

PROFESSIONAL BEHAVIOUR AMONG NURSING STUDENTS AT A  
COLLEGE IN THE EASTERN CAPE

BY

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SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF

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MASTER CURATIONIS

IN THE FACULTY OF SCIENCE AND AGRICULTURE

AT THE UNIVERSITY OF FORT HARE

SUPERVISOR: MRS N QOMFO

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AUGUST 2013

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**SECTION A**  
**DECLARATION**

I, SIBONGILE N. MAGOPENI, declare that PROFESSIONAL BEHAVIOUR AMONG NURSING STUDENTS AT A COLLEGE IN THE EASTERN CAPE is my own work and that all the sources used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any institution.

Signature

Date

## **DEDICATION**

This dissertation is dedicated to the people who played an important role in my life:

To my father, Tamsanqa Bobo Xotyeni, who passed away in 1989;

To my mother, Nomvula Felicia Xotyeni, who passed away in 2012 and who, with my father, sacrificed everything they had to help me with my education;

To my husband Raymond Magopeni, my sons Lonwabo, Lihle and Lutho for their moral support love understanding and tolerance.

## **ACKNOWLEDGEMENTS**

I wish to acknowledge the Almighty God for the strength and wisdom he gave me to complete this study;

My supervisor, Mrs Qomfo: Thank you for guidance, support and encouragement throughout the study;

My co-supervisor, Prof. Seekoe: For guidance and coaching;

The Research Committee at the Department of Health for giving me permission to conduct the study;

The College Principal and East London Campus Head for allowing me to conduct this study;

The 3<sup>rd</sup> year nursing students of 2014 for agreeing to participate in the study; My colleagues at Lilitha college of nursing for their support and understanding; and

To everybody who has contributed to the success of this study.

## **ABSTRACT**

The focus of the study was to explore and describe reasons for poor professional behaviour among nursing students at a public nursing college in the Eastern Cape. The objectives of the study were to explore and describe the reasons for poor professional behaviour among nursing students and to describe strategies to improve poor professional behaviour. The study has significance for the college management, staff, nursing students, registered nurses and everyone involved in professional development of nursing students. The population for this study consisted of third-year nursing students following the four-year comprehensive basic course for registration leading to the Diploma in Nursing (General, Community & Psychiatry) and Midwifery at a public nursing college. The research questions were: What do you understand by professional behaviour? What are the reasons for poor professional behaviour among nursing students? What could be done to improve professionalism among college nursing students? A qualitative, explorative, descriptive and contextual design was used as a framework for the study.

Permission to conduct the study was obtained from the University of Fort Hare ethics committee and other relevant authorities as indicated in the study. Ethical principles were maintained and informed consent obtained. Data collection was done using focus groups and an audiotape with a purposefully sampling of 30 third-year nursing students at the public college of nursing. Data were analysed using Tesch's method of analysis for qualitative research. Three major themes emerged: students' understanding of professional behaviour, reasons for poor professional behaviour and methods to improve poor professional behaviour.

It was concluded that poor professional behaviour has an effect on professionalism and it should be addressed and corrected for protecting the professional image. Recommendations: Policies regarding inappropriate professional behaviour at the college should be in place and easily accessible to every staff member and nursing student. Department of Health should conduct reflective courses and seminars on professionalism and these should begin at the same time as the academic programme.

Key words: Professionalism, nursing college, student nurse

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## **CHAPTER 1: OVERVIEW OF THE STUDY**

### **1.1 Introduction and background**

The study was focused on exploring and describing reasons for poor professional behaviour among nursing students at a public nursing college in the Eastern Cape.

The nursing profession needs nursing students who are responsible and accountable, and practise good professional behaviour. Positive professional behaviour is essential to the nursing profession because nursing is based on the values of respect and human dignity and it is assumed that nursing education is received in a place where compassionate and civilized relationships exist (Clark & Carnosso 2008: 11, cited by Vink & Adejumo 2013: 2).

In South Africa, nursing is regulated by the South African Nursing Council (SANC). Nursing colleges, hospitals and clinical facilities fall under the jurisdiction of Nursing Act, Act No.33 of 2005. The objectives of the Council are to serve and protect the public in matters involving health services generally, and nursing services in particular, while performing its functions in the best interest of the public and in accordance with the national health policy as determined by the Minister.

Further objectives included promoting the provision of nursing services to the inhabitants of the Republic that complies with universal norms and values. Maintaining professional conduct and practice standards for practitioners within the ambit of any applicable law. Upholding and maintaining professional and ethical standards within nursing.

Nurse educators should play an important role in constructing a learning environment that fosters the positive formation of future nurses. The students' construction of a nursing identity is grounded in their social interactions with nurse educators and is shaped by values and norms learned in both the formal and informal curriculum (Prato 2013: 286).

When people hear the word nurse they think of qualities such as compassion and patience. While these are essential characteristics, nurses must go even beyond

these when striving for professionalism. They also need strong morals and ethics, and the commitment to always act in the best interest of their patients (William 2012: 1). Gokenbach (2012: 1) states that, in order to understand the concept of professionalism, we first need to define a profession.

According to Cruess, Johnston and Cruess, as quoted by Yusoff (2009: 1), a profession is “an occupation whose core element is work based upon the mastery of a complex body of knowledge and skills”. Gokenbach (2012: 1) affirms that a profession is a “chosen, paid occupation requiring prolonged training and formal education”. The above author further mentions that professionals are individuals expected to display competent and skilful behaviours in alignment with their profession (Gokenbach 2012: 1).

Being a professional is referred to as an act of “behaving in a manner defined and expected by the chosen profession” (Gokenbach 2012: 1). Yusoff (2009: 1) argues that professionalism is the combination of all qualities connected with trained and skilled people.

Vitez (2012: 1) agrees that professionalism concerns a strict adherence to courtesy, honesty and responsibility when dealing with individuals. Members of the profession are governed by a code of ethics and they profess a commitment to competence, integrity and altruism (Yusoff 2009: 1).

Yusoff (2009: 1) affirms that the root word of professionalism and of professional is the word profession. The same author outlines a profession as a type of work which needs a particular skill that is respected and involves a high level of educational performance. Muller (2009: 4) also refers to a profession as a specific career where work of an intellectual nature is performed.

In the nursing profession the socialisation process for students is important as they are required to display professional behaviour in the performance of their duties. According to Mellish, Oosthuizen and Paton (2010: 126), nursing students learn professional values and norms through professional socialisation. The process of professional socialisation starts when nursing students commence nursing training and continues throughout their lives (Mellish et al. 2010: 91).

Muller (2009: 7) states that the novice is socialised professionally in order to make the norms and values of the profession her own, and the professionally mature practitioner will display the characteristics of professionalism. Meyer and Van Niekerk (2008: 91) affirm that nursing students should be accompanied in their development towards professional maturity in such a way that they attain freedom of choice and responsibility of moral independence.

Good professional behaviour is evident when nursing students demonstrate professionalism by attending classes and clinical experiences and exhibiting courteous behaviour. Nursing students who display positive professional behaviour take initiative in all learning areas, are prepared for class and clinical assignments and are punctual in class and in the clinical area. Such nursing students address members of the discipline professionally when they are engaged in class discussions and when they ask questions in class, and offer constructive criticism.

Student nurses are honest about their work both in class and in the clinical areas. They display a pleasant attitude when dealing with patients / clients, show respect and are always available and attend to patients' needs. The professional nursing student is always actively involved in the clinical area and the registered nurse relies on her. Gokenback (2012: 5) supports that good professional behaviour involves the manner in which a professional presents herself to all those around her and possesses the capacity to care for others.

Poor professional behaviour is evident when nursing students lack knowledge about their work, are not practicing procedures and are not competent in their skills. This may be the result of high absenteeism in the clinical area. A nursing student with poor professional behaviour is not a good communicator and is always shouting and yelling at other students and patients.

Jackson, Steven and Clarke (2013: 3) also argue that poor professional behaviour is seen in poor attendance in clinical practice and in class, lack of diligence and reliability.

According to Muller (2009: 30), nursing in South Africa is controlled or regulated by the South African Nursing Council in accordance with the international guidelines provided by the International Council of Nurses (ICN) (1997). The ICN guidelines are

in line with the Constitution of the Republic of South Africa (Act 108 of 1996), with specific reference to the principles of co-operative governance and the Bill of Rights in the South African Constitution (Act 108 of 1996), as well as basic health-related rights.

Muller (2009: 30) states that “The intention of the Nursing Act (Act 33 of 2005 ) is to promote professional accountability, to transform the regulatory framework / environment applicable to the nursing midwifery profession and to create a legislative environment ensuring that the community receives care from competent nurse / midwives that are responsive to societal needs.

One of the most important features of nursing as a profession is that it has a professional code of ethics based on personal morality, which is the foundation of trust for the patient and the community. Individual moral integrity is regarded as the key to a safe standard of practice (Searle, et al. 2009: 265).

Boykin and Schoenhofer (1993) in their theoretical framework support that nursing is the response to the “unique human need to be recognized as, and supported in being a caring person” (George 2014: 674). Third-year nursing students must treat the patient with care, and should take nursing actions that seek to nurture the patient in living and growing in caring.

Nursing students are governed by a code of conduct designed by members of the profession, which acts as a social instrument to guide and control nurse practitioners (Searle, Human & Mogotlane 2009: 11). Searle & Human et al. (2009: 11) state that the code of conduct exists to protect the public and the good name of the profession.

A code of ethics is described by Yoder-Wise (2011: 9) as formal statements that articulate the values and beliefs of a nursing professional; serve as a standard of professional action; and reflect ethical principles shared by nurses. The nursing code of ethics also provides a basis for ethical analysis and decision making in clinical situations Yoder-Wise (2011: 91).

Mellish et al. (2010: 125) affirm that codes of ethics foster and maintain ethical standards of professional conduct by cultivating moral character and encouraging nurses to engage in moral reflection.

Nursing as a profession embodies many values inherent in those who pursue nursing careers. Nurses display responsibility, integrity, pursuit of knowledge, belief in human dignity, equality of all patients and the desire to prevent and alleviate suffering (Gokenbach 2012: 1).

The theorists also mention honesty as a positive concept that implies openness, genuineness and seeing truly (George 2014: 672). This means that third-year nursing students must be honest with the patients, especially in the clinical area, and perform all the procedures and allocated work diligently.

They should show respect and caring when dealing with patients and not discriminate against patients, so as to build a trusting relationship between patients and nurses.

Nursing is deemed a highly ethical profession and relies on the moral integrity of individual practitioners to provide safe nursing care (Searle et al. 2009: 265).

The code of ethics requires that nursing students follow the professional nurse's code in addition to their own professional behaviour, because upholding professional standards ensures accountability and optimal care for their patients. Such behaviour enables nursing students to maintain the public's trust and respect (Balchucci 2012: 2).

Professional nurses are expected to display competent and skillful behavior, be ethically and legally accountable for the standards of practice and nursing actions they are delegating to nursing students (Yoder -Wise, 2011: 64).

The above mentioned author further states that professional nurses are responsible to direct care to nursing students, create a conducive environment for learning and manages while providing professional role modeling to develop future managers and leaders (Yoder –Wise, 2011: 64) .

Marreli (2004:51) concurs that professional nurses should foster the development of future leaders by nurturing nursing student's clinical and leadership potential, leading by example and serving as a role model, sharing a vision to support organizational culture.

Nursing students are expected to adhere to the code of conduct and observe the rules, regulations, norms and values of the nursing profession while exhibiting a sense of duty, accountability, responsibility and loyalty.

## **1.2 Problem statement**

The researcher is a lecturer at a nursing college at a Campus in the Eastern Cape where the study was undertaken and where she has encountered poor professional behaviour displayed by nursing students. The researcher is familiar with poor professional behaviour among students in the class and in the clinical setting. There has been an outcry from lecturers and other health care professionals regarding the poor professional behaviour of nursing students.

Students, for example, engage in conversations on the side while faculty members are teaching and when attending to patients in the clinical setting. At times, students are busy with their phones, neglecting calls from patients. They report late on duty, take long tea and lunch breaks, and do not wear proper uniform when allocated in the wards.

The Code of ethics for nursing practitioners of the South African Nursing Council (2013: 3) states that this code serves as a declaration by nurses that they will provide due care to the public and healthcare consumers to the best of their ability while supporting each other in the process.

In the past, nursing students at training colleges in the Eastern Cape observed professionalism by showing respect for their seniors, observing proper dress code with well-groomed hair, well-groomed beards and neat appearance when attending lectures and when allocated in the clinical area. LaSala and Nelson (2005: 2) state that the dress code and professional behaviour for nursing students were dictated strongly by strict disciplinary protocols developed by hospital administrators in charge of nursing students. The dress code for college nursing students is now defined by college management.

In the past, nursing students also were keen to work, even in class, were actively involved in group work and class discussions and meeting deadlines. They were well-disciplined and dignified, attended to patients' needs and were always available to help patients in need of their care. They were knowledgeable and curious to know and learn, not defensive, but displayed good general behaviour and respected the patients and significant others.

Nursing was a calling and nurses adhered to the pledge of service, but they now follow nursing as a career.

Nowadays, nursing students investigated for this research are not punctual in class and absent themselves without a valid reason when allocated in the clinical area. Some students are disrespectful towards the lecturers, unruly in the clinical settings, report late from tea and lunch breaks and some do not even report back from the lunch break. Nursing students do not show commitment when given assignments and are not responsible regarding their work. Others use disrespectful language with intimidating behaviour.

The researcher recognised the need for conducting research to examine the reasons for poor professional behaviour among college nursing students.

Vink and Adejumo (2013: 2) have also mentioned that poor professional behaviour in the field of nursing and nursing education is becoming noticeable in nursing schools and nursing classrooms. Earlier, Bjorklund and Rehling (2010: 16) and Elder, Seaton and Swiney (2010: 105), as cited by Vink and Adejumo (2013: 3), reported evidence indicating an increase in problematic classroom behaviours such as academic misconduct, absenteeism, aggression, coarse language, hostility, inappropriate remarks, inattentiveness, lack of respect, late coming, physical and verbal abuse, rudeness, tardiness, threats and yelling and the use of cell phones as becoming a norm in some schools.

### **1.3 Aim of the study**

The aim of the study was to explore and describe reasons for poor professional behaviour among nursing students at a nursing college in the Eastern Cape in order to uplift the image of the nursing profession.

### **1.4 Research questions**

The research questions that guided the study were as follows:

1.4.1 What do you understand by professional behaviour?

1.4.2 What are the reasons for poor professional behaviour among nursing students at the college in question in the Eastern Cape?

1.4.3 What could be done to improve professionalism among college nursing students in the Eastern Cape?

### **1.5 Research objectives**

The objectives of this research were as follows:

1.5.1 Explore and describe the reasons for poor professional behaviour among nursing students at a college in the Eastern Cape.

1.5.2 Describe strategies to improve poor professional behaviour amongst nursing students at this nursing college in the Eastern Cape.

## **1.6 Significance of the study**

It was important to undertake this study for the following reasons:

The study has significance for the college management, college staff, nursing students, registered nurses and everyone involved in professional development of nursing students. Nursing colleges may have to reshape the curriculum and evaluate the course of professional practice for professional development. The Eastern Cape Department of Health will be able to employ professional nurses with good quality training regarding maintaining professional standards in the nursing profession.

The study may help to reinforce the implementation of good professional behaviour among college nursing students to uplift the professional image. Patients will enjoy quality nursing care and a comfortable stay in the hospital.

The results will assist in the identification of strategies to improve poor professional behaviour by nursing students and identify strategies to improve and promote professionalism in the college and in clinical facilities.

Recommendations from this study will contribute towards assisting college staff and clinical staff in instilling professional behaviour among nursing students and inform them about the role that can be played to maintain a high level of professionalism by the Department of Health, nurse educators and registered nurses in the nursing profession.

## **1.7 Definition of terms**

Terms used in this study and the meanings attached to them are defined as follows:

### **1.7.1 Professionalism**

Booyens (2007: 599) describes the characteristics of professionalism as the pursuit of excellence and the desire to regulate one's own performance. Professionalism

refers to the extent to which the individual has accepted the culture - that is, the values, norms and behaviours of the profession as part of her professional self (Mellish et al. 2010: 125). In this study, professionalism refers to the professional attributes, ethics, norms and values maintained by college nursing students.

### 1.7.2 Nursing college

The nursing college is the institution where basic nursing education and training takes place. While the Government Gazette of the Republic of South Africa, Vol.

385, defines “nursing college” as an approved nursing school affiliated in a university, a public nursing college is described as the institution of nursing education and training affiliated to a university for the purpose of this study.

### 1.7.3 Student nurse

Student nurse is defined as a person registered as one who is commencing / undergoing education and training at an approved school (Nursing Act No. 33 of 2005), therefore those who are undertaking the 4-year diploma course, which involves basic nursing education and training leading to registration as a nurse (general, psychiatric and community) and midwife (SANC, R425: 1985). For the purpose of this study a student signifies a third-year basic diploma student.

## 1.8 Theoretical framework

Burns & Grove (2011: 238) define a framework as “an abstract, a logical structure of meaning, such as a portion of a theory, which guides the development of the study and enables the researcher to link the findings to nursing’s body of knowledge. This study was guided by Anne Boykin and Savina Schoenhofer (1993) a “grand theory of nursing as caring” as cited by George (2014: 671). Boykin and Schoenhofer (1993) present two major perspectives for the theory of nursing as caring (George 2014:

672). Their perspective is a perception of persons as caring and a conception of nursing as a discipline and profession (George 2014: 672).

According to Karaoz (2004), as cited by Mulaudzi, Mokoena and Troskie (2011: 118) defined caring as assistance, supportive and facilitative acts for another individual or group with anticipated needs to improve a human condition or life. Nursing students should be caring towards patients and be able to recognise those who are in need, those who are sick, the poor and the alienated. They should have an innate drive to assist the patients, give them love, compassion and comfort.

Nursing students should be compassionate and show courtesy to the patients and their colleagues. They should support the patient as George (2014: 673) states that nursing as a discipline originates in the unique social call to which nursing is a response and it involves knowing, living at once.

Boykin and Shoenhofer (1993) cited by (George 2014: 673) supports that the relationship between the nurse and the nursed is a social contract that involves recognising that a basic need is present in conjunction with the availability of the knowledge and skill required to meet that need (George 2014: 673). A social contract is defined by Searle, Human & Mogotlane (2009: 308) as an agreement between two or more parties whereby one of them promises to do something for the other and each party is duty bound to carry out his obligations.

The above mentioned authors further state that nursing students as servants of the hospital are involved in the contractual arrangement between the hospital authority and the patients admitted to its care. Third-year nursing students should fulfil the social contract and make a commitment to acquire and use knowledge and skill for them to be able to provide quality care to patients they are nursing.

Bowman (2002: 115) states that nursing students should be accountable and be responsible for their individual performance so as to be able to maintain and honour the expectations of the particular role. Bowman (2002: 115) defines accountability as the fulfilment of an obligation to disclose to others the purposes, principles and procedures, relationships, results and expenditures for which one has authority.

Professionalism is defined as the knowledge that an individual has about a certain field and the combination of all the qualities connected with trained and skilled people (Yusof 2009: 1). The theorists also mentioned knowing, both explicitly and implicitly – knowing directly and knowing indirectly (George 2014: 672). For third year students to be competent in their work and maintain professionalism they need to be knowledgeable about their work, keen to study and always show commitment in self-study, and to avail themselves for group assignments.

Professionalism is also characterised by meticulous adherence to undeviating courtesy, honesty and responsibility in one's dealings with patients and health care professionals (Vitez 2012: 12). The theorists also mention honesty as a positive concept that implies openness, genuineness and "seeing truly" (George 2014: 672). This means that third-year nursing students must be honest with the patients, especially in the clinical area, and perform all the procedures and allocated work diligently.

They should show respect and caring when dealing with patients and not discriminate against patients, so as to build a trusting relationship between the patient and nurses. Nursing students should protect patients against any physical harm and emotional harm.

One of the important features of nursing as a profession is that it has a professional code of ethics based on professional morality, which is the foundation of trust for the patient and community (Searle et al. 2009: 265). Boykin and Schoenhofer (1993) also mentioned trust – trusting the other to grow in his or her own time and own way (George 2014: 672).

Nursing students should maintain a trusting relationship with the patients and show that they are caring for them and be honest to them.

Boykin and Schoenhofer (1993) outline that nursing is the response to the unique human need to be recognised as, and supported in being a person (George 2014: 674). Third-year nursing students must know the person as a caring person and should take nursing actions that seek to nurture the person in living and growing in caring.

Boykin and Schoenhofer (1993) affirm that the nurse enters the world of the nursed as caring person with the intention and commitment to know the other (George 2014: 674). This means that third-year students must understand that nursing is a call for acknowledgement and affirmation of the person and they can achieve that through commitment to be caring professionals and accepting responsibility and accountability for their work.

They should show concern for the person in need of care and be willing to assist the person in need of their care. They should use their knowledge and competence to meet patients' needs.

The primary aim of nurse education is to produce a competent nursing practitioner. Quinn and Smith (1995: 351) define competence as possession of the knowledge, skills and attitudes enabling an individual to perform fully in a basic professional role. Competence is described by Mulaudzi et al. (2010: 132) as having knowledge, judgment, skills, experience and motivation.

Finkelman and Kenner (2013: 10) concur that competency is an expected and measurable level of nursing performance that integrates knowledge, skills, abilities and judgment based on established scientific knowledge and expectations for the nursing practice.

Nursing students should be competent nurses and be able to assess a situation correctly by being alert all the time. They should maintain their competence by using knowledge and skills which guide them towards being professional and responsible nurses (Mulaudzi et al. 2010: 132).

Muller (2009: 7) supports the fact that the nursing students are expected to reflect continuous improvement of competence related to the chosen field of work and to demonstrate knowledge, skills, values and attitudes required for practice in accordance with the mission, vision, goals and values of the healthcare organisation.

The same author further stated that nursing students should possess basic and specialised knowledge in respect of the latest developments in the specific discipline. They are responsible for updating their abilities in accordance with national best practice standards and regulatory requirements.

Mellish et al. (2010: 129) mentioned that one of the characteristics of a profession is that it is practised on a scientifically sound body of knowledge so that new scientific facts are discovered and the body of knowledge changes. Nursing students as professional practitioners should possess knowledge and skills which are necessary for their professional practice and are responsible for updating knowledge.

Meyer, Naude, Shangase and Van Niekerk (2009: 123) state that nurses will not be able to provide a high standard of nursing care to the patients they are nursing without continuous learning. The nurse manager is responsible for developing the learner's knowledge and competence so as to maintain quality care. Nurses also need to acquire new skills and knowledge regarding different roles they need to play in the healthcare environment (Meyer et al. 2009: 123).

Nursing students have a duty to act responsibly and with integrity to avoid bringing the nursing profession into disrepute (Mellish et al. 2010: 184). Marrelli (2004: 253) asserts that duty is an obligation owed by healthcare providers to patients and this duty is reasonable care.

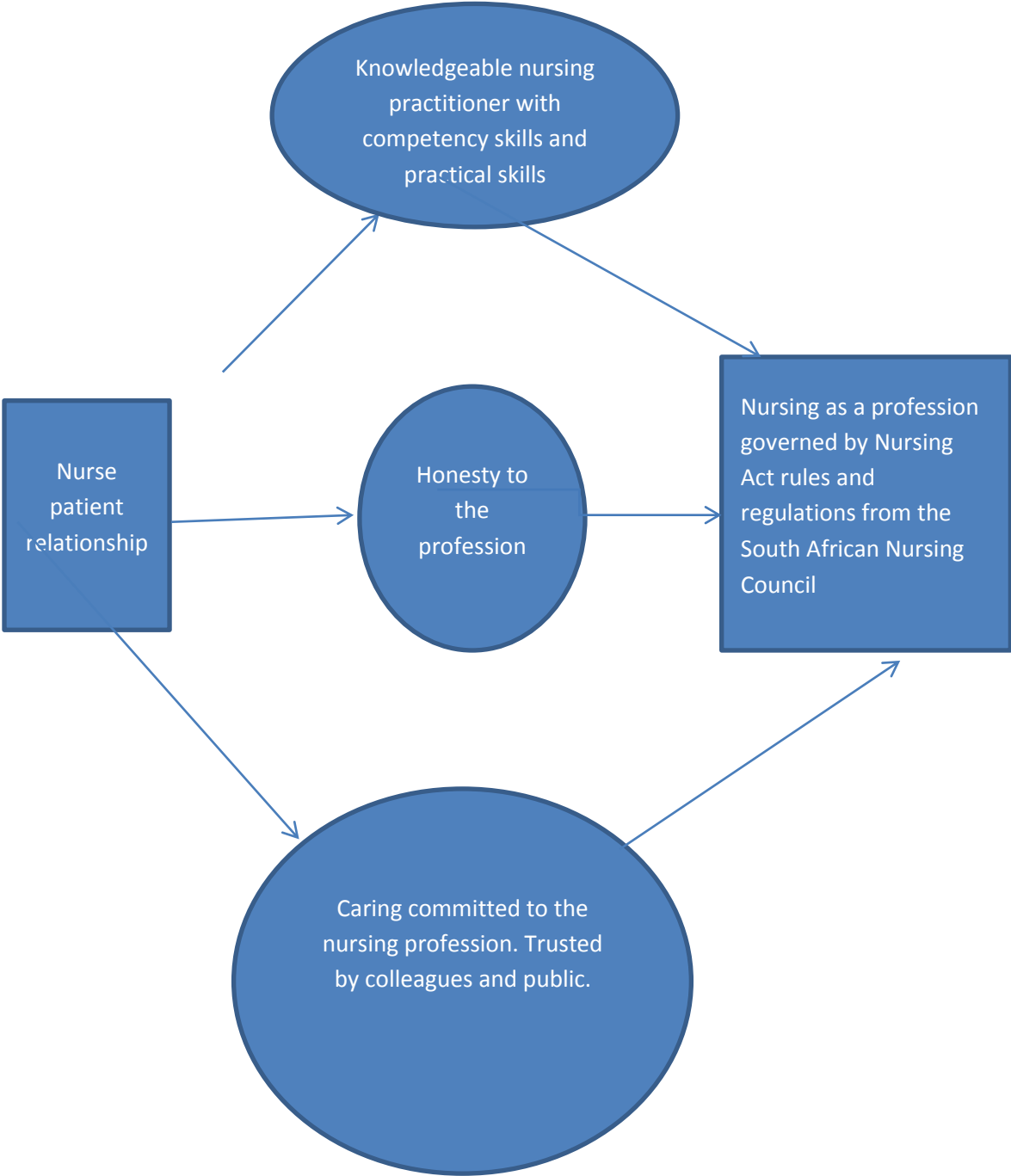
According to Muller (2009: 9), duty refers to the acceptance of a commitment to serve. Nursing students should commit themselves and be available and responsive when on duty to meet patients' needs (Kotze, Armstrong, Geyer, Mngomezulu, Portgieter & Subedar 2010:103).

Mulaudzi et al. (2010: 124) support that the nursing student should acquire knowledge by doing research and using the research findings in real situations in the clinical practice and are expected to use evidence-based practice and scientifically proven evidence as best practices for patients care.

Mellish et al. (2010: 180) define the term duty as a legal obligation imposed on nurses to adhere to a reasonable standard of care while performing acts that might cause foreseeable harm to the patient.

The application of the theory is illustrated in Figure 1.1.

Figure1.1. Boykin and Schoenhofer theoretical framework



## **1.9 Research approach**

A qualitative research method was used in this study as it was seen as being more appropriate and suitable for the study. Qualitative research is described as a systematic, interactive, subjective approach used to describe life experiences and give them meaning (Burns & Grove, 2005: 23).

Brink, Van der Walt and Van Rensburg (2012: 21) affirm that the qualitative research approach refers to a broad range of research designs and methods used to study phenomena of social action and of which we do not have an understanding.

Qualitative research design assisted the researcher to investigate and discover the reasons for poor professional behaviour among nursing students at the college in the Eastern Cape. In addition, the qualitative method was more appropriate and suitable for a researcher who wanted to understand and describe reasons of unprofessional behaviour of college nursing students.

## **1.10 Research design**

The research design is an overall plan for addressing a research problem (Polit & Beck 2004: 730). A qualitative, exploratory design was used in this study to explore and describe reasons for poor professional behaviour among students at a public nursing college in the Eastern Cape.

Green & Thorogood (2006: 6) state that the qualitative researcher asks research questions that will generate the necessary data that will provide understanding of the specific phenomena in which she is interested.

### **1.11 Study setting**

Research setting refers to the specific place or places where data are collected (Brink et al. 2012: 59). The study was conducted at a nursing college in the Eastern Cape Province. The Eastern Cape nursing college has five campuses and four satellites, providing training in a four-year comprehensive basic course for registration leading to Diploma as a nurse (general, psychiatric and community) and midwife, as laid down by the South African Nursing Council according to R425, which directing the four-year comprehensive diploma.

Satellite campuses are offering a one-year course leading to enrolled nurses and enrolled nursing assistants. The Eastern Cape College of nursing admits students from rural and urban areas. College nursing students are allocated at Frere hospital, Cecilia Makiwane hospital and Buffalo City municipal clinics for clinical practice and clinical experimental learning.

### **1.12 Study population**

The term population refers to all elements, objects or substances that meet the inclusion criteria in a given universe (Burns & Grove, 2005: 40). Parahoo (2006: 218) defines a population as a total number of units from which data can potentially be collected.

De Vos, Strydom, Fouche and Delpont (2008: 193) describe a universe as all potential subjects who have the attributes which the researcher is interested to study. As highlighted by the above researchers the population and the universe are not the same. A population is the universe of all the units or elements to which the researcher wants to generalise (Stommel & Wills 2004: 294).

The researcher studied the population of third-year nursing students following the four-year comprehensive basic diploma course for leading to registration as a nurse (general, psychiatric, community) and midwifery, according to Regulation R425 (22 February 1985 as amended) of the SANC.

The population included males, females, blacks, whites and coloureds ranging between 22 years and 40 years of age. The researcher selected nursing students who were able to provide extensive information about their experiences in studying, had been at the college for not less than three years of their studies and were willing to take part in the research.

### **1.13 Sampling approach**

Sampling involves selecting a group of people, events, behaviours, or other elements on which to conduct a study (Burns & Grove, 2005: 341). Polit and Beck (2009: 291) affirm that sampling involves a process of selecting a sub-section of a population in order to obtain information regarding the phenomenon of interest. In this study, purposive sampling was used as an appropriate approach in qualitative studies.

This technique is based on the researcher's judgment regarding subjects / objects that represent the study phenomenon and are knowledgeable about the question at hand (Brink et al., 2012: 141). The sample was selected from among third-year nursing students at a nursing college in the Eastern Cape. The researcher attempted to select subjects who were able to provide extensive information about their experiences in studying. Participants for the study were based on their particular knowledge of the research and for the purpose of sharing their knowledge.

### **1.14 Sample size**

Sample size was obtained through non-probability purposive sampling. The researcher achieved simple random sampling by selecting study elements randomly from the sampling frame (Burns & Grove, 2009: 347). Each prospective study participant was assigned an alphabetical letter matching a name in the sampling frame. The letters of the alphabet were written on slips of paper, placed in a container, mixed well, and then drawn one at a time by the prospective participants until the desired sample size had been reached (Burns & Grove, 2009: 347).

#### 1.14.1 Inclusion criteria

Inclusion criteria are those characteristics that a subject or element must possess to become part of the population (Burns & Grove, 2009: 345). The participants for the study had to be third-year nursing students following the four-year comprehensive basic course leading to the Diploma for registration as a nurse (general, psychiatric and community) and midwifery.

Third-year comprehensive diploma nursing students were included in the study as they were able to provide extensive information on studying, had knowledge of the research, and were willing to take part in the research.

#### 1.14.2 Exclusion criteria

Exclusion criteria are those characteristics that can result in a person or element being excluded from the target population (Burns & Grove, 2009: 345).

In this study first-year, second-year and fourth-year nursing students, post basic nursing students and pupil nursing auxiliary nurses were excluded from the study. First-year comprehensive diploma students were excluded in the study as they were new in the profession and were still being taught ethics and professional practice.

Second-year comprehensive diploma nursing students were excluded from the study as they had been introduced and taught professional behaviour at first-year and at second-year level and still maintained professional behaviour. Fourth-year comprehensive diploma nursing students were excluded from the study. Fourth-year students had come to understand what is expected of them in the clinical area and in lecture rooms and they were trying to shape themselves as they were preparing to enter the new world of professionals.

Post basic nursing students were professional nurses who maintain professional behaviour. Pupil nurses studying to become nursing auxiliaries were also excluded as they were new in the nursing profession and were being introduced to professional behaviour.

## 1.15 Data collection

Data collection is outlined as the process of selecting subjects and gathering data from these subjects (Burns & Grove, 2009: 430). Focus group interviews were used as a data collection method for investigating the third-year nursing students' views regarding professional behaviour (Burns & Grove, 2009: 430). The researcher was totally involved – perceiving, reacting, interacting, reflecting and attaching meaning and recording data.

The researcher used focus groups interviews for data collection as this is described as a valuable strategy for data collection by qualitative researchers. Focus group interviews are described as a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment (De Vos et al., 2008: 300).

Focus groups interviews used in this study involved organised discussions with selected groups of individuals who were willing to share information about their behaviours and the causes of or reasons behind such behaviour. Morgan, cited by De Vos et al. (2008: 300), describes focus groups as a research technique that collects data through group interaction on a topic determined by the researcher.

### 1.15.1 The instrument

The data were collected using an unstructured interview discussion as the tool of choice. Research participants were given an opportunity to express their views in their own words according to how they felt, without following a sequence developed by the researcher. De Vos et al. (2008: 292) state that unstructured interviews are conducted without using a researcher's prior information and opinions in a particular area.

### 1.15.2 Data collection method

The researcher followed the basic steps for conducting focus group interviews by explaining the purpose of conducting the research as suggested by De Vos et al. (2008: 303). The researcher introduced herself, the research topic, the aims of the study and the study's purpose. This was done to create rapport and to put participants at ease, thereby to create a nonthreatening environment.

Group rules were discussed such as confidentiality, respecting the views of one another, giving each other a chance to talk without disturbance and switching off cell phones.

Consent was obtained from the participants to conduct interviews and to use a tape recorder; an explanation for recording the interviews was given to participants to reassure them that recordings would serve as a source of reference during data analysis. Participants were given a chance to code themselves using letters of the alphabet as names starting from letter A to letter Z according to their seating arrangement. This was used to maintain anonymity during interviews and throughout the study (Burns & Grove, 2005: 194).

A comfortable and relaxed atmosphere was created with participants seated around the table for maintaining eye contact with the researcher and one another, so as to promote communication and dialogue (Burns & Grove, 2009: 514).

### 1.15.3 Interview process

Interviews were conducted at two venues: after hours in the rest room of the nurses' home and others during lunch hours in a quiet classroom at the college. Five (5) groups of participants, each group consisting of five to nine participants, were interviewed. The researcher used an interview schedule and open-ended clarifying questions were used to facilitate the process (Streubert Speziale & Carpenter, 2007: 94).

Throughout the process of sharing of experiences, the researcher maintained an environment conducive to comfortable conversation, listened attentively, avoided

interrogating participants, and treated participants with respect. The researcher also tried to keep the group discussion centred on the focus of questions (Stommel & Wills, 2004: 283).

Focus group sessions lasted 45 minutes for each group session. Transcripts of the discussions that took place during the sessions were the main form of data information generated from focus groups (Stommel & Wills, 2004: 283). Interview sessions were conducted until data saturation was achieved, meaning that participants mentioned the same opinions over and over again (Brink et al., 2012: 173).

English was the medium used. After data collection participants were given a chance to make closing statements

The following research questions were used as an interview guide:

What do you understand about professional behaviour?

What can be the reasons for poor professional behaviour?

What can be done to improve poor professional behaviour?

### **1.16 Data analysis**

De Vos et al. (2008: 333) state that data analysis is the process of bringing order, structure and meaning to the mass of data collected. The researcher used data analysis in searching for general statements about relationships among categories of data (De Vos et al. 2008: 333).

In this study data collection and data analysis occurred simultaneously. Data analysis was conducted using the Content Analysis Technique guided by Tesch's method of analysis for qualitative data.

### 1.16.1 Tesch's method of analysis for qualitative data (1990: 201).

Tesch's method of analysis (1990: 201) follows a general sequence of events. This involved conducting a systemic analysis which proceeded in an orderly manner. The steps presented were as follows.

The recordings were listened to as soon as possible after interviews were conducted to ensure that all aspects of the interview guide had been covered. After listening to the recordings, the researcher transcribed the tape recorded data collected during focus group interviews word for word. The researcher read transcripts and field notes and reread notes and tried to recall observations and experiences, then listened to tape recordings until she became immersed in the data (Burns & Grove, 2009: 521). Correcting and constant checking of mistakes were done whilst the written transcripts were compared with the recordings.

Participants' feelings, emphasis of words, non-linguistic utterances, such as sighs recorded during interviews were noted (Polit & Beck, 2006: 572). Following Tesch's technique (Creswell 2005: 198), the data transcripts were read several times so as to figure out exactly what the participants were explaining to the researcher.

After proofing the transcripts and sorting the information, the researcher coded and analysed data by grouping similar ideas into themes, categories and sub-categories (Brink et al. 2012: 193).

In trying to gather data and manage a growing bulk of data, the researcher managed to store data in an organised way and maintained good record keeping so as to keep track of connections of all the data collected (Burns & Grove 2009: 507).

The researcher searched for the patterns and structures that connect the thematic categories, and got a sense of what was typical with regard to the phenomenon and what variation was like. At the end, the researcher wrote some generalised statements about the phenomenon and about study participants (Polit & Beck 2006: 572). In the process of coding, similar codes were grouped together to generate themes that were used as headings in the findings (Creswell 2005: 198).

The researcher broke up data into manageable themes, categories and subcategories, with the aim of understanding constitutive elements of data through inspection of relationship between concepts (Mouton 2001: 108).

### **1.17 Trustworthiness of the study**

Trustworthiness is gained by ensuring data quality or rigour in qualitative research, based on the model developed by Lincoln and Guba (1985) as cited by (Polit & Beck, 2006: 430). This model proposes four criteria for developing the trustworthiness of a qualitative study: credibility, dependability, confirmability and transferability.

In this study the researcher maintained trustworthiness through placing aside her preconceived ideas regarding the study being researched. The researcher maintained a relaxed atmosphere conducive to comfortable conversation and tried to listen attentively. And participants were treated with respect during the sharing of experiences.

#### **1.17.1 Credibility**

Credibility is viewed by Lincoln and Guba (1985) as cited by (Polit & Beck, 2006: 430) as an overriding goal of qualitative research and is considered in the synthesis as a primary validity criterion.

Credibility refers to confidence in the truth of the data and interpretations of such data (Polit & Beck 2006: 430). Lincoln and Guba (1985) recommend activities that increase the likelihood of producing credible data and interpretations (Polit & Beck 2006: 430).

In this study, credibility was attained by carrying out the investigation in a way that enhanced believability. The researcher maintained this by using a tape recorder for capturing data from the participants. Notes were taken of the participants' responses (Burns & Grove, 2009: 521). Participants were properly identified as they spoke.

The following strategies were used: prolonged engagement and persistent observation, peer debriefing, member checks and triangulation techniques (Stommel & Wills 2004: 289).

#### 1.17.2. Prolonged engagement

Prolonged engagement is described as the researcher's substantial level of immersion in the research process, whereby the researcher becomes truly engaged with research and establishes valid and meaningful relationships with study participants (Stommel & Wills 2004: 289). The researcher collected data from all the focus groups until data saturation was achieved, meaning that participants expressed the same opinions over and over again (Brink et al. 2012: 172).

#### 1.17.3. Peer debriefing

Peer debriefing is defined as the interaction of the researcher with research colleagues and consultants who are experienced in research methods used and provide guidance for research designs, data collection and data analysis during the study (Stommel & Wills 2004: 289). The researcher sought advice from experts in the field of research. Those experts had an understanding of the study and debated each step of the research process with the researcher (Brink et al. 2012: 172).

#### 1.17.4 Member checking

This is described as a process in which the researcher invites study participants to review and to revise transcripts responses and correct the researcher's interpretation of the meaning of data (Stommel & Wills 2004: 288). The aim of member checking is to access the ability of the participants to correct any errors and provide additional volunteer information (Brink et al. 2012: 172).

In this study, member checking was done by notifying participants about the research findings and the developments that could be involved. Findings of the study were taken back to the participants for data interpretation and adequacy to be discussed

and confirmed. The research findings were checked to make sure they were true and involved third-year nursing students who participated in research.

#### 1.17.5 Dependability

Dependability refers to the provision of evidence to the effect that, the findings would be similar if the research were to be repeated with the same or similar participants in the same or a similar context (Brink et al. 2012: 172). Babbie, Mouton and Prozesky (2004: 278) concur that dependability is about the similarity of the results when the study is repeated in the same setting, using the same method and the same participants.

The researcher ensured this in the study by using the same questions for all different focus groups without making changes. Tape recording was used to collect data and notes were taken verbatim. The researcher used literature to conduct and to support data obtained from all focus groups. The data and analysis were checked for compatibility and similarity and discrepancies were resolved (Stommel & Wills 2004: 288).

#### 1.17.6 Confirmability

Confirmability refers to the potential for congruency of data in terms of accuracy, relevance or meaning (Brink et al. 2012: 173). Confirmability is concerned with establishing whether the data represent the information provided by the participants.

Data must reflect the voice of the study participants and not the researcher's perceptions (Brink et al. 2012: 173).

The researcher maintained confirmability by keeping audit trails during data collection; interpretations were carefully documented so that another knowledgeable researcher could arrive at the same conclusion as the primary researcher about the data (Stommel & Wills 2004: 288).

In this study, the researcher, by providing an audit trail using well documented notes of transcribed findings also maintained her neutrality.

#### 1.17.7 Transferability

Transferability refers to the probability that the study findings have meaning for others in similar situations (Streubert Speziale & Carpenter 2007: 49). Stommel & Wills (2004: 288) state that transferability refers to the extent to which findings can be generalised to other situations and target populations.

Thick description involving a very detailed description of the nature of the study participants, their reported experiences, and the researcher's observations during a study is used to provide sufficiently detailed information on the study (Stommel &

Wills 2004: 288). This was not applicable to this study as it was not the purpose of the study as the study was restricted to professional behaviour among college nursing students.

#### **1.18 Ethical considerations**

Permission to conduct the study was obtained from the University of Fort Hare ethics committee, the Faculty of Science and Agriculture at the University of Fort Hare, the Eastern Cape Department of Health, the Surveillance committee, the Principal of Lilitha College of Nursing and the Campus Head of East London Campus before commencement of the study.

Participants were informed about the benefits of the study. As the research involved human participants it was necessary to follow strict ethical principles. Ethical considerations were enlisted through applying the following ethical principles:

### 1.18.1 The principle of non-maleficence

The researcher secured the wellbeing of the participants as they had a right to be protected against discomfort and harm. The researcher avoided harming participants by carefully structuring the questions and respecting the participants' views (Brink et al. 2012: 36).

The principle of no-maleficence was applied throughout the study. Participants were informed beforehand that data collected during research would not be used against them. No deliberate attempt was made to cause emotional discomfort or harm to the participants and they were assured that the results of the research would be available to the respective stakeholders only, and that and their names would not appear in any of the documents.

### 1.18.2 Right to self-determination

Protection of participant's human rights was based on the ethical principle of respect for persons. The right to self-determination was assured by informing participants about the proposed study and allowing them the voluntary choice to participate. Participants also were given the right to withdraw from the study at any time without being penalized (Burns & Grove, 2009: 190).

### 1.18.3 Right to autonomy and confidentiality

Participants were assured of their right to confidentiality and anonymity. Anonymity was maintained by allocation letters of the alphabet as identification to participants and by destroying all the information pertaining to participants once the research was completed (Brink et al. 2009: 31). Confidentiality was guaranteed by guarding against unauthorised access to the data, and participants' names were not written on records (Brink et al. 2009: 31). No private information about the participants was shared with any other person.

The researcher also respected participant's autonomy by making sure that the participants received all the information required to make an informed decision about participation.

#### 1.18.4 The right to privacy

This was ensured throughout by not collecting data from participants without their knowledge. The researcher ensured the right of an individual to determine the time, extent and general circumstances under which personal information was shared with or withheld from others (Burns & Grove, 2009: 186).

#### 1.18.5 Right to protection from discomfort

Rees (2011: 110) states that the researcher has an obligation to protect the rights and wellbeing of those involved in research. The participants in the study were not disadvantaged or exposed to situations for which they had not been prepared. The researcher ensured that participants' participation and information provided by them was not used against them (Polit & Beck 2006: 88).

#### 1.18.6 Right to fair treatment

The right to fair treatment is based on the ethical principle of justice, which was assured in that there was no discrimination and participants were treated fairly on the basis of including all participants consenting to participate in the study (Burns & Grove, 2009: 198).

### 1.18.7 Obtaining informed consent

Participants were given an opportunity to decide whether or not to participate in the research (Burns & Grove, 2009: 201). When asked to give their consent, they were assured that neither participation nor non-participation, or information provided would not be used to discriminate against them. The researcher prepared the participants for signing consent forms in the first session, before the research was conducted

What the study entailed was explained in detail. This included what the topic was, and what they were expected to do. The researcher took the participants step by step through the format of the consent. Participants had adequate information regarding the research, comprehended the information, and had the power of free choice, enabling them to consent voluntarily to participate in the research or decline participation.

The researcher documented the informed consent by having participants sign the consent form (Polit & Beck 2006: 93).

## **1.20 CONCLUSION**

This chapter focused on the background to the study to provide an outline of the problem being researched. The significance of the research, the research objectives and aims, and data analysis were discussed. The research design guided the data collection method, data analysis, trustworthiness and ethical issues in research.

## **1.21 OUTLINE OF THE CHAPTERS**

The presentation of the research comprises four chapters. Chapter 1 provides an Introduction and background to the research.

Chapter 2 presents the research methodology that was applied.

Findings are discussed in Chapter 3 and Chapter 4 explains the conceptualisation.

Chapter 5 comprises a discussion of limitations affecting the research, the conclusion, and recommendations stemming from the results of the research.

## **CHAPTER 2: RESEARCH METHODOLOGY**

### **2.1 INTRODUCTION**

In the previous chapter the researcher provided an introduction to the research, discussed the background to the problem that was investigated and presented the proposed plan of the study. This chapter describes the research methodology utilised in the study. The focus is on the research design, methods used to obtain data, data analysis, trustworthiness and ethical considerations.

### **2.2 Qualitative Research**

A qualitative research method was used in this study as it was seen as the most appropriate and suitable method for this particular study. Qualitative research is described as a systematic, interactive, subjective and holistic approach used to “describe life experiences and give them meaning” (Burns & Grove, 2005: 23). These authors explain that this type of research is conducted to explore, describe and promote understanding of human experiences, events and cultures over time.

Brink et al. (2012: 121) affirm that the qualitative research approach refers to a broad range of research designs and methods used to study phenomena of social action of which we do not have adequate understanding. As the name implies, qualitative methods focus on the qualitative aspects of meaning, experiences and understanding and is used to study human experiences from the viewpoint of the research participants in the context in which the action takes place (Brink et al. 2012: 121).

According to Streubert Speziale & Carpenter (2007: 21) qualitative research has six significant characteristics: a belief in multiple realities; a commitment to identifying an approach to understanding that supports the phenomenon being studied; a commitment to the participant’s viewpoint; the conduct of the inquiry in a way that limits disruption of the natural context of the phenomenon of interest; acknowledged participation of the researcher in the research process; and reporting of the data in a

literary style rich with participant commentaries. This type of research design was utilised because the focus of research was on the causes and reasons for poor professional behaviour among third-year nursing students. The qualitative research design assisted the researcher in the investigation and identification of causes and reasons for poor professional behaviour among the nursing students at a particular public nursing college in the Eastern Cape.

According to Leedy and Ormrod (2005: 134) qualitative research studies serve one or more purposes. It can reveal the nature of certain situations, settings, processes, relationships, systems and people and enable the researcher to gain new insights about a particular phenomenon, to develop new concepts or theoretical perspectives about the phenomenon. Babbie and Mouton (2006: 53) explain that qualitative researchers attempt to study human action from the insider's perspective and that a qualitative researcher should have special qualities that will assist in the effectiveness of a study.

### **2.3 Research design**

The research design is an overall plan for addressing a research problem; as such, it is the blueprint of a study (Polit & Beck 2004: 730). Green & Thorogood (2006: 6) state that the qualitative researcher asks research questions that will generate the necessary data that will provide understanding of the specific phenomena in which the researcher is interested. The current researcher therefore used qualitative and exploratory design to explore and describe reasons for poor professional behaviour among nursing students at a public nursing college in the Eastern Cape.

## **2.4 Exploratory design**

Babbie explains that exploratory design is a typical approach “when the researcher examines a new interest or when the subject of a study is relatively new” (Babbie & Mouton 2009: 88).

In this study the researcher was interested to explore and describe reasons for poor professional behaviour among nursing students at a public nursing college in the Eastern Cape. The researcher was looking for new knowledge and sought to understand why nursing students are not exhibiting the expected professional values and norms of the nursing profession. This approach assisted the researcher to understand and interpret the description and reasons for unprofessional behaviour by nursing students.

The researcher asked questions that assisted in the generation of the relevant data for the research study (Green & Thorogood 2006: 6).

## **2.5 Descriptive design**

A descriptive design aims to gain access to information about characteristics within a particular field of study and the purpose attached to it is that of providing a picture of a situation as it occurs naturally (Burns & Grove 2011: 256). According to Babbie & Mouton (2006: 80), the major purpose of many studies is to describe situations and events in the manner in which the researcher observed them. As the researcher was interested to find out the reasons for and causes of unprofessional behaviour by college nursing students, the descriptive design was appropriate.

## **2.6 Contextual design**

Burns & Grove (2005: 732) state that a contextual design denotes the environment and the circumstances in which the study takes place. The context in which the research study was conducted was public college of nursing in the Eastern Cape.

## **2.7 Study setting**

A research setting is the specific place or places where data are collected (Brink 2012: 59). The study was conducted at a public college in the Eastern Cape Province.

The Eastern Cape public nursing college has five campuses and four satellites at which a comprehensive four-year basic Diploma course is offered for registration as a nurse (general, psychiatric and community) and midwife. This course falls under the South African Nursing Council, Regulation R425. Enrolled nurses and enrolled nursing assistants follow a one year training course at satellite campuses.

## **2.8 Population**

The term population refers to “all elements, objects or substances that meet the inclusion criteria in a given universe” (Burns & Grove 2005: 40). Parahoo (2006: 218) defines a population as a “total number of units from which data can potentially be collected”. De Vos et al. (2008: 193) describe the universe as all potential subjects who have the attributes which the researcher is interested to study.

As highlighted by the above researchers the population and the universe are not the same. A population is the universe of all the units or elements to which the researcher wants to generalise (Stommel & Wills 2004: 294).

The researcher studied the population of third-year nursing students at a public nursing college in the Eastern Cape registered according to Regulation R425 (22 February 1985, as amended) which leads to registration as a nurse (general, psychiatric, community) and midwife.

The population targeted for this study was third-year nursing students being trained in the comprehensive four-year basic course for registration as a nurse (general, psychiatric and community) and midwife at a public nursing college in the Eastern Cape Province. The population included males, females, blacks, whites and coloureds, ranging between 22 years and 40 years of age. They were nursing

students who had been at the college for three years of their training who were willing to share information about poor professional behaviour.

## **2.9 Sampling approach**

Sampling involves selecting a group of people, events, behaviours, or other elements from which to conduct a study (Burns & Grove 2005: 341). Polit and Beck (2009: 291) affirm that sampling involves a process of selecting a sub-section of a population in order to obtain information regarding the phenomenon of interest. In this study non-probability purposive sampling was used as it is regarded as an appropriate approach in qualitative studies.

This technique is based on the researcher's judgment regarding subjects/ objects that represent the study phenomenon and are knowledgeable about the question at hand (Brink et al. 2012: 141). The sample was selected from among third-year nursing students at a public nursing college in the Eastern Cape.

The researcher selected subjects who were able to provide extensive information about the phenomenon being studied, based on their particular knowledge for the purpose of sharing information of the research.

## **2.10 Sample size**

Sample size was obtained through random purposive sampling. The researcher achieved simple random sampling by selecting study elements randomly from the sampling frame (Burns & Grove, 2009: 347). Sampling frame is defined by Rees (2011: 201) as a list of the study population who meet the inclusion and exclusion criteria of the study. The same author further states that sample frame consists of those in the population the researcher can access (Rees, 2011: 201). Each participant was assigned an alphabetical letter for a name in the sampling frame, the letters of the alphabet were written on slips of paper, placed in a container, mixed well,

and then drawn one at a time until the desired sample size was reached (Burns & Grove, 2009: 347).

### **2.11 Inclusion criteria**

Inclusion criteria are those characteristics that a subject or element must possess to be part of the population (Burns & Grove, 2009: 345). Criteria for inclusion in this study required that participants had to be students of nursing in the third year of study of the four-year comprehensive basic course for a Diploma in nursing (general, psychiatric and community) and midwifery.

Third year comprehensive diploma nursing students willing to take part in the research were included as they were expected to be able to provide extensive information about the phenomenon being studied .

### **2.12 Exclusion criteria**

Exclusion criteria are those characteristics that prevent a person or element from being included in the target population (Burns & Grove, 2009: 345).

In this study, first-year, second-year and fourth-year nursing students, post basic nursing students and pupil nurses being trained as nursing auxiliaries were excluded from the study. First-year comprehensive diploma nursing students were excluded from the study as they were new to the profession and they were still being taught ethics and professional practice.

Second-year comprehensive diploma nursing students were excluded as they had been introduced and taught professional behaviour at first-year and at second-year level and still maintained professional behaviour. Fourth-year comprehensive diploma nursing students were excluded because they understood what is expected of them in the clinical area and in the lecture rooms and they were trying to shape themselves in preparation for entering the new world of professionals.

Post-basic nursing students were professional nurses who maintain professional behaviour. Pupil nurses receiving training as nursing auxiliaries were also excluded as they were new to the nursing profession and were still being introduced to professional behaviour.

## **2.13 Data collection**

Data collection is outlined as the process of gathering data from participants (Burns & Grove, 2009: 430). Focus groups interviews were used as a data collection method for investigating views held by third-year nursing student regarding professional behaviour (Burns & Grove 2009: 430). The researcher was totally involved – perceiving, reacting, interacting, reflecting, attach meaning and recording data.

### **2.13.1 The instrument**

The data were collected using unstructured interview discussion as a tool of choice. Research participants were given an opportunity to express their views in their own words according to how they felt, without following a sequence developed by the researcher. De Vos et al. (2005: 292) states that unstructured interviews are conducted without using a researcher's prior information and opinions in a particular area.

### **2.13.2 Data collection method**

In this study the researcher made use of focus group interviews for data collection as this method is described as a valuable data collection strategy for qualitative researchers.

Krueger, quoted by Kingry, Tiedie and Friedman (1990: 124), defines focus groups as “carefully planned discussion[s] designed to obtain perceptions on a defined area of

interest in a permissive, non-threatening environment” (De Vos et al. 2008: 300). According to De Vos et al. (2008: 300), focus group interviews as a research technique collects data through group interaction on a topic predetermined by the researcher, who learns from the participants while listening to the group.

Kritzing (1995), cited by Parahoo (2006: 331), states that “the idea behind focus group interviews is that group processes can help people to explore and clarify their views in ways that would be less accessible in an one to one interview”. Focus group interviews are suited to the collection of qualitative data as they are flexible, stimulating, cumulative, elaborative, assistive in information recall, and capable of producing rich data (Streubert Speziale & Carpenter 2007: 38).

In this study, focus group interviews involving organised discussions were used with selected groups of individuals who were willing to share information about their behaviours and what the causes or reasons for such behaviours were. Morgan, cited by De Vos et al. (2008: 300), describes focus groups as a research technique that collects data through group interaction on a topic determined by the researcher.

The researcher followed the basic steps for conducting focus group interviews by explaining the purpose of conducting the research according to De Vos et al. (2008: 303). The researcher introduced herself, the research topic, and aims and purpose of the study, this was done to create rapport with the participants and to put them at ease and create a nonthreatening environment.

Group rules such as confidentiality, respecting the views of one another, giving each other a chance to talk without disturbance and switching off of cell phones were discussed.

Written consent was obtained from the participants to conduct interviews and to use a tape recorder, refer Appendix E. The researcher explained recordings would serve as a source of reference during data analysis. Participants were given a chance to code themselves using letters from the alphabet starting from letter A to letter Z, instead of their names and according to their seating arrangement. This was used to maintain anonymity during interviews and throughout the study (Burns & Grove 2005: 194).

A comfortable, relaxed atmosphere was achieved by having participants seated around the table to maintain eye contact with the researcher and with one another to promote communication and dialogue (Burns & Grove 2009: 514).

Interviews were conducted after hours: some in the rest room of the nurses' residence and others during lunch hours in a quiet class room in the college. The number of groups for the study was five (5) and each group consisted of five to nine study participants. The researcher used an interview schedule and open-ended clarifying questions were used to facilitate the process (Streubert Speziale & Carpenter, 2007: 94).

An audiotape was used during data collection. The researcher facilitated all the focus group discussions and was assisted by the note taker for collecting data and notes. The note taker also assisted in taking notes on the behaviours and interactions observed in the focus groups (Stommel & Wills 2004: 282).

Throughout the process, the researcher maintained an environment conducive to comfortable conversation, listened attentively, avoided interrogating participants, and treated participants with respect during the sharing of experiences. The researcher also tried to keep the group discussion focused on the questions (Stommel & Wills 2004: 283).

Each focus group session lasted 45 minutes. Transcripts of the discussions that took place during the sessions were the main form of data information generated from focus groups (Stommel & Wills 2004: 283). Interview sessions were conducted until participants mentioned the same opinions over and over again, which indicated that data saturation was achieved (Brink et al. 2012: 173).

After data collection, participants were given chance to make closing statements. English was the medium used.

The following research questions were used to guide the interview process:-

What do you understand about professional behaviour?

What can be the reasons for poor professional behaviour?

What can be done to improve poor professional behaviour?

## **2.14 Data analysis**

The purpose of data analysis is to bring order to a large body of knowledge so that some general conclusion may be reached and communicated in a research report. De Vos et al. (2008: 333) state that data analysis is the process of “bringing order, structure and meaning to the mass of data collected”. The researcher used data analysis in searching for general statements about relationships among categories of data (De Vos et al. 2008: 333).

In this study, data collection and data analysis occurred simultaneously. The researcher listened and transcribed the tape-recorded data and field notes collected during focus group interviews word for word. Correcting and constant checking of mistakes were done whilst the written transcripts were compared with the recordings.

Participants’ feelings, emphasis of words, non-linguistic utterances such as sighs and non-verbal expressions recorded during interviews were noted (Polit & Beck 2006: 572).

Data analysis was conducted using the content analysis technique guided by Tesch’s method of analysis for qualitative data.

Tesch (1990: 97) proposes conducting a systemic analysis which proceeds in an orderly manner. The steps that were taken were as follows:

The recordings were listened to as soon as possible after interviews were conducted to ensure that all aspects of the interview guide had been covered. The researcher read transcripts and reread notes and tried to recall observations and experiences, listening to tape recordings until she became immersed in the data. In accordance with Tesch’s technique (Creswell 2005: 198), the data transcripts were read several times to figure out what exactly the participants were saying to the researcher, The researcher searched for patterns and structures that connected thematic categories, and got a sense of what was typical with regard to the phenomenon and what variation was like.

The researcher broke up data into manageable themes, categories and subcategories, with the aim of understanding constitutive elements of data through inspection of relationships between concepts. The researcher then coded and analysed data by grouping similar ideas into themes, categories and sub-categories.

The researcher stored data in an organised way and maintained good record keeping so as to keep track of connections linking the collected data.

At the end, the researcher made some generalized statements about the phenomenon and about study participants.

## **2.15 Trustworthiness of the study**

Trustworthiness of a study is ensured through data quality or rigour in qualitative research Lincoln and Guba (1985) cited by Polit & Beck 2006: 430). The model proposed by these authors for developing trustworthiness in a qualitative study comprises four criteria: credibility, dependability, confirmability and transferability.

To gain trustworthiness in this study, the researcher firstly set aside her preconceived ideas regarding the phenomenon being researched, ensured a, relaxed atmosphere conducive to comfortable conversation during interviews while treating participants with respect during the sharing of experiences and trying to listen attentively.

### **2.15.1 Credibility**

Lincoln and Guba (1985) define credibility as an overriding goal of qualitative research and this is considered a primary criterion of validity (Polit & Beck 2006: 430). Credibility refers to confidence in the truth of the data and the interpretation there of (Polit & Beck 2006: 430). Standards for credibility involve performing specific activities that increase the trustworthiness of the reported findings (Stommel & Wills

2004: 289). These standards involve prolonged engagement, peer debriefing and member checking, as discussed in Chapter 1.

Lincoln and Guba (1985) recommend activities that increase the likelihood of producing credible data and interpretations (Polit & Beck 2006: 430). In this study, the investigation was undertaken in a way that enhanced believability. The researcher used a tape recorder to capture data from the participants. Notes were taken of what the participants said, how they said it, and of their body language while they communicated (Burns & Grove 2009: 521). Participants were properly identified as they spoke.

Besides prolonged engagement and persistent observation, peer debriefing, member checks and triangulation techniques were also employed to ensure credibility (Stommel & Wills 2004: 289).

#### 2.15.2 Prolonged engagement

Prolonged engagement is described as the researcher's substantial level of immersion in the research process; the researcher has to be truly engaged with research and establish valid and meaningful relationships with study participants (Stommel & Wills 2004: 289). The researcher spent sufficient time with participants so as to build trust and to become familiar with them.

The researcher collected data from all the focus groups until data saturation was achieved meaning that participants repeated the same opinions repeatedly (Brink et al. 2012: 172). In this way, the researcher gained in-depth understanding of the third year students' perceptions and experiences of professional behaviour.

Prolonged engagement facilitated trust and the rapport between the researcher and third years college students ensured accurate information and participants experiences were clearly identified (Brink et al. 2012: 172).

### 2.15.3 Peer debriefing

Peer debriefing is defined as the interaction of the researcher with research colleagues and consultants for the study, who are experienced in research methods used and provide guidance for research designs, data collection and data analysis (Stommel & Wills 2004: 289). The researcher sought advice from experts in the field of the research process. Those experts had an understanding of the study and debated each step of the research process with the researcher (Brink et al. 2012: 172).

### **2.15.3 Member checking**

Member checking is described as a process in which the researcher invites study participants to review and to revise transcripts of responses and correct the researcher's interpretation of the meaning of data (Stommel & Wills 2004: 288). The aim of member checking is to assess the intentions of the participants, to correct any errors and allow participants to volunteer additional information (Brink et al. 2012: 172).

In this study member checking was done by notifying participants about the research findings and the developments that could be involved. Findings of the study were taken back to the participants for discussing and confirming of the interpretation of data and the adequacy thereof. The research findings were checked to make sure they were true and involved third-year nursing students who participated in the research.

### **2.16 Dependability**

Dependability refers to the provision of evidence in such a manner that if the investigation were to be repeated with the same or similar participants in the same or similar context, the findings would be similar (Brink et al. 2012: 172). Babbie et al.

(2004: 278) concur that dependability is about the similarity of the results when the study is repeated in the same setting, using the same method and the same participants.

The researcher ensured dependability in this study by using the same questions for all the different focus groups, without making changes. Tape recording was used to collect data and notes were taken verbatim. The researcher used literature to conduct focus groups and to support data in all. The data and analysis were then checked for compatibility and similarity and discrepancies were resolved (Stommel & Wills 2004: 288).

## **2.17 Confirmability**

Confirmability refers to the potential for congruency of data in terms of accuracy, relevance or meaning (Brink et al. 2012: 173). Confirmability is concerned with establishing whether the data represent the information provided by the participants.

Data must reflect the voice of the study participants and not the researcher's perceptions (Brink et al. 2012: 173).

Streubert Speziale & Carpenter (2007: 49) define confirmability as the way in which researchers document the findings and leave an audit trail which is a recording of activities over time that another individual may follow.

The goal for confirmability assessment is to determine whether two or more researchers can agree on the decisions made during the study on what data to collect and how to interpret the data, including the implications of the findings from the study for a particular field (Stommel & Wills 2004: 288).

The researcher maintained confirmability by using audit trails during data collection, interpretations were carefully documented so that another knowledgeable researcher may arrive at the same conclusions about the data as the primary researcher (Stommel & Wills 2004: 288).

In this study the researcher maintained her neutrality by providing an audit trail, using well documented notes of transcribed recordings that facilitated the findings of the study.

### **2.18 Transferability**

Transferability refers to the probability that the findings from the study have meaning for others in similar situations (Streubert Speziale & Carpenter 2007: 49). Stommel & Wills (2004: 288) state that transferability refers to the extent to which findings can be generalised to other situations and target populations.

Thick description, a very detailed description of the nature of the study participants, their reported experiences, and the researcher's observations during a study, is used to provide sufficiently detailed information on the study (Stommel & Wills 2004: 288). This was not applicable in this study as it was not the purpose of the current study, which was limited to professional behaviour among college nursing students.

### **2.19 Ethical considerations**

Ethical approval was obtained from the University of Fort Hare see appendix A: Approval from the Eastern Cape Department of Health refer appendix B: Mrs Links (Lilitha College head) appendix C: Mrs Tom (East London Campus Head) appendix D.

Participants were informed about the benefits of the study. As the research involved human participants, it was necessary to follow strict ethical principles. Ethical considerations were enlisted through applying the following ethical principles:

### 2.19.1 Principle of beneficence

The researcher secured the well-being of the participants as they had a right to be protected against discomfort and harm. The researcher avoided harming participants by carefully structuring the questions and respecting the participants' views (Brink et al. 2012: 36).

In this study the researcher applied the principle of beneficence throughout the study. Participants were informed beforehand that data collected during research would not be used against them. Situations that might cause emotional discomfort or harm to the participants were avoided. Participants were assured that the results of the research would only be given to the respective stakeholders and that their names would not appear in any of the documents.

### 2.19.2 Right to self-determination

Protection of participant's human rights was based on the ethical principle of respect for persons. The right to self-determination was ensured by informing participants about the proposed study, and allowing them the voluntary choice to participate. Participants were given the right to withdraw from the study at any time without being penalised (Burns & Grove, 2009: 190).

### 2.19.3 Right to autonomy and confidentiality

Participants were assured of their right to confidentiality and anonymity. Anonymity was maintained by using the letters of the alphabet to identify responses by participants and by destroying all the information pertaining to participants after the research had been completed (Brink et al. 2009: 31). Confidentiality was ensured by guarding against unauthorized access to the data and participant's names were not written on records (Brink et al. 2009: 31). No private information about the participants was shared to any other person.

The data were kept safe in a locked cupboard in the researcher's office and destroyed after the completion of the research. The researcher also respected participant's autonomy by making sure that the participants received all the information required to make an informed decision.

#### 2.19.4 The right to privacy

Burns and Grove (2009: 186) describe privacy as comprising an individual right to determine the time, extent and general circumstances under which personal information will be shared or withheld. Brink et al. (2006: 35) are of the opinion that it is the researcher's responsibility to prevent all data gathered during the study from being divulged or made available to any other person. The researcher ensured this throughout the study by not using and publishing data from participants without their knowledge. The information gathered was treated confidentially by the researcher.

#### 2.19.5 Right to protection from discomfort

Rees (2011: 110) states that the researcher has an obligation to protect the rights and wellbeing of those involved in research. The participants in the study were not disadvantaged or exposed to situations for which they had not been prepared. The researcher ensured that participant's participation and information they provided were not used against them (Polit & Beck 2006: 88).

#### 2.19.6 Right to fair treatment

The right to fair treatment is based on the ethical principle of justice, which was assured in that there was no discrimination and participants were treated fairly on the basis of including all participants consenting to participate in the study (Burns & Grove 2009: 198).

### 2.19.7 Obtaining informed consent

Consent is the prospective subject's agreement to participate in a study as a subject, which the subject undertakes after assimilating essential information.

Participants were given an opportunity to decide whether or not to participate in the research (Burns & Grove 2009: 201). The participants were asked to give their consent and they were assured that participation or information provided would not be used against them.

The researcher prepared the participants for signing consent forms. What was entailed in the study was explained in detail in the first session before the research was conducted. That concerned the topic itself and what they were expected to do. The researcher went step by step through the format of the consent with the participants.

Participants had adequate information regarding the research, comprehended the information and had the power of choice, enabling them to consent voluntarily to participate in the research or decline participation.

The researcher documented the informed consent by having participants sign the consent form (Polit & Beck 2006: 93).

## **2.2 Conclusion**

This chapter focused on the research design and method. The research design guided the data collection method, data analysis, the trustworthiness and ethical issues in research. The following chapter will discuss the procedures followed during data analysis and interpretation.

## **CHAPTER 3: PRESENTATION OF FINDINGS**

### **3.1 Introduction**

In the previous chapter the researcher discussed the research methodology used in the study. This chapter presents the findings of the research that were obtained through content analysis of the data that were collected. A discussion of the demographic data of participants and the results of identified themes, categories and sub-categories are presented

### **3.2 Demographic data of participants**

The five focus groups consisted of third-year nursing students in age groups ranging from 23 to 45 years, with males and females of different racial groups. Participants were able to communicate in English, and could speak a second language, either Xhosa or Afrikaans.

### **3.3 Findings of the study**

The findings are discussed according to three major themes:

- Responses from students regarding their understanding of professional behaviour.
  - Responses of students regarding their reasons for poor professional behaviour.
  - Responses from students regarding improving poor professional behaviour.
- These themes included a number of categories and sub-categories as indicated below in Table 3.1.

**Table 3.1: Identified themes, categories and subcategories based on professional behaviour among nursing students at a public college in the Eastern Cape**

Themes	Categories	Subcategories
1. Responses from students regarding their understanding of professional behaviour	Positive responses regarding their understanding of professional behaviour	<ul style="list-style-type: none"> <li>• Practicing according to expected norms and standards of the profession</li> <li>• Required to behave, lead by example, be punctual, supportive</li> <li>• Role model - do your chores, do not drink in public, do not do things that are not ethical</li> <li>• Theory is taught on how to behave in a professional manner</li> <li>• Follow rules and regulations, follow protocols of the profession</li> <li>• To have confidence, not divulging information</li> <li>• Be positive encouraging and inspiring</li> <li>• Be helpful to the patient, not inducing harm</li> <li>• Respect the seniors, lecturers and the patients, patients are the centre of our profession</li> <li>• Bring back the dignity of</li> </ul>
		<p>nursing to the people</p> <ul style="list-style-type: none"> <li>• Follow guidelines which are recommended by the SANC</li> <li>• The way students conduct themselves</li> </ul>

		<ul style="list-style-type: none"> <li>• How to act in and out of the uniform</li> <li>• Follow protocols, procedures and professionalism</li> </ul>
	<input type="checkbox"/> Negative responses regarding their understanding of professional behaviour	<ul style="list-style-type: none"> <li>• Not given opportunity for development</li> <li>• Not happy in work place</li> <li>• Not being recognised</li> <li>• Adopting “don’t care” attitude: they don’t care about us; being underpaid</li> <li>• Negative attitude of elderly professional nurses towards the newly appointed professional nurse</li> <li>• Not well educated, not taken into consideration, no passion, not allowed to strike</li> <li>• Not enough equipment</li> <li>• Not practising how to behave in the ward</li> <li>• Professional ethical norms not practised in the wards</li> <li>• No method of grooming</li> <li>• Shouting at students in front of patients</li> </ul>
2. Responses of students regarding reasons for poor professional behaviour	<input type="checkbox"/> Poor professional behaviour of third-year students	<ul style="list-style-type: none"> <li>• Those higher in hierarchical structure do not listen to the views of the people in the wards, they do not behave in a professional manner, hence we adopt that</li> </ul>
		behaviour, due to anger or wrongdoing

- They do not show interest in their work. Just ignore us. Not acceptable. They do not practise what they preach. We also lose interest.
- Communication breakdown
- Shortage of staff, equipment and medication – stress and personal problems
- Bad influence from others
- Conditions we work under
- In appropriate teaching of ethics in the college and in the wards. Students are treated as nothing in the wards.
- Management at the college make decisions without involving students.
- Insufficient income, work overload
- The norms and the way students must behave are not stipulated when commencing the course.
- Prejudice in the wards concerning Fort Hare and Lilitha; we are not accepted, discrimination
- Lack of administration; no money; don't have parents that are working
- There is nepotism

<p>3. Responses from students regarding improving poor professional behaviour</p>	<p><input type="checkbox"/> Suggestions to improve professional behaviour</p>	<ul style="list-style-type: none"> <li>• Students should be given a chance to voice out their expectations.</li> <li>• Nurses should have a</li> </ul>
		<p>positive attitude towards students in the wards.</p> <ul style="list-style-type: none"> <li>• Training sessions about professionalism must go back to basics.</li> <li>• Regular visiting of health inspectors Random inspection must be done by the province and SANC.</li> <li>• Staff must teach students, demonstrate the procedures to the students.</li> <li>• Private and public hospitals must teach students.</li> <li>• Lecturers must practice what they preach and must not drink in public.</li> <li>• Students to be encouraged to do research</li> <li>• Professional practice 1 and 2 to be taught in first year</li> <li>• Need lecturers for theory and lecturers for the clinical areas</li> </ul>

### 3. 4 DISCUSSION AND PRESENTATION

The main theme, categories and subcategories are discussed in this chapter. Although third-year nursing students reported varied information, common reasons were also reported by students for this study and these are explained below.

3.4.1 Theme 1: Responses from students regarding their understanding of professional behaviour. This is the first theme identified during data analysis. This theme is supported by the identified categories and sub-categories discussed below.

#### *3.4.1.1 Category 1: Positive responses regarding their understanding of professional behaviour*

Several sub-categories emerged among positive responses regarding their understanding of professional behaviour. These included:

Practicing according to expected norms and standards of the profession; behaving and leading by example; being punctual and supportive; role modelling in doing your chores; don't drink in public; do not do things that are not ethical (theory is taught on how to behave in a professional manner); being positive, encouraging and inspiring; being helpful to the patient and not inducing harm.

The following verbatim comments came from participants:

I also think it is to lead by an example, because you are leader. So you have to act in a manner that people can observe and watch and follow as well. Be punctual at work, be very supportive for the staff and start to carry out your chores and duties.

In addition to what my colleague had said, is that when you are a professional you are a role model. You have to be an example towards people that are surrounding you, you don't drink in public, or do things that are not ethical in your profession.

I think professional behaviour is the way the nursing students act and behave outside and also inside the health facility. When they have the uniform obviously and the devices that can show that are students and they are professionals now. Outside especially when they are in a public area where there are lots of people because as professional you have to behave in a certain way.

A professional behaviour which is expected from the student nurse, is a behaviour that is going to be helpful for the patient which is not going to harm anybody. So we need to behave like professionals. As a professional student nurse you need to be an example especially with the discipline.

Armstrong et al. (2013: 23) state that professional behaviour refers to discipline related knowledge and skills, appropriate relationships with patients and colleagues and acceptable appearance and attitudes. Professionals are expected to behave in a professional way and this is the way they inform the public that they exhibit dignity (Armstrong et al. 2013: 57).

The above-mentioned authors further state that professional behaviour is defined by acting ethically. Hammer (2012: 456) argues that professional behaviour can be described as “behavioral professionalism”, meaning behaving in a manner to achieve optimal outcomes in professional tasks and interactions.

In this study it emerged from the interviews that participants understand that students should follow rules and regulations recommended by the South African Nursing Council. These included: follow rules and regulations; follow protocols of the profession; follow guidelines which are recommended by the South African Nursing Council; follow protocols and procedures and uphold professionalism. Participants stated:

I think it's something that you acquire from the norms of the profession. Meaning it's something that is expected of such a person to perform e.g. as a student there are certain norms whereby a student is expected to perform of which that student must follow those regulations.

As we are being equipped from professional ethics there are ethics that the professional nurse must be guided with which he or she must behave as we are being equipped from the professional practice.

Armstrong et al. (2013: 124) are of the opinion that nursing students should be conversant with the rules and regulations that govern their practice in order to display a positive attitude in the clinical area.

Participants pointed out clearly that it is important for nursing students to respect their seniors, lecturers and the patients, and they emphasised that patients are central to the profession. Direct comments from participants were:

To behave and respect the seniors that we are working under. Also respect the lecturers as well as the patient. The patient which are the main people who are at the centre of our profession.

#### *3.4.1.2 Category 2: Negative responses regarding their understanding of professional behaviour.*

Comments from the participants indicated that students are not given an opportunity for development; they are not happy at work; they complained that they are not recognised and are underpaid. Students have adopted a “don’t care” attitude as they were not cared for. A negative attitude among elderly professional nurses towards the newly appointed professional nurse has contributed to poor professional behaviour by nursing students.

The participants mentioned the following:

Students are not given an opportunity for advancement to develop their knowledge and skills so that they can be more responsible for their professionalism.

I think by not being happy at work and not recognised by management and your superiors, you end up adopting the do not care attitude. Because they don’t care about me, and you are being underpaid and then when you raise your concerns they are not taken into consideration.

Because they don’t care about me, and you’ve been underpaid salary issues and then when you raise your concerns they are not taken into consideration.

Staff attitude especially the elderly who have the attitude they show towards the newly appointed student in the profession. Sometimes they show them the attitude that the student must feel that in this profession they cannot perform according to the ethical norms.

*Students are not well educated concerning norms and values*

Participants indicated that professional ethical norms are not practiced in the wards. There is no method for grooming of the students and students are shouted at in front of the patients.

Participants further highlighted that students are not knowledgeable about norms and values because there is a lack of education at the beginning of the year; disruption of teaching because of strike action; inappropriate teaching of ethics in the first year; and unclear professional behavioural expectations on entering the profession.

The participants mentioned that the manner in which the students are expected to behave as professional nursing students and as members of the nursing profession is not clearly stipulated to nursing students during orientation. Neither are the norms and values of the nursing profession clearly stated on the professional code of conduct presented to nursing students when they enter the profession.

The above is supported by the following responses from the participants:

Yes for instance the theory about how to behave, and when you come in the wards the theory of how to behave, the nurses in the wards, they didn't treat you as if you got the knowledge you know from the book but you don't practise it because in the wards they are not practising it.

Why students have a poor professional behaviour it is because they don't understand, especially with first years. They don't have a good understanding of how a nurse should behave and what the responsibilities of a nurse are. How she is supposed to behave in the community and what are people expecting from them when they are in this profession.

I think mam it may be because of the fact that when the students are starting the course the norms or the way the students are expected to behave is not stipulated or is not clearly addressed to the students on admission.

The fact of having poor information or less information and not [being] well educated about the norms and ethics of the profession you are in. In nursing, nurses are not allowed to strike but because of seeing your colleagues striking so you decide to join the strike without knowing what is good for you.

I also feel that nursing students come into this institution with the mindset of we are students. We are going to leave in [live] a student life. They have not grasped the fact that they are turning to be professional nurses. Also they are

still immature while studying for example the first and second years. They have not been exposed that much yet to the nursing field and how professional nurses should carry themselves.

### 3.4.2 Theme 2: Responses of students regarding their reasons for poor professional behaviour

This is the second theme identified during data analysis. It will be discussed further under one category and sub-categories.

#### *3.4.2.1 Category 3: Poor professional behaviour of third-year students*

Participants made suggestions regarding reasons for the unprofessional behaviour of students which included the lack of recognition by the management; inadequate administration; the fact that registered nurses do not show interest in their work; prejudice in the wards in favour of students from Fort Hare and against Lilitha students; breakdown in communication; the influence of others; and a feeling of being made to feel worthless in the sight of others. These comments are discussed below.

##### *3.4.2.1.i Lack of recognition by the management*

In this study participants explained that morale was low, which led to developing an uncaring attitude because of the lack of recognition by college management. They mentioned that those higher in the hierarchy do not listen to the views of the people in the wards.

They indicated that the working environment can have a negative effect on a nursing student's professional behaviour. This working environment has impacted poorly on nursing student's professional behaviour because they are not happy at work. The following comments came from participants:

Another thing I think those that are in the higher hierarchy of the profession do not take into consideration the views of those that are in the wards for example when there is a problem of not having enough equipment and when there is a problem of not having enough medication to give the patients they don't answer properly.

Even the working environment can have an effect on professional behaviour. For example if there is not enough equipment at where you are working there's no way that you can get good results.

#### *3.4.2.1.ii Lack of administration*

Participants mentioned that people at management in the college make decisions without involving the students. They indicated that there is lack of administration, they do not have money and some students do not have parents who are working and these aspects contributed to students' poor professional behaviour. The views were expressed as follows:

The management does not involve the students in decision making and as a result of them not being involved the students end up behaving in an unprofessional manner.

I think by not being happy at work and not recognized by management and your superiors you end up adopting the do not care attitude. Because they don't care about me, and you are being underpaid and then when you raise your concerns they are not taken into consideration.

Another reason for the student to practice or perform in an unprofessional manner it is due to the discrimination of the management of the college towards the students. For example in this college we are two groups of students. The other group of students is getting a high income and the other group is not paid.

Speaking from experience with the administration towards the department e.g. last year there was a behaviour that was not acceptable with the student nurses who were not paid for a certain period due to lack of administration.

#### *3.4.2.iii Registered nurses do not show interest in their work*

In this study it emerged that student nurses experienced that registered nurses do not show interest in their work. They just ignore students. They do not practise what they preach. Participants stated that they also lost interest and this has affected their behaviour negatively. The following information from research participants elaborates that:

The reasons for poor professional behaviour may be you have role models like your seniors, they do not behave in a professional manner and then you also adopt that behaviour.

Other reasons are that your seniors are your role models. You follow them and you end up having poor professional behaviour.

I think other factors that are contributing to poor professional behaviour are the conditions that we work under for example in the wards there is no respect. Let's say for example an assistant nurse will shout back at a professional nurse and then you see that there is no respect and you end up acquiring that behaviour.

Like for example if I may add if there is not enough medication in the ward. The staff nurse will come at eight o'clock because she knows very well that there is no medication that she is going to give and there will be no further steps that will to be taken.

#### *3.4.2.1. iv Prejudice in the wards concerning Fort Hare and Lilitha students*

It emerged that favouritism was rife among some professional nurses. Most participants felt that they were not accepted in some of the wards. They mentioned that they are discriminated against in the wards. Direct comments were as follows:

Another reason mam is that of the prejudice in the wards. What is happening due to different academic institutions for instance Fort hare students and Lilitha students, you will find out Fort hare students who are doing nursing are sometimes being favoured.

When we are allocated for practical work may be we have not even done anything wrong and it's our first day in the wards, the sister will say no we want Fort Hare students with no factual reasons why they resist Lilitha students.

#### *3.4.2.1.vi Communication breakdown*

The participants indicated that there is a breakdown in communication between the college and the wards. It is important for the college to have clarity and be accurate in conveying information to the clinical area. In addition, students blamed poor lines of

communication as one of the reasons for them to misbehave and be disrespectful in the clinical areas they are allocated to. Participant's views were expressed as follows:

I think I should start with the communication channels, for instance when we are in the wards the college doesn't communicate with the institutions that they allocate us into.

Sometimes you find out that there are days that we are supposed to knock off at one, the wards don't allow us because the college didn't inform the institution that the students at a certain day knock off at one.

So we end up behaving in an unprofessional manner and we force our way out because we have to go out at this time because it's our right. For instance during sport days and meetings days and it was said we should get out at one and on Fridays. But we get to the wards they expect us to get out at four o'clock and we behave in an unprofessional manner because we will go at one.

I think the reason that is causing the misbehaviour of students is the lack of communication between the professional and the patient.

According to students there is a tendency here in the college where the administration will formulate new policies and change the older ones. When it comes to our group there was a tendency that we are changing certain policies and we are using this policy. It makes people to behave in an unacceptable professional behaviour.

#### *4.3.2.1.vii Bad influence from others*

Some of the participants mentioned that bad behaviour of other nursing students had influenced them to behave unprofessionally. Participants felt that unethical behaviour of other students have a negative impact on a nursing student's professional behaviour. They further indicated that peer pressure and arrogance can be another challenge that influences them to behave negatively. The following quotations express this view:

Like for instance in nursing, nurses are not allowed to strike but because of seeing your colleagues or your colleagues striking so you decide to join the strike without knowing what is good for you.

And also the influence, if you are the only person who is doing what is right in the ward, the rest is doing the bad thing you end up not having the power of doing the good thing. And you end up joining them.

Participants blamed other students for having bad attitudes and being rebellious and thereby affecting their behaviour negatively. Students verbalised that other people's actions can either promote or discourage student behaviour. They mentioned that other students might feel unaccepted and defensive and that such feelings resulted in them becoming rebellious.

Some of the reasons that are running in my mind which make the person who is a professional misbehave. To start I can say the nature of a person or the way that or the place that the person was brought up. You know moss that they say you can remove a person from an environment but that environment is not easily removed from that person's head.

I think we come from different homes so there is this phrase says charity begins at home.

Other students are still having in the mind that we are nursing students and we can still enjoy our lives in whatever way. And we can be reckless if we want and all that. Also it's a fact that when people act in a certain way negatively towards you. May be the way that you are acting at that moment when you are still immature, and they act in a bad way towards you. And you don't like it you will start becoming rebellious.

#### *3.4.2.1.viii Students are treated as nothing in the wards*

Participants expressed their frustration with regard to the manner in which they are treated by staff members in the wards. Students mentioned that they are faced with many challenges in the wards. Some of these challenges ultimately result in negative behaviour in the wards by nursing students.

They highlighted staff attitudes as one of the challenges. Students further stated that other staff members display a negative attitude towards them; they shout and are defensive. Registered nurses do not teach nursing students in the clinical area and

they do not want nursing students to ask questions. The participants expressed the following views:

And also in the wards the reason of students to perform a poor professional behaviour it's because of the staff attitude towards the students. Students in the wards are treated as if they are nothing. And as if one day they will not be professionals or professional nurses. That is why the students will perform poor or will act poorly in professionalism.

Staff attitude especially the elderly who have the attitude they show towards the new student in the profession. Sometimes they show them negative attitude that the student must feel that in this profession they are not supposed to observe ethical norms.

When we are allocated for practical work may be we have not even done anything wrong and it's our first day in the wards, the sister will say no we want Fort Hare students with no factual reasons why they resist Lilitha students.

So that is another issue that makes bad behaviour because when we go to the wards we know that we are not highly accepted because of the division that is being made by the staff of the different wards.

### **3.5 Summary**

This chapter has presented findings in the form of themes, categories and subcategories which reflected positive responses regarding students' understanding of professional behaviour and responses by students regarding their reasons for poor professional behaviour. Quotes were presented to highlight actual statements mentioned by participants. In Chapter 4, the conceptualisation of the findings will be discussed.

## **CHAPTER 4: CONCEPTUALISATION**

### **4.1 Introduction**

The previous chapter presented results of the data analysis. This chapter presents the literature control in conceptualising the factors contributing to poor professional behaviour by nursing students.

### **4.2 Findings from literature**

One of the goals of nursing colleges is to educate students for the transition to a professional life and they should articulate and defend the importance of professional values. This can be done through professional socialisation.

Professional socialisation is described as the process of learning over a period of time, to understand and internalise norms and values of the profession in relation to professional behaviour and the professional nursing role in nursing practice (Kotze et al. 2010: 195). Prato (2013: 186) states that socialisation of the nursing student into nursing involves a process of professional formation which signifies the development knowledge, skills and perceptual abilities.

During the process of professional socialisation the nurse educator works in collaboration with the nursing unit manager in order to create opportunities for learners to actively participate as members of the healthcare team. This emphasises active participation between the nurse educator, clinical preceptors and the nurse manager (Meyer et al. 2009: 158).

Du Toit (2008: 164), as cited by Meyer et al. (2009: 158) supports that values, norms and symbols of the nursing profession are internalised by the nursing student during this process of professional socialisation.

According to the legislation, policies and regulations give directives and power to the regulatory body (the South African Nursing Council) to deal with unprofessional

conduct (Armstrong et al. 2013: 124) are of the opinion that nursing students should be conversant with the rules and regulations that govern their practice in order to display a positive attitude in the clinical area.

It is of importance that every member of the nursing profession, from the newcomer entering the nursing school to the most senior member, has a duty to protect and enhance the image of the profession (Searle et al. 2009: 12). The same authors further mention that the profession's image depends on the role image that each practitioner projects.

Çelic, Karadağ and Hisar (2012: 497) cited Karagozolu (2009), Karadağ et al. (2007), Hisar and Karadağ (2010), indicating that it is important that nursing students should be assisted to attain professional attitudes and professional behaviours during their period of education. Nursing students learn professional values from formal instruction and informal observation of practising nurses, and they gradually incorporate professional values into their personal value systems (Geyer et al. 2009:73).

The above-mentioned authors also state that there are traditional professional values in nursing which are non-moral such as cleanliness, efficiency, compassion, honesty and being organised.

### **4.3 Professional behaviour**

In this study professional behaviour is described as practising according to expected norms and standards of the profession. These include carrying out your chores, not drinking in public and not doing things that are unethical in addition to following rules and regulations and adhering to the protocols of the profession.

To respect confidentiality and not divulge information, practising being positive, encouraging and inspiring, being helpful to the patient and not inducing harm are further aspects of professional behaviour. Nursing students mentioned that being respectful to lecturers, seniors and patients is also part of professionalism. They believed professional behaviour include observing good ethical norms and behaviour

and being a good role model, e.g. by leading by example, being punctual and being supportive. Participants furthermore mentioned that professional behaviour requires following guidelines recommended by the South African Nursing Council. The way students conduct themselves and how one acts in and out of the uniform also reveals professionalism or lack of professionalism. Protocols and procedures have to be borne in mind to maintain professionalism.

Broome (2011: 1) states that professional behaviour is evident when nursing students maintain the highest standards of professionalism in the classroom, clinical settings, in the university, community and in related public settings. Students are expected to turn off their cell phones as they enter the classroom, and to refrain from side conversations while faculty members are teaching and they should respect their professors' teaching and their classmates' giving presentations (Broome 2011: 1).

Professional behaviour is described as something positive, encouraging and inspiring. It involves how nurses carry themselves and how they are perceived by the public. In the case of student nurses it means behaving in an acceptable manner, obeying rules and maintaining competence while respecting the profession and respecting your colleagues and being polite, helpful to patients and not inducing harm.

Hinengaro and Aotearoa (2010: 1) state that professional behaviour includes good relationships with colleagues and other professionals that are necessary for practice. The same author's further state that good working relationships are fundamental for creating a productive and a healthy environment within an organisation.

Clark and Carnosso (2008: 11), cited by Vink and Adejumo (2013), state that positive professional behaviour is essential to the nursing profession because nursing is based on values of respect and human dignity and it is assumed that nursing education is a place where compassionate and civilised relationships exist.

According to the Australian Nursing and Midwifery Council Code of Ethics professional behaviour is maintained when nursing students uphold the code of ethics to the highest standard, maintain personal tidiness in the clinical setting and meet required standards expected from nursing education and the health facility.

Gokenback (2012: 5) describes professional behaviour as competent skilful behaviours which are in alignment with the nursing profession. This author further states that it concerns how a professional presents herself (or himself) to all those around her (him) and has the capacity to care for others.

Cleary, Horsfall, Jackson and Hunt (2012: 320) describe professional behaviour as the manner in which nurses conduct themselves in accordance with the legal and ethical requirements of their profession.

The researcher views professional behaviour as the accepted behaviour of the professional practitioner concerned with how she interacts with colleagues, both seniors and juniors, how the professional practitioner conducts herself and adheres to norms and values of the nursing profession while exhibiting a sense of duty, accountability, responsibility and loyalty.

The Department of Health, South Australia, (2006: 6) expects nursing midwifery students on clinical placement to uphold the code of ethics to the highest standard. The code of professional conduct serves as a compass and guide for nurses to practice ethically. The same authors further state that nurse educators play an important role in helping nursing students to develop and apply professional values in nursing.

Carper (1978: 20), quoted by Epstein and Carlin (2012: 897), describes ethics as the knowledge of morality in nursing that goes beyond knowing the ethical codes of the discipline. The same author further states that ethics is one of the fundamental ways of knowing in nursing and is woven through nursing standards of practice.

#### **4.4 Poor professional behaviour**

Poor professional behaviour is defined by Armstrong et al. (2013: 119) as behaviour that substantially deviates from the agreed-upon standards of professional nursing conduct by a nurse. It emerged from this study that nursing students experienced registered nurses and enrolled nurses displaying a negative attitude towards them;

some of them were rude and disrespectful, others were impersonal even to the point of rejecting them and being inconsiderate.

Some students observed of enrolled nurses coming on duty late as a habit. They even mentioned that nursing assistants were shouting back to registered nurses. Feelings of shock were expressed as participants articulated how seniors responded when students were reporting about patients' conditions.

When you report to your superiors they ignore you no one will take you serious so they will say just leave that patient so you find out that is not acceptable.

Managers do not show respect at you and she always shout at you and you end up doing something that is not expected.

Vink and Adejumo (2013: 3) describe poor professional behaviour such as lack of respect, late coming, rudeness, use of cell phones and academic misconduct, absenteeism, aggression, bullying, physical and verbal abuse and rudeness as problematic in classroom and as becoming the norm in some schools.

The argument that poor professional behaviour involving poor attendance in clinical practice and in class, lack of diligence and reliability, and absenteeism is also supported by Jackson, Steve and Clarke (2010: 3). That poor professional behaviour is expressed in angry outbursts, disrespectful language, intimidating behaviour, physical aggression and harassment are supported by Guerrasio (2013: 6).

In my view as a researcher I also see poor professional behaviour as a deviation from expected norms and not following the professional rules of conduct. It occurs when registered nurses do not act and behave as good role models for nursing students in the wards and the clinical area. It is also evident when registered nurses display ignorance to the nursing students and neglect patients' needs, in staff nurses displaying rudeness to their seniors and being disrespectful and in nursing students' being rebellious, showing no sense of responsibility and accountability in their work.

## **4.5 Reasons for poor professional behaviour**

A range of reasons for poor professional behaviour is indicated. It includes inadequate education in norms and values, insufficient recognition, work overload and personal problems, perceptions of a lack of interest in students' work, poor administration, the breakdown in communication, students' feelings of being regarded as worthless, and the influence of peers. These reasons are discussed below.

### **4.5.1 Students not well educated concerning norms and values**

What I have observed from the research participants is that nursing students are not knowledgeable about norms and values of the nursing profession. Nursing students explained that there is inappropriate teaching of ethics in the first year and unclear professional behavioural expectations on entering the profession.

The participants highlighted that the manner in which the students are expected to behave as professional nursing students and as members of the nursing profession is not clearly stipulated during orientation. They mentioned that norms and values of the nursing profession are not clearly stated on the professional code of conduct issued to nursing students when they are entering the profession either.

According to Zaiskowsky, Jinnie and Garret (2014: 1) the systematic integration of ethics into undergraduate programmes is the key component in improving the understanding of ethical issues in nursing. The same authors further mentioned that strategic incorporation of ethics at each level of undergraduate education will improve the preparation of nursing students and increase awareness of health professionals regarding the ethics of nursing.

Curtis, Horton and Smith (2012: 791) argue that student nurses have enormous expectations placed upon them in their professional preparation. They are expected to develop an understanding of compassionate practice of nursing theory and acquire

skills and knowledge which are the characteristics of a member of the nursing profession.

Kless, Soland and Santiago (2014: 31) are of the opinion that nurse educators should set clear consistent behaviours and disciplinary policies that help nursing students feel more connected and allow nurse educators to monitor connectedness.

In my view as a researcher, nurse educators teaching ethics to first-year nursing students should adapt their teaching styles and imparting of knowledge to accommodate new nursing students that enter the field. They should emphasise the importance of observing the ethical norms and values, code of conduct and maintenance of professional behaviour when new nursing students are attending lectures and when they are allocated in the clinical area.

Mellish, Brink and Paton (2005: 152) are clear about the fact that the quality of professional role models and guidance given to the students to assist them in achieving professional maturity is of importance for their development and is part of the nursing educator's accountability. This relates to the area where learning takes place, to ensure that nursing students receive the best quality of service.

Mellish et al. (2005: 155) further stipulate that nurse educators are accountable to nursing students for being excellent role models of professional behaviour and the norms of the profession. They should provide constant guidance and assistance along the road to professional adulthood. Nurse educators should understand that assisting nursing students to develop good professional behaviour that will enhance classroom learning experiences.

Prato (2013: 286) concurs that nurse educators play an important role in constructing a learning environment that fosters the positive formation of nurses. He further states that a student's professional formation occurs formally in the classroom and in clinical setting.

Billings and Halstead (2009: 47) also mentioned that nurse educators are responsible for developing support services that increase student chances for success and increasing student retention in nursing.

Brown, Stevens and Kermod (2012: 606) are of the opinion that the nursing student gradually adopts the professional perception through professional socialisation and erases the primary socialisation she brought with her.

The results of this study indicated that students are not well educated about norms and values during their first year of study; the participants complained about lack of education at the beginning of their first year and disruption of teaching in the class room because of strike action. Participants revealed that there is inappropriate teaching of ethics at first year, unclear professional expectations and inadequate focus on behaviour in class and in the clinical area.

According to Secret, Norwood and Keatley (2003: 81), one of the duties of nurse educators is to focus on imparting knowledge and skills that are essential for development of professional nursing practice to nursing students. The same authors further state that it is important that nurse educators provide appropriate educational experiences to foster professional socialisation. This is supported by the following responses from the participants:

Why students have a poor professional behaviour it's because they don't understand especially with first years. They don't have a good understanding of how a nurse should behave and what are the responsibilities of a nurse. How she is supposed to behave in the community and what are people expecting from them when they are in this profession.

I think mam it may be because of the fact that when the students are starting the course the norms or the way the student is expected to behave is not stipulated or is not clearly addressed to the students on admission.

The fact of having poor information or less information and not well educated about the norms and ethics of the profession you are in. In nursing, nurses are not allowed to strike but because of seeing your colleagues striking so you decide to join the strike without knowing what is good for you.

I also feel that nursing students come into this institution with the mindset of we are students. We are going to leave in a student life. They have not grasped the fact that they are turning to be professional nurses. Also they are

still immature while studying for example the first and second years. They have not been exposed that much yet to the nursing field and how professional nurses should carry themselves.

Nurse educators are positioned as experts in their own knowledge domain and are skilled in accessing information and it is their responsibility to disseminate it appropriately to nursing students. They are involved in shaping disciplinary ideas and values (Clearly, Horsfall, Jackson & Hunt 2012: 320). Pedersen and Sivonen (2012: 845) also state that student academic learning and self-knowledge form part of their professional development and this may increase confidence in their ethos as their experience and professional knowledge grows. Nursing students should pursue self-improvement and commitment to providing the highest quality of healthcare through lifelong learning and education. They should seek information to learn and aspire to excellence through self-evaluation and acceptance of the critique of other people (Kotze et al. 2010: 103).

#### 4.5.2 Lack of recognition from the management

The results from this study indicated that a poor working environment can have a negative effect on the professional behaviour of nursing students. The participants mentioned the following:

Another thing I think those that are in the higher hierarchy of the profession do not take into consideration the views of those that are in the wards for example when there is a problem of not having enough equipment and when there is a problem of not having enough medication to give the patients they don't answer properly.

Even the working environment can have an effect on professional behaviour. For example if there are no enough equipment on where you are working there's no way that you can get good results.

In my view as a researcher, an environment conducive to positive behaviour should be created to suit everyone in the clinical area irrespective of the institution from which they come. Favouritism and discrimination should not be practised among

nursing students by registered nurses. It is important to maintain a healthy working environment to promote positive working relations and team work.

Francis (2013: 29) states that the combination of an individual's professionalism together with a healthy working environment can enable professional attitudes and behaviours to flourish. According to Quaintance, Arnold and Thompson (2008: 55), the learning environment of nursing colleges and their affiliated hospitals play a critical role in shaping the professional behaviour of nursing students.

#### 4.5.3 Work overload and personality problems

The study revealed that work overload and personality problems are further causes of poor professional behaviour. The following information supports this:

May be its overload of work, sometimes it's a personal problems at home. Then may be at work there are things that are not going right. That may cause psychological problems sometimes.

Dunn and Hansford (1997), cited by Aghamohammadi-Kalkhoran, Karimollahi and Abdi (2011: 477) state that warm and sympathetic interpersonal relationships between nursing staff and nursing students are constructive to positive professional behaviour.

#### 4.5.4 Registered nurses do not show interest in their work

Meyer et al. (2009: 157) outline that nursing students come into the nursing profession with many misconceptions about the real nature of the nursing profession. They also state that nursing students' expectations about nursing might not be realistic; nursing students need professional role models that will help them to accept and internalise norms and values of the nursing profession (Meyer et al. 2009: 157).

According to the above-mentioned authors, nursing students need the unit manager's guidance to enable them to understand practical realities of nursing.

Geyer et al. (2009: 276) affirm that the nurse manager as a role model should be able to impart knowledge and practical skills, as well as be a good example of what a nurse as a professional should be.

It is also important that other members of the health team should also support nursing students in their daily activities so that they can feel to be accepted as members of the health team (Geyer et al. 2009: 276).

Meyler and Trenoweth (2008: 248) state that the registered nurse is personally accountable for her practice. These authors mention that the registered nurse must maintain professional knowledge and competence when she is caring for patients and that she must co-operate with other nurses and must be trustworthy.

According to Becher and Visovsky (2012: 212) registered nurses should hold themselves accountable for good modelling of acceptable professional behaviour for nursing students. These authors state that registered nurses should model positive professional behaviour to nursing students with the intention of providing guidance and support. Clearly et al. (2012: 320) concur with the notion that good relationships between nursing staff and nursing students are important in assisting students to realise their learning goals and complete their training with a positive attitude regarding professionalism.

Buchanan, Stallworth, Christy, Garfunkel and Hanson (2012: 409) also argue that clinical nurse educators play an important role in supporting the development of professional behaviour among nursing students by modelling professionalism in their interactions with staff and nursing students.

Brown et al. (2012: 609) highlight the importance of role models for new nursing students and they mention that the support that role models provide will assist new nursing students in overcoming the challenges of a new environment, new knowledge and skills acquisition. The above authors further mentioned that nursing students will also assume professional values and the behaviours of nurses during professional socialisation. Allowing nursing students to internalise professional values and norms observed in social action will develop a self-concept consistent with and accepted by other members of the nursing profession (Brown et al. 2012:

609).

In the current study, the findings confirmed that nursing students experienced registered nurses as displaying poor role modelling. Professional nurses do not have a passion for nursing and nursing staff do not practise professionalism. There is concern about demotivation among nursing staff. Enrolled nurses are reporting late on duty and professional nurses don't take measures to address this. As a result, such poor role modelling has a negative impact on student nurses.

The following information from research participants illustrates this:

The reasons for poor professional behaviour can be may be you have role models like your seniors mam they do not behave in a professional manner and you also adopt that behaviour. And other reasons ... are that your seniors they are your role models you follow them, and so you ending up having that poor professional behaviour.

I think mam other factors that contribute to poor professional behaviour is the conditions that we work under for example in the ward that we work under like in the wards there is no respect. Let's say for example an assistant nurse will shout at the sister back and then you see there is no respect and you end up acquiring that behaviour.

Like for example if I may add if there is no enough medication in the ward a staff member can come up at eight o'clock because she knows very well that there is no medication that she is going to give, e.g. a staff nurse she knows very well that there is no medication, and when she is reporting that there are no further steps that is going to be done.

Respect for others refers to unselfish regard for others and is the essence of professionalism (Muller 2009: 10). It is regarded as a fundamental attribute on which the practice of nursing and midwifery as a caring profession is founded (Muller 2009: 10). Muller describes respect for others as the fundamental principle of good governance, acting in good faith and in the interest of the patient, and not being influenced by self-interest.

Staff nurses are the seniors of the nursing profession and they are expected to display good professional behaviour to nursing students and respect registered nurses and other senior members of the nursing profession. Kotze et al. (2010: 103)

state that respect for others, being patients and their families and other colleagues, is the essence of humanism, and humanism is both central to professionalism and fundamental to enhancing collegiality.

Chan and Ip (2007: 678) support the opinion that clinical placement provides nursing students opportunities to observe role models and to practise what they see, hear and observe. It is the role of nurse educators to train and prepare nursing students to be responsible professionals for their future nursing roles (Trede 2012:159). Registered nurses as role models of the nursing profession should therefore also be accountable for the nursing students allocated in the clinical area under their supervision.

Accountability is described as the nursing /midwifery practitioner's willingness to be judged in accordance with the constitutional, professional-ethical and legal requirements (Muller, 2009: 7). Oyetunde (2012: 109) outlines that accountability is the basis of professionalism and is aligned with public trust and confidence in healthcare discipline. The same author further refers to accountability as the role behaviour of a professional nurse and conformity with the standard of care.

According to the International Council of Nurse's Code of Ethics, the nurse bears personal responsibility and accountability for nursing practice and for maintaining competence (Oyetunde 2012: 111).

Muller (2009: 7) states that nursing practitioners are accountable to their patients for complying with the contract governing the nurse /patient relationship and to the profession for compliance with the regulatory, ethical and professional standards. Kotze et al. (2010: 32), in defining accountability as a feature of professionalism, state that nurses accept responsibility for actions they take to provide care, and demonstrate that they are answerable for their actions and omissions, regardless of directions from another professional. According to Pera and Van Tonder (2005:53), accountability forms an integral part of professional practice since the nurse has to continually evaluate a wide variety of circumstances and then accept accountability for her judgment.

Watson (2003: 3) described that nursing has some of the features of a profession in that training and registered qualification are required so as to practice, by virtue of registration nurses become accountable to the public for their practice. Nurses are accountable for their practice and must improve their knowledge and skills to sustain and improve their professional competence.

Barr and Dowding (2010: 171) support that accountability means being able to explain and justify actions or non-actions for responsibility given to you, which is an important part of a quality system. Marquis and Huston (2006: 689) cited by Barr and Dowding (2010: 171), view accountability as internalised responsibility whereby an individual agrees to be morally responsible for the consequences of his or her actions.

#### 4.5.5 Lack of administration

According to Hinengaro and Aotearoa (2010: 3) the leader should set, reflect and maintain the standards of the organisation and the standards of the nursing profession. DalPezzo and Jett (2010: 134) are of the opinion that student administrators should establish clear policies regarding the conduct of nursing students in the college, classroom and in the clinical area. The same authors further state that college policies must be written in unambiguous language and should clearly delineate the behavioral expectations of all students. Sprunk (2014: 27) also supports this in stating that the nursing college should have clear, visible, transparent policies that are accessible to everyone to view and Billings and Halstead (2009: 36) further affirm that on admission to the college, administrators should give students a copy of rights, responsibilities, policies and procedures that apply to the nursing college. Nursing students have the right to expect that they will be treated fairly, consistently and objectively (Billings & Halstead 2009: 36).

Gallagher and Tschudin (2010: 224) state that the college manager is primarily concerned with goal determination and goal achievement and should bring change.

In this study the results indicated that nursing students felt that they are unfairly treated by the management. They cited the negative attitude of managers, discrimination and nepotism. The participants mentioned the following:

I will speak from experience with the administration towards the department. If I'm doing example on that, last year there was a behaviour that was not all-right with the professional nurses whereby they were not given food for a certain period which is lack of admin within the department of health.

Another reason for the student to practise or perform while management an unprofessional manner it is due to the discrimination of the management of the college towards the student here. That is the college the... of this college for example the management of this college is discriminating [against] the students. For example here we are two groups of students. Other groups of students are getting a high income and other group not being registered nurses. And the manner that they rule us the manager is not right and it's not nice. Because instead of doing things they are they keep on promising. I think it's another thing that may change the behaviour of the students.

Lengel (2013: 11) is of the opinion that administrators have a primary role of assuring that the health care environment provides good quality health care. Management involves changes that lead to the attainment of goals shared by managers and followers; managers and followers should desire a shared purpose of quality care that motivates them towards achieving a better future (Muller et al. 2006: 393).

Muller (2009: 7) states that nursing college managers as leaders of the institution are expected to be good leaders in their daily practice and to apply the principles of critical thinking to solve problems and make decisions in a rational manner. Muller adds that leadership entails active participation in the matters of the profession and healthcare service delivery.

According to Huczynski and Buchanan (2007: 695), as cited by Gopee and Galloway (2009), leadership is the process of influencing the activities of an organised group in its efforts towards goal-setting and goal achievement. Leadership is about being visionary, showing the way forward and the leader focusing on the development of individuals (Gopee & Galloway 2009: 48).

In leading, a leader communicates her vision by influencing organisational norms and values through role modelling, ensuring role clarity and accountability, and

maintaining a positive work environment that promotes safe patient-centred care (Huber 2006: 211). Huber (2006: 21) lists key areas within the leader's scope of control such as staff retention, orientation and welcoming of new staff, facilitating change and promoting a learning environment. As a leader, the nurse manager, with her staff, articulates the vision, mission, and organisational goals; translates them into unit levels of performance while linking the context of the organisation to clinical practice.

#### 4.5.6 Communication breakdown

Hammer (2012: 459) states that orientation programmes should be used to provide opportunities to introduce expected professional behaviour, proper lines of communication, and communication skills to nursing students in the college on admission. In this regard, Searle et al. (2009: 87) point out that the quality of nursing practice is dependent on a variety of factors. One of the most important of these factors is the way in which communication takes place in the organisation. Clarity and accuracy in conveying information to personnel is vitally important.

The same author's further state that it is the task of college management to ensure that direct and indirect communications are conducive to a sound practice. Cherie, Mekonen and Shimelse (2005: 135) are of the opinion that communication in an organisation is a reciprocal process in which both the sender and the receiver of the message participate simultaneously. And Huber (2006: 211) states that a leader communicates her vision by influencing organisational norms and values through role modelling, ensuring role clarity, accountability and maintaining a positive work environment that promotes safe patient-centred care.

Communication is described by Meyer et al. (2009: 265) as the activity that influences all activities in the nursing unit. With Geyer et al. (2009: 293) arguing that communication is the exchange of information, ideas, beliefs, feelings and attitudes between two or more people, Meyer et al. (2009: 265) affirm that communication is an interactive, dynamic and continuous process between people which includes transfer and interpretation of a message between people.

In this regard Booyens (2007: 267) has pointed out that effective communication only occurs when the recipient of the message interprets the meaning of the message in the way intended by the sender. Communication therefore has to be effective because, as Kotze et al. (2010: 57) state, effective communication is essential for healthcare organisation to function effectively. Kotze et al. (2010: 57) furthermore emphasise that, for leadership to be effective and to succeed in the establishment of an environment for excellence, the lines of communication must be open. In the health care facility, communication and collaboration is the ability to relate to critical partners (stakeholders and providers) in providing the best care for patients (Kotze et al. 2010: 104) and one must work cooperatively and communicate effectively with patients and their families and with all healthcare providers involved.

The above authors indicate that key areas within the leader's scope of control are staff retention, orientation and welcoming of new staff, facilitating change and promoting a learning environment. As a leader the nurse manager with her staff articulate the vision, mission, and organisational goals translate them into unit levels of performance and link the context of the organisation to clinical practice.

The results from this study indicated that there is poor communication between the college and the clinical areas. The following comments from participants elaborate on that:

I think it should start with the communication first, communication channels for instance when [we] are in the wards there is thing that the college doesn't communicate with the institutions that allocate us into. Because sometimes you find out that there are days that we come out at one, wards don't take that because the college didn't inform the institution that the students at a certain day they come out early.

So we end up behaving in an unprofessional manner and we force our way out because we have to go out at this time because it's our right. For-instance in sport days, during meetings and it was said we should get out at one on Fridays.

But we get to the wards they expect us to get out at four o'clock and we behave in an unprofessional manner because we will go at one.

Effective communication between the college and the hospital is vital for the smooth running of the organisation and for the benefit of nursing students (Muller 2009: 201).

Hinengaro and Aotearoa (2010: 2) affirm that functional organisational relationships are collaborative and are based on member's collective goal orientation and trust. But, according to a student,

... there is this tendency here in the college whereby they will make – they will formulate new policies, changing the older ones. When it comes to our group there is this tendency that, oh we change the certain policy and we are using this policy. It makes that people behave in unacceptable professional behaviour.

Other thing mam I think those that are in higher hierarchy in the profession do not take into consideration the views of those that are in the wards, for example when there is a problem of not enough equipment, when there is a problem of not having enough medication to supply for the patient so they don't answer their problems.

Hinengaro and Aotearoa (2010: 2) mentioned that effective work relationships are promoted by a strong sense of open communication in the organisation. Billings and Halstead (2009:36) concur that the college is responsible to communicate standards pertaining to the course and expectations of the course and the evaluation guide to nursing students early and often.

#### 4.5.7 Bad influence from others

Gokenbach (2013: 5) states that professionalism is judged by the individual's personal behaviour – by how you present yourself to all those around you and by your actions. Cleary et al. (2012: 320) are of the opinion that healthy professional relationships are developed through common aspects such as honesty, reliability, respect and confidentiality. These authors indicate that unethical nursing student relationships also have negative outcomes for nursing students.

Nursing students should develop insight regarding the impact of one's behaviour on others and become cognizant of appropriate professional boundaries (Kotze et al. (2010: 103). Goleman et al. (2003) (cited by Kotze et al. 2013: 221) state that, nursing students should possess self-awareness and understand their values, emotions, strengths and limitations.

In this study the results showed that group pressure influences student's unprofessional behaviour. This view is expressed in the following quotations:

Like for instance in nursing, nurses are not allowed to strike but because of seeing your colleagues or your colleagues striking so you decide to join the strike without knowing what is good for you.

And also the influence if you are the only person that is doing the right thing in the ward. And the rest is doing the bad thing you end up not having the power of doing the right thing. And you end up joining them.

Conflict of interests, abuse of power and destructive arrogance can be the challenges that result in peer pressure leading to negative professional behaviour. According to Yusoff (2009: 2), being a good nursing student requires not only good knowledge and skills, but it also requires good professional behaviour.

During the professional socialisation process nursing students not only learn and perfect knowledge and skills as a nurse, they also learn the values and professional behaviours of nurses (Brown et al. 2012: 609).

It is further mentioned by Oyetunde (2012: 111) that nursing students, as professionals, must know that there are behavioural expectations of her from the nursing profession

Curtis et al. (2012: 790) state that nursing students are expected to enact compassionate practice in order to become good professionals. Secrest et al. (2003: 81) argue that early experiences in professional education enhance professionalism in nursing students.

The results in this study confirmed that some students admitted that other students are having bad attitudes and are behaving rebelliously and these have affected their behaviour negatively.

“Some of the reasons that are running in my mind which make the person who is a professional misbehave. I can mention a few. To start I can say the nature of a person or the way or the place that the person was brought up into”.

“You know that they say you can remove a person from an environment but that environment is not easily removed from that person’s head”.

DalPezzo and Jett (2010: 132) indicated that one of the most common sources of harm to nursing is unprofessional behavioural encounters with nursing students.

I think we come from different homes so there is this phrase says charity begins at home.

They are still in the mind that we are nursing students and we can still enjoy our lives however we like in whichever way we want to enjoy ourselves. And we can be reckless if we want and all that. Also it’s a fact that when people act in a certain way negatively towards you. May be the way that you are acting at that moment when you are still immature and they act in a bad way towards you. And you don’t like it you will start becoming rebellious.

Begley, Glackin and Henry (2011: 31) suggest that nursing students need to be introduced to ethics, rules and principles of good professional behaviour and nurtured in a way that will ensure that they become good nurses during their practice.

#### 4.5.8 Students are treated as nothing in the wards

Nursing practice is an indispensable part of the nursing education. According to Aghamohammadi-Kalkhoran et al. (2011: 477), the quantity and quality of a student nurse’s interaction in the clinical area can either facilitate or hamper students’ learning.

Staff nurses are valuable contributors to the learning experiences of students. Professional and caring interactions between students and staff nurses are vital to augment student education and nursing outlook (Aghamohammadi-Kalkhoran et al. 2011: 477).

Becher and Visovsky (2012: 212) are of the opinion that professional teamwork among nursing staff and nursing students is imperative for an organisation to achieve high quality care. The same author’s further state that team work is a critical element for the

achievement of patient outcomes. Teams achieve success through positive attitudes and respect for each other.

In this study, the findings indicated the frustration experienced by the participants with regard to the manner in which they are treated by staff members in the wards, which was unacceptable. The participants expressed the following views:

And also in the wards the reason of students to perform poor professional behaviour it's because of the staff attitude towards the students. Students in the wards are treated as if they are nothing, or [as] if that one day they will not be professional somebodies or professional nurses that's why the students will perform poor or will act poorly in professionalism.

Staff attitude especially [among] the elderly who are having the attitude they show towards the newly appointed student in the profession. Sometimes they show them the attitude that the student must feel that [in] this profession, they are, it's not that they can perform according to these ethical norms.

King-Jones (2011), cited by Becher and Visovsky (2012: 212), states that nursing staff should model positive professional behaviour while giving guidance and support to nursing students working in the hospital wards.

Another reason mam is that because of the prejudice in the wards. What happened due to different academic institutions for instance Fort hare and Lilitha, you will find out Fort hare students who are doing nursing are sometimes being favoured while we are going to do practical – may- be we don't even start to work when it's our first day in the wards.

The sister will say no we want Fort Hare students with no factual reasons why say they resist Lilitha students. So that is another thing that makes bad behaviour because when we go to the wards we know that we are not highly accepted because of the division that is being made by the staff of the different wards.

Prato (2013: 287) outlines that student's experience a sense of belonging when they are valued members of the health care team. The experience of belonging facilitates confidence and professionalism. Sprunk (2014: 25) concurs that respect and caring must extend to all persons the health professionals come in contact with.

Professional nurses are regarded as the source of motivation and learning in the clinical area and the main motivation for the nursing student is becoming a professional nurse (Marziale 2014: 2).

#### **4.6. Conclusion**

This chapter has focused on discussing the existing literature on professional behaviour and the reasons for poor professional behaviour among nursing students at a public college in the Eastern Cape. Chapter 5 presents a discussion of the findings and limitations of the research, conclusions and recommendations.

## **CHAPTER 5: DISCUSSION, LIMITATIONS, CONCLUSION AND RECOMMENDATIONS**

### **5.1 Introduction**

This chapter presents the discussion of findings, limitations of the research, the conclusion and recommendations.

### **5.2 Discussion**

Findings from the study confirmed that professional behaviour is determined by practising according to the expected norms and standards of the profession. This is guided by refraining from anything that is not ethical, following rules and regulations, and adhering to the protocols of the profession.

The above view is supported by Clark and Carnosso (2008: 11), as cited by Vink and Adejumo (2013) and they mention that professional behaviour is essential to the nursing profession because nursing is based on values of respect and human dignity and it is assumed that nursing education is a place where compassionate and civilized relationships exist.

In my view as a researcher, nurse educators should be good role models to all nursing students they come across. They should put more emphasis on socialisation and the internalisation of professional behaviours, norms and values of the nursing profession, especially regarding first year nursing students.

It emerged from some participants that students are not well educated concerning norms in their first year and this is one of the reasons for the students to exhibit unprofessional behaviour. They cited that they are not well educated about ethics, norms and values at first year level and do not have a clear idea of professional behavioural expectations. This suggests nurse educators may fail in their duties as nurse educators because one of their duties, according to Secret et al. (2003: 81), is to focus on imparting the knowledge and skills to nursing students that are essential for the development of the profession of nursing.

In my view as a researcher, the nurse educator plays a major role in the professional development of the nursing student. They should be knowledgeable and skilful in teaching and educating first-year nursing students about professional behaviour, and the norms and values of the nursing profession. Nurse educators play a major role in shaping nursing student's professional behaviour and they should assist them to take responsibility and become competent professional nurse practitioners.

While Brown et al. (2012: 606) point out that the nursing student gradually adopts the professional perception through professional socialisation, this is prevented when registered nurses do not show interest in the work of the nursing student; participants mentioned that professional nurses are not good role models, do not have a passion for nursing and nurses in the wards do not behave in a professional manner. Participants cited that there is no respect for the seniors, with nursing assistants shouting at professional nurses in front of junior nurses and patients.

According to Marrelli (2004: 51), nurse managers should foster the development of nursing students by nurturing a nursing student's leadership potential; serving as a role model; and sharing a vision to support organisational culture. The nurse manager as a role model should assist nursing students to develop individual accountability and to be able to work effectively as a team.

In my view as a researcher, the registered nurse as a role model should set a good example of what a nurse as a professional should be. She should assist nursing students to accept and internalise the norms and values of the nursing profession through her position as a role model. Such support in their daily activities would enable nursing students to feel accepted as members of the health team (Geyer et al. 2009: 276).

Billings and Halstead (2009: 36) have pointed out that nursing students would behave in a professional manner if their right to be treated fairly, consistently and objectively was honoured, but participants reported that they were not treated fairly by the college management; they revealed that instead of doing things for the students, the management keeps on promising without fulfilling promises. Findings revealed that lack of recognition of nursing students by the management and nepotism contributed to poor professional behaviour. Students complained that college management chose

their relatives for training at the college instead of taking needy people. They mentioned that the above affected the behaviour of the nursing students.

They also claimed that there is lack of administration within the Department of Health. Complaints included that the Department of Health failed to give them a stipend while their parents had no income and that the Department of Health discriminated against some nursing students as one group was earning an in-come and the other group was not being paid.

In my view as a researcher nursing students should have an understanding that when they are allocated in the clinical area they are there to learn, acquire nursing skills and knowledge. It is important for them to respect their seniors and co-operate with them. Participants indicated that there is a breakdown in communication between the college and the wards. They reported that the college does not send allocation list to the wards they are allocated to. They claim that the college does not inform institutions that the students are supposed to leave the ward at one o'clock on meeting days and sports days. If registered nurses in the wards then refuses to release them, students leave early without permission. This results in students behaving in an unprofessional manner.

In my view, open and direct communication between the nursing college and clinical area and nursing students should be maintained at all times, so as to provide good working relations and an environment conducive to learning for nursing students.

One of the most important factors on which the quality of nursing practice depends is the way in which communication takes place in the organisation (Searle et al. 2009: 87). Clarity and accuracy in conveying information to personnel is vitally important. Findings showed that students do not receive a positive response from senior officials in the ward when they report a shortage of equipment. The students claimed that senior officials neglect them and show no interest

The findings also confirmed that a negative influence from other students has a negative influence on nursing students' professional behaviour. While nurses are not allowed to strike, nursing students will join their colleagues when there is a strike. In this regard participants indicated that group influence and peer group pressure from

other nurses in the wards have an adverse effect on their professional behaviour. This is fed by conflict of interest, abuse of power, lack of conscientiousness and destructive arrogance that cause peer pressure and result in negative professional behaviour.

The frustration experienced by the participants with regard to the unacceptable treatment by staff members in the wards was confirmed as one of the causes of nursing students behaving in an unprofessional manner. This confirmed that the negative staff attitude in the wards has had a serious impact on the behaviour of students.

Chan and Ip (2007: 677) focus on the fact that a supportive clinical learning environment is of paramount importance to nursing students. They stress that nursing students welcome a hospital environment in which their individuality is recognised and where they receive support in mutual respect and trust (Secretst et al. 2003: 81).

Professional nurses who facilitate warm, sympathetic interpersonal relationships between nurses in the wards and nursing students are central to a constructive learning environment and have a positive impact on nursing students' professional behaviour (Aghamohammadi-Kalkhoran et al. 2011: 477). Students, however, felt devastated and complained that nurses in the wards are treating them as if they "are nothing". They complained about the prejudice shown by the sisters in the wards in that nursing students from the University of Fort Hare were favoured above Lilitha students by the ward sisters. When nursing students are allocated for practical skills in the wards and clinical areas, sisters refuse to accept them; they prefer students from other nursing colleges and this has had a harmful effect on nursing students' professional behaviour.

Aries (2009), cited by Gallagher and Tschudin (2010: 225), found that student nurses felt that bad interaction with staff nurses were unjust and contributed to their negative professional behaviour. Gallagher & Tschudin indicated that interactional injustice is experienced as a profound harm to one's psyche and identity. Nursing leaders are an important basic for nursing students and the sense of fairness and justice they convey to nursing students will portray the professional behaviour acquired by nursing students in the clinical area (Gallagher & Tschudin 2010: 225).

Some students confirmed that bad attitudes displayed by some students who behave rebelliously affected the behaviour of other student's negatively. Findings indicated that the environment in which a person is brought up can also have a negative influence on the nursing student's behaviour. Some participants mentioned that nursing students had complained about the reckless behaviour of other students that had affected them negatively.

### **5.3 Limitations of the study**

The main limitation in this study is that only students from one campus of the Eastern Province College of nursing were interviewed. The results therefore cannot be generalised to other campuses. In addition, only the third-year nursing students participated in the research; first years, second years and fourth years were not involved.

### **5.4 Conclusions**

This study has significance for nursing students, lecturers, registered nurses, patients, the community, nursing colleges and the Eastern Cape Department of Health regarding maintaining good professional standards in the nursing profession. The objectives were to explore and describe the reasons for poor professional behaviour among nursing students at a college in the Eastern Cape, and to make recommendations for improving poor professional behaviour amongst nursing students at the nursing college.

The results could assist in the identification of strategies to improve poor professional behaviour among nursing students; help to reinforce good professional behaviour by nursing students; and uplift the professional image. It also may identify strategies to improve and promote professionalism in the college and in the clinical facilities.

The findings of the study suggest that poor professional behaviour has an effect on professionalism and it should be addressed and corrected to protect the professional image. Nurse educators, registered nurses and the college management should collaborate and improve the working conditions and the environment in which nursing students are practising.

## **5.5 Recommendations**

Recommendations from this study will contribute towards assisting college staff and clinical nursing staff with instilling professional behaviour among nursing students. The following recommendations are directed to the Eastern Cape Department of Health and nursing educators.

### **5.5.1 Recommendations from the participants**

- Students should be given a chance to talk about their expectations.
- Nurses should maintain a positive attitude towards the students in the wards.
- Training sessions about professionalism should go back to basics.
- Students should be encouraged to do research.

### **5.5.2 Recommendations related to the Eastern Cape Department of Health**

- The department of health should conduct reflective courses and seminars on professionalism and these should be implemented at the beginning of the academic programme.
- Regular visits of health inspectors are recommended
- Random inspection must be done by the province and the SANC

### **5.5.3 Recommendations related to nursing education**

- If there are no policies or processes in place regarding acceptable professional behaviour, the college should create and implement them.

- If there are no policies in place regarding inappropriate professional behaviour, the college should create and implement a process for managing negative professional behaviour.
- Policies must be visible, transparent, and easily accessible to every staff member and nursing student.
- Campus personnel and students should be made aware of the policies related to professional and unprofessional behaviour.
- Lecturers teaching ethics and professional practice should put more emphasis on acceptable professional behaviour and professionalism at first-year level.
- Staff must teach students, and demonstrate the procedures to the students.
- Private and public hospitals must teach students about professionalism and acceptable professional behaviour.
- Professional Practice 1 and 2 should be taught during the first year of study.
- There is a need of lecturers for theory and lecturers for the clinical areas.
- Lecturers must practice what they preach and refrain from drinking in public
- The college should establish proper communication channels between the college and clinical areas.
- Good working relations between the college and the clinical area should be promoted.

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## SECTION C

### APPENDICES APPENDIX A: Ethical approval from University of Fort Hare



University of Fort Hare  
*Together in Excellence*

#### ETHICAL CLEARANCE CERTIFICATE

Certificate Reference Number: QOM011SMAG01

Project title: **Professional behavior among nursing students at college in the Eastern Cape**

Nature of Project: Masters

Principal Researcher: Nomvuyo Sibongile Magopeni

Supervisor: Mrs. N Qomfo

Co-supervisor:

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

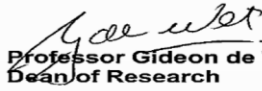
The Principal Researcher must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

The UREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
    - Any unethical principal or practices are revealed or suspected
    - Relevant information has been withheld or misrepresented
    - Regulatory changes of whatsoever nature so require
    - The conditions contained in the Certificate have not been adhered to
  - Request access to any information or data at any time during the course or after completion of the project.
  - In addition to the need to comply with the highest level of ethical conduct principle investigators must report back annually as an evaluation and monitoring mechanism on the progress being made by the research. Such a report must be sent to the Dean of Research's office
- 

The Ethics Committee wished you well in your research.

Yours sincerely

  
**Professor Gideon de Wet**  
**Dean of Research**

21 November 2013

## APPENDIX B: Approval from the Eastern Cape Department of Health

4/01/20 07:33PM HP LASERJET FAX



### Eastern Cape Department of Health

Enquiries: Zonwabele Merile  
Date: 21<sup>st</sup> January 2014  
e-mail address: zonwabele.merile@impilo.ecprov.gov.za

Tel No: 040 608 0830  
Fax No: 043 642 1409

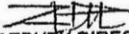
Dear Ms NS Magopeni

#### Re: Professional behavior among nursing students at college in the Eastern Cape

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

  
DEPUTY DIRECTOR: EPIDEMIOLOGICAL RESEARCH & SURVEILLANCE MANAGEMENT



## APPENDIX C: Permission from Mrs Links (College head)



Room • 1st<sup>th</sup> Floor • Global Life Building • Independence Avenue • Bhisho • Eastern Cape  
Private Bag X0028 • Bhisho • 5605 • REPUBLIC OF SOUTH AFRICA  
Tel.: +27 (0)40 608 9509 • Fax: +27 (0)40 608 9689/0866816407  
Website: [www.ecdoh.gov.za](http://www.ecdoh.gov.za)  
Email: [nomvuyiseko.links@impilo.ecprov.gov.za](mailto:nomvuyiseko.links@impilo.ecprov.gov.za)

Enquiries: Miss V. Delihlazo

### MEMORANDUM

TO	MRS SN MAGOPENI
FROM	MRS N LINKS: PRINCIPAL: LILITHA COLLEGE OF NURSING
SUBJECT	PERMISSION TO CONDUCT RESEARCH STUDY IN ONE OF LILITHA COLLEGE CAMPUSES: (EAST LONDON CAMPUS)
DATE	12 FEBRUARY 2014

1. The subject matter above refers.
2. This correspondence serves to confirm that permission is hereby granted for you to conduct research in one of Lilitha Nursing College Campus: East London Campus.
3. The College will be waiting to be forwarded the results/recommendations from your study for implementation purpose by the college campuses.
4. The organization takes this opportunity to wish you success in your studies.

.....  
Mrs N Links: Principal Lilitha College of Nursing



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Website: [www.ecdoh.gov.za](http://www.ecdoh.gov.za)



*Ikamva eliqaqambileyo!*

**APPENDIX D: Permission from Mrs Tom (Campus Head)**



Province of the  
**EASTERN CAPE**  
HEALTH

**Lilitha College of Nursing in Association with the Consortium of  
Universities  
(WSU, NMMU, & FORT HARE)**

• Bhisho • Eastern Cape  
Private Bag X0028 • Bhisho • 5605 • REPUBLIC OF SOUTH AFRICA  
Tel.: +27 (0)40 608 9687 • Fax: +27 (0)40 608 9689 • Website: [www.ecdoh.gov.za](http://www.ecdoh.gov.za)

**TO: UFH MCur STUDENT: MRS. S.N. MAGOPENI**

**FROM: EAST LONDON CAMPUS HEAD: MRS. F.B. TOM**

**DATE: 03 FEBRUARY 2014**

**SUBJECT: PERMISSION TO CONDUCT RESEARCH AT THE LILITHA COLLEGE OF  
NURSING: EAST LONDON CAMPUS.**

.....  
Permission is hereby granted for you to conduct the research on "Professional behaviour among nursing students at a college in the Eastern Cape" as per your submitted proposal.

The campus is looking forward for the findings and recommendations of this study towards improving professional behaviour amongst nurses.

Best wishes and success in your studies.

.....  
**EAST LONDON CAMPUS HEAD: MRS. F.B. TOM**

02/02/2014  
.....  
**DATE**



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Website: [www.ecdoh.gov.za](http://www.ecdoh.gov.za)



*Ikamva eliqaqambileyo!*

**APPENDIX E: Consent form**

The Title of the study is “Professional behaviour among nursing students at a college in the Eastern Cape”.

The main purpose of the study is to explore and describe reasons for poor professional behaviour among nursing students at a public college in the Eastern Cape. The study may help to reinforce the implementation of good professional behaviour by college nursing students so as to uplift professional image.

The results will assist in the identification of strategies to improve poor professional behaviour by nursing students. Recommendations in this study will contribute towards assisting college staff and clinical staff of how to instil professional behaviour among nursing students. And what role can be played to maintain a high level of professionalism by nurse educators and registered nurses in the nursing profession.

I,....., voluntarily agree to participate in the research study on “Professional behaviour among nursing students at a college in the Eastern Cape”.

I understand what research study is about, as it was explained to me by the researcher and I understand that I am at no risk in participating.

I have a right to withdraw or not to answer all questions if I feel like doing so.

Confidentiality of the information given is ensured by anonymity and only the researcher and the supervisor will have access to the data.

I understand that there are no anticipated risks in this study.

Contact details: Mrs S.N. Magopeni - Cell 0834658816

Subject’s Signature..... Date.....

Researcher’s Signature..... Date.....

**APPEDDIX F: CERTIFCATE FROM THE EDITOR**

***HESTER HONEY***

LANGUAGE PRACTITIONER

91 BRANDWACHT STREET, STELLENBOSCH 7600

TELEPHONE / FAX 021 886 4541

E-mail: [hestermh@netactive.co.za](mailto:hestermh@netactive.co.za)

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To whom it may concern:

I hereby confirm that I have edited the Master"s thesis titled  
PROFESSIONAL BEHAVIOUR AMONG NURSING STUDENTS AT A  
COLLEGE IN THE EASTERN CAPE

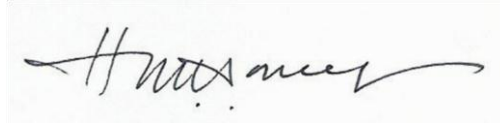
By

SIBONGILE NOMVUYO MAGOPENI (STUDENT  
No. 201210553)

and submitted in fulfilment of the requirements for the degree of  
Magister Curationis in the Faculty of Science and Agriculture at the University of  
Fort Hare

---

and have made suggestions regarding language use and technical care to be implemented by the candidate.

A handwritten signature in black ink, appearing to read "HM Honey", is centered on a light gray rectangular background.

---

HM Honey

1/06/2015

## APPENDIX G: CO-CODING OF ANALYZED DATA

### DEPARTMENT OF NURSING SCIENCES

P.O. Box 1054  
East London 5200  
Tel: +27 (043) 7047574 Fax: +27 (0866282007)



University of Fort Hare  
Together in Excellence

### REGARDING: Co -coding of analyzed data.

This is to confirm that I co-coded and analyzed data for MCur Student Sibongile Nomvuyo Magopeni. Student No: 201210553.

The processes that I embarked on are as follows:

I read her proposal and methodology chapter to understand the approach and the design of choice for the study so as to understand the objectives and the questions the participants had to answer.

I thereafter read how she delineated the meaning units from the data transcripts.

I examined the analyzed data to understand how segments of meaning units were clustered. I then made suggestions with regard to how she and her supervisors could modify categorization of some information so as to come up with the final themes, categories and sub-categories where applicable.

I do have experience in qualitative data analysis and have been utilized by Nursing Science Department to co-code analyzed qualitative data for several studies.

D.Murray

*D.Murray*

Signature

*2/7/2015*

Date

