

Exploring the Relationship Between Professional Commitment, Ethical Practice, and Patient Rights: A Cross-Sectional Descriptive Study

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Abstract

Ethical conduct among healthcare professionals is a fundamental aspect of delivering quality health services. This study aimed to investigate the relationship between professional ethics and commitment, and how these factors are associated with medical students' respect for patient rights. This study employed a cross-sectional descriptive design to examine students from midwifery, nursing, and emergency medicine programs at Ilam University of Medical Sciences. Participants were chosen through a stratified random sampling approach. Data collection involved instruments measuring levels of professional commitment, demographics, researcher-designed questionnaire evaluating respect for patient rights and adherence to professional ethics. A total of 300 students took part in the study. The results demonstrated that both professional ethics and professional commitment were rated highly, each with a mean score of 64.07 (± 8.01). Students also showed strong adherence to patient rights, with an average score of 83.46 (± 10.74). Further analysis revealed that professional ethics was positively and significantly linked to compliance with patient rights. Of all the variables examined, only professional commitment showed a significant association with gender. In contrast, professional commitment, no significant differences were observed in the levels of professional ethics, or patient rights adherence when comparing students across living arrangements or different age groups, such as dormitories versus private homes. The results suggest that students in midwifery, nursing, and emergency medicine generally exhibit strong ethical standards, professional commitment, and respect for patient rights. These findings could inform future initiatives aimed at strengthening students' understanding of, and adherence to, patient rights within healthcare education.

Keywords: Professional commitment, Ethical practice, Patient rights, Relationship

Introduction

Ethical behavior among healthcare professionals is a fundamental component of quality health services [1]. Healthcare workers frequently encounter complex ethical dilemmas across a wide range of clinical settings [2]. Delivering care that adheres to ethical principles is a crucial goal in many medical professions, as ethically grounded practices contribute significantly to the overall quality of healthcare [3]. Professionalism is another core

concept in healthcare, shaped by the interplay between individual traits, the work environment, and interpersonal interactions.

Professional commitment, in particular, can be demonstrated theoretically or modeled by faculty and experienced practitioners during clinical practice [4, 5]. Research indicates that individuals in health-related professions often exhibit high levels of professional commitment, largely due to the meaningful opportunities the work provides to help others [6]. Professional commitment develops gradually and shows continuity from academic training to the workplace. In other words, medical science students who display strong professional commitment during their studies are more likely to maintain this dedication when entering professional practice [7]. For medical students, engagement with professional ethics is an integral aspect of their role as

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future healthcare providers. Ethics play a pivotal role in guiding behavior, decision-making, communication, and professional interactions. Professional ethics involves deliberate reasoning aimed at upholding and promoting professional values, ensuring the rights of beneficiaries, and fostering positive social relationships, forming a foundational pillar of professional education [8]. Studies have shown that students are capable of identifying ethical issues within their profession and demonstrate sensitivity toward these concerns [9]. However, developing a deeply ingrained professional ethical identity is challenging, in part because the concept of medical professionalism lacks a universally agreed definition [10].

The contemporary healthcare environment demands graduates who are well-versed in professional ethics and patient rights. Nursing educators, therefore, have a responsibility to enhance students' competencies to cultivate a cadre of ethically proficient nurses [11]. Professional ethics and patient rights have consistently been central concerns for healthcare providers [12]. Respect for patient rights is a priority in the field of medical ethics and serves as a cornerstone for clinical governance standards. Protecting patient rights is a fundamental ethical principle, requiring healthcare providers not only to safeguard and promote patients' health but also to actively respect and uphold their rights [13].

Despite the importance of this issue, studies in Iran suggest that awareness of patient rights and adherence to these standards among medical staff remain suboptimal [14, 15]. Conversely, some research, such as Fazli *et al.*, reports favorable compliance with patient rights charters in educational-medical centers [16]. Other studies highlight that midwives' knowledge of ethical laws and patient rights positively influences their ability to respect the rights of pregnant women [17]. Patients' rights represent essential expectations within healthcare systems. According to Richard, one of the challenges in medical education is ensuring that students develop a solid understanding of ethical principles, which directly impacts their interactions with patients [1, 8, 18].

Just as healthcare personnel are ethically obligated to protect patient confidentiality and respect patient autonomy, it is crucial for academic institutions to establish clear guidelines on student-patient interactions and to emphasize patient rights education throughout students' training. Exposure to legal and ethical issues enhances students' clinical skills, leadership capabilities,

and professional identity [19, 20]. Familiarity with ethical codes and patient rights among nursing and midwifery students promotes effective communication, patient support, satisfaction, reduces medical errors and costs, and ultimately contributes to professional autonomy and improved patient care. Given the importance of patient rights in healthcare education, identifying factors that influence students' ethical behavior and professional commitment is critical. Therefore, this study aimed to investigate the relationship between professional ethics, professional commitment, and the level of respect for patient rights among medical students.

Materials and Methods

This study utilized a descriptive cross-sectional design and focused on nursing, midwifery, and emergency medical students at Ilam University of Medical Sciences during the 2023 academic year. Data collection spanned two academic semesters of 2023. A total of 300 students participated, with the sample determined based on the overall student population and to account for potential attrition. Participants were recruited through stratified random sampling; each academic program was treated as a separate stratum, from which students were randomly selected.

Students were eligible to participate if they were enrolled at Ilam University of Medical Sciences, had completed the professional ethics course, and voluntarily agreed to join the study. Graduate students and those unwilling to participate were excluded. Data were gathered using three structured questionnaires.

Demographic characteristics

The demographic information collected included gender, age, field of study, academic year, grade point average, type of residence, living arrangements, and socio-economic status.

Kleikman and hining professional commitment questionnaire

This instrument includes 15 items designed to assess professional commitment. Responses are rated on a 5-point Likert scale, with options ranging from "completely disagree" to "completely agree," scored from 1 to 5, respectively. The total score can range from 15 to 75, with scores of 15–30 indicating low professional commitment, 31–45 indicating moderate commitment,

and scores above 45 reflecting high professional commitment. The questionnaire's validity and reliability have been established in Iran, with Hosseini *et al.* (2015) reporting a Cronbach's alpha of 0.90 [21].

Kad vazir professional ethics questionnaire

This instrument includes 16 items designed to evaluate professional ethics across eight dimensions: responsibility (items 1–2), honesty (items 3–4), justice and fairness (items 5–6), loyalty (items 7–8), excellence and competitiveness (items 9–10), respect for others (items 11–12), empathy (items 13–14), and respect for social values and norms (items 15–16). Responses are rated on a 5-point Likert scale, ranging from “very low” to “very high” and scored from 1 to 5. The total score is calculated by summing the individual items, with higher scores reflecting greater adherence to professional ethics [22]. The questionnaire's validity and reliability have been confirmed in Iran, with Salimi and Khodaparast (2016) reporting a Cronbach's alpha of 0.81 [23]. Data on compliance with patient rights were collected using a researcher-developed questionnaire based on the patient rights charter, consisting of 19 items. Each item

was scored on a scale from 1 to 5, with total scores ranging from 19 to 95. Compliance levels were categorized as follows: 70–95 as good, 50–69 as moderate, and below 50 as poor.

This study was conducted following approval from the Ethics Committee of Ilam University of Medical Sciences (IR.MEDILAM.REC.1402.096). All participants were informed of the study objectives and assured of confidentiality, and informed consent was obtained electronically prior to participation. A total of 300 students completed the questionnaires via PorsLine software, with the survey link distributed through student groups.

Collected data were analyzed using descriptive statistics, t-tests, analysis of variance (ANOVA), Pearson correlation, and regression analysis.

Results and Discussion

Of the students who participated in the study, 43.3% were male, and nearly half (46.3%) were enrolled in nursing programs. The majority of students were aged between 20 and 22 years (**Table 1**).

Table 1. Demographic characteristics of midwifery, nursing, and emergency medicine students

Variable	Category	Frequency	Percent (%)
Sex	Male	130	43.3
	Female	170	56.7
Field of Study	Midwifery	96	32.0
	Nursing	139	46.3
	Medical Emergency	65	21.7
Education Year	First year	123	41.0
	Second year	38	7.12
	Third year	68	7.22
	Fourth year	71	7.23
Age (years)	18–20	67	3.22
	20–22	111	37.0
	22–24	86	7.28
	≥24	36	12.0
Residency	Dormitory	173	7.57
	Private house with family	122	7.40
	Rented house with family	2	7.0
	Living independently	3	1.0
Academic Average (GPA)	>18	24	8
	16–17.99	148	3.49
	14–15.99	118	3.39

	<14	10	3.3
Living with Parents	Yes	271	3.90
	No	29	7.9
Socio-economic Level	Low	36	0.12
	Medium	183	0.61
	Good	68	7.22
	Excellent	13	3.4

Analysis of the data revealed that male students scored significantly higher in professional commitment compared to female students. The Kruskal-Wallis test indicated that professional ethics, professional commitment, and respect for patient rights differed significantly across nursing, midwifery, and emergency medical students when categorized by age. Regarding living arrangements, students who lived independently

demonstrated higher professional commitment, those residing in a family-owned home scored higher in professional ethics, and students living in a rented home with family showed greater respect for patient rights. In contrast, the Mann-Whitney U test found no significant differences in these three areas based on whether students lived with their parents (**Table 2**).

Table 2. Comparing the average response variables according to demographic characteristics

	Professional commitment	Professional ethics	Respecting the patient's rights
Gender			
Male	89/7 ± 35/51	99/8 ± 18/64	66/11 ± 18/82
Female	67/4 ± 54/50	20/7 ± 98/63	90/9 ± 43/84
P. value	008/0	43/0	15/0
Age group			
20 – 18	11/5 ± 55/51	18/8 ± 28/66	62/9 ± 82
22 – 20	02/6 ± 83/64	50/6 ± 83/64	02/10 ± 81/84
24 – 22	89/6 ± 48/48	29/8 ± 80/61	78/12 ± 53/83
24=<	49/5 ± 31/54	87/9 ± 63	23/9 ± 81/81
P. value	001/0>	002/0	001/0>
Residence			
Dormitory	04/6 ± 328/51	63/7 ± 20/64	58/10 ± 42/81
Private House Family	39/6 ± 12/50	14/8 ± 47/64	79/10 ± 20/85
Rented House Family	44	55	87
Independent Form The Family	62	46	70
P. value	002/0	007/0	005/0
Living with parents			
Yes	35/6 ± 87/50	98/7 ± 18/64	01/11 ± 19/83
No	56/5 ± 10/51	32/8 ± 63	45/7 ± 93/85
P. value	36/0	48/0	40/0

Additionally, middle school students displayed high average scores in professional ethics (64.07 ± 8.01),

professional commitment (64.07 ± 8.01), and respect for patient rights (10.74 ± 83.46) (**Table 3**).

Table 3. Mean and standard deviation of the studied variables

Variable	Minimum	Maximum	Mean $\pm$ SD
Professional Commitment	16	64	27.6 $\pm$ 89.50
Professional Ethics	45	77	01.8 $\pm$ 0.64
Respect for Patient Rights	50	95	46.83 $\pm$ 10.74

Correlation analysis using Spearman's test showed that professional commitment was not significantly related to respect for patient rights. However, professional ethics was positively correlated with both respect for patient

rights and professional commitment, indicating a meaningful association between ethical behavior and commitment levels among students (**Table 4**).

Table 4. The relationship between professional and ethics commitment with the level of patient rights compliance in students

Variable	Professional Ethics (r)	P-value	Respect for Patient Rights (r)	P-value
Professional Commitment	42.0	<0.001	11.0	0.06
Professional Ethics	–	–	35.0	<0.01.0

The study found that students demonstrated generally favorable levels of professional ethics and professional commitment, and their adherence to patient rights was also at a positive level. While no significant link was observed between professional commitment and compliance with patient rights, professional ethics showed a clear and significant positive association with both patient rights observance and professional commitment.

These results are supported by prior research. For example, Razavi *et al.* (2023) reported that dental students exhibited strong attitudes toward professional ethics [24], while Jafari *et al.* (2019) found that nursing and midwifery students maintained positive ethical attitudes [25]. Similarly, Shahbazzadeh *et al.* (2023) observed that nursing students in

Ardabil applied professional ethics effectively [26], and Aliabadi *et al.* (2022) reported high knowledge and attitudes toward ethics among medical and nursing students [21]. In contrast, some studies suggest more modest results; Mohammadi *et al.* (2016) found that nursing and midwifery students had only average awareness of professional ethics, lower than that of operating room students [27], and Dashti *et al.* (2017) similarly reported moderate ethics scores [28]

A significant correlation between professional ethics and respect for patient rights emerged in this study. Supporting evidence comes from Baqernia *et al.* (2022), who reported moderate compliance with patient rights among nurses and high compliance among midwives,

with professional ethics scores significantly associated with patients' rights observance [29]. Arab Ameri *et al.* (2022) identified patient confidentiality as the most valued ethical component among students [30], and Mohammadi *et al.* (2015) found that moral sensitivity strongly influenced adherence to patient rights among nurses [31].

Overall, literature suggests that professional ethics among medical and paramedical students tends to be moderate to high, with variations influenced by discipline, sample size, and measurement tools. Maintaining this positive trend requires identifying factors that support ethical behavior. The confirmed link between ethics and patient rights indicates that improvements in one domain may enhance the other—for example, ethics training could promote greater compliance with patient rights, and awareness of patient rights could reinforce ethical behavior.

Regarding professional commitment, students scored at a favorable level, yet no significant relationship with patient rights compliance was observed. Latifi *et al.* (2023) similarly found optimal professional commitment among medical students [32], while Zhao *et al.* (2022) reported that commitment levels were higher before internships and declined under the stress of clinical training [33]. Conversely, other studies have reported low levels of professional commitment, suggesting the need for intervention [34], and Linan *et al.* (2021) reported low commitment among Chinese nursing students [7]. Rafiei *et al.* (2019) observed desirable

professional commitment among nurses and very good commitment among midwives, with a significant association between commitment and patient rights observance, which contrasts with the current findings [35].

These discrepancies in professional commitment scores may reflect differences in curricula, with professional ethics often emphasized in educational programs, while professional commitment receives less formal attention. Furthermore, most studies assess graduates or professionals rather than students, underscoring the need for larger, student-focused research to accurately evaluate commitment.

The study also revealed that students maintained positive respect for patient rights. Khawajeh Ahmadi *et al.* (2015) reported favorable performance in protecting patient privacy among nursing students [36], while Mohammadi *et al.* (2015) found nurses respected patients' rights and privacy at high levels [37]. Kaya *et al.* (2016) indicated that nursing students prioritized human dignity first, followed by justice, and exhibited very high overall professional values [38]. Rafiei *et al.* (2019) reported average awareness of patient rights among nurses and high awareness among midwives [35].

Patient rights remain a critical and sensitive aspect of medical education, with potential risks during clinical training. Most research has focused on healthcare professionals, with limited investigation of students' compliance, highlighting the need for further studies to assess the observance of patient rights across diverse educational settings.

Analysis of demographic factors revealed that professional commitment varied with gender, while age and living arrangements did not significantly affect professional ethics, commitment, or patient rights scores. Previous studies have reported mixed results: Latifi *et al.* [32] found age and academic semester related to commitment but not gender; Hoseinaliabadi found a positive correlation between age and professional ethics knowledge and attitude [21]; Jafari *et al.* [25] reported no significant demographic effects on ethics attitudes; Shahbazzadeh observed associations only within nursing students' department type [26]; and Mohammadi *et al.* (2015) found age and work experience influenced moral sensitivity and respect for patient rights [37].

In summary, findings on the relationships between professional ethics, commitment, patient rights, and demographics are inconsistent, likely due to variations in study populations, methodology, and assessment

instruments. These inconsistencies underscore the need for further, more comprehensive research in this area.

Conclusion

In summary, the study findings suggest that students in nursing, midwifery, and emergency medicine exhibited satisfactory levels of professional ethics, professional commitment, and adherence to patient rights. A notable positive relationship was found between professional ethics, professional commitment, and respect for patient rights. Upholding patient rights remains a central element of quality healthcare, and strengthening professional ethics can, in turn, enhance compliance with patient rights. For example, incorporating focused training on professional ethics into the curriculum may improve students' observance of patient rights, and vice versa.

Given that professional commitment has been reported as low in other studies, there is a need to provide students with more comprehensive education on this topic, highlighting its importance and key components. Additionally, due to the critical role of patient rights in clinical education and the scarcity of research in this area, further studies are warranted to assess students' awareness and compliance with patient rights across various medical fields.

One limitation of this study was that participants were drawn from a single institution; however, this was partially mitigated through random sampling.

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Conflict of Interest: The datasets of the study are available by email to the correspond author.

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Ethics Statement: The present study was the result of a research project and obtained ethics approval from the code of ethics (IR.MEDILAM.REC.1402.096) from the ethics committee of Ilam University of Medical Sciences and obtaining the necessary permits, the objectives of the research were explained to the students and the confidentiality of the information was informed to them, and then informed consent was obtained from the students, then the number 300 questionnaires were completed by students electronically and the informed

consent to participate in the study was obtained from the participants in the questionnaires.

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