtained by Military medics with 87.5%. That is higher than the average figure of all groups together - 74.4% of respondents. At this ethical level, the Laboratory Center was ranked 2nd with 70.3%, The share of PHCC respondents was even lower - almost 66%. People on the average ethical level can be characterized as insufficiently ethically educated, they do not have stable ideals and values, which affects their behavior. On the other hand, these people are united by a positive attitude to both people and themselves. But, at the same time, they have no self-control in terms of public morality, norms of professional ethics and deontology. This group needs special ethical training for their personality improvement. That can be implemented through public discussion of ethical and deontological rules in the team, conducting special training on psychological support and personal development in small groups.

fourth respondent showed such a result, which was five times more group's result on the same level. People who appeared at this low ethical level do not always have a moral behavior and may be characterized by a lack of sustainable behavior that conforms to public morals and ethical norms. Their behavior can be frivolous and impulsive. These are usually people without strong moral beliefs and values. They have weak ideas about the relationships in the group and between people, they, according to experts, follow the flow of life without trying to resist the existing real problems and temptations. And according to a big number of such respondents, with a low ethical level, this group is twice as much as any other researched group. It needs necessarily an ethical improvement, training, and psychological support. These people need their own special and individual approaches and methods of ethical education.

The Military medics obtained the best position in the lowest ethical level. They had fewer people but the best result. They made only 5.0% of the respondents. The Laboratory Center made four times more, with a share of 18.9% of respondents. Their result exceeded the average for all groups consisted of 16.5% of respondents. And the last place goes to PHCC, the group with the biggest number of respondents. They made 25.0% or every

According to the place of each organization according to the three ethical levels (Table 3), the PHCC scored eight places. Military medics and doctors from the Laboratory Center scored five places each respectively. However, since the Military medics have the two best first places at the middle and low levels of ethics, this allows us to consider them better and more ethical than the staff of the Laboratory Center.

Table 3.
Ethical level rate in organizations' staff

Ethical level	PHCC	Military	Lab. Center
High	2	3	1
Average	3	1	2
Low	3	1	2
Total sum	8	5	5

Thus, the data collected from Military medics demonstrated the highest ethical principles. They are used to following the rules and commands, including moral guidelines. However, this group had the largest proportion of women among the medical staff as compared to other groups, which could also provide them with an advantage in obtaining a better result and a highly integrated assessment of their ethical behavior. Women are known to be more ethically corrected than men. The results once

again confirm that the ethical education and training, in which the military is involved, can cultivate high ethical skills that influence on the medical staff's behavior and should be used for the ethical development and improvement.

We also observed the survey's results to define the influence of the gender factor. We created separate males and females groups in each organization and get the next results (Tables 4 and 5).

Table 4.
Male ethical level in different medical organizations

Ethical Level	PHCC		Military		Lab. center		Total	
	number	%	number	%	number	%	number	%
High	0	-	1	14.3	1	11.1	2	6.9
Average	7	83.8	5	71.4	6	66.7	18	62.1
Low	6	46.2	1	14.3	2	22.2	9	31.0
Total	13	100	7	100	9	100	29	100

The Military medics and the Laboratory Center had only one male each on the highest ethical level (Table 4). The PHCC had none. Thus, among the three male groups, only 7.0% have reached a high ethical level, only every fourteenth did. And although this number of highly ethical men is very small, it coincides with some other research in various fields of human activity.

The majority of males appeared on the average ethical level with 62.1%. The biggest number was composed of PHCC with 83.8% of respondents. The Military medics occupied 2nd position with 71.4% of respondents. The Laboratory Center took last place with 66.7%. These men, on the average ethical level, have to be treated especially should improve ethical behavior skills and high

moral standards. But training methods should not be as well as women's.

The Military medics took the best position from the other respondents on the low ethical level. They made only 14.3%. The Laboratory Center trails behind with 22.2% or with every fifth respondent. The PHCC obtained the last position. They made almost half of all respondents with 46.2%. In general, among all three groups together, almost every third respondent was at the worst level of ethics, with a rate of 31.0%. This group needs close attention trough using a personal approach and human support to each of them.

The female profile analysis is represented in the table behind (Table #5). At the high ethical level, most women were among doctors.

Table 5.
Female ethical level in different medical organizations.

Ethical level	PHCC		Military		Lab. center		Total	
	number	%	number	%	number	%	number	%
High	4	12.9	2	6.0	3	10.7	9	9.8
Average	22	71.0	30	91.0	20	71.4	71	78.2
Low	5	16.1	1	3.0	5	17.9	11	12.0
Total	31	100	33	100	28	100	92	100

PHCC is almost 13% of respondents. They are close behind by the Laboratory Centre with 10.7% of respondents. The Military medics scored 3rd with 6.0% of respondents. These data show that Military female medics are more ethically correct than the one from PHCC or the Laboratory Center. Such results can be driven by working conditions and real working situations, military medics have a strict one. The high ethical level met every tenth woman with 9.8% of respondents. This is by 50% more against all-male respondents from all three groups.

The average ethical level saw military female medics with 91.0%. The Laboratory Center and PHCC composed fewer figures with 71.4% and 71.0% of respondents, respectively. This level gathered 78.2% of female respondents, which is by one third more than males. Such a situation claims definite conditions for those respondents for further ethical development both at the working place and at special trainings.

The low ethical level almost did not apply to military female medics. They made only 3.0% in the face of one person. The PHCC and the Laboratory Center occupied the next position where the first is close behind to the second one with 16.1% and 17.9% of respondents respectively. The low ethical level counted only 12.5% of female respondents, which is by 2.5 times fewer than males. These people should be treated carefully with a personal approach to each of them.

The comparison method based on gender showed females profile to be more attractive than that of males. As a result, women outranked men in every ethical level.

Thus, it can be argued that the obtained results allow us to consider women to be more ethical than men. This fact can be explained by women's nature, their develop-

ment features, and the ways of learning from previous experience.

The conducted sociological research on medical staff ethical level showed that organizations' peculiarities and working conditions have some influence on people. We proved it with the help of different organizations as PHCC, Military medics, and the Laboratory Center, and people of different sex and position. Thus, the Military medics appeared to be the most ethically corrected and sensible. They are accustomed to comply with definite rules and orders, keep themselves within the established limits, adhere to the established requirements for their behavior. The low ethical level was obtained by PHCC, with a large number of men working here in the primary care branch. The gender analysis showed females' ethical domination. Their behavior is completely different from males. Education and ethical behavior continuous improvement should be an integral part of the medical staff development both at the working places and during the thematic professional development of medical workers in various courses and training sessions. The issues of ethical conduct and developing ethical skills of medical staff should be introduced in academic curricula of post-graduate studies for both doctors and nurses.

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