



**THE UNDERSTANDING, ATTITUDES AND PERCEPTIONS OF
CHIROPRACTIC MASTER'S STUDENTS REGARDING
PROFESSIONALISM**

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DECLARATION

This is to certify that the work presented herein is entirely my own and not that of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment, or any other purpose.



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DEDICATION

In the name of God the Father, God the Son Jesus Christ, God the Holy Spirit. For nothing is impossible with God. I give glory to the Almighty God for giving me the strength to reach this milestone.

“You prepare a table before me in the presence of my enemies. You anoint my head with oil, my cup overflows. Surely your goodness and love will follow me all the days of my life, and I will dwell in the house of the Lord forever” (Psalm 23: 5, 6).

I dedicate this dissertation to my phenomenal mother, Sibongile Audrey Shange for your love, prayers and unwavering support in all spheres of my life. I am because you are. I am truly blessed to have a parent such as you. My brothers Sithembiso Sithole and Nduduzo Sithole for being extremely supportive, loving and encouraging.

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ABSTRACT

Introduction

Professionalism is described as ethical behavior that is expected amongst the members of a profession, and refers to the conduct, qualities, vision and/ or goals that characterize or mark a professional person and ensures that there is quality workmanship or service. This research shows an insufficiency of studies on the understanding, attitudes and perceptions of Chiropractic master's students regarding professionalism and its parts that may be improved. It is critical to comprehend this information to provide training for Chiropractic master's students and ultimately improve the practice of professionalism so that unprofessional behavior is not perpetuated in the Chiropractic profession.

Aim

The current study aimed to explore and describe the understanding, attitudes and perceptions of Chiropractic master's students regarding professionalism and to understand their views on what parts of professionalism may be improved at the selected University of Technology in KwaZulu-Natal.

Method

The study was conducted at a selected University of Technology in KwaZulu-Natal, utilizing a qualitative descriptive and exploratory research approach to understand the professionalism phenomenon from Chiropractic master's students' perspectives and responses. Purposive sampling was used to select 14 Chiropractic master's students. However, data saturation was reached with the twelfth participant, and two more participants were interviewed to confirm data saturation. The participants who were willing to participate in the study were from the selected University of Technology in the eThekweni District in KwaZulu-Natal province. Semi-structured, face-to-face interviews using open-ended questions for data collection. A deductive thematic content analysis was employed for data analysis to identify themes for the study. The themes were discussed as findings, and the discussion and conclusion were made based on the findings.

Findings

The participants displayed a limited understanding of professionalism. However, their attitudes were positive and their perceptions varied according to each participant's understanding of professionalism. Their overall interpretation omitted fundamental aspects that constitute professionalism. The themes that emerged during the analysis of data were: Chiropractic master's students' understanding regarding professionalism; Chiropractic master's students' attitudes regarding professionalism; Chiropractic master's students' perceptions regarding professionalism and its parts that may be improved.

Conclusion

Chiropractic master's students must obtain a full understanding of professionalism as it could improve their competence during clinical training. The introduction of professionalism workshops, seminars and possibly a professionalism module in the Chiropractic program would benefit Chiropractic master's students to ensure quality health services to their patients.

Keywords:

Professionalism, Chiropractic master's students, understanding, attitudes, perceptions.

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Glossary of Terms

Attitude

Attitude is described as a mental state regarding a fact or an emotion or feeling directed to a circumstance or fact (Merriam-Webster Dictionary 2024: np). Attitude may also be defined as an opinion or feeling about an individual or something, or a way of behaviour (Cambridge Dictionary 2024: np).

Understanding

The ability to judge, learn, make decisions, sense or intelligence (Collins Dictionary 2025: np).

Chiropractic

The World Federation of Chiropractic (WFC) defines chiropractic as a profession in health sciences focusing on the prevention, treatment and diagnosis of disorders of mechanics in the musculoskeletal system, and the impact of those disorders on the nervous system's function and health in general (World Federation of Chiropractic 2021: 1)

Clinician

Any health professional who works directly with patients, treating and diagnosing illnesses (Merriam-Webster Dictionary 2024: np).

Ethics

A system of beliefs that are acceptable that govern behavior (Cambridge Dictionary 2024: np).

Perception

Perception is defined as the manner in which a person thinks or has an impression about something (Collins Dictionary 2024: np). Perception may also be a certain way of thinking or understanding something (Macmillan Dictionary 2023: np).

Practical training

The practical view of something, including real events and situations as opposed to theories and ideas (Collins Dictionary 2023: np).

Profession

A calling where specialized knowledge is required, involving intensive and long academic preparation (Merriam-Webster Dictionary 2024: np).

Professionalism

The skill or competence that is expected of a professional (Oxford Dictionary 2024: np).

Student

An individual who is studying at a higher place of education or at a university, or an individual studying to gain entry into a particular profession (Oxford Dictionary 2024: np).

Teaching clinic

A facility that renders professional consultation and services at affordable rates. (Merriam-Webster Dictionary 2024: np).

List of Acronyms

Acronyms	Acronyms
AHPCSA	Allied Health Professions Council of South Africa
CASA	Chiropractic Association of South Africa
HPCSA	Health Professions Council of South Africa
WHO	World Health Organization
WFC	World Federation of Chiropractic

CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND TO THE STUDY

Professionalism is a broad term used in a professional environment, where multiple factors influence and determine how professionalism should be practised (Porcupile 2015: 1). Brown (2016: np) and Bimray, Jooste and Julie (2019:3) describe professionalism as the ethical behaviours expected from members of a profession, and refers to conduct, qualities, values, vision, mission and/or goals that characterise or mark a professional person and ensures that there is quality service. Professional conduct encompasses various factors such as attitude towards patients, fellow peers, other professionals, support staff and the clinicians; dress code and self-representation (Chiropractic Association of South Africa [CASA] 2001: 1).

Furthermore, ethics is crucial in professionalism because the South African Nursing Council (2021: 3) charged that ethics is an intrinsic aspect of the nursing profession and establishes the principles of ethics. This ethical code emphasizes the duties of all nursing professionals regarding the communities, families, individuals to elevate, shield and restore health, avert ailments, diminish suffering and conserve life. These responsibilities are aligned with human rights which embrace the right of life, cultural rights, decorum and preference without reflection of culture, ethnicity, age, faith, illness or disability, political affiliation, nationality, sexual orientation, gender or socio-economic status. The ethical code includes: i) Goodwill – nurses are expected to do well and select the foremost option of treatment in given circumstances and extend gentleness. ii) Non - maleficence – this requires a nurse to intentionally avoid causing injury of any nature to health care users, societies and people. iii) Social justice – nurses should pursue justice and support disadvantaged and defenceless patients, and should have the ability to rationalize their judgment and performance. iv) Autonomy – respect for patients to decide their health matters and v) Caring – where it is expected for nurses to exude professional proficiency

and optimism that will serve both patient and nurse, forming tranquillity in the working environment (South African Nursing Council 2021: 4).

Moreover, Cruess and Cruess (2020: 50) stated that ethical codes validate the conduct anticipated of doctors in their behaviour with each other and patients. However, the precise nature of the society of medicine and its relation to the community continued to be unassessed until the recent development of the medical profession in the middle of the 19th century. Medicine had sought for delegates of society that it could be awarded an affluent stance in the provision of healthcare and that it may be trusted to prioritize the interest of society and patients, superior to its own interests. This could be achieved by exhibiting its actions with integrity and honesty and reassure the competency of its members through self- regulation. Newton *et al.* (2020: 85) also confirmed that physicians are obliged to focus on the social contract and professionalism. The Centre for Professionalism and Value in Health Care, has a fundamental purpose of moulding the clinical environment to harness the professionalism of family doctors and other healthcare professionals. Therefore, professionalism education will be advocated as it provides to the progressing standards for clinical education and reinforces transformation in advancing medical education.

To develop professionalism, students in training are expected to start practicing professionalism during clinical placement by improving each characteristic of professionalism, with the assistance of clinical facilitators (Porcupile 2015: 1). Professionalism training was needed in developing future healthcare professionals and were extensively agreed upon in numerous healthcare disciplines such as nursing, pharmacy and medicine (Voorhies 2023: 162). Similarly, Altirkawi (2014: 31) contended that medical professionalism has gained increased attention recently, and revealed deficiencies in the educational system, and reflects the need for additional work to be completed to verify constructive teaching and assessment of the professionalism competency. Teaching professionalism entails more than the precise key curriculum that covered the continuation of medical education, it also attempted to include teaching emotive skills as well.

Studies have highlighted the challenges in the development of professionalism in future healthcare professionals. Passi *et al.* (2010: 21) admitted that there were challenges in supporting future practitioners to develop their professionalism. Some of the challenges imply that: i) professionalism was a multi-component phenomenon and the lack of a precise definition reflected a challenge to designing the curriculum; ii) professionalism takes time to be developed and to seek important aspects thereof. Professionalism also lacked evidence-based methods for teaching and assessment. Therefore, individual expectations of professionalism were continuously being reformed, which created more demands on healthcare. It was further stated that there were no guidelines on how professionalism could be developed in medical students. van Mook *et al.* (2009: 97) also contended that most medical students have no key understanding of what being a doctor entailed and what comprises the core professional values. Furthermore, Alipour *et al.* (2020: 2) conceded that some factors influencing professionalism were workload, time restrictions and the inability to interact with challenging patients. Furthermore, personal factors that affected professionalism were doctors' attitude, understanding, individual culture and behaviour. The same author maintained that the lack of communication skills and personality traits greatly compromised empathy, which were important professionalism facets.

Of more concern in healthcare was the impact of unprofessional behaviour on role modelling for trainees and patient care (Miedema *et al.* 2012: 115). Additionally, a previous study declared that Chiropractic master's students could not articulate what professional behaviour was and were unsure of what was expected of them in relation to professionalism (Haworth *et al.* 2022: 153). This can impact on the role modelling for trainees in this profession. It is paramount to understand what part of professionalism should be improved in those students because they are about to qualify.

1.2 RESEARCH PROBLEM

Professionalism is ideally an integral aspect of a healthcare system to promote patient safety (Warnock 2008: 84). Furthermore, it is about adhering to a code of conduct, a set of standards that distinguishes practice that is accepted within a specialized area of occupation (Merriam-Webster Dictionary 2024: np). One view was that healthcare professionalism education was a public good, designed to develop a socially responsive health workforce that met the health needs of the communities it served (Khan *et al.* 2020:2).

A lack of professionalism can determine the success or failure of quality initiatives in a professional practice (Lindsay *et al.* 2020: 631). Rojo *et al.* (2020: 1) performed a study on nursing students and identified three themes that align with the lack of professionalism, namely: i) poor communication skills; ii) insufficient understanding or clinical competence; and iii) unprofessional behaviour. A study by Bwanga (2019: 1) on the medical profession found that unprofessional behaviour was detected in students during training and was carried into their careers. A study by Robbertze (2018: 54) on perceptions, expectations and experiences of first time chiropractic patients when consulting Chiropractic students, found that Chiropractic master's students lacked adequate communication skills during consultation as patients were not provided with thorough explanations of the consultation, which caused confusion to their outcome of chiropractic treatment. Where there was a lack of professionalism in healthcare workers, patient safety and dignity were being violated (Monrouxe *et al.* 2014: 3). There is however a lack of information on what needs to be improved in the Chiropractic master's students' professionalism. The current study attempted to fill this gap.

1.3 AIM OF THE STUDY

The study aimed to explore and describe the understanding, attitudes and perceptions of Chiropractic master's students regarding professionalism

and to understand their views on what may be improved at the selected University of Technology in KwaZulu-Natal.

1.4 OBJECTIVES OF THE STUDY

The key objectives of the study are:

- To explore and describe Chiropractic master's students' understanding of professionalism;
- To describe Chiropractic master's students' attitude towards professionalism in their profession;
- To describe Chiropractic master's students' perceptions of professionalism and its parts that may be improved in the profession.

1.5 RESEARCH QUESTION

The study was guided by the following research questions:

1.5.1 Main Research Question

What are the Chiropractic master's students' understanding, attitudes and perceptions of professionalism in their profession?

1.5.2 SUB-QUESTIONS

- a) What are Chiropractic master's students' understanding of professionalism in their profession?
- b) What are Chiropractic master's students' attitude towards professionalism in their profession?
- c) What are Chiropractic master's students' perceptions of professionalism and its parts that may be improved in their profession?

1.6 SIGNIFICANCE OF THE STUDY

Chiropractic master's students are expected to display optimum professionalism when they are managing a patient during clinical training. Mirmoghtadaie *et al.* (2020: 4) explored hindrances of understanding professionalism in a University of Medical Sciences in Iran. Participants in

the study cited that there was a lack of professional satisfaction in relation to job satisfaction, there was also a deficit in interpersonal interactions between the staff and patients, as well as communication skills and cultural differences. These factors may contribute to the lack of professionalism.

The General Chiropractic Council (2018: 11) based in the United Kingdom, reported on possible areas of concern regarding students unprofessional behaviour such as i) administrative duties being abandoned like record keeping, deficient management of time during clinical training, ii) inequity, iii) contravening patient confidentiality and not obtaining patient consent, iv) being deceptive to patients about their treatment or care and v) administering chiropractic adjustments, advice and treatment to any type of person, prior the student obtains their qualification and is not subjected to any supervision by a clinician.

However, Bhumaid *et al.* (2024: 117) propounded that there is an urgent requirement to emphasize professionalism training in evolving future doctors. The study aimed at exploring perspectives of medical undergraduate students in a multi-ethnic and multi-cultural setting concerning their encounter and understanding of professionalism. This was achieved through their interaction with an innovative curriculum-based professionalism course offered at a Medical School in Dubai, in the United Arab Emirates. It was also realized that incorporating a professionalism-training course into the medical undergraduate program had a great potential to be applauded by the medical students. In addition, the study's Physician Charter on medical professionalism contained two components, which were the Fundamental Principles and Professional Responsibilities. Under each segment of the Physician Charter, elements such as social justice and supremacy, patient care and patient autonomy were present, which were under the Fundamental Principles category. The second category was the Professional Responsibilities which included commitment to sustaining adequate relationships with patients, patient confidentiality, enhanced quality of care, trust and honesty is maintained, as well as professional competence.

In the United Kingdom, Page *et al.* (2020: 2) established that effective communication molded professionalism, as it is fruitful in doctor-patient and teacher-student relationships. The current may aid in adding information on how professionalism may be enhanced. This current study could potentially empower Chiropractic master's students to strengthen their professionalism during clinical training and improve their understanding, attitudes and perceptions and when treating a patient. The study may benefit the Chiropractic master's students in that it could offer recommendations that, if implemented, possibly benefit the participants and other Chiropractic master's students in ensuring professionalism.

The study was structured as depicted in table 1.1 below.

Table 1.1 STRUCTURE OF DISSERTATION

CHAPTER	TITLE	DESCRIPTION
Chapter 1	Overview of the study	This chapter compared the introduction and background to the study, research problem, aim of the study, objectives of the study, main research question, sub-questions, significance of the study, structure of dissertation and summary of the chapter.
Chapter 2	Literature review	Primarily focused on the literature review.
Chapter 3	Research methodology	This chapter consisted of the design and methods employed in conducting the study and all measures to ensure a scientific enquiry.
Chapter 4	Presentation of findings	The findings from the data analysis were presented.
Chapter 5	Discussion of findings	The findings after the data analysis were discussed and supported with relevant literature.
Chapter 6	Summary, conclusion limitations and recommendations	The summary and conclusion were based on the data findings and interpretation. Limitations and recommendations from the study were included.

1.7 SUMMARY OF THE CHAPTER

This chapter discussed the introduction and background, the research problem, the aim and objectives, and the research question. The significance of the study elaborated fundamental reasons in exploring Chiropractic master's students' understanding, attitudes and perceptions regarding professionalism during clinical training. The chapter highlighted the structure of the thesis with brief descriptions. The next chapter discusses the literature review with the pertinent information and theory in relation to the study.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

Chapter One discussed the introduction and background, research problem, aim of the study, objectives, main research question, significance of the study, structure of the dissertation and summary. This chapter reviews factors related to crucial professionalism components. A review of the literature was conducted to influence the current body of knowledge on the research topic, as well as to recognize any possible differentiations and similarities that are present in the searched literature. This included the definition of professionalism; understanding of professionalism; attitudes on professionalism; attitudes on professionalism in healthcare; various professionals' perceptions on professionalism; the practice of professionalism; parts of professionalism that require improvement and the importance of professionalism. This permitted the researcher to adopt a framework for the study by fitting it into the context of present understanding about client-centeredness, individual proficiency and work-centeredness. Furthermore, the framework enabled the researcher to discuss competence, communication skills in professionalism globally, communication skills in professionalism in South Africa, role modelling in professionalism globally, role modelling in professionalism in Africa, role modelling in professionalism in South Africa and how the clinical learning environment influenced professionalism.

2.2 LITERATURE REVIEW STRATEGY

This chapter discussed the literature, not prior to 2012, apart from one article from 2008, pertaining to understanding, attitude and perceptions regarding professionalism and the factors which contributed to professionalism. Grewal, Kataria and Dhawan (2016: 28) established that web-based search engines were a part of a literature review being conducted when searching for articles. Therefore, different search engines were used, namely PubMed, Google Scholar, Wiley Open Library, Research Gate and the National Library of Medicine. No grey literature

was utilised. Chigbu, Atiku and Du Plessis (2023: 1) granted that keywords were specific to a research topic, used as an access point to broader research articles. The key-words used to search for relevant literature were students, understanding, attitudes, perceptions, medical education, professionalism and professional behaviour. The overarching professionalism theoretical framework of the understanding, attitude and perceptions of professionalism was used, covering important aspects of professionalism.

2.3. DEFINITION OF PROFESSIONALISM

Professionalism may be defined as the consolidation of the characteristics that are attached to skilled and trained individuals (Cambridge Dictionary 2024: np). Creasy (2015:1) contended that the definition of professionalism is not distinct. Nevertheless, it is defined as the supreme manner which individuals pursue to differentiate themselves from other professionals. Dubbali *et al.* (2019: 10) also agreed that professionalism is a compound concept that is difficult to measure because there is no fixed definition and the present literature related to the topic is restricted. However, Jha *et al.* (2015: 74) offer a different definition and found that professionalism was mostly influenced by the geographical locations of individuals that had different cultural backgrounds.

Furthermore, Porcupile (2015:2) emphasized that a profession is perceived as a calling which required specialised understanding, and extensive rigorous academic preparation. During clinical training, students are assessed on various aspects of professionalism, such as attitude towards a patient (Health careers n.d). It was further discovered that the establishment of professionalism currently represents attitudes and character traits other than behaviours, making them challenging to train and complicated to learn (Mason *et al.* 2014: 1).

Nevertheless, Brody and Doukas (2014: 981) declared that professionalism may be viewed as a trust generating promise where it was being committed to the patient's interests. It was more than a contract or

business, but is also a public and collective promise and hard work. Professionalism was the application of uprightness based on virtue, attitudes that are deeper than conduct and needing practical wisdom.

The World Health Organisation (WHO) described Chiropractic as a healthcare profession concerned with the diagnosis, treatment and prevention of disorders of the neuromusculoskeletal (NMS) system and the effects of these disorders on general health (World Federation of Chiropractic 2009: 3). Thus, in the history of Chiropractic, David Daniel Palmer was considered as the father of Chiropractic as he was the founder of the Chiropractic profession and the first chiropractor. The establishment of Chiropractic occurred in Midwest America in Davenport, Iowa in the 1890s. Today, the profession has gained significant momentum worldwide where nearly 100 000 chiropractors practice in over 90 countries (McDowall 2021: 1). This marked the beginning of the Chiropractic profession and formed its professional identity.

Nonetheless, Hartvigsen and French (2020: 1) argued that the Chiropractic profession definition was not distinct as other studies still question the profession. Glucina *et al.* (2023: 9) also contended that the chiropractic professional identity was misunderstood, but concluded that professional identity was how a chiropractor perceived themselves and their possession of their practice ideologies, functions, roles, their pride, commitment and consciousness of their profession. The Chiropractic professional identity was a complex structure that combined competencies and motivations. This complexity promoted professional values to the career of chiropractic. Glucina *et al.* (2023: 1) further stated that it advanced professional values, aspirations and actions, and it was a continuous process of self-reflection on the individual's identity.

Riggs (2024: 52) further explored the chiropractic profession's future where it was perceived as a holistic approach to health, as it emphasized on the human body's spirit, body and mind. This rendered the profession as a pleasing alternative for patients in the search for an all-inclusive health

service. Riggs (2024: 52) stated that there is an escalating need for well-being and preventive care in commendation of the chiropractic profession. Nonetheless, Ismail and Coetzee (2024: 10) conceded that although chiropractic healthcare services were precluded from the public healthcare system, chiropractic is perceived as an inexpensive solution for musculoskeletal diseases.

The scope of practice of chiropractors was regulated by the Allied Health Professions Council of South Africa (AHPCSA). The AHPCSA (2016: 8) has included principles of medical ethics which stipulate: Respect for persons, best interest or well-being, human rights and dual loyalty, rights of the individual, autonomy, integrity, truthfulness, confidentiality, compassion, justice, recognition of diversity, professional competence, self-improvement and community. In line with these principles, the Chiropractic Association of South Africa (CASA) (2001:1) included the objective promotion of high ethical standards, which plays a crucial role in professionalism. The fundamental principles of ethics were beneficence, autonomy and justice.

Likewise, Wiggins *et al.* (2022: 2) implied that the chiropractic scope of practice is composed of three respective but interconnected levels: Personal (individual practitioner), Professional (the profession) and Jurisdictional (regulatory). Personal scope of practice is based on the tasks that an individual practitioner of healthcare is up – skilled and cultivated for, and that they have the ability to operate in a manner that does not create any injury to themselves or the public. Professional scope of practice is centred in a distinctive body of evidence, fostered by educational training, and connected to an established practice framework. Additionally, it is founded on laws, rules and boundaries that propagate the profession's role and grant the public's protection. Jurisdictional scope of practice is formed on Government practice acts that incorporate guidelines which warrant patient safety. An explicitly defined scope of practice for the chiropractic profession could be beneficial to diverse shareholders such as

healthcare workers, patients, law-making authorities and professional associations.

2.4 UNDERSTANDING OF PROFESSIONALISM

Mansurjonovich and Davronovich (2023:1) conducted a study in Uzbekistan with the aim of up-skilling informatics and information technologies to students learning in the professional system of education to harness the skills of operating with current information technology tools, logic, independence and analytical reasoning skills of the expanding generation, as well as developing an inseparable bond with their forte. It was concluded that professional understanding and skills were enhanced by the application of inter-disciplinary and inter-thematic principles to captivate students' interest in the subject and improved quality of learning. Winberg *et al.* (2020: 13) also defended that the understanding of professionalism in engineering students included resolving real-world dilemmas and designing solutions in a professional manner, short courses, skills lab, workshops, training and inter-professional learning. Assignments, tests for practical skills and work-based learning were considered in the understanding of professionalism.

Fataar *et al.* (2017: 20) implied that teaching professionalism in South Africa has been illuminated by accountability, autonomy and professional understanding. This could imply that professionalism was affected by social and school-related factors. Professional understanding is chiefly about working in practice, which commands practical wisdom. In the training of educators, professionalism understanding was being morally devoted and enlightened by traditions in a field. Seif-Farshad *et al.* (2016: 4) elaborated further in a study on the understanding of professionalism with 149 medical interns, clinical residents, physicians and professors was conducted in Iran. The study indicated that medical professionals employed in the national healthcare system have an antagonistic theoretical understanding about medical professionalism, although it does not equate to their practices being unethical. It was found that more studies have established that certain facets of professionalism appeared to be

underdeveloped in medical students and required to be targeted for assessment and educating to develop practitioners who are professionally responsible.

Nonetheless, Aweto *et al.* (2014: 5) argued that 109 final-year physiotherapy students in Nigeria have sufficient understanding on professionalism, but critical elements that such as humanism and empathy have declined. Hoseinaliabadi *et al.* (2022:4) also insisted that medical, midwifery and nursing students (176 students in total) had adequate understanding of professionalism when a qualitative study was performed in Iran. Another study was conducted in Western Sydney University in South Wales where paramedics aimed to institute professional identity and formally determine professional standards. It was concluded that professional standards mold the public insight of a profession and assist in the expectations of the public. There was emphasis on the importance of understanding the elements of professionalism as it was rather unclear (Reed *et al.* 2019: 10).

A study was conducted at the University of Ulm in Germany, aiming to assess medical students' understanding of professionalism. It was found that certain aspects of professionalism were regarded as being important, namely the ability to remain calm, being empathetic, being competent, reflective communication, having adequate explanations, acceptable professional understanding and a sense of accountability (Prade *et al.* 2023: 4). Likewise, Ranauta *et al.* (2018: 662) conducted a study in London aiming to recognize remarkable experiences that dental students found in developing their understanding of professionalism. Three experiences that influenced the dental students' learning were role modelling in clinical environments; experiencing commanding emotions caused by clinical work; and organized teaching professionalism components. It was concluded that experiences in clinical environments greatly influenced students' development in understanding professionalism, fostered by personal reflection and traditional university teaching. Chadha, Charrios and Hall (2022: 972) conducted a study in Canada, which aimed to narrate

pharmacy students' understanding of professionalism and professional identity. It was found that accountability and responsibility were the primary themes that emerged. Pharmacy students also recognized role-modelling and professional development as playing a significant role in the development of professional identity.

2.5 ATTITUDES TOWARDS PROFESSIONALISM IN HEALTHCARE

There is emphasis in healthcare education to include professionalism as part of the routine curriculum. This is considered as second-order competence by Shwetha and Gali (2016:14), who concur that this should be part of both undergraduate and postgraduate programmes. Professionalism training is ranked as one of the highest objectives in the training of chiropractors. Of the fifteen (15) Chiropractic colleges, Kinsinger and Soave (2012:488) found that the professionalism training objective is ranked higher than education on jurisprudence, basic principles, ethical codes, financial and sexual abuse.

Professionalism has been explained as a collection of values, attitudes, relationships and behaviours that serve as the principal constituents of a contract between a health professional and the community (Selic *et al.* 2019: 438). A study was conducted, at the University of Ljubljana in Slovenia, and it was found that developing suitable attitudes towards professionalism relies on the student's formal education and being successful if the learning was introduced in the curriculum at an earlier stage.

Shohani and Zamanzadeh (2017: 356) conducted a study in Iran with the aim of discovering nurses' attitudes in relation to professionalism and the factors influencing it. The study concluded that 185 nurses were at an average level, and it may be expressed that nurses are further away from the expected professional conduct. Akhund *et al.* (2014: 5) found different views amongst 135 Pakistanian medical students. It was established that medical students had positive attitudes towards professionalism by ranking

all the characteristics of professionalism as principal. Each aspect of professionalism was elevated in different levels of the medical program. Similarly, Rehman *et al.* (2023: 12) probed further by conducting a study in Peshawar, with the purpose of assessing the attitudes and perceptions of undergraduate and postgraduate dental students regarding professionalism. The results indicated that postgraduate students obtained higher scores in comparison to undergraduate students regarding positive attitudes towards professionalism. The most recognized components were integrity and honor. However, accountability, altruism and respect obtained lower scores.

2.6 VARIOUS PROFESSIONALS' PERCEPTIONS OF PROFESSIONALISM

Various healthcare codes have different perspectives on professionalism. Law students perceived professionalism as being structured on the legal understanding, values and skills of a profession, having undergone extensive legal training (Wu 2017: 2). A study was conducted amongst Business Management students in Pakistan regarding their perceptions of professional competence, which was one of the key components in professionalism. Standards of attitude, communication, proficiency and education were analyzed in effectual teaching and how they were perceived by students in undergraduate and postgraduate programs. The findings identified that assessment legitimacy, attitude and communication reflected a high order of importance to students. Expectations of students included their faculty, training them constructively on the necessary skills needed to operate in a business environment (Ibad 2016: 201).

Elsheikh *et al.* (2020: 1) found that 355 Sudanese dental students displayed a satisfactory level of perception towards the importance of professionalism being taught. Similarly, a study aimed to explore perceptions of professionalism amongst Estonian radiography students in order to recognize their comprehension of professionalism. It was asserted that perceptions of professionalism were greatly influenced by their basic understanding, what has been taught in lectures, and observing how

others behaved in a clinical setting and in college (Challen *et al.* 2017: 5). Occupational health students perceived professionalism as a concept that is socially constructed and developed gradually with societal and professional responsibility (Sullivan and Thiessen 2015: 19).

Furthermore, a qualitative study conducted by Youssef, Youssef and Peters (2016: 367) on medical students stated that some medical students perceive professionalism as conduct beyond the working or learning environment. Byszewski (2012: 115) conducted a study in Ottawa, which aimed to determine the perceptions of medical students regarding professionalism at the University of Ottawa and to attain perspectives in fostering professionalism in medical education in undergraduate students. Role modelling was highlighted as a key component of professionalism by students. Program recommendations were inclusive of faculty-led sessions. These improved inter-professional relationships. The demand for positive role-models had a significant impact in the learning environment, as identified by students. This created a constructive evaluation of the professionalism of lecturers and students. Leaders of medical schools ought to foster the development of these aspects within medical education, especially in clinical settings where student training transpires. Blanchette *et al.* (2022:66) deduced that chiropractic students perceived professionalism by considering both traditional and progressive methods towards Chiropractic professional practice.

Professionalism has been recognized as a crucial competency for practice as a psychologist in Colorado by The Association of State and Provincial Psychology Boards. Self-reflection was perceived as a way of improving professionalism. Self-reflection is an intentional understanding of one's self and self-introspection of attitudes, behaviours and emotions with as much impartiality as possible (Knapp, Gottlieb and Handelsman 2017: 167). Twelve tips for professionalism teaching in all levels of medical education were delineated in Egypt, with the aim of enhancing professionalism. This was accomplished by extracting information from the author's experience and literature (Al – Eraky 2015: 1020). The tips were i) establishing cultural

circumstances; ii) outlining a reasonable foundation; iii) searching for institutional reinforcement; iv) professional environment development; v) encourage role – modelling; vi) equip members of faculty to impart professionalism; vii) define expectation as an evident characteristic; viii) provide educational opportunities suitable to students' level; ix) enable fixed time for administered reflection; x) examine the outcome, provide feedback and recommend suitable remedial plans; xi) sharing training experience; and xii) regarding digital features of professionalism. Similarly, Banda and van Staden (2020: 1) conducted a study in Pretoria, South Africa, and maintained that identifying and providing patient needs and attentively listening to the patient were required for the promotion of professionalism.

2.7 THE IMPORTANCE OF PROFESSIONALISM

Aprileni *et al.* (2020:1) attested that professionalism was important in most settings because it indirectly affected customer satisfaction. According to these authors, when a person who is trained and experienced to do a job well, demonstrate skill, good judgement, polite behaviour, and is even dressed in a certain way, it left consumers feeling satisfied. Furthermore, showing professionalism in the workplace can build worker relationships, trust and even efficiency. Therefore, professionalism not only spoke about the suitability of the skills and abilities possessed by a person, but also the ability to anticipate all environmental changes. This included the ability to respond to public health needs that ultimately made the profession efficient. However, a lack of professionalism can result in less than optimal performance and dissatisfaction on the part of clinicians and patients. Nonetheless, no study has been done on this aspect; the current study fulfilled this gap. In so doing, the study adopted an overarching professionalism education theoretical framework as a guide.

2.8 CONCEPTUAL FRAMEWORK FOR THE STUDY

A conceptual framework is described by Chris, Michael and Logan (2024:2) as a systematic and structured representation of ideas and their interrelationships. It is contextual and detailed to a specific research

question to provide the right types of descriptions at different stages of the research process (Anon. 2021: 6). The current study adopted an overarching theoretical framework formulated by the Clinical Skills and Simulation Centre, International Medical University in Malaysia (Chandratilake and Nadarajah 2021: 23) as a guide, and is depicted in Figure 2.1 below.

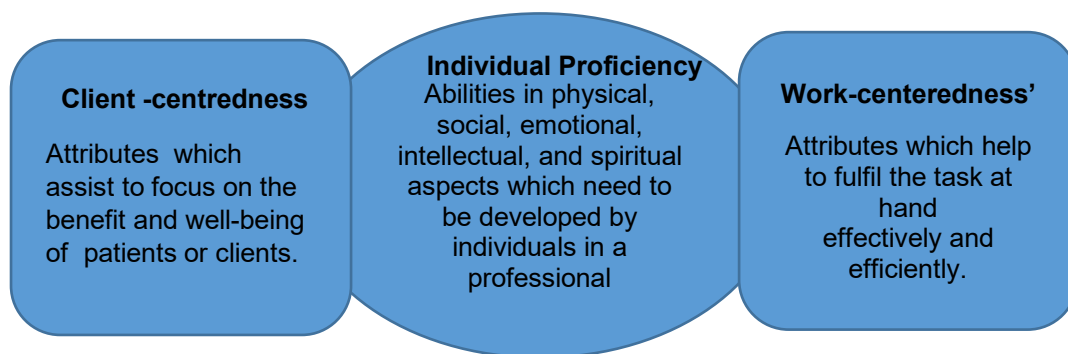


Figure 2.1: Overarching framework for professionalism education

(Sow, Chandrilake and Nadarajah 2021: 30)

An overarching framework for professionalism education in a specific sector programme, namely: medicine, dentistry, chiropractic, dietetic, nursing and pharmacy, emphasizes the importance of professional conduct, values, and attitudes, as well as the process of professional development and recognition (Sow, Chandrilake and Nadarajah 2021: 29). The same maintain that its goal is to guide the development of and individual professional's values, behaviours and attitudes in the fields of public sector, education and healthcare. Sow, Chandrilake and Nadarajah (2021: 29) further indicated that this framework has three domains: professionalism as an individual, professionalism in interactions with patients and co-workers. It focuses on concepts namely: client-centeredness, individual proficiency, and work-centeredness (Sow, Chandrilake and Nadarajah 2021: 30)

Sow, Chandrilake and Nadarajah (2021: 25) confirmed that the contrasting dissimilarities of the professionalism definition has restrained learning, teaching and assessing professionalism in the medical program. It was

further proved that professionalism is conscious of socio-economic factors and culture. Relatively, Song *et al.* (2021: 8009) declared that professionalism has been perceived to be intricate and broad, resulting in differences in its definition across various geographical areas and socio-economic status. Therefore, there are differences amongst healthcare professions from diverse health disciplines concerning the professionalism phenomenon (Sow, Chandrilake and Nadarajah 2021: 26).

Furthermore, Goodwin *et al.* (2024: 44) propounded that professionalism had various definitions however, it is perceived to incorporate the behaviours, characteristics and qualities that correlate practical training and facets of becoming an employee, which conjointly warrant adequate services of health care professionals. Scholar perspectives regarding professionalism was shared such as professionalism with education and how it is executed. Fundamental themes emanated which are the complicated nature of culture and the manner it impacts professionalism identity development, professionalism execution in postgraduate students, how facilitators confidently influence professionalism through a superior understanding of how it is taught and learned, and the well-being of staff may be enhanced in strenuous healthcare environments. However, Anderson (2018: 5) insisted that professional development of educators is vital and therefore designed a framework inclusive of five Ps of professionalism, which include i) Personalization, ii) Purpose, iii) Passion, iv) Priority, and v) Professional learning community. Anderson (2018: 6) further insisted that:

i) The purpose was anchored to strengthen professional development between the personalized educator perception and the institution. There could be a distinct goal that forms the requirement for professional development. ii) Personalization is focused on the professional enhancement being personalized. This is where the individual educator understands that professional development and personalization is the core of attaining one's objectives. The educators' needs should be centralized in professional advancement, for their progress. Personalizing professional growth enables educators to thrive. iii) Priority is the focal

point of professional refinement. There may be a proneness of being overwhelmed by many factors to improve being an educator. However, educators may take the initiative by compiling a list of priorities in professional evolution, with each component of the list is carefully unpacked for a period of time. iv) Passion is conceived as the driving force to achieve milestones of being an educator. Passionate educators produce passionate students. It is also believed that passion ensures successful professional emergence. v) Professional learning communities enables educators to impart knowledge by interacting with learners and colleagues during their professional progression, this also aids in being held responsible by other colleagues.

The fundamental characteristics of each professionalism component is displayed below:

Client-Centeredness: This domain of the framework enclosed compassion and a caring attitude, empathy, effective communication, precise record-keeping, documentation, equity, sustaining confidentiality, provision of personalized care, respect, honouring diversity and culture, respecting the patient's dignity and patient autonomy.

Guraya *et al.* (2021: 9) confirmed that medical professionalism encompasses healthcare code of ethics and contains the implementation of professional excellence in display. Morality which portrays a combination of attitudes, behaviours and values to advance a patient-centred and benevolent care, are executed through integrity and tenacity. Medical professionalism has elemental standards of characteristics, which encourage the need to comprehend an individual's qualities. Professionalism of healthcare workers is based on compassion, introspection, responsibility, meticulousness, and dedication to duties. These elements should be administered skilfully at all times. Moreover, Killingback, Green and Naylor (2022: 417) articulated that the person-centeredness approach is greatly accommodated by other health care professionals such as physiotherapists. Person-centeredness involves health care which emulates the values, inclination and necessities of a patient to maximise their care experience. A person-centred perspective

may result in elevated psychological and physical health, including a reformed self-management, in comparison to normal health care. Nevertheless, there was a disagreement of the person-centeredness definition however, consent was eventually established on the fundamental precepts such as patient involvement and contribution, the environment which care is provided and the interaction between the health care professional and patient.

The chief domains of person-centeredness framework recognized in physiotherapy included: i) Physiotherapists attributes, and ii) Apprehension and expertise for clinical competence, iii) Characteristics of a physiotherapist and iv) Self - recognition and reflection. 1) Knowledge and skills for clinical proficiency – The purpose of this element is on the expertise and skills essential to physiotherapists to be clinically accomplished. Knowledge entailed to be specific with diseases, having an awareness with how diseases present themselves, and integrate the individuals' perceptions. 2) Attributes of the physiotherapist focuses on crucial inter-individual efficiency for the person-centred application. These features embody attitudes of being present, assiduous, authentic, welcoming, compassionate, sensitive, attentive to people, respectful, adaptable, being culturally aware, reassuring, supportive and feeling secure. 3) Reflection and self-awareness – This facet supports the person-centred physiotherapy care. Physiotherapists are conscious of the patients encounter and the role that physiotherapists play in their journey of healing. Similarly, McCance and McCormack (2025: 5) concurred that the Person-centred Nursing Framework contained similar constructs which included knowledge-nursing, person, health and the environment.

Individual Proficiency: The core elements of this component comprised of honesty and trustworthiness, resilience, reliability, diligence, problem-solving ability, moral thinking capability, performance confidence, critical decision-making skills and susceptibility to change.

Liang *et al.* (2021: 1957) further implied that clinical educators in clinical training hospitals should form the vital competence, attitude and

knowledge to teach, assess, guide and amend small or large groups or individuals. Clinicians are the custodians of clinical faculty and play a significant role as students' model them for learning professionalism. A general education competency framework was developed and comprised of numerous aspects such as: forming suitable teaching materials, presenting orally, modifying the content according to the standard and environment, correspond with the learning outcomes, interrelate with students during teaching or presenting, examining students' academic context on various learning methods to verify learning. More elements were included such as exemplifying and imparting the skills of knowledge distribution, the ability of teaching procedural proficiency – executing designated essential duties adequately and providing exceptional supervision aligned with the students' capacity. Likewise, Gottlieb *et al.* (2022: 37) assessed that there has been great progress in competency-based medical education of health professions. Confidence has been regarded as fundamental in health care. Gottlieb *et al.* (2022: 38) formed a guide in responses and perspectives in different stages of confidence in health care education. Self – confidence is considered as role – specific but affected the individual's self – perception, the surroundings and society. Confidence may mould how individuals behave and is cultivated when it intently links to reality. However, confidence is modelled by profuse extrinsic factors and the circumstances, and is connected with competence. Therefore, confidence is exhibited diversely and is informed by many attributes.

Work-centeredness: This section of the framework entailed punctuality, team effort, leadership, appropriate professional appearance and attire, being responsible and competent, accountability, having organisational and management skills.

Kundi *et al.* (2022: 564) assented that the key feature that refines professionalism is the devotion and commitment concerning responsibilities and the career implied in the work place. Excluding the components of commitment and devotion to the work, it is seemingly

impractical for a person to focus on their duties to assist the field of work or organization to meet its standards and purpose. Serving the intention, the existence of cognitive skills, specifically the self – confidence and dependence are the most commanding and manageable traits, because retaining dependency and confidence on individual abilities evokes one to acknowledge their obligations, maintain quality service and execute duties appropriately. Clinicians and medical students must be able to conduct themselves calmly and capable of making decisions while being subjected to pressure. The power of decision – making could promptly resolve dilemmas and recommend an equitable approach with patients, peers and junior doctors.

Moreover, Ellawala, Chandrilake and de Silva (2021: 49) conducted a study which aimed to form a medical professionalism framework applicable to Sri Lanka, where 46 crucial professionalism qualities were used to establish the medical professionalism framework such as being compassionate and caring, exerting being responsible, practice of professionalism, sufficient medical understanding, enforcing patient privacy and confidentiality, promptness, communicating effectively, displaying empathy and reliability. The attributes constructed three categories of the medical professionalism framework which were: i) Professionalism interactions with patients, which aligned with competency in clinical reasoning and managing patients. This category may have alike attributes as the client-centeredness element of the professionalism education framework formulated by Sow, Chandrilake and Nadarajah (2021: 25). The second category was ii) Professionalism in interactions in the workplace which related with accountability as a doctor in a clinical setting and relationships with colleagues. There could be similarities between this portion of the framework and the work-centeredness facet of the professionalism education framework. The third category was iii) Professionalism in fulfilling expectations of the society and profession which related with attitude, the practitioner's characteristics and behaviour. This component could align with the individual proficiency portion of the professionalism education framework. The three professionalism domains

had similar attributes of the overarching framework of professionalism education.

Irby and Hamstra (2016: 1606) further compared three professionalism frameworks namely: i) Virtue-based professionalism which is anchored on humanism, moral reasoning and character. This framework recommended devotion to a primary set of actions and values that are led by moral reasoning. The second framework which was discussed was the ii) The Behaviour-based professionalism, which focused on competencies, milestones and behaviours. This framework suggested the reinforcing of adequate behaviour, clarifying expectations, providing feedback, teach behaviours and reprimand unprofessional behaviour. The third professionalism framework was iii) Professional identity formation which uncovered changing identities and evolving. This framework granted optimistic role models and conditioned students in advance, to prepare them for circumstances where negative role models might be experienced.

2.8.1 CLIENT-CENTREDNESS

Coulter and Oldham (2016: 114) defined person-centred care as the business of healing in which patients were treated as individuals and co-equals, where it was personified, synchronized and authorized. In Swansea University College of Medicine in the United Kingdom, Hutchings and Rapport (2012: 10) identified chief concepts of patient-centred professionalism across an array of the healthcare contexts. Founding documents from medicine, nursing and pharmacy sketch what was anticipated within these professionals in alignment with their working practices. Patients were recognised as the core of healthcare. Other research conducted by Rapport (2012: 10) suggested that patient and professional perspectives deviate concerning what is vital. Patient-centred professional care was perceived as strenuous to achieve due to many obstacles of rendering patient-centred care. Further research was required to pinpoint the importance of patient-centred professionalism, and a system was under compulsion to propagate and consolidate the findings of administrative bodies. Crucial characteristics should be inserted in

continued professional development and in the healthcare curriculum. Bayliss- Conway *et al.* (2021: 638) conducted a study in Nottingham in the United Kingdom, with the aim to probe the connection between encountering a therapeutic relationship and trueness. The study concluded that support for the client-centred model aided in people progressing towards higher psychological well-being, and the interest of therapists, researchers and coaches encourages flourishing in individuals.

Grover *et al.* (2022: 1679) supervised a study in McMaster University in Hamilton, Canada, Ireland and Australia with the objectives of unpacking patient-or person-centred care. It was concluded that patient or person-centred care incorporates peoples' values, preferences and the truth into decisions with regard to health. Identifying the core values of patient or person-centred care and execution were important. Definitions of patient or person-centred care had similar elements, namely patient individuality, patient empowerment and the bio-psycho-social approach. Executing patient or person-centred care involved training healthcare providers, communication and bureaucratic structures. Cuevas *et al.* (2019: 325) aimed to investigate the impact of mistrust in medical facilities. Mistrust impacts on the healthcare quality received by the patient. It was concluded that patient-centred communication proved to have a positive effect on patient-doctor relationships. More investigations were done by Brickley *et al.* (2020: 154), aimed at orchestrating literature exploring general practitioner delivered patient-centred care, and confronting what is known currently about how general practitioners render patient-centred care. It was uncovered that a theoretical approach to patient-centred care was manufactured from studies and enclosed four major constituents: i) comprehending the entire person, ii) having common ground, iii) the time experienced and, iv) having positive expectations. Langberg *et al.* (2019: 1228) also aimed to impart an outline of the definition of patient-centeredness since Bower's and Mead reviewed in 2000, and to supply a more recent definition of the patient-centred care hypothesis. The facets of the patient-centred care model include therapeutic alliance, responsibility, sharing power and biopsychosocial. These elements were

aligned to the five concepts by Bower and Mead (2000: 1089). The highlighted phenomena were bounded by the patient, the framework of care and the doctor-patient relationship.

Choi and Jang (2022: 1) administered a study in Korea, with the objective of scrutinizing the conciliating impact of reflection on the association between interpretation for reflection-for-action and students' perception of the cardinal patient-centred communication education. Three types of reflections found are reflection-for-action, reflection-on-action, reflection – in - action in addition to the perceived vitality of patient-centred care education. Feedback on reflection-for-action was considered important. More studies were conducted with nursing students in Tehran University of Medical Sciences in Iran. Ghane and Esmaeili (2020: 383) aimed to elaborate on the perceptions of nursing students from the patient-centred care approach. It was proposed that three categories are i) the importance of nursing regarding patient-centred care; ii) patient centeredness in comprehensive care; and iii) the inevitability of patient-centred care. It was deemed necessary to instil patient-centred care philosophies in students and finding methods of how it could be achieved was also considered important. In the study's conclusion, it was found that students emphasized the lack of patient-centred care in their educational programme. Recommendations suggested that patient-centred care should be an additional module in the students' educational program. Similarly, Henschen *et al.* (2019: 26) uncovered that medical students in Chicago had various definitions of patient-centred care, implying that patient-centred care was obviously inferred. No solid definition of patient-centred care was provided by many medical students, as some defined patient-centred care as patient values being vital using circumstantial demonstrations focusing on the behaviours of physicians. Medical students had restricted illustrations of patient-centred care and had a variety of patient-centred care perceptions. Fong *et al.* (2018: 15) probed further into the perceptions of patient-centred care in medical students in Canada, aiming to appraise the consistency of prime perceptions and inspect general impressions on the longer-term ramifications of prior

patient educator subjection once students were engrossed in their clinical training period. Three themes were connected, which incorporated valuing and applying competency physician framework which describes and identifies the physicians need to efficiently meet patient needs other than medical expert, change in students' perspectives and the value of early clinical experience. However, alternative strategies for reinforcing the evolution of patient-centeredness in medical education was required.

Archer and Van Herdeen (2017: 1) expressed more about medical students' attitudes towards patient-centredness in Stellenbosch University located in the Western Cape, South Africa. The study aimed to uncover that patient-centred care has become a distinction to the majority of medical institutions as graduates advance into their medical careers. Through the progression of medical students' training, it was found that patient-centredness had diminished. The Patient Practitioner Orientation Scale, created by Archer and Van Herdeen (2017: 1) produced results which predicted that students presented shallow attitudes towards patient-centredness in the initial phase of their clinical training. Low rankings on the Patient Practitioner Orientation Scale could indicate a deficiency of an extensive communication skills training program. The study concluded by exhibiting that students' shallow attitudes regarding patient-centredness did not significantly change during their last four years of training. Similar recommendations were made and suggested that purposeful learning and teaching interventions to encourage optimistic attitudes towards patient-centered care.

Bejarano *et al.* (2022: 1), in the United States of America's University of Texas aimed to describe the measurement instrument used to rate healthcare students' attitudes towards patient-centred care. The second aim was to evaluate healthcare students' attitudes towards patient-centred care. The results yielded shallow attitudes towards patient-centred care using the Patient Practitioner Orientation Scale. Female students had notably higher attitudes towards patient-centred care than men. Therefore,

healthcare education requires the attitudes of health sciences students to be more confident about patient-centred care.

El-Sherbiny *et al.* (2021: 188) found more information about medical students' attitudes towards patient-centredness in Egypt. The study focused on determining medical students' attitudes towards patient-centredness, and recognized the forecast of patient-centredness results. Shallow results were revealed regarding patient-centredness. Restructuring of the medical syllabus was considered crucial to be implemented as patient-centeredness could lead to medical students gaining an advantage from committing in patient healthcare systems. In Norwegian Physiotherapy students, Solvang and Fougner (2023: 2609) examined how physiotherapy students encounter functioning in clinical training. It was imperative for students to communicate with patients from different cultural backgrounds in a welcoming fashion. Some physiotherapy students were in full support of patient-centredness, while other students had limited patient-centredness practice. Therefore, Physiotherapy students were required to have a superior understanding of patient experiences to set in motion their own encounters and adventures as an interpersonal tool for patient-centeredness.

Ismail *et al.* (2022: 94) established that the calibre of patient care was closely linked to patient-centeredness, although the Patient-Practitioner Orientation Scale revealed dissatisfying outcomes of patient-centeredness. Therefore, the improvement of attitudes towards patient-centeredness was crucial.

2.8.2 INDIVIDUAL PROFICIENCY

Individual proficiency was defined as the ability of having the experience and skill for performing a task (Cambridge Dictionary 2024: np). It may also be displaying the ability or skill of executing a task (Collins Dictionary 2024: np). Sundararajan and Gopichandran (2018:1) contended that emotional intelligence is the ability of an individual to comprehend and respond to their own and others' emotions and apply this understanding to lead to

one's perceptions and actions. The study purposed to assess the emotional intelligence level of medical students in Chennai Medical College and explore their interpretation of the role of emotions in medical practice. The emotional intelligence score proved that students who attended public schools during high school education had more emotional intelligence than students who attended exclusive high schools, and females obtained a higher emotional intelligence score than men. Students consolidated that emotional involvement was inescapable in practicing medicine, and efficient doctors should have the ability to dominate their emotions. Medical students had a good level of intelligence in the college and their diverse opinions on the role of emotions in clinical care and cognitive reflection exercises may aid in students comprehending its vitality. Furthermore, Mintle *et al.* (2019: 236) conducted a study in Virginia with the aim to evaluate the emotional intelligence of osteopathic medical students as they advanced in the early years of medical school in order to uncover emotional intelligence over time and to recognize the distinct fundamental proficiencies to be taught or improved. An emotional intelligence survey revealed that scores decreased during the time of pre-clinical training for women and men. Nonetheless, two out of eight competency scales of emotional intelligence did not decrease over time. Mintle *et al.* (2019: 237) further stated that the attributes of emotional intelligence and gratitude were constructively linked to empathic concern and perspective consideration. Personal distress was negatively related to emotional intelligence, whilst gratitude was graciously and positively linked with emotional intelligence. Having emotional intelligence characteristics and gratitude could be primary in psychological establishment for understanding empathy in medical students. Both these characteristics could be taken into consideration when implementation methods and programs are developed to uplift professional proficiencies in medical students. Cherry *et al.* (2014: 468) also conducted a study at the University of Liverpool in the United Kingdom to examine the value of emotional intelligence as a conceptual plan to select medicine, professionalism and communication skills education. Emotional intelligence was regarded as a positive component that is material to equipping empathetic doctors.

Literature has not found whether emotional intelligence was a characteristic, an ability that is studied, or a combination of both of these aspects. It was discovered by Cherry *et al.* (2014: 469) that measuring emotional intelligence was complicated in the medical field. The study concluded that emotional intelligence – based learning could contribute to the education of communication skills and professionalism in medicine. However, more studies should be performed.

2.8.3 WORK-CENTEREDNESS

Work was perceived as a fundamental characteristic of human survival, and is a discipline where people inherently pursue meaning (Honsova 2024: 67). It was further stated that three important factors were established in work attributes namely: task identity, task significance and skill variety. Similarly, Wong, Ivztan and Lomas (2016: 1) charged that good work included three levels which was the individual, the organization and society. The individual level included that employees are acknowledged through innate inspiration to utilize their ultimate strengths which yields in an elevated level of work productivity and satisfaction. At an organizational level, it was discovered that an exemplary leadership comprised of servant style, where serving other individuals was important in the work-centeredness approach. At society's level, principled organizations simulated their social duties to promote and advance their organization.

However, teamwork was considered greatly significant in the medical discipline (Jain, Alam and Jain 2022: 110). This lead to adequate cooperation being considered as an integral part of a thriving health-care practice and should be inculcated in higher education. Furthermore, Ali and Mohamed (2017: 615) granted that it is imperative for medical professionals to realize their responsibilities to patients and their commitment to the profession and society. Accountability to duties performed must also be accepted by the medical professionals. Therefore doctors are not only obligated to their patients and colleagues, but society at large because professionalism is perceived as medicine's contract with

society (Ali and Mohamed 2017: 615). Additionally, Remegio *et al.* (2021: 5) uncovered that nurse leaders with greater qualifications and experience, expressed more compassion to patients and colleagues within their workplace. This could be considered as predominant in professionalism.

2. 9 SUMMARY OF THE CHAPTER

This chapter discussed the literature and integrated various global and local views on the understanding, attitudes and perceptions regarding professionalism. Attributes of professionalism were also discussed, namely competence, respect and emotional intelligence. It could be suggested that more education may be required to meet all the crucial components of professionalism. The next chapter discusses the research methodology that was applied to the study and how it was used to acquire and analyse the findings of this study.

CHAPTER 3: METHODOLOGY

3.1 INTRODUCTION

Chapter Two discussed the understanding, attitudes and perceptions of professionalism, the theoretical framework applied and all its elements. This chapter discussed the research methodology that reinforced the study's inquiry into the problem. It began with the research paradigm, research design and approach, research setting, research population, sampling process, inclusion and exclusion criteria, recruitment process, research instrument, pilot study, data collection process, data analysis, data management ethical considerations and conclusion.

Mishra and Alok (2017:1) defined research methodology as the manner in which research problems are thoroughly answered. It was perceived as the science of analyzing how research is systematically conducted. Similarly, Coy (2019: 72) articulated that qualitative research is realistic, and data collection accumulates with a great amount of unrefined data for recognizing alike constituents regarding the research topic within the data and similarities of components through data, thereby leading to data saturation. This procedure focuses on the data for interpretation, followed by data analysis to create themes.

3.2 RESEARCH PARADIGM

Soraya, Binti and Kamal (2019: 1388) found that a research paradigm is the manner of perceiving the world that structures a research topic and influences the way that researchers think about a topic. A paradigm may also be described as a set of beliefs that guide action, which is rooted in all educational research. An interpretivist paradigm was used in this study. Rehman and Alharthi (2016: 55) stated that an interpretivism paradigm did not believe that a single, justifiable reality existed independent of an individual's senses. It was also maintained that reality and truth are produced. Furthermore, interpretivists believed that there was no linear correct route or particular method to knowledge, and that no objective knowledge was independent of thinking or reasoning, whereby constructs

are derived by an in-depth examination of the topic being studied (Kumatongo and Muzata 2021: 551). Another author analyzed that the interpretive paradigm focused on the deep understanding of a theory and explores the conception of the world in which they exist (Rahi 2017: 1). This paradigm was used in the study because the researcher was seeking a deeper understanding of professionalism as the researcher relied on the data provided by the participants, in which they expressed their understanding, attitudes and perceptions on professionalism.

3.3 RESEARCH DESIGN AND APPROACH

Research design is the structure of the research that contains all of the elements in a research project together: a plan of the proposed research work (Akhtar 2016: 68). This study was Qualitative, which is a form of research that has the purpose of searching individuals' perspectives and emotions rather than information that may be displayed in numbers (Cambridge Dictionary 2024: np). In addition, Tomaszewski et al. (2020:1) stated that qualitative research is drawn from interpretivist and constructivist paradigms, seeking to greatly acknowledge a research subject rather than foretelling outcomes. A qualitative exploratory research approach was applied in the study as the researcher explored the professionalism phenomenon from the participants' perspectives and responses. Halie (2023: 579) further stated that exploratory research was a particular type of research performed to assess new environments that have not been explored or previously defined distinctly. This study design and approach were more applicable to the study because research of this nature has not been previously conducted.

3.4 RESEARCH SETTING

The study setting is an environment where data is collected for the study (Polit and Beck 2021: 743). Lune and Berg (2017: 38) also advised that it was wise for the researcher to be familiar with the setting and that the setting should be local with easy access. Qualitative researchers primarily focused on exploring a theory as it took place in a natural setting. This implied that qualitative researchers investigate phenomena in their natural

settings, aiming to interpret and understand a theory that individuals expressed to them (Boru 2018: 3). Therefore, the researcher for this study aimed to explore the understanding, attitudes and perceptions of the professionalism phenomenon, relying on the participants' responses. The setting for the current study was conducted at a University of Technology in KwaZulu-Natal. The selected University of Technology has a training program within the Faculty of Health Sciences, namely the Chiropractic programme.

3.5 RESEARCH POPULATION

Population refers to the people who lived in a particular area at a specific time, or refers to data on the study of interest (Campbell et al. 2020: 1). It may be a group of individuals, objects, events or organizations (Campbell *et al.* 2020: 1). Similarly, Casteel and Bridier (2021: 343) declared that a study population constitutes groups, individuals, pairs, affiliations or other establishments in pursuit of comprehending the study findings, which could be transferred or generalized. This group is the primary group that the study focuses on. Majid (2018: 2) further contended that the research population was the study's target population that it intended to investigate.

There were approximately 85 Chiropractic master's students from various ethnic groups, namely: Africans, Whites, Coloureds, and Indians, completing their clinical practicum training. There were both males and females, above 18, with ages ranging between 25 to 35 (2025, pers. comm. 20 April). Those students were in their sixth year of study, which is the final year. The study focused on Chiropractic master's students as their perspectives are most relevant to the research question, and being in their sixth year of study, they have an in-depth understanding of professionalism in the chiropractic profession at the institutional level. They would be able to provide their views and perceptions on professionalism.

3.6 SAMPLING PROCESS

Moser and Korstjens (2018: 10) stated that sampling was a process for recruiting participants. Qualitative sampling explains the number of focus group dialogues, interviews, and observations necessary to guarantee that the findings provide a wealth of data. Campbell *et al.* (2020: 653) stated that purposive sampling was uncomplicated and straightforward as it was perceived to be more suitable to the aims and objectives of the study, improving the trustworthiness and rigor of the results and data obtained. This sampling was better suited for the study because, based on the inclusion criteria, the researcher selected participants who had expressed their understanding, attitudes, and perceptions about professionalism in the Chiropractic profession. The participants were purposefully selected because they had characteristics that were needed in the sample. However, Rai and Thapa (2015: 5) suggested that purposive sampling was perceived as selective and depended on the researcher's acumen when selecting individuals that were to be explored. Therefore, purposive sampling was used to select the participants who have undergone their Chiropractic clinical practicum training for more than one year. The preferred participants were as per the inclusion criteria on 3.6.1.

Data saturation was reached after the 12th participant. However, two more participants were interviewed to confirm data saturation. Data saturation was a point in the research process when no new information was discovered in data analysis, where repetition indicated that data collection may cease (Faulkner and Trotter 2017:2). The duration of interviews was 30 - 45 minutes.

3.6.1 Inclusion criteria

- Chiropractic master's students who were in Chiropractic clinical practicum training for one year; and
- Chiropractic master's students who agreed to be a part of the study.
- Chiropractic master's students who are above 18 years of age because they have the right to consent participation in the study.

3.6.2 Exclusion criteria

- Chiropractic master's students who have never been in Chiropractic clinical practicum training; and
- Chiropractic master's students who did not agree to be part of the study.

3.7 RECRUITMENT PROCESS

Manohar *et al.* (2018: 3) described recruitment as a conversation between the researcher and a potential participant before engaging in the process of consent. The recruitment procedure involved recognizing, focusing, and employing potential participants after being supplied with information on potential participants and establishing their interest in the proposed research study. Chaudhari *et al.* (2020: 186) established that the recruitment process comprised i) Identifying potential participants who may be suitable, which were Chiropractic master's students in their clinical practicum training; ii) discussing all the details of the study and ensuring that participants have a thorough understanding, that participation is voluntary and, informed consent was obtained for study participation; iii) screening if necessary; and iv) the willingness of participants who met the inclusion criteria.

The researcher requested the list of Chiropractic master's students from the Head of the Chiropractic Department (HoD). Thereafter, the Chiropractic HoD identified the Chiropractic master's students from the selected university and provided the list to the researcher. Firstly, the researcher requested permission from the lecturer of the students to meet with them after a lecture in order to explain, what the study was about. After the meeting, the researcher left their contact details so that participants who were willing could contact the researcher on WhatsApp to schedule the time and venue for the interview. Secondly, the participants were informed that their participation was voluntary, their consent was also obtained and the researcher advised the participants that they could withdraw at any time if they so wish without penalty. A letter of information (Appendix 4) was given to interested participants. Thirdly, there was no

screening required for participants. Finally, the participants' information was kept confidential and their names were kept private by assigning pseudonyms for those who were willing to be a part of the study. Moreover, that there was no remuneration for participating in the study.

3.8 RESEARCH INSTRUMENT

Oben (2021: 117) conceded that a research instrument is a scientific and systematic tool designed to collect, measure and analyse data related to research interests and alignments. There are various types of instruments, which may include but are not limited to surveys, aptitude tests, interview scales, questionnaires, archival documents, oral histories, and focus group discussions.

Ruslin *et al.* (2022: 22) defined structured interviews as two individuals interacting on a specific occasion, where one person was an interviewer and the other was the interviewee. Ruslin *et al.* (2022: 22) also emphasized that the most dominant interviews for qualitative studies are semi-structured interviews, to gain information and evidence from participants, while recognizing the focus of the study. Moreover, DeJonckheere and Vaughn (2019: 1) asserted that semi-structured interviews grant an efficacious and practical research method for doctors. Semi-structured interviews may be a dynamic tool for healthcare workers and researchers to comprehend beliefs, perceptions and experiences of humans. Therefore, semi-structured in-depth interviews were deemed the most befitting for the current study. Jain (2021: 541) stated that interviews were a regular collection tool for data. Interviews were established to be practical in obtaining a vast understanding of why and how things occurred and what were the interests, feelings, motivations and perspectives of the people involved.

Furthermore, Kallio *et al.* (2016: 2955) established that semi-structured interviews had a dominant advantage that permitted the semi-structured interview to be fruitful between the researcher and participant, which warranted the researcher to devise follow-up questions emanating from

the responses of the participants. A semi-structured interview was also distinguished as a simple method of collecting data. The researcher intended to obtain a wealth of comprehension on the study's phenomena.

3.9 PILOT STUDY

A pilot study refers to experimental research that precedes the actual study, done to test the feasibility of the study (Lowe 2019: 117). To ensure that the questions constructed make sense, are sufficient for the research and obtain feedback from participants on what can be amended in the study. Furthermore, Malmqvist *et al.* (2019: 1) asserted that the constant use of pilot studies was to evaluate the effectiveness of research instruments being applied in research studies. Shkir and Rahman (2022: 1620) acknowledged that pilot studies play a fundamental role in research and serve as a pre-test for a specific research instrument such as an interview guide. Teresi *et al.* (2022: 95) stated that pilot studies are viewed as the permissibility of the research design used in larger sample sizes. This study used the pilot study to gauge whether the interview questions required any alterations and to test whether they are understood fully, with the use of a smaller sample size.

The researcher included the interview guide and asked the interview questions of three Chiropractic master's students. Face-to-face and one-on-one in-depth interviews were used to test the feasibility of the study. This occurred after provisional approval was granted by the Durban University of Technology's (DUT) Institutional Research and Ethics Committee (IREC) with the Research Ethics Clearance Number 198/23 (Appendix 1). Three participants who met the inclusion criteria were recruited. The participants were interviewed using the interview guide (Appendix 6a) according to their availability and preferred time and venue of the interview. Following the interview, there were no changes in the interview questions. It should be noted that the Chiropractic master's students who participated in the pilot study did not participate in the main study.

3.10 DATA COLLECTION PROCESS

Kabir (2016: 202) stated that data collection is the process of measuring and gathering information on the variables being focused on in a familiar methodical manner that allows the research questions to be answered. Taherdoost (2021: 1) emphasized that data collection is the procedure of collecting data with the purpose of gaining perspectives concerning the research topic. In the current study, the data collection process commenced after approval from the Durban University of Technology and Ethics Clearance Number 198/23 (Appendix 1) was granted by the Institutional Research and Ethics Committee (IREC). Furthermore, the researcher requested gatekeeper permission from the Research Director (Appendix 2a) and was granted gatekeeper permission (Appendix 2b). The researcher requested another gatekeeper permission from the Chiropractic Clinic Director (Appendix 3a) who is also the Head of Department in Chiropractic Department, and was granted permission (Appendix 3b).

Once permission was granted from the gatekeepers, and with full approval by IREC, the researcher approached the participants that suited the inclusion criteria directly and provided them with the letter of information (Appendix 4) requesting them to participate in the study. The participants were informed that their participation in this study was voluntary and they can withdraw anytime if they so wish without any penalty. The principle of anonymity was maintained by not using their names or personal information of the participants, and using pseudonyms. The researcher informed participants that there was no remuneration for participating in the study. When they agreed to participate in the study, participants were asked to sign a consent form (Appendix 5) before the interviews.

Prior to the interviews, the researcher requested permission from each participant for the interviews to be audio-recorded, and they all agreed. Interviews were scheduled according to each participant's availability in one of the available clinic rooms. Similarly, Doody and Noonan (2013: 31) further granted that interviews must be conducted at a time and venue

determined by the participant. The researcher ensured that the venue was quiet and that no background noise would disrupt the interview. Moreover, Elmir *et al.* (2011: 14) charged that it was imperative that research participants feel at ease, comfortable and safe during interviews.

The face-to-face individual and semi-structured interviews using an interview guide (Appendix 6a) with open-ended questions were utilised in the data collection. The interview guide consisted of demographic information and the interview questions section. Klimczuk (2021: 1) stated that demographic information refers to the elements of the population such as age, gender and ethnicity. Therefore, the demographic information of each participant was collected. Adeoye-Olatunde and Olenik (2021: 1358) declared that a fundamental benefit of semi-structured interviews was to allow interviews to be focused whilst providing the researcher with independence to explore important aims and objectives that surfaced in the duration of the interview. This further intensified the understanding of the phenomena being explored. Similarly, Ruslin *et al.* (2022: 22) asserted that semi-structured interviews are perceived to be the most formidable types of interviews than other types of interviews because it permitted researchers to accumulate in-depth information and evidence from participants while having significant focus on the research topic. Semi-structured interviews enabled researchers to be adaptable and flexible when asking questions from their participants.

The interviews lasted for 30 - 45 minutes and were audio-recorded with the permission of the participants. Had some participants refused to be recorded, notes would have been taken. However, there were no participants who refused to be audio-recorded. The interviews were transcribed verbatim before data analysis. Data was collected from the participants until data saturation was reached. Mwita (2022: 414) contends that data saturation refers to a point where the researcher has uncovered all the required data that have been collected and there is no new significant data or information that could be collected from the study's participants. Data saturation was reached with the 12th participant.

However, two additional Chiropractic master's students were interviewed to confirm data saturation. Data saturation generally indicates that the researcher should end collecting more data for a specific study. Hennink and Kaiser (2022: 1) further assented that data saturation was the point at which gathering more data about a theory uncovered no new features or produced any additional information. It is a point in data collection where data begins to be repetitive, so that more data collection is not essential, being evident that an appropriate sample size was reached. In this study, the final sample size was 14 participants.

3.11 DATA ANALYSIS

Wong (2008: 14) stated that in qualitative studies, data analysis is the procedure of systematically organizing and searching interview transcripts, non-textual information and other observational notes that the researcher compiled to expand the understanding of a certain principle. In addition, Fife and Gossner (2024: 3) asserted that deductive qualitative studies enable researchers to probe procedures, meanings and chronology of cognitive and interactive experiences. Analysis of deductive qualitative research is suitable for examining, applying, and enhancing a pre-existing theory. It may be contended that deductive qualitative research encourages the elevation of science by acknowledging formerly published literature, to be tested, yielding to larger support and development of the purpose being studied. In this study, the researcher and supervisor systematically organized interview transcripts, seeking a broader meaning of participants' understanding of professionalism. This was executed by employing the thematic content analysis. Thematic content analysis is a process of closely reading and interpreting data, such as interview transcripts, to extract common themes and patterns by identifying recurring patterns and themes within text-based data to gain insights into meaning and interpretations (Naeem, Ozuem, Howell, and Ranfagni 2023:2). In line with this method of data analysis, the researcher analysed the interview data to develop themes or patterns until no new insights, themes or patterns emerged from continued data collection and analysis. No software tool was used during data analysis.

The analysis was performed as follows:

Step 1: Transcript creation and data familiarization

The researcher familiarized themselves with the data collected by repeatedly listening to the recordings, which were transcribed onto Microsoft Word and read against and merged with the corresponding field notes. The researcher transferred data from the audio-recorded data onto paper and reviewed the data again with the assistance of the supervisor. The researcher and supervisor thoroughly read all the data to get a general sense of the information and possibly the overall meaning.

Step 2: Keyword identification

The researcher and supervisor noted the common keywords that were identified in the data while thoroughly analysing all the data. Dagli (2024: 349) confirmed that keywords are the foundation of a large data analysis.

Step 3: Code selection

This was the process of organising the data into parts of information to create code selection. The researcher and supervisor recognized codes through similar phrases in the data, to create relationships and patterns from the participants' responses. This was achieved by colour-coding different common phrases from participants. Williams and Moser (2019: 45) concurred that coding in qualitative studies is composed of procedures that permit collected data to be thematically organized by being convened and categorized, by providing a methodical manner for the forming of meaning. Coding was also perceived as a primary structural functioning, in qualitative research, allowing data analysis and consecutive steps to serve the aim of the study.

Step 4: Theme development

The researcher provided detailed descriptions of the categories or themes for analysis. This was achieved by identifying common ideas and patterns within the data by organizing codes into groups, to form each theme, aligned with the research objectives. The differences and similarities

between the interviews were identified, allowing typologies to develop and searching for different themes. Psychological meaning was used to interpret themes. The author's understanding of themes was presented, and the psychological interpretation was used as the facts (Clarke and Braun 2015). Frequently used terms from the responses were identified as themes.

Step 5: Conceptualization through the interpretation of keywords, codes, and themes

Conceptualization through interpretation of keywords and themes was executed by the supervisor and researcher, in a narrative manner to portray the findings of the analysis. It included a chronology of events and a detailed discussion of several themes.

Step 6: Organizing the themes in a table

Different themes were examined and formed from the interviews, with each theme and subtheme being organized and tabulated along with the keywords. This process involved grouping similar codes and the meticulous interpretation of relationships and patterns among codes. The themes were re-checked by the researcher and supervisor, and interpreted to answer the research questions and lessons learned.

3.12 DATA MANAGEMENT

In this study, the collected data was stored on a password-protected computer where the password is only known to the researcher. Kang and Hwang (2021: 7) propounded that researchers may keep their research data secure and safe by using protected passwords and files, or storing data in locked safes and cabinets. Researchers may also utilize codes that they have exclusive access to. Data will be deleted after five years from the computer and hard drive, and the researcher will shred the notes once all the data has been collected.

3.13 TRUSTWORTHINESS

Trustworthiness is important in qualitative research as it permits researchers to elaborate on the aspects of qualitative principles. Lincoln and Guba's (1988: 2) approach was applied to the study where it includes: credibility, transferability, dependability and conformability (Stahl and King 2020: 26). Those are described as follows:

3.13.1 CREDIBILITY

Stahl and King (2020: 26) defined credibility as the quality of being believable or worthy of trust as credibility relies on an individual's judgments. Member checking was applied to the study whereby the supervisors verified the researcher's data interpretation once it was collected.

3.13.2 TRANSFERABILITY

Transferability is the extent to which the findings can be applied in other contexts and studies (Stahl and King 2020: 26). The researcher employed thick descriptions, which were the detailed account of field experiences in which the researcher made distinct patterns of cultural and social relationships and put them in context. Thick descriptions required a cautious description of the context of observations, including the social and psychological components of the theory being studied (Younas *et al.* 2023: 1).

3.13.3 DEPENDABILITY

Dependability establishes whether the findings are repeatable and consistent. The researcher ensured that the interpretation of data remained consistent throughout data collection and the entire study. As the study unfolded, the researcher expected repeatable findings. The study's conceptual framework, focusing on individual competency, patient-centeredness, and work-centeredness (Sow, Chandrilake and Nadarajah 2021: 20), informed the data interpretation to ensure dependability.

3.13.4 CONFIRMABILITY

Confirmability refers to the extent which the results could be confirmed by others. The researcher illustrated confirmability by describing how conclusions and interpretations were established and exemplified that the findings were directly from the data.

3.14 ETHICAL CONSIDERATION

Ethical principles were important to shield the dignity and rights of research participants. Research ethics preside over the behavior of academic researchers (Chowdhury *et al.* 2021:1). The ethical considerations in this study were as follows:

- Ethics approval to perform this study was obtained (Appendix 1) from the Institutional Research and Ethics Committee (IREC) at the Durban University of Technology (DUT).
- Gatekeeper permission was obtained from the Research Director (Appendix 2b), the Chiropractic Clinic Director (Appendix 3b), as well as the Head of Department (HoD) in the Chiropractic Department of the selected university (Appendix 3b).
- The participants were provided with information letters (Appendix 4) informing them of the study background and purpose. Participation in this study was voluntary, and the principle of autonomy was maintained. No names or personal information of the participants were disclosed.
- The participants indicated consent to participate in the interviews by signing a letter of consent (Appendix 5), and interviews were conducted using an interview guide with open-ended questions (Appendix 6a).
- The data was analysed and reported on subjectively by the researcher. All the data obtained from this research study was kept confidential and will be stored on a computer for five years. Only the researcher had access to the computer, which has a password that is only known to the researcher.
- The participants were able to withdraw from participating in the interviews at any point if they wished, without any penalty.

- The participants were not exposed to any risks or discomforts and there was no remuneration.
- All data was coded for the purposes of analysis and reporting, in order to maintain the anonymity of participants.

3.15 SUMMARY OF THE CHAPTER

This chapter provided details on the research methodology that guided the study. A qualitative descriptive and exploratory approach was used to explore professionalism, as the researcher described and explored the professionalism concept from the participants' perspectives and responses. The data collected was through interviews in order to obtain the findings of the study. Details of all procedures required to be adhered to, such as data collection, data analysis and the trustworthiness of the study, were highlighted comprehensively. The following chapter presents the findings of the study.

CHAPTER 4: PRESENTATION OF FINDINGS

4.1 INTRODUCTION

Chapter Three discussed the methodology applied to guide the study. The study setting, sampling process used, the inclusion and exclusion criteria, the data collection and ethical considerations. This chapter discussed the results of data through interviews of 14 registered Chiropractic master's students in a University of Technology within the eThekweni district in KwaZulu-Natal province, South Africa. Data was extracted through semi-structured interviews which were conducted with each participant and, face-to-face. A list of questions from the interview guide (Appendix 6a), originating from the three domains of this study's conceptual framework, evoked data from the participants, which were utilized. All the interviews were audio-recorded and transcribed verbatim before data analysis. The data obtained from the interviews were analyzed for its pertinence to the research questions of the study.

4.1.1 Main research question

What are the Chiropractic master's students' understanding, attitudes and perceptions of professionalism in their profession?

4.1.2 Sub-questions

- What are Chiropractic master's students understanding of professionalism in their profession?
- What are Chiropractic master's students attitude towards professionalism in their profession?
- What are Chiropractic master's students' perceptions of professionalism and its parts that may be improved in their profession?

An interview guide (Appendix 6a) was used, containing two sections: the first section was for gathering demographic data to collect information on the participants' characteristics, and the second section included open-

ended questions to collect data for research questions. Face-to-face interviews were conducted with participants at the selected University of Technology in KwaZulu-Natal. The findings of the study began with the demographics, followed by themes that were reviewed about their sub-themes and interpreted according to the literature to comprehend the understanding, attitude, and perceptions of Chiropractic master's students regarding professionalism and its parts that may be improved.

4.2 DEMOGRAPHICS OF THE PARTICIPANTS IN THE STUDY

The researcher used an analogous purposive sampling method to select participants for the study. Chiropractic master's students who met the inclusion criteria were eager to participate and agreed to take part in the study by providing consent and were interviewed. Demography refers to the study of populations, while characteristics such as age, sex, birthplace, health, structure, occupation, and education were inquired (Ferreira 2017: 2). The demographic data of the 14 Chiropractic master's students who participated in the study are delineated in Table 4.1 below. The table displays participants' demographic information in terms of gender, age, race, and highest qualification level. The majority of the participants were male, namely eight males and six females. Their age ranged between 25 to 35 years, with 12 participants aged 25 to 35 years and two participants aged less than 25 to 35 years. There were four Africans, four Whites, two Indians, three Coloureds, and one participant categorized as 'other'.

Table 4.1: DEMOGRAPHIC DATA OF STUDY PARTICIPANTS

Participant no.	Age group (years)	Gender	Ethnicity	Highest Qualification
1.	25 - 35	M	Indian	B. Tech: Chiropractic
2.	25 - 35	M	African	B. Tech: Chiropractic
3.	25 - 35	F	African	BHSc: Chiropractic
4.	25-35	M	Indian	B.Tech: Chiropractic
5.	25-35	F	White	B. Tech: Chiropractic
6.	25-35	M	White	B. Tech: Chiropractic
7.	25-35	M	Other	B. Tech: Chiropractic
8.	25-35	M	White	BHSc: Chiropractic
9.	25-35	M	White	B. Tech: Chiropractic
10.	> 25-35	F	Coloured	BHSc: Chiropractic
11.	25-35	F	African	B. Tech: Chiropractic
12.	25-35	F	African	B. Tech: Chiropractic
13.	> 25-35	F	Coloured	BHSc: Chiropractic
14.	25-35	M	Coloured	B. Tech: Chiropractic

M= Male

F= Female

P= Participant

B. Tech = Bachelor of Technology in Chiropractic

BHSc = Bachelor of Health Sciences in Chiropractic

4.3 CONCEPTUALISATION OF UNDERSTANDING, ATTITUDES AND PERCEPTIONS OF CHIROPRACTIC MASTER'S STUDENTS REGARDING PROFESSIONALISM

The thematic analysis used on the transcripts generated primary concepts that could be recognized from the data. The following themes emerged during the analysis of data by identifying codes and the common concepts which appeared from the data:

- a) Chiropractic master's students' understanding regarding professionalism.
- b) Chiropractic master's students' attitudes regarding professionalism.
- c) Chiropractic master's students' perceptions regarding professionalism, and its parts that may be improved in the profession.

The themes were interrelated and aided in the participants' understanding, attitudes, perceptions and interpretation of professionalism according to the interviews conducted. In the following section, the researcher presents each theme and its related sub-themes. To substantiate the developed theme and sub-theme, quotations emerging from the transcribed interviews were utilized. A sample of an interview script is provided (Appendix 6b).

Table 4.2: SUMMARY OF THEMES AND SUB-THEMES THAT EMERGED FROM THE DATA ANALYSIS

Category	Theme	Sub-theme
Individual proficiency	4.3.1 Chiropractic master's students' understanding regarding professionalism.	4.3.1.1 Professionalism was based on one's personal understanding. 4.3.1.2 Professionalism depended on your personal background and upbringing. 4.3.1.3 Professionalism was varied from individual to individual. 4.3.1.4 Professionalism was based on personality. 4.3.1.5 Professionalism was based from other forms of life.
Patient centeredness	4.3.2 Chiropractic master's students' attitudes regarding professionalism.	4.3.2.1 Positive attitudes towards professionalism. 4.3.2.2 Good bedside manner. 4.3.2.3 Keeping a professional environment. 4.3.2.4 Being friendly to patients 4.3.2.5 Professional behavior
Work centeredness	4.3.3 Chiropractic master's students' perceptions regarding professionalism.	4.3.3.1 The conduct of a Chiropractic master's student. 4.3.3.2 Being able to work together and understanding your patient. 4.3.3.3 Adequate sense of professionalism 4.3.3.4. Interaction with peers and patients 4.3.3.5. Negative aspects of unprofessional behavior.
Individual competency: (4.3.4.1 and 4.3.4.5) Patient-centeredness (4.3.4.2 and 4.3.4.3) Work-centeredness (4.3.4.4)	4.3.4 Chiropractic master's students' views on what parts of professionalism may be improved.	4.3.4.1 Professionalism should be taught to improve it. 4.3.4.2 Communication skills improvement. 4.3.4.3 More practical scenarios with patients should be introduced in pre-clinical years to improve competency. 4.3.4.4 Role-modelling should set standards of professionalism to improve conduct. 4.3.4.5 A professionalism module should be considered, as well as seminars and workshops to improve attitude.

4.3.1 Chiropractic master's students' understanding of professionalism

Most participants had a different and limited understanding of professionalism as most of the responses varied. Responses included that professionalism was based on one's personal understanding and other forms of life, and is depended on one's personal background and upbringing. However, there was a lack of understanding concerning professionalism displayed by most participants. The following extracts outlined this:

"Understanding, in terms of understanding or in terms of you what we were taught about professionalism. I'm not sure that there was more understanding enforced to us as you see that I'm lacking a lot of like understanding in terms of the term of its own but I believe that it comes to it goes down to who you are as a person and your background and how you are brought up and yeah that's all." **P3, female, 25-35 years**

"My understanding of professionalism, I don't think, has really come or been learned that much from DUT in a way. I think it's more come from just other forms of life I guess. Or not from DUT, it's just, you know." **P 6, male, 25-35 years**

"So, a lot of the time, it's based on everyone's own personal understanding, and so that in itself introduces inherent biases and different views. And regarding chiro and its profession, that can vary based off how different people conduct and talk, and do chiropractic." **P 7, male, 25-35 years**

" I think uh professionalism is something that you have to acquire and it's basically something that you have to be trained on however I also feel that professionalism should always encompass and consider um differences in people um so it professionalism forms a guideline as to how people work together in an organization um however then around that is a whole bunch of differences of the

individuals that are within that organization but it's something that requires training and I mean and it requires training because it might differ from one person to the next and you find that there may be clashes that may occur so it's something in that organization that has that needs training for.” P 11, female, 25-35 years

4.3.2 Chiropractic master's students' attitudes regarding professionalism

Participants portrayed positive attitudes towards professionalism. Having an adequate bedside manner, maintaining a professional environment, being friendly towards patients, and behaving professionally were also associated with constructive attitudes towards professionalism. Despite the participants not knowing what professionalism is, they reported having positive attitudes. The following excerpts highlighted this:

“ Yea, my attitude towards it. Professionalism, yes. I feel like I have a good attitude towards it and it's something that I value a lot. I value professionalism and I believe each and every student or each and every master's student should have it.” P 3, female, 25-35 years.

“It's those sort of interactions with how you perceive people who are working, um, you know, people being professionals and conduct themselves appropriately. Um, so that, that's where all my understanding or perception of that would come from Um, and then attitude, uh, regarding professionalism, I would say, um, I think, like, yeah, I think professionalism is important. Um, but I also think it's also important not to, uh, what's the word? Um, over emphasize it, um, whether it be like someone telling you to be like more professional and then like, then it's tricky because maybe sometimes someone is thinking that you're not being professional enough, but from your perspective and everyone else, it's not an issue, you know? So it's a fine balance of trying to be professional, but also not overdo it.” P 8, male 25-35 years

“I’ve worked at other jobs where you have to maintain where there is a professional environment. My attitude towards it would be that it is important to keep a professional environment and perception can be skewed by the way other people act within that environment.” **P 10, female, 25-35 years**

“So that has been gleaned through clinicians that I aspire to practice like, it’s been gleaned through other medical professionals, seeing how they would participate in a practice, how they would treat a patient. And my attitudes towards it are, I’m very old fashioned in general. So I’m a big fan of trying to keep things professional. I believe that there are some fields where you can have, or even where it’s required for you to be much more professional and others where you can be lax about professionalism. And I think that we are in a profession that requires high professionalism.” **P 12, female, 25-35 years**

4.3.3 Chiropractic master’s students’ perceptions regarding Professionalism and its parts that may be improved

Participants displayed positive perceptions of professionalism. Some participants stated that perceptions of professionalism were closely linked with how one conducts oneself; working well and understanding one’s patient, and being punctual were considered important. Nonetheless, there were some perspectives that reflected poor conduct of professionalism in the clinical setting. The following citations depict this:

“You’ve got to approach, it’s not just about being strict all the time, um, and about being completely medical all the time. You’ve got to be able to kind of, uh, do it together with your patient. You’ve got to kind of, um, read the room and read the situation and being professional as a chiropractor means you’ve got to be able to understand your patient and how they act and treating them accordingly.” **P 1, male, 25-35 years**

"I think that the majority of the chiropractic student interns do demonstrate quite good professionalism when interacting with each other, when interacting with patients. I have seen a couple of students who are not professional with each other, especially when they think there aren't patients around, for example, like in a clinic reception. When they aren't acting professionally, they will make childish jokes, and patients are sitting there, and can hear that, and it does create a negative light on the profession in general. But I do think overall the professionalism in the clinic is pretty good." **P 5, female, 25-35 years**

"So, during the clinical practice training, it has varied with regards to professionalism. Some people conduct themselves well in the way they speak, in the way they treat their peers, in the way they treat their seniors, juniors, students, etc. Conversely, there have been people that also have conducted themselves poorly relative to how the standard of operation is, and or just different inherent biases of other people, meaning some people will carry certain values that are different to one another, and while some do respect that, a few from different cultures." **P 7, male, 25-35 years**

"I think professionalism is very, I think actually the standards for professionalism are very good. Personally, I feel like we are trained to just be punctual. It's all about punctuality, learning how to address certain things in a professional manner, especially in a medical setting. So, I think within the clinic setting, I think that it really tries to just shape professionalism, you know, amongst, within students and imparted within students. Obviously, you know, there are some little necks here and there that may be tweaked and improved maybe. But in general, I think the professionalism, in the clinic to be specific, is very good in terms of how they train us to be professional." **P 11, female, 25-35 years**

The majority of participants had similar suggestions on how professionalism may be remediated in the clinical training and in the Chiropractic profession at large. Suggestions for introducing more practical scenarios with patients earlier in the program would benefit Chiropractic students. Introducing professionalism modules, workshops and seminars would enable Chiropractic students to have more understanding and comprehension of professionalism. The fragments from the interviews below delineated this.

"It's more so of a subjective thing. It's a case by case basis. You can't necessarily say that generally speaking, there is this one major issue within the chiropractic profession, um, when it comes to communication. Um, yeah, I'm guessing the key key thing that need that would need to be done is number one, explicitly explaining, you know, what chiropractors actually do to whatever patient you encounter so that they have their own, like they, because obviously they have their own expectations. And then once there was expectations are not met because of a lack of communication with the patient or in terms of like how you conduct yourself, then yeah, that needs to actually be fixed." **P 2, male, 25-35 years**

"Yeah, we don't specifically get taught anything about being a professional. It's something that there probably should be a module on, even if it's a short module, on how to be professional with a patient, with your colleagues, so they could incorporate that into the actual bachelor's degree so that people have an understanding. Unfortunately, some people will be brought up in a household where they're taught the importance of professionalism, and others have no idea what it even means. And to try and teach someone only once they get into the clinic, it's very difficult to break habits and some people's habits are just not, they're not, professional people." **P 5, female, 25-35 years**

"So, I would say going for workshops, seminars, just having a reminders, making sure that people still follow certain protocols and ethics codes. Whether it's uhmm...letting our peers know within a

respectable manner, whether it's uhmm having your seniors er..have a light reminder or how you conduct yourself in terms of maybe in terms of having a reflection or self-reflection exercises, trainings or workshops, or seminars in that sense. It is also good to get understandings from other peers just to see..in terms of what they think, how they feel, what has ...what experiences they have had, and you can learn from that." **P 7, male 25-35 years**

"I mean we do PMJU right, and I guess it's difficult to learn from that though because it's all theoretical not practical, I think most of our learning gets done here in the clinic and only if you're, unfortunately only if you have a bad experience will you then be able to learn from that and conduct yourself differently. So, maybe doing role play scenarios or whatever within the PMJU module. I know that sounds so dumb but uhm, I mean I had, a uhm..... an incidence this year where uhm a patient was completely inappropriate with me and I didn't know how to respond properly because I was like, I wanted like, I responded professionally but they didn't you know, they didn't get the hint at all. Uhmm... so you know maybe just how do you respond assertively and professionally because some people really struggle with that. So, I think maybe having more practical experience with that in the PMJU module could be beneficial." **P 10, female, 25-35 years**

4.4 SUMMARY OF THE CHAPTER

This chapter outlined the findings from the participants' interviews, with the aim of answering the research questions. Four main themes emerged, namely Chiropractic master's students' understanding regarding professionalism; Chiropractic master's students' attitudes regarding professionalism; Chiropractic master's students' perceptions regarding professionalism, and views on what parts of professionalism may be improved in their professionalism, alongside their respective sub-themes. The next chapter discusses the findings, themes, and sub-themes formed from the data.

CHAPTER 5: DISCUSSION OF FINDINGS

5.1 INTRODUCTION

In the previous chapter, the findings of the study were displayed. These findings were discussed and unpacked on the basis of data analysis and the successive elucidating of the understanding, attitude and perceptions of Chiropractic master's students regarding professionalism, and the participants' views on how professionalism may be improved. For the data to be analyzed, the researcher accustomed herself with the interview transcripts and pinpointed remarkable utterances which expanded certain components of understanding, attitudes and perceptions of professionalism with Creswell's (2014:195) application of step five (presenting the results) and step six interpretation of the results of the analysis. Creswell (2014: 195). These utterances were utilized to extract a homogenous system centered on the understanding, attitude and perceptions of Chiropractic master's students regarding professionalism.

This chapter offered the discussion of the findings of the data obtained from the interviews, 14 Chiropractic master's students are registered at a University of Technology in eThekweni District. Data from interviews was analyzed according to their relation and pertinence to the research questions of the study. All perspectives were accumulated from the interviews and were analyzed applying Creswell's six steps of thematic analysis as narrated by Creswell (2014: 193). The chapter begins by briefly describing the participants as well as their demographic profile. Thereafter, the chapter discusses the findings of the study as themes namely Chiropractic master's students' understanding of professionalism; Chiropractic master's students' attitudes regarding professionalism; Chiropractic master's students' perceptions regarding professionalism, and Chiropractic master's students' views on what may be done to improve their professionalism. The chapter harmonizes the findings with the aim of the study and integrates it with the literature review. Finally, the chapter concludes with a summary.

The present study aimed to explore the understanding, attitudes, and perceptions of Chiropractic master's students regarding professionalism, and to understand their views on what parts of professionalism may be improved.

5.2 DEMOGRAPHIC PROFILE OF STUDY PARTICIPANTS

All Chiropractic master's students who participated in the study were registered at a University of Technology in the eThekweni District. The age of participants, which ranged from 25 to 35 years, was 86 %. Moreover, 67 % of participants were males and 43 % were females. The ethnicity in the study revealed that 33 % were African, 16 % Indian, 33 % White, eight % from another ethnic group and eight participants which constitutes 21 % of the Coloured ethnic group.

Admission for the Master of Health Sciences in Chiropractic (MHSc) is a Bachelor of Health Sciences in Chiropractic or an equivalent qualification, achieved in the previous year to gain admission to the Master of Health Sciences in Chiropractic. These requirements were aligned with the Allied Health Professions Council of South Africa (AHPCSA) requirements according to Act 63 of 1982 (Chiropractic Handbook 2023: 27).

5.3 DISCUSSION OF THEMES

The current study explored the understanding, attitude and perceptions of Chiropractic masters students regarding professionalism. Interviews were conducted with chiropractic master's students to produce, display and interpret their understanding, attitude, and perceptions of professionalism and its parts that may be improved. Themes that emerged from the study are discussed extensively below.

5.3.1 Chiropractic master's students' understanding of professionalism

Chiropractic master's students who participated in this study had a limited understanding of professionalism. Their understanding of professionalism

was based on one's personal understanding, personal background, and upbringing. They perceived that professionalism varied from individual to individual, based on one's personality and based on other forms of life. A participant stated there was a lack of understanding of professionalism.

Monrouxe *et al.* (2014: 585) declared that there is no single perspective or meaning of medical professionalism. Nonetheless, Hafferty (2006: 194) proposed that professionalism definitions differ according to different cultures and the country one lives in, the researchers' and journal perspectives, as well as the new versus traditional professionalism. Olckers (2019: 17) contended that understanding professionalism definitions in medicine have been related with two broad aspects of doing and being, aligned with personal values. Similarly, Jensen *et al.* (2014: 1) performed a study on pharmaceutical students, and the study found that personality traits may influence professionalism.

These findings were aligned to the participants' responses about their understanding of professionalism. However, the participants' understanding of professionalism was restricted because professionalism attributes did not only entail personal traits, backgrounds and other forms of life, as professionalism contained more elements which were not mentioned in their responses when asked about their understanding of professionalism. Selic *et al.* (2019: 438) stated that The American Board of Internal Medicine proposed that professionalism constitutes six components, namely accountability, altruism, duty, excellence, respect and integrity.

Other associations elaborated on the core principles of professionalism, including patient autonomy, patient well-being and social justice being demonstrated through professional responsibilities, which are altruism, empathy, integrity, continued development, working closely with team members and excellence. Rambiritch and Smith-Tolken (2019: 142) found that educators and interns felt that some biomedical technologists were deficit in the understanding of professionalism and the vitality of their role

in healthcare, which influenced their work standards and attitudes. In understanding professionalism, key factors crucial to understanding professionalism were omitted. This could imply that more educational interventions within chiropractic education should be implemented to ensure that students have a thorough understanding of professionalism, which could be applied during clinical training.

Most participants in the study uncovered a significant lack of understanding in professionalism. Other participants expressed that professionalism understanding was linked to personality and background. Uniformly, Peters *et al.* (2015:1) at the University of West Indies deduced that medical students displayed restricted understanding of professionalism. This was established after a study was completed to examine the recent understanding and attitudes regarding professionalism. Greenburg *et al.* (2007: 1711) also conducted a study at the University of Health Sciences in Bethesda in the United States of America, which aimed to display whether frequently accessible data illustrated sub-standard performance scores during internship by residency program leaders. The study revealed that scores were deficient in understanding and professionalism. The third-year scores unveiled that understanding of professionalism was shallow. Analogously, Seif-Farshad *et al.* (2016: 45) in Shahid Besheshti University of Medical Sciences in Iran aimed to assess the understanding of medical students and doctors regarding medical professionalism, which appeared to be accommodating in recognizing the infirmity of training in the discipline of professionalism, and forming plans for upcoming training on the subject. The study indicated that medical professionals in healthcare had an adverse theoretical understanding of medical professionalism.

Even though this information did not stipulate that their medical practices were unprincipled, a high level of professionalism was one of the preconditions of having adequate understanding of this phenomenon. The study concluded that apposite training for concepts of medical professionalism was required for refining performances and behaviors.

Therefore, there was a need to improve professionalism understanding in the medical curriculum.

5.3.2 Chiropractic master's students' attitudes regarding professionalism

The study's findings were that most participants had positive attitudes towards professionalism. However, certain facets of professionalism regarding attitudes, including possessing an efficient bedside manner and upholding a professional environment, were also expressed. The findings were aligned to a study conducted by Parthibana *et al.* (2021: 1) at Perdana University in Malaysia, which aimed to probe Malaysian medical students' attitudes regarding professionalism with particular prominence given to the contrast between clinical and pre-clinical students. The second aim was to differentiate between Asian and Malaysian medical students. The overall outcome resulted in students having optimistic attitudes towards all professionalism constituents, with more than 80% of students concurring that every aspect of professionalism was crucial. Likewise, Motamed - Jahromi *et al.* (2017: 2) declared that positive thinking during training enhanced nurses' quality of their work life.

Similarly, with regard to bedside manner, Yi *et al.* (2019: 2724) in Malaysia purposed to verify how clinical first-year students perceived bedside teaching approach in their first experience, and to recognize the contrasting attitudes regarding education. The study uncovered that students were content with the categories of bedside manner teaching. Students anticipated extracting more information over the topic prior to attending and to have a lesson that they could take home. The students' feedback harnessed the effort to enhance the teaching approach so that high caliber medical professionals may be produced. This also confirmed that bedside manner was imperative in professionalism as participants of this study stated that having an efficient bedside was associated with a positive attitude regarding professionalism.

Baeirnshtein *et al.* (2009: 574) conducted a study in Washington to assess and recognize how students engage and reciprocate with traditional professionalism teaching methods, and what influences external, to the formal curriculum may affect professional advancement. Students recognized role-modeling as a vital procedure for learning professionalism. Students perceived that professionalism is gleaned from values, nurturing and encounters before attending medical school. Some students contemplated on expanding professionalism while directly interacting with patients. Exposure to exceptional role models was a crucial element in medical education, preferably faculty who may express professionalism ideals and work with students alongside clinical environments. Students' morals and encounters that affect professionalism should be recognized and valued.

5.3.3 Chiropractic master's students' perceptions regarding professionalism and its parts that may be improved

Participants had varied perceptions of professionalism, associating it with how one conducts themselves; being able to work harmoniously with the patient, including interactions with peers and patients; understanding the patient; and having an adequate sense of professionalism. Regardless of the participants' satisfactory perceptions of professionalism. However, some participants highlighted that unprofessional behavior reflected negatively on the Chiropractic profession holistically, not just during clinical training.

Elsheikh *et al.* (2020: 1) found that 355 Sudanese dental students demonstrated satisfactory levels of perception towards professionalism being taught. The study explored the perceptions of professionalism of Estonian Radiography students to recognize their comprehension of professionalism. It was believed that perceptions of professionalism were greatly affected by their fundamental understanding, what had been taught in lectures, and observing how others behaved in a clinical setting. Likewise, Madadi *et al.* (2019: 136) stated that qualities and conduct included non-verbal expectations that society had formed of healthcare

professionals. Communication, mannerisms, empathy, compassion, hygiene and professional appearance were all included. These may be referred to as soft skills and are just as crucial as adequate clinical skills or competency, and in the long-run developed patient-doctor relationships.

Participants in the study had similar perceptions of what parts of professionalism may be improved. Most participants stated that professionalism should be mandatory and should be taught and infused into the chiropractic program. This could be achieved by being educated on how to improve communication skills; introduce more practical scenarios with patients in pre-clinical years; role-models setting the standards of professionalism; and that a formal professionalism module should be considered to be included in the Chiropractic curriculum, as well as frequent seminars and workshops.

Berger *et al.* (2020: 938) in Canada aimed to encapsulate published professionalism modules in postgraduate medical education to recognize principal practices for professionalism training. The most frequent teaching methods contained reflections and simulations. Professionalism modules commonly tackled were doctors' well-being and professional behavior. Many studies assessed self-reported behavior change and attitude. Mediation focusing on improvements in understanding was frequently effective. The majority of published curricula discussing professionalism in postgraduate medical education were constructive. However, Wali *et al.* (2016: 552) in Chicago established that early transformation, reporting of simulation-based professionalism education and examination was sub-standard in strategies, jargon, and deficient in the characteristics essential for duplication. A minimum standard was offered for reporting future professionalism-focused simulation education and examination, including a primary framework for an improved outlining of adequate simulation strategies in the targeted discipline of professionalism. This could imply that more professional training was required in medical education to ensure that quality health professionals were produced. This could be achieved by having more positive role-models during clinical training who

may instill qualities that could improve chiropractic master's students' professional behavior.

Matthews and van Wyk (2018: 1) in the Nelson R Mandela School of Medicine at the University of KwaZulu-Natal in South Africa, propelled a study where communication training was explored and how it connected to being accountable socially. Quality communication was highly esteemed but poorly role-modelled. Participants concurred that isiZulu and communication education were insufficiently reinforced to respond suitably to the necessities of municipal communities. Social accountability was not comprehended well by medical students, while medical school lecturers and other associates specified that, regardless of eagerness, this intent had not been accomplished. Incorporating the isiZulu culture and language in pre-clinical and clinical stages would enhance communication with patients, impart socially receptive healthcare, and meet healthcare needs appropriately. Fusing the social accountability framework in medical training would emphasize the vitality of quantifying health sequel and community effect to harness the commission of medical education.

5.4 FINDINGS IN RELATION TO THE AIMS OF THE STUDY

The current study was conducted to explore and describe the Chiropractic master's students' understanding, attitudes, and perceptions regarding professionalism at a selected University of Technology in eThekweni and to understand their views on what may be done to improve in their profession. The aim of the study was achieved, and the themes that became evident from the Chiropractic master's students' interpretation of professionalism. The themes were the Chiropractic master's students' understanding of professionalism in their profession, their attitudes towards professionalism, their perceptions regarding professionalism, and their views on what parts of professionalism may be improved. These findings were aligned with conceptions in the literature review. Participants in this study were interviewed, and they responded to the four questions, which were formed based on the study's objectives. The questions and the findings obtained are provided below.

a. What is the Chiropractic master's students' understanding of professionalism in their profession?

In this study, the participants understood professionalism from a single aspect, that professionalism was based on your personal traits, background and upbringing, and other aspects of life that indirectly taught professionalism. Participants emphasized that each individual had their own interpretation of professionalism, which was greatly dependent on one's background, personality, and upbringing. One of the participants mentioned that upbringing was reflected in one's professional conduct, as some of the Chiropractic master's students exhibited professionalism and others could not display professionalism characteristics.

b. What are the Chiropractic master's students' attitudes towards professionalism in their profession?

In this study, Chiropractic master's students had positive attitudes towards professionalism. Participants included that constructive attitudes comprised of displaying professional behavior, possessing adequate bedside manners, maintaining a professional environment and being unreserved towards patients. Participants were able to recognize important elements that contribute to having an optimistic attitude towards professionalism. This could indicate that their attitudes towards professionalism were intact, which may have led to improving their quality of patient care during clinical training.

c. What are the Chiropractic master's students' perceptions of professionalism and its parts that may be improved in their profession?

The Chiropractic master's students had a sound perception regarding professionalism as they associated it with conducting themselves appropriately and working harmoniously with patients. Some participants mentioned unprofessional behavior, such as being facetious in the presence of patients which may reflect negatively on the Chiropractic master's students undergoing clinical training and the profession at large. Unprofessional behavior could have a negative impact in the chiropractic

profession where it could lead to patients not taking the profession seriously. However, overall, an appropriate sense of professionalism perceptions was expressed.

Participants strongly recommended that more practical scenarios should be introduced to the chiropractic program prior clinic entry level as this would enhance competence and clinical skills as opposed to being confined in a lecture venue. A participant suggested visits to public hospitals should be reintroduced to enhance clinical skills and competency, this could be achieved in the Bachelor phase of Chiropractic qualification so the transition from pre – clinical years into the clinical training could be smoother. Professionalism modules, seminars and workshops were also suggested by Chiropractic master's students to enhance professionalism holistically.

5.5 SUMMARY OF THE CHAPTER

This chapter presented the discussion of the study findings. The discussion included the demographic profile of participants, the themes, sub – themes and emergent themes of the study described how the research questions were answered. The next chapter concludes this research and delineates the limitations, recommendations and aspects for future studies.

CHAPTER 6: STUDY LIMITATIONS, RECOMMENDATIONS, AND CONCLUSION

6.1 INTRODUCTION

In the previous chapter, the themes and sub-themes that emerged were discussed. In this chapter, the findings of the study are summarized, and the strengths and limitations of the study are highlighted. The researcher's reflections are also presented, and the chapter concludes with recommendations for future research.

6.2 SUMMARY OF FINDINGS

The study aimed to explore and describe the understanding, attitudes, and perceptions of Chiropractic master's students regarding professionalism, and to understand their views on what may be done to improve their professionalism. This was to mitigate unprofessional behavior in clinical training and for it not to be transferred to future practice of Chiropractic.

The thematic analysis from the interview data provided by participants produced five major themes which were: Chiropractic master's students' understanding of professionalism, Chiropractic master's students' attitudes regarding professionalism, Chiropractic master's students' perceptions regarding professionalism and its parts that may be improved. Each theme was summarized below.

6.2.1 Chiropractic master's students' understanding regarding professionalism

Insufficient understanding regarding professionalism is aligned with a lack of professionalism, which may determine the success or failure of quality in professional practice. The lack of professionalism in understanding could violate patient safety and dignity. Therefore, having a complete understanding of professionalism is imperative to ensure patient safety and quality practice in the chiropractic profession.

6.2.2 Chiropractic master's students' attitudes regarding professionalism

Positive attitudes were expressed in Chiropractic master's students regarding professionalism. This constructively affects the quality of practice when handling a patient, which could influence patient satisfaction positively. Being optimistic towards professionalism could be beneficial to the chiropractic master's students undergoing clinical training and be beneficial to the patients.

6.2.3 Chiropractic master's students' perceptions regarding professionalism and its parts that may be improved

Participants expressed varied but adequate perceptions of professionalism. Behaving professionally, maintaining a professional environment and conducting yourself in an appropriate manner was considered essential in professionalism. However, maintaining professionalism beyond the learning and working environment was crucial, as unprofessional behavior or conduct could compromise the chiropractic profession at large especially in the presence of patients. Therefore, ensuring that professional conduct is executed at all times is important.

Chiropractic master's students stressed that more educational interventions should be implemented to ensure adequate professionalism qualities. Participants also perceived that regular professionalism workshops and seminars should be in place. Some participants recommended that a professionalism module should be introduced in the chiropractic curriculum to produce quality chiropractors in the healthcare system. More could be acquired from the professionalism module as it would form a professionalism protocol that all chiropractic master's students should adhere to, ensuring excellent service to patients and in turn, refine competency and clinical skills.

6.3 STRENGTHS AND WEAKNESSES OF THE STUDY

This qualitative study contributes to the scientific literature on the understanding, attitudes, and perceptions regarding professionalism, as required by Chiropractic master's students. The weakness in the study is that due to the qualitative nature of the study design, a smaller sample size was selected. The findings of the study can therefore not be generalized to other populations or contexts.

Moreover, Ugwu and Eze (2023: 20) observed that qualitative studies are linked to ideas, experiences and emotions. The role of qualitative studies is to obtain an encompassing interpretation of a social phenomenon in its natural setting, and depends on the personal encounters of individuals. In this study, Chiropractic master's students understood and interpreted professionalism according to their experiences in a clinical training environment, depicting a great lack of an all-inclusive understanding of the professionalism phenomenon. Core ethical values such as accountability, excellence, altruism and integrity were omitted in their constrained understanding of professionalism. Therefore, this could suggest that future studies delving into key aspects of professionalism training may be considered, to remediate the insufficiency in understanding professionalism.

The strengths of the study were that the research question was built upon existing literature and was well-defined, clear, and impactful. The study design was appropriate in that it allowed the appropriate study design, minimal bias, and adherence to the original design. A well-defined, clear, and impactful research question that builds upon existing literature was developed. It ensured that relevant data collection and analysis. The selected design was suitable for addressing the research question. The sample accurately reflected the target population, reduced and allowed for the generalisability of findings to the interviewees. The study has ensured consistency and reliability in data collection and analysis. A well-established theory provides a solid foundation for the study and helps interpret the findings.

6.4 STUDY LIMITATIONS

Theofanidis and Fountouki (2018: 156) concurred that limitations of a research study regard prospective weaknesses which are beyond the researcher's control. Limitations may influence the study design, results, and conclusions. Additionally, qualitative studies have smaller sample sizes and may lead to generalizability being disputable. Varied interpretations of the same subject may be founded on different reasons. This may include the researcher's emotions at that particular instance, their cultural and social background, as well as other external factors (Mwita 2022: 622). Another limitation was articulated by Rahman (2017: 120) confirmed that forming an underdeveloped research question in qualitative studies into a researchable form is much more rigorous. Therefore, refining research questions in qualitative studies may be continual throughout the study. Similarly, in this study interview questions were amended to align with the aims, objectives and medical professionalism education theoretical framework. It was further suggested by Rahman (2017: 121) that qualitative studies may be more time consuming in analyzing data and may generalize the findings to a larger sample size in a restricted manner.

In this current study:

The data collection was conducted at one University of Technology in the eThekweni District of KwaZulu – Natal, focusing on a specific population, specifically Chiropractic master's students in their clinical training only. Furthermore, the population was undersized due to the restricted Chiropractic master's students in clinical training for one year. Understanding, attitudes and perceptions may vary from Chiropractic master's students in other universities.

6.5 RESEARCHER'S REFLECTIONS

The findings indicated that the understanding of professionalism ought to be taught and learned to ensure that Chiropractic master's students obtain extensive fundamental principles of professionalism. Nonetheless, the researcher suggests that introducing a professionalism module with assessment standards and competency would enormously benefit Chiropractic master's students, junior

students and patients to limit the recurring errors during clinical training. The researcher perceived that additional studies would be required to be conducted, involving clinical instructors to get more in-depth understanding, attitudes and perceptions regarding professionalism and its parts that may be improved.

6.6 RECOMMENDATIONS FOR FUTURE RESEARCH

A similar study of this nature in another University in South Africa would be required. Results from another South African province would solidify the suggestions made in this study for the implementation of professionalism in the Chiropractic program. These suggestions from the participants could provide the Chiropractic Department with sound reasons why professional education is required. This could be achieved by the program curators, supervisors, and management implementing measures by introducing training programs on professionalism. However, professionalism enhancement may not be reached by participants sharing their various perspectives on how professionalism may be refined. Therefore, enlisting workshops and courses on professionalism would be pivotal.

6.7 CONCLUSION

This qualitative study explored and described the participants understanding, attitudes and perceptions of professionalism and ultimately their views on what aspects of professionalism may be improved. Chiropractic master's students can remedy professionalism based on the study's findings. Nonetheless, understanding, attitude and perceptions of professionalism must be adequate when Chiropractic master's students make clinical entry. After clinical entry has been accessed, extensive professionalism training should be included, ensuring that patient rights are preserved. This research study will contribute to the literature in terms of understanding, attitudes and perceptions regarding professionalism and its parts that may be improved. Nevertheless, a larger study population could be utilized to collect data and verify the credibility and reliability of this study.

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Appendix 1: Ethics clearance



Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Berwyn Court
Gate 1, Steve Biko Campus
Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373
2375 Email:

lavishad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

13 November 2023

Ms T Z Sithole
24 Newbury Drive
New Germany
3610

Dear Ms Sithole

Knowledge, attitudes and perceptions of Chiropractic master's students regarding professionalism

Ethics Clearance Number: IREC 198/23

The DUT-Institutional Research Ethics Committee acknowledges receipt of your notification regarding the piloting of your data collection tool.

Kindly ensure that participants used for the pilot study are not part of the main study. In addition, the DUT-IREC acknowledges receipt of your gatekeeper permission letters.

Please note that **FULL APPROVAL** is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the DUT-IREC according to the DUT-IREC SOP's.

Please note that any deviations from the approved proposal require the approval of the DUT-IREC as outlined in the DUT-IREC SOP's.

It is compulsory for a student or researcher to apply for recertification on an annual basis. The failure to do so will result in withdrawal of ethics clearance. It is the responsibility of the researcher and the supervisor to apply for recertification.

Please note that you are required to submit a Notification of Completion of Study form together with an abstract to the DUT-IREC office on completion of your study.

Yours Sincerely

Prof J K Adam
Chairperson: DUT-IREC

Appendix 2a: Gatekeeper permission to the Acting Director: Research and Postgraduate Support



30 April 2023
Acting Director: Research and Postgraduate Support

Durban University of Technology

PO Box 1334

DURBAN

4000

Request for Permission to Conduct Research

Dear Dr Govender: Research and Postgraduate Support

My name is Zama Sithole, a Chiropractic master's student at the Durban University of Technology. The research I wish to conduct for my study is titled: **Understanding, attitude, and perceptions of Chiropractic master's students regarding professionalism.**

I am hereby seeking your consent to conduct research at the Durban University of Technology Chiropractic Day Clinic. The study aims to explore and describe the understanding, attitudes, and perceptions of Chiropractic master's students on professionalism and to understand their views on what may be done to improve their professionalism at the selected University of Technology in KwaZulu-Natal.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the DUT-Institutional Research Ethics Committee (DUT-IREC).

If you require any further information, please do not hesitate to contact me on 0737428962 and 21123225@dut4life.ac.za or my supervisors Dr PB Nkosi on paulinen1@dut.ac.za and Dr L Matsebula on linmatsebula@gmail.com Thank you for your time and consideration in this matter.

Yours sincerely,

Thembekile Zamajobe Sithole

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fairness • professionalism • commitment • compassion • excellence
Durban University of Technology



Appendix 2b: Gatekeeper permission from the Acting Director- Research and Postgraduate Support



*Directorate for Research and Postgraduate Support
Durban University of Technology
Open House
P.O. Box 1334, Durban 4000
Tel.: 031-3732576/7
Fax: 031-3732946*

27 October 2023

Ms Thembekile Sithole
c/o Department of Chiropractic
Faculty of Health Sciences
Durban University of Technology

Dear Ms Sithole

PERMISSION TO CONDUCT RESEARCH AT THE DUT

Your email correspondence in respect of the above refers. I am pleased to inform you that the Institutional Research and Innovation Committee (IRIC) has granted **Gatekeeper Permission** for you to conduct your research “Knowledge, attitudes and perceptions of Chiropractic master’s students regarding professionalism” at the Durban University of Technology. **Kindly note that this letter must be issued to the IREC for approval before you commence data collection.**

The DUT may impose any other condition it deems appropriate in the circumstances having regard to nature and extent of access to and use of information requested.

Upon completion of your research project, you are requested to share the summary of your key research findings.

Kind regards.
Yours sincerely -

DR V GOVENDER
ACTING-DIRECTOR: RESEARCH AND POSTGRADUATE SUPPORT DIRECTORATE

Appendix 3a: Gatekeeper permission to the Chiropractic Clinic Director and Head of Department



30 April 2023

Chiropractic Clinic Director

Durban University of Technology

PO Box 1334

DURBAN

4000

Request for Permission to Conduct Research

Dear Dr D. Varathalajullu

My name is Zama Sithole, a Chiropractic master's student at the Durban University of Technology. The research I wish to conduct for my study is titled: **Understanding, attitude, and perceptions of Chiropractic master's students regarding professionalism.**

I am hereby seeking your consent to conduct research at the Durban University of Technology Chiropractic Day Clinic. The study aims to explore and describe the understanding, attitudes, and perceptions of Chiropractic master's students on professionalism and to understand what may be done to improve their professionalism at the selected University of Technology in KwaZulu-Natal.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the DUT-Institutional Research Ethics Committee (DUT-IREC).

If you require any further information, please do not hesitate to contact me on 0737428962 and 21123225@dut4life.ac.za or my supervisors Dr PB Nkosi on paulinen1@dut.ac.za and Dr L Matsebula on linmatsebula@gmail.com Thank you for your time and consideration in this matter.

Yours sincerely,

Thembekile Zamajobe Sithole

Appendix 3b: Gatekeeper permission from the Chiropractic Clinic Director/ Head of Department

MEMORAN
DUM

To : Prof Adam
Chair: IREC

From : Dr Desiree Varatharajullu
Head of Department: Chiropractic; Clinic Director: Chiropractic Day Clinic

Date : 01.11.2023

Re : Request for permission to data collect on Chiropractic students and to use the
Chiropractic Day Clinic for research purposes

Permission is hereby granted to:

Ms Zama Sithole (Student Number: 21123225)

Research title: "Knowledge, attitude, and perceptions of Chiropractic master" students regarding professionalism during their clinical practicum training"

Ms Sithole is hereby granted permission to conduct data collection on registered Chiropractic students. Ms Sithole, is requested to submit a copy of her FRC/IREC approved proposal along with proof of her MHSc: Chiropractic registration to the Clinic Administrator/s before she starts with her research in order that any special procedures with regards to her research can be implemented prior to the commencement of her seeing participants for the purposes of data collection in the clinic.



Head of Department: Chiropractic; Clinic Director: Chiropractic Day Clinic: Chiropractic

Cc: Mrs Linda Twiggs: Chiropractic Day Clinic

Dr P.B. Nkosi: Supervisor

Appendix 4: Letter of information



LETTER OF INFORMATION

Title of the Research Study: Understanding, attitude, and perceptions of Chiropractic master's students regarding professionalism.

Principal Investigator/s/researcher: Thembekile Zamajobe Sithole

Co-Investigator/s/supervisor/s: Dr P.B Nkosi, PhD: Health Sciences; MBL; MTech: Radiotherapy; NDip: Diagnostic Radiography, & Dr L. Matsebula M Tech Chiropractic

Brief Introduction and Purpose of the Study: The study will explore, identify, and describe how second time registered Chiropractic master's students perceive professionalism. Chiropractic master's students will be interviewed on various concepts of professionalism to gain a full-bodied realization of their attitudes, opinions, perceptions, and understanding of many characteristics that accumulatively compose professionalism. The data will be collected via digital audio recording during the interview session. The interview will be approximately 30-45 minutes in duration. The participant is required to provide answers to the interview questions. Any sixth -year student will be eligible to engage in this study.

Good day. I would like to invite you to participate in the research study of understanding, attitude, and perceptions regarding professionalism during the clinical practicum. I am a 6th year student at DUT doing research for my Masters' degree in Chiropractic. I would like to invite you to participate in the research study and share your understanding, attitudes, and perceptions regarding professionalism during the clinical practicum.

What is Research: The study will explore, identify, and describe how registered Chiropractic master's students perceive professionalism. Chiropractic master's students will be interviewed on various concepts of professionalism to gain a full-bodied realization of their attitudes, opinions, perceptions, and understanding of many characteristics that accumulatively compose professionalism. The data will be collected via digital audio recording during the interview session. The interview will be approximately 30-45 minutes in duration. The participant is required to provide answers to the interview questions. Sixth - year students will be eligible to engage in this study.

Outline of the Procedures: If you are willing and have signed the letter of informed consent, an interview will be set up at your convenience. It will be approximately thirty

minutes duration and will take place at the Chiropractic Day Clinic.

Risks or Discomforts to the Participant: There is no risk or discomfort involved in your participation of the study.

Explain to the participant the reasons he/she may be withdraw from the Study: The research may be terminated early in particular circumstances viz. Non-

compliance, illness, adverse reactions, etc. You are entitled to withdraw from the study at any time you wish to do so and will continue to receive the appropriate standard of care.

Benefits: The study will be useful to the Chiropractic Department as the findings may result in informing and improvement in the current curriculum. This could magnify Chiropractic master's students' perception and understanding of professionalism during their clinical practicum.

Remuneration: Participation in the study is voluntary and no remuneration will be awarded.

Costs of the Study: No costs will be incurred by the participants in the study.

Confidentiality: The details and information acquired through the interview process will be treated utmost confidence. Except for the letter of information, no personal identification details are required. The identity of participants will only be known by the researcher and supervisors. You may withdraw your participation of this study at any time.

Results: The results of the study will be available to the researcher and the supervisors.

Research-related Injury: There will be no chances of an adverse reaction in this study.

Storage of all electronic and hard copies including tape recordings: The researcher will use the departmental recording device to record the interview sessions and immediately after transcription the recorded information was copied onto a research dedicated flash disc and wiped off from the recorder. Because the consent forms will have participant's personal details, they will be removed immediately after verification from other research documents and put in a sealed envelope so that they will not be taken out of the cupboard when other documents will be taken out for analysis. During data analysis no information will stored/saved onto the computer but on a dedicated flash disc. In addition, the computer used will be protected with the private password only known to the researcher as an extra precaution just in case some information is left on the computer.

Persons to contact in the Event of Any Problems or Queries:(Supervisor and details) Please contact the researcher (tel no.), my supervisor (tel no.) or the DUT-Institutional Research Ethics Administrator on 031 373 2375. Complaints can be reported to the Acting Director: Research and Postgraduate Support on researchdirector@dut.ac.za

Appendix 5: Consent form



CONSENT

Full Title of the Study: Understanding, attitude, and perceptions of chiropractic masters' students regarding professionalism

Names of Researcher/s: Thembekile Zamajobe Sithole

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, ___ (name of researcher), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant

Date

Time

Signature/Right Thumbprint

I, _____(Thembekile Zamajobe Sithole) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Appendix 6a: Interview guide

Section A: Demographic Information

Gender

Tick appropriate box

Male	
Female	

Age in years

Race

Tick appropriate box

African	
White	
Indian	
Coloured	
<u>Other</u>	

What is your highest education level

Section B: Interview questions

What are the Chiropractic master's students' interpretation of professionalism and its parts that may be improved in the Chiropractic profession?

1. What do you understand about professionalism in the Chiropractic profession?
2. What are your thoughts about professionalism in patient care in the Chiropractic profession?
3. What are your opinions about professionalism when interacting with colleagues in the Chiropractic profession?
4. What parts of professionalism should be improved in the Chiropractic profession?

Appendix 6b: Sample of interview script

Researcher

Thank you for being part of the study and thank you for your time. It is exactly 14.32. This is participant number three for the main study. And just to give background knowledge, the study about understanding, attitude and perceptions of chiropractic master's students regarding professionalism. Do give me consent to record the interview.

Participant

Yes.

the interview. Yes, I do. Thank you.

Researcher

Thank you.

Researcher

Thank you very much for your time. So, um, what, what is your general understanding of professionalism like?

What is it? And what do you know? And like, what do you understand about it?

Participant

Yeah, my general understanding about professionalism, okay, I'm not gonna lie, I'm not really familiar with the word professionalism and as to how am I gonna like simplify it into simple terms. But my general understanding is professionalism, it's the way you carry yourself in a professional state or in a clinic setting. The way you deal with patients, the way you also, vice versa, patient-doctor relationship. That's I think is what professionalism, what comes to my mind when I hear the word professionalism at least.

Researcher

Okay, and what maybe what is your understanding or your attitude or how you perceive professionalism like it within within chiropractic masters students?

Mhm. How do you understand it in terms of their... in terms of chiropractic master's students.

Participant

Yea. my attitude towards it.

Professionalism, yes. I feel like I have a good attitude towards it and it's something that I value a lot. I value professionalism and I believe each and every student or each and every master's student should have it.

Knowledge, in terms of understanding or in terms of you what we were taught about professionalism. I'm not sure that there was more understanding enforced to us as you see that I'm lacking a lot of like understanding in terms of the term of its

own but I believe that it comes to it goes down to who you are as a person and your background

and how you are brought up and yeah that's all.

Researcher

And then how do you view professionalism in your experiences? Or how are your experiences here within the clinic setting?

How does it contribute to how you view professionalism?

Participant

Yeah, in the clinic setting, I would say we're mostly professional. I haven't seen someone just being reckless or dressed in a way that is not screaming professionalism. And in terms of the way we also like interact with patients, it's like more with respect and more with confidentiality, also keep the things confidential.

I've never heard people in the hallway talking about the patient's history or whatever the patient presents with. So I would say there's more professionalism that is being practiced in our clinic setting. Yeah.

Researcher

And when you are handling a patient, how do you display professionalism within the chiropractic profession? Would you say anything about being patient-centered or being work-centered? How do you show professionalism when you're dealing with a patient?

Participant

When dealing with patients, the way I show professionalism is firstly ensuring that there is the relationship that is between me and the patient is based on doctor-patient relationship. And also explaining everything in simpler terms rather than more medical. And also the way you treat the patient is also more like patient-centered.

The kind of care that I give to the patient, based on what the patient agrees to, the patient has to give consent first before I do anything or everything. And also the things that I explain to a patient to do at home are things that the patient agrees to. So I feel like I never enforce anything to a patient that the patient doesn't agree to. And if the patient doesn't give consent from the start, then you let the patient go.

But you always make sure that you let them know their rights and responsibilities throughout the entire procedure.

Researcher

With that being said, how do you ensure quality in your profession when you communicate with patients? in your profession

in terms of communication style, how do you go about in doing that?

Participant

The way I ensure quality when I'm communicating with the patient or when I'm giving them the treatment is I make sure that I give them the necessary treatment and I make sure that the patient is happy with the treatment that I'm giving them. I never rob them or leave anything out and when taking case history as well I make sure that I get the required understanding or the amount of understanding that I know I will need in order for me to move on to doing like a proper physical exam and correct regional examination for me to come down to a correct diagnosis.

So I feel like the quality comes from you doing the procedure in a manner that you know you're not leaving any stones unturned. So that when it comes to your treatment the patient is also happy and they know that they're paying for something that is helping them. So I think this is how I ensure quality by ensuring that my treatment is good.

Researcher

With that being said, do you think the patient's mood may also determine the outcome of the treatment?

Participant

It does, it does determine a lot because sometimes a patient comes in and they're grumpy and you can't get anything from them and sometimes they don't want to answer questions like in terms of cases where it becomes difficult so you're not sure, okay they're going to tell you they have back pain but then I need to know, the background to know whether it's an organic cause or it's just like something I can easily adjust because sometimes you need to make sure that you rule out contraindications that maybe a person has a tumor and that is the cause of their back pain so now if they're moody and they don't want to tell you anything about their medical history or whatever, how am I going to be able to help them? At the end of the day you end up maybe massaging the patient because you don't want to cause more damage and then sending them back home or referring them and that doesn't ensure any professionalism and sometimes they walk out and they're not happy with you whereas they're the ones who came with the mood and also it goes both ways, even you, you can't bring moodiness into the room, you leave your struggles and ever stresses outside the door and when you come to the patient you come to them as a doctor, that's all.

Researcher

Very well said. And what is the importance of professionalism holistically, not just in the profession as a whole?

How was it important? Why is professionalism important?

Participant

I believe professionalism is important so that we know where we draw the line as to, now I'm in the work setting and I need to be professional about these things. And we don't just be a joke star. Like for me, I like laughing around and making jokes, turning anything and everything into a joke. Like, but now I know I need to be professional in front of a

patient. The patient can't be telling me yo, I feel like I'm dying and I laugh. I'm like, yo, we're all gonna die. No, I need to be professional and be like, okay, what makes you think that way?

And then encourage the patient, try to bring up hope or the, what you call it, the need for them to see that they still have to live. So I can't just like make jokes or not care or whatever the patient tell me and I'm not taking it into consideration. So I believe professionalism is a very important thing, not just to chiro but to a whole lot of other working spaces.

Researcher

And uhm what should be done to enhance how you handle patients in the chiropractic profession, do you think, how would you make the way we do, make it better?

Participant

I feel like teaching us from a very young years, younger years, when you're still in your 2nd years, 3rd years, they must enforce like this thing of... come to clinic you'll meet real life patients, this is how you go about with you. They mustn't be like theory based as to these are the notes, these are the articles, just go through it, study this... but also it must be more practical from the get go.

From third year, they must try and likemaybe make them engage once or twice with real life pateints uhm instead of just practicing on each other because then when you come to 5th year then reality hits you. Some people are not even used to.... Some don't even believe in themselves that they can do it, like actually engage withuhm...what you call it like real life people... maybe start sport events in 4th year, that would be better because then you come to clinic, you're already engaging with real life patients in clinic uhhmm.... But you don't have much uhmm... what you call it... confidence in yourself because uhm .. I think the only time we get to build our confidence is when we engage with more patients in sports events. So if maybe they would bring that up in 4th year, then when they come to clinic there will be more readiness. I feel like that's the only thing that they can change, anything else.... I think it's ok.

Researcher

And what do you think of learning and teaching of professionalism in chiropractic master's students or in the chiropractic program in general, is there anything that could

be enhanced, or ... what do you think of learning and teaching professionalism in the course?

Participant

In terms of the learning and teaching of professionalism, I feel like it's one thing that needs to be practiced by those who are in the uhm, higher....those who are teaching us, need to practice it in front of us first of all before they can tell us what to do and how to be professional. I feel like being a good leader, leading by example is one thing that needs to be done. But then, other than that, uhmm.. I don't know, I don't know that anything can be changed rather than adding.... But everything else is fine.

Researcher

Thank your so much for your time and that is the end of our interview. Thank you so much

Participant

Thank you

Appendix 7: Letter from the Editor

EDITOR'S LETTER

Researchers Beyond-Borders (PTY) LTD
Umhlanga, Durban
South Africa
5 September 2024

To whom it may concern

Editing of Masters Dissertation: Thembekile Zamajobe Sithole (Student number -21123225)

Title of dissertation: KNOWLEDGE, ATTITUDES AND PERCEPTIONS OF
CHIROPRACTIC MASTER'S STUDENTS REGARDING PROFESSIONALISM

This letter serves as confirmation that the aforementioned thesis has been language edited. Any queries may be directed to the author of this letter.



Regards

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