






# Characteristics of Professional Ethics in the Health Education System of Northwestern Medical Universities: A Qualitative Study

Manijeh Soleimani<sup>1</sup>, Taghi Zavvar<sup>2</sup>, Zarrin Daneshvar-Harris<sup>1</sup>, Asadollah Khadiv<sup>3</sup>, Behnam Talebi<sup>1</sup>

<sup>1</sup> Department of Educational Sciences, Faculty of Humanities and Educational Sciences, Islamic Azad University, Tabriz Branch, Tabriz, Iran

<sup>2</sup> Department of Educational Sciences, Azarbaijan Shahid Madani University, Tabriz, Iran

<sup>3</sup> Department of Educational Sciences, Farhangian University, Tabriz, Iran

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## Abstract

**Background:** The aim of this study was to identify the components of professional ethics in health education in the field of health of the northwestern universities of medical sciences in Iran.

**Methods:** This qualitative research was conducted through semi-structured face-to-face interviews with 43 experts in northwestern medical universities. Purposeful and theoretical sampling method was used to select the samples. Data were analyzed using qualitative content analysis.

**Results:** On the basis of semantic commonalities, 48 concepts were formed, and placed in six categories of ethical components of implementers in the health education system by the titles of responsibility to the general public, responsibility to the profession, responsibility to employers, responsibility in providing education Health, responsibility in research and evaluation, and responsibility in professional preparation.

**Conclusion:** The Vice Chancellor for Health of Medical Universities is in charge of providing, maintaining and promoting the health of the community, moving in this direction by planning, organizing, evaluating and providing health services as well as using innovative and creative methods. Improving the health of the covered community is one of the major goals of this important unit in the community. The ethical model obtained in the health education system of the health department of the northwestern medical universities of the country has components such as loyalty; responsibility; competitiveness; honesty; respect for others; respect for social values and norms; justice and fairness; empathy with others; liquidity; decisiveness; the trust; Cross-sectoral cooperation; observance of order; positive attitude and commitment.

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## Extended abstract

### Background

In each society, different professional groups, in addition to the principles and rules of public ethics, follow a special value system that is universally accepted by that profession and is called professional ethics. In the

present era, attention to ethics and ethical values has a special priority with organizations obliged to develop standards for ethical characteristics of human resources in order to be more effective. The study confirmed the existence of a gap between the current and the desired

\* Corresponding author; Taghi Zavvar, Email: [t.zavvar@gmail.com](mailto:t.zavvar@gmail.com)



situation in observing the standards of professional ethics. Bahrami and Mirtaheri also assessed the current state of professional standards in university education as lower than expected. In this regard, it seems necessary to develop special ethical criteria for educational centers. Ghaffari et al, Saki and have all emphasized the need to develop principles and charters of professional educational ethics as a prerequisite for the development of ethical models.

## Methods

This combined research was conducted qualitatively. In this study, 43 specialists, including professors of health education from northwestern medical universities, were interviewed in person. The interviews were conducted with prior coordination and agreement on the subject being interviewed. The interviews lasted from 38 minutes to 55 minutes. The average duration of the interviews was 43 minutes. Sample interview questions include: What is the nature of ethics in health education? What moral qualities should health educators have? What are your ethical priorities in health education? Also at the end of the interview, the interviewees were free to say what they thought was important and not brought up in the interview questions. The participants were selected through purposive sampling and theoretical sampling, and included 43 faculty members of Tabriz, Zanjan, Urmia and Ardabil Universities of Medical Sciences in the second half of 2020. The interviews continued until data saturation was reached. Qualitative data were collected using grounded theory of 43 in-depth interviews with experts and knowledgeable people on the subject up to saturation stage and the final components were extracted. Qualitative content analysis was used to analyze the interview texts.

The elements and models extracted from theoretical and research foundations in the first stage were identified by qualitatively mixed exploratory method using in-depth semi-structured interviews with health education specialists and using customary content analysis of the components of the professional ethics model. After collecting data and identifying concepts and categories, information was provided to key participants. Comparisons were drawn with the

literature to confirm the external validity. Then, in the systematic method of grounded theory, the steps of data analysis were performed through open coding, axial coding and selective coding analysis, and ended with the presentation of a logical paradigm or visual image of the developing theory, and the final model of professional ethics in the education system. In the end, the health of the Northwest Health Department was presented.

## Results

In the present study, 143 primary open source codes were extracted by coding the texts of the interviews, using qualitative content analysis. In the next stage, on the basis of semantic commonalities, 48 concepts were formed, categorized and presented in three categories of ethical components of implementers in the health education system:

### Category 1: Responsibility to the public

The concepts that emerged out of the interview transcriptions were: justice and fairness, respect for social values, respect for others, trustworthiness, regular altruism, honesty, truthfulness, confidentiality and learners' honesty, respect for privacy, self-discipline, patience and loyalty to the public.

### Category 2: Responsibility for the profession

Responsibility for professional jobs and professions do not involve health misconceptions in teaching correct health information. Rather, concepts like lack of statistics, being accountable, having expertise in health education, having taste and interest in health education, being accountable for actions and judgments, creating a responsible attitude in the subject of public policy and public statements were the ones that were extracted from the interview texts to form the second category.

### Category 3: Liability to employers

The implications of this category as extracted from the texts of the interviews denote the importance of lack of statistics, honesty, accountability, accountability to employers, regularity, government, health NGOs, and the private sector.

### Category 4: Responsibility in providing health education

The concepts that make up this category as extracted from the texts of the interviews are: responsibility in providing health education, personal dignity, personal

attitude and respect for people and respect for high standards of moral. The main nature of the subject obliged us to separate education from other dimensions of ethics and consider it as more important.

**Category 5: Responsibility in research and evaluation**

Based on the interview texts, concepts such as: empowerment in research and development, use of valid scientific sources, responsibility in research and evaluation, teaching and research and research formed the category of responsibility in research and evaluation. The participants in the research wanted to separate the unique features of the research and evaluation task from other dimensions of ethics with different expressions and considered it more important than other dimensions due to the main nature of the subject.

**Category 6: Responsibility in vocational training**

Acquiring and maintaining competence through training and professionalism, responsibility in professional preparation, avoiding inappropriate and immoral behavior with colleagues, believing in and respecting values. Several participants also pointed out the complementarity of different moral characteristics to each other and believed that regardless of all the ethical components, simply paying attention to some of the characteristics will not work.

## Conclusion

Researchers have paid special attention to the important moral characteristics of health educators and introduced it as the answer to many immoral issues in health education so that educators and practitioners of health education have moral characteristics such as discipline. Honesty, adherence to standards and values, cooperation, trust and accountability can prevent potential abuses. Vice Chancellor for Health of Medical Universities is in charge of providing, maintaining and promoting the health of the community, which is one of the major goals of this important unit in the community. The ethical model obtained in the health education system of the health department at the northwestern medical universities of the country has components such as loyalty; responsibility; competitiveness; honesty; respect for others; respect for social values and norms; justice and fairness; empathy with others; liquidity; decisiveness; trust; cross-sectoral cooperation; observance of order; positive attitude and commitment.