

EXPLORATION OF KNOWLEDGE ABOUT MEDICAL ETHICS AMONG YOUNG PHYSICAL THERAPISTS IN LAHORE, PAKISTAN

Original Research

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ABSTRACT

Background: Ethical competence plays a crucial role in the quality and safety of physical therapy practice. Physical therapists regularly navigate complex clinical situations that demand sound ethical judgment, particularly in culturally sensitive contexts. In countries like Pakistan, where societal, religious, and institutional dynamics influence healthcare delivery, a strong understanding of medical ethics and professional codes of conduct is vital. Identifying gaps in ethical awareness among young professionals is essential to inform education and clinical policy reform.

Objective: To explore the knowledge and experiences of young physical therapists in Lahore, Pakistan, regarding medical ethics and professional codes of conduct.

Methods: This qualitative study employed a grounded theory approach. A total of 15 in-depth semi-structured interviews were conducted with physical therapists having 2 to 5 years of clinical experience, selected through non-probability purposive sampling. The interviews were audio-recorded, transcribed, and analyzed using NVivo software. A thematic content analysis was performed to identify patterns and recurring themes, ensuring saturation of data.

Results: Thematic analysis revealed five major themes: gender preference (reported by 100% of participants), unethical response (66.7%), ethical decision making (80%), involvement of management bodies (73.3%), and knowledge about ethical codes of conduct (86.7%). Two subthemes also emerged—ethical education of young graduates and the role of management bodies in promoting ethical standards. Participants highlighted both their personal awareness and observed gaps among peers regarding ethical practices in physical therapy.

Conclusion: The study found that young physical therapists in Pakistan encounter several recurring ethical challenges. Strengthening early professional training, integrating ethics into curriculum, and engaging management bodies in ethics education are essential steps toward fostering a more ethically sound clinical environment.

Keywords: Code of Conduct, Ethical Decision Making, Ethical Education, Gender Preference, Medical Ethics, Physical Therapy, Professionalism.

INTRODUCTION

Over the past few decades, the practice of physical therapy has undergone significant transformation, both in scope and complexity (1). This expansion has followed two main trajectories: vertical growth, which has granted physical therapists increased clinical autonomy and a broader practice spectrum (2), and horizontal growth, which emphasizes their active engagement with patients in primary care and the promotion of health equity (3). As this evolution continues, physical therapists now operate in an environment that is more consumer-driven, where patients possess greater access to health-related information and are more informed about their care providers (4). However, this advancement has also brought forth new and multifaceted ethical challenges, many of which extend beyond the guidance offered by existing frameworks (5). In parallel, the prevailing approach to medical education remains heavily protocol-based, often lacking in emphasis on ethical reasoning and professional judgment (6). Traditionally, research on medical ethics within physical therapy has predominantly stemmed from Western contexts, which may not fully account for the socio-cultural diversity encountered in different regions of the world (7). Emerging evidence indicates that ethical dilemmas are deeply influenced by local cultural, social, and political realities (8), making it imperative that national codes of ethics reflect context-specific values and experiences (9,10). Such “situated knowledge” enables regulatory bodies to create guidelines that are both locally relevant and practically applicable, particularly in regions where physical therapy is rapidly developing (5,11).

Ignoring such contextual factors can lead to unresolved ethical tensions that undermine patient care, job satisfaction, and professional integrity (12). Issues such as unequal access to treatment, ethical dilemmas surrounding short-term versus long-term benefits, limited resources, and unprofessional conduct continue to plague physical therapy practice in various clinical settings (13). In Pakistan, these challenges are compounded by broader issues in the healthcare sector. Studies reveal that many physicians resist evolving norms in the doctor–patient relationship, with behavioral shortcomings often linked to a diminished sense of ethical responsibility and commitment to professional values (14,15). Additionally, systemic stressors such as inadequate compensation, prolonged working hours, and unsupportive work environments negatively impact professional conduct and ethical adherence (16). These findings raise pertinent concerns about whether young physical therapists in Pakistan—particularly those entering the workforce during formative years—are sufficiently equipped with the ethical understanding necessary to navigate these dilemmas effectively. Although existing research has explored various dimensions of ethics in physiotherapy globally, there remains a critical gap in localized investigations, especially within South Asian contexts. For instance, research from Australia identified nuanced ethical struggles influenced by institutional frameworks and patient expectations, underlining the limited real-time utility of formal codes of conduct despite their theoretical importance (5).

Similar studies in Pakistan among young physicians showed a notable undervaluation of ethics and professionalism modules, suggesting an urgent need for curricular reforms that promote ethical reasoning and patient-centered care (16). Moreover, evidence from Indian institutions demonstrated a significant lack of ethical knowledge among postgraduate students, including physiotherapists, underscoring the necessity for targeted educational strategies (17). Additional regional studies have emphasized the interdependence of ethical awareness, practical competence, and attitudinal readiness in ensuring effective and accountable physiotherapy services (13,18). Given these global and local insights, there is a pressing need to assess and understand the current level of ethical awareness among young physical therapists in Pakistan. Their knowledge, interpretation, and management of ethical dilemmas directly influence not only clinical outcomes but also the broader professional culture in which they operate. Such understanding can inform educators, policymakers, and clinical supervisors in shaping more responsive and culturally attuned training programs. Therefore, this study aims to explore the knowledge of medical ethics among young physical therapists in Lahore, Pakistan, and to examine how they perceive and manage ethical challenges within their professional settings.

METHODS

A qualitative research design employing a grounded theory approach was used to explore the knowledge and experiences of young physical therapists regarding ethical issues in clinical practice. The study was conducted over a period of six months in Lahore, Punjab, Pakistan, targeting physical therapists with 2 to 5 years of clinical experience. The study setting included both public and private healthcare setups. The population comprised practicing physical therapists who had graduated or completed postgraduate training and

were actively involved in patient care. Participants working exclusively in academic institutions, those not currently practicing, or those with a gap of one or more years in their clinical practice were excluded. Additionally, individuals undergoing pharmacological treatment for clinical depression or anxiety, or those unwilling to participate, were not included in the study to minimize psychological distress and ensure data reliability. A non-probability purposive sampling technique was used for participant recruitment. Potential participants were approached, briefed about the study's purpose, and included only after obtaining their informed written consent. A total of 15 in-depth interviews were conducted using self-administered, semi-structured questions until the point of data saturation was reached. Saturation was defined as the stage at which no new information emerged, and recurring themes began to dominate participant responses, suggesting that additional interviews would yield no further insights (19).

Data collection involved one-on-one interviews conducted primarily in English, although participants who preferred to speak in Urdu were accommodated, and their responses were translated into English during transcription. Each participant completed a demographic form before the interview. Interviews were audio-recorded digitally and stored securely as wave files, while field notes were taken concurrently by the interviewer to capture contextual and non-verbal cues. Ethical approval was obtained from the Institutional Review Board (IRB) prior to data collection. All ethical considerations, including informed consent, confidentiality, voluntary participation, and the right to withdraw at any time without penalty, were fully observed in accordance with ethical research standards. The data obtained were analyzed using qualitative content analysis via NVivo software. After transcription, the data was coded based on recurring concepts relevant to the study objectives. Codes were then categorized into overarching themes and subthemes, representing the participants shared experiences and perceptions (20). Themes were identified inductively and aligned with the research aim. To enhance the validity of the findings, direct quotations from participants were included as representative evidence of the generated themes. The final categories identified from the interviews included gender preference, unethical responses, ethical decision-making, involvement of management bodies, and knowledge about ethical codes of conduct. These themes provided a nuanced understanding of the ethical landscape navigated by young physical therapists in clinical settings.

RESULTS

The qualitative data collected from 15 young physical therapists through in-depth interviews revealed five main themes and two subthemes. Thematic saturation was confirmed when no new information emerged in the latter interviews. The most frequently discussed theme was gender preference, followed by knowledge about ethical codes of conduct, ethical decision making, involvement of management bodies, and unethical responses. Subthemes emerged under unethical responses and involvement of management bodies, specifically focusing on ethical education of young graduates and the role of regulatory bodies.

Gender preference was identified as a predominant ethical challenge faced by all 15 participants. Respondents described multiple situations where patients, particularly female patients, refused treatment from a therapist of the opposite gender. This challenge was more pronounced in rural areas and among conservative communities. One respondent explained, "When I asked my patient to lie in a supine position, she hesitated and insisted on a female intern. I had to shorten the examination, and the quality of care was compromised." Another noted, "As I am a female, male patients usually don't object. Gender preference is mostly seen in female patients." A third added, "In Lahore it's not that frequent, but in smaller towns it becomes a major concern."

The second major theme was **unethical response**, which included attitudes or actions that deviate from established professional codes. Although none of the participants admitted to committing unethical actions themselves, several observed such behavior in colleagues. For instance, one respondent stated, "Using harsh language with patients is common among some new therapists who lack experience." Another mentioned, "There is a thin line between an ethical and an unethical decision. Awareness about ethics helps make the right call." A third added, "Some young therapists are aggressive when patients don't follow instructions, which is clearly unethical."

Under this theme, the subtheme of **ethical education of young graduates** emerged strongly. Respondents agreed that fresh graduates often lack the foundational knowledge of ethical codes and professional behavior. One participant noted, "Interns and freshers lack the basic knowledge about medical ethics." Another shared, "Young graduates should be taught about ethical behavior before they enter the clinic." A third emphasized, "Ethical awareness is necessary not only for patient safety but also for career development."

Ethical decision making was a theme universally acknowledged as crucial. Respondents viewed this ability as a skill that evolves with time and mentorship. Many stressed that this competence could prevent legal consequences and protect professional integrity. One therapist explained, "It is an art, and seniors should teach juniors how to make ethical decisions." Another stated, "Right decisions in

critical situations can protect you legally and ethically.” A third added, “If you know ethical guidelines, you can handle any situation confidently.”

The **involvement of management bodies** was another recurring topic. Participants believed that professional organizations should take a more active role in disseminating ethical guidelines and offering educational resources. One respondent emphasized, “Management bodies must lead the way in ethical education by holding workshops and seminars.” Another added, “Such platforms are essential to raise awareness among young clinicians.” A third remarked, “Senior professionals should collaborate with organizations to guide students about ethics.”

This theme was supported by a subtheme highlighting the **role of management bodies** in standardizing ethics training. Respondents advocated for inclusion of medical ethics in curriculum and structured training events. One respondent suggested, “Ethical education should be introduced through professional forums.” Another said, “Seminars and conferences will go a long way in preparing young therapists.” A third pointed out, “Management bodies must take this seriously and update the curriculum accordingly.”

The final major theme was **knowledge about ethical codes of conduct**. While most respondents claimed to be aware of professional guidelines, a few admitted uncertainty regarding their depth of understanding. One participant said, “I try to stay updated and ethically sound.” Another shared, “Although I’m not completely confident, I can make the right decisions.” A third stated, “Ethics are important, and discussion with seniors helps us learn more.”

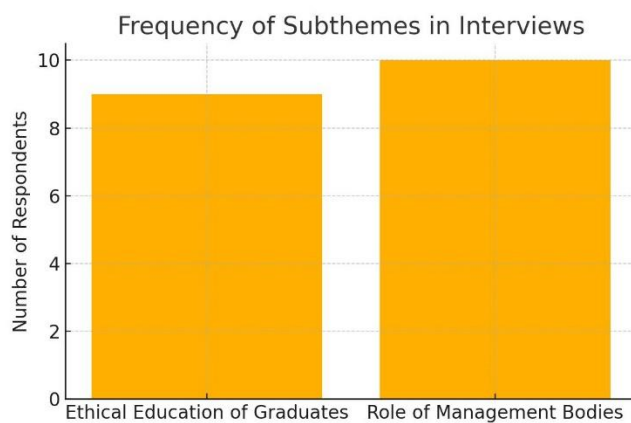


Figure 1 Frequency of Subthemes in Interviews

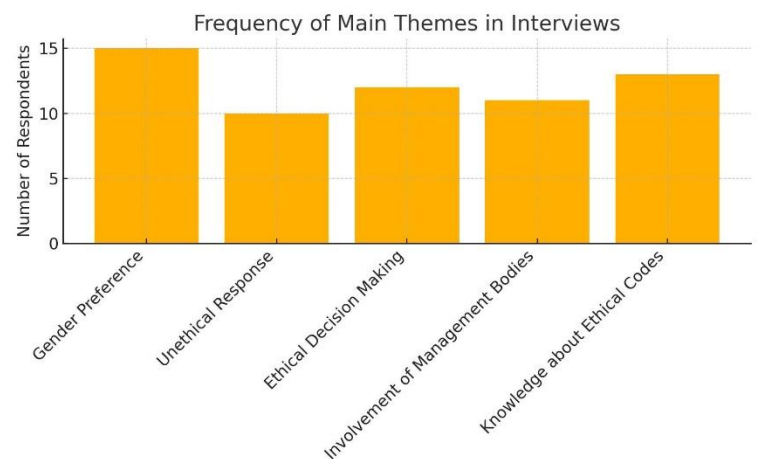


Figure 2 Frequency of Main Themes in Interviews

DISCUSSION

The findings of this study underscore several key ethical concerns encountered by young physical therapists in clinical practice, particularly within the sociocultural framework of Pakistan. The use of a qualitative, grounded theory approach allowed for a deep exploration of participants lived experiences and perceptions, revealing nuanced insights into gender preference, ethical decision-making, the role of management bodies, and knowledge about ethical codes of conduct. These findings align with existing literature, where ethical challenges in physical therapy have been documented in varying degrees across different healthcare systems and sociocultural contexts. However, this study adds a culturally grounded perspective, especially pertinent to Islamic and South Asian settings, which are often underrepresented in bioethics research. Gender preference emerged as the most frequently cited ethical challenge, reflecting the influence of cultural and religious norms on patient-clinician dynamics. In conservative societies, where gender interactions are culturally sensitive, the preference for same-gender healthcare providers are more pronounced. Similar challenges have been reported in other Muslim-majority countries, where direct physical contact during treatment heightens patient discomfort (15-17). The ethical dilemma arises when patient autonomy conflicts with clinical efficiency, often requiring therapists to adjust treatment plans or involve additional staff, which may compromise the quality or continuity of care. This emphasizes the need for culturally tailored

ethical training and structural support in clinical settings. The theme of unethical responses revealed concern over the behavior of some young graduates who may lack adequate training in handling emotionally charged or ethically ambiguous situations. While no respondent admitted to personal misconduct, they frequently reported observing unprofessional behavior in peers. These observations echo prior studies that associate unethical conduct with insufficient exposure to ethical education and limited mentorship in early clinical years. The subtheme of ethical education for new graduates further reinforced the notion that professionalism and ethical competence should be systematically integrated into undergraduate and internship programs (18,19). The absence of structured ethics education leaves clinicians vulnerable to unintentional breaches in conduct, ultimately affecting patient trust and care outcomes.

Ethical decision-making was highlighted as a critical competency that requires both foundational knowledge and experiential learning. Respondents acknowledged the value of mentorship from senior therapists in developing this skill. This finding corresponds with previous literature which suggests that ethical reasoning is not purely theoretical but evolves through reflective practice and guided discussion. Structured case-based learning, ethical rounds, and simulation-based training have been proposed as effective strategies to nurture this competency among novice healthcare professionals (20). The responses in this study reinforce the urgency of adopting such interventions in physical therapy curricula in Pakistan and similar healthcare systems. The involvement of management bodies was recognized as essential for promoting ethical standards and supporting clinicians in ethically challenging situations. Respondents emphasized the role of professional organizations in organizing seminars, workshops, and developing contextually relevant codes of conduct. In regions where clinical governance is still developing, the presence of authoritative ethical frameworks and active institutional support can mitigate risks and enhance the moral climate within healthcare institutions. This finding resonates with literature suggesting that institutional support directly correlates with ethical compliance and professional satisfaction among healthcare providers (21,22). Despite a generally positive self-assessment regarding awareness of ethical codes of conduct, some respondents expressed uncertainty about their depth of understanding. While most participants reported being up to date with ethical guidelines, there was variation in confidence levels, suggesting a potential gap between perceived and actual knowledge. This gap has been identified in earlier studies, which argue for more rigorous assessments of ethical competence to determine whether clinicians possess merely superficial awareness or comprehensive understanding (23). The cultural contextualization of ethical guidelines also emerged as a critical factor, with respondents noting that most literature and training material are derived from Western contexts, limiting their applicability to local practice.

This study's strength lies in its qualitative depth, offering rich, contextual insights into the ethical experiences of a targeted population of young physical therapists. The use of in-depth interviews facilitated authentic and nuanced data collection, while the systematic analysis ensured thematic rigor. However, the primary limitation is the relatively small sample size and geographical confinement to Lahore, which may affect the generalizability of findings. Moreover, perspectives from senior or consultant-level therapists were not captured, potentially omitting important comparative viewpoints. The exclusion of non-practicing and academically focused therapists, although methodologically justified, further narrows the study's scope. Future research should aim to expand on each identified theme individually, employing larger and more diverse samples across various regions. Quantitative surveys could be used to assess the prevalence of specific ethical dilemmas and the extent of awareness regarding ethical codes. Moreover, observational studies in clinical environments would help bridge the gap between self-reported knowledge and actual practice. Studies comparing perceptions across different career stages—students, interns, early-career professionals, and consultants—may also yield important insights into how ethical understanding evolves over time. In conclusion, this study highlights the critical need for contextually relevant ethical education and structural support in physical therapy practice. The findings advocate for proactive engagement from professional bodies, curriculum designers, and senior clinicians to prepare young therapists for the ethical complexities of modern clinical practice. Integrating ethics into the core of clinical training and institutional policy is not only vital for patient safety but also for the professional integrity and growth of physical therapists.

CONCLUSION

This study concluded that young physical therapists encounter a range of ethical challenges during their clinical practice, with key themes emerging around gender preference, unethical responses, ethical decision making, involvement of management bodies, and knowledge about ethical codes of conduct. The subthemes of ethical education for young graduates and the role of management bodies further emphasized the need for structured guidance and institutional support. These findings highlight the importance of fostering ethical awareness early in a therapist's career, not only to ensure professional integrity but also to enhance the quality of patient care. The study underscores the pivotal role of senior clinicians in mentoring fresh graduates and calls for proactive involvement from

professional organizations in promoting clinical ethics through training initiatives, seminars, and contextualized codes of conduct. Equipping young professionals with a solid ethical foundation is essential for building a responsible and resilient physiotherapy workforce.

AUTHOR CONTRIBUTION

Author	Contribution
Mishal Azhar*	Substantial Contribution to study design, analysis, acquisition of Data Manuscript Writing Has given Final Approval of the version to be published
Sumaira Sultana	Substantial Contribution to study design, acquisition and interpretation of Data Critical Review and Manuscript Writing Has given Final Approval of the version to be published
Noman Ahmad	Substantial Contribution to acquisition and interpretation of Data Has given Final Approval of the version to be published

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