

Attributes contributing to the development of professionalism as described by dietetics students

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Internationally there is a renewed interest in professionalism and how to cultivate this among students. This study identifies and discusses the main attributes students view as important to develop professionalism. It is postulated that some important additions should be made to ethics programmes in order to enhance professionalism with students.

Keywords: attributes, ethics education, healthcare education, professionalism, undergraduate medical students

Introduction

Healthcare professionals in most disciplines, including dietetics, are experiencing frustration as changes in the healthcare delivery systems in virtually all industrialised countries threaten the very nature and values of professionalism.¹ Changes include (but are not limited to) healthcare delivery patterns (private versus public), technological advances, and challenging initiatives such as quality assurance and evidence-based medicine.² Often the healthcare profession has been criticised for erosion of professional and ethical values, with fraud reported as the most prevalent.³ In a recent survey in the USA, only 33% of the respondents expressed confidence in the medical system, which lags far behind other institutions, including the military, small business and the police.⁴ One of the reasons the author gives for this scepticism is the predominant perception that organised healthcare provision has been more focused on protecting its own interests rather than working to advance broader public health goals. The healthcare community has responded to this criticism by an increased interest in conserving, advancing, researching, teaching and evaluating professionalism in both education and practice areas.²

On this issue, a general literature search was conducted to identify the attributes that a healthcare worker should exhibit in order to be deemed professional. According to the Health Professionals Council of South Africa (*viz.* Booklet 1 – General Ethical Guidelines for healthcare professions), 13 core values of professionalism are described, which include: respect for persons; beneficence; non-maleficence; human rights; autonomy; integrity; truthfulness; confidentiality; compassion; tolerance; justice; professional competence and self-improvement; and, community. Mueller consolidates the aforementioned in his research when he identifies key attributes to professionalism, namely: accountability (the healthcare provider (and the profession) takes responsibility for his or her behaviours and actions); altruism (patients' interests, not healthcare provider's or the profession's self-interests, guide behaviours and actions); excellence (the healthcare provider commits to continuous maintenance of knowledge and skills, lifelong learning and the advancement of knowledge); and, humanism (compassion, empathy, integrity and respect).⁵

Brody and Doukas argue that professionalism can essentially be seen as an implied contract between society and the healthcare profession, in which mutual benefits and expectations are conferred

on the other, and which may be renegotiated if circumstances change.⁶ The notion that a social contract exists can provide a useful frame within which professionalism can be taught, where students can reflect on the ethical importance, and context of adequate self-regulation. Through self-regulation and the development of attributes the student can cultivate and establish the conditions for trustworthiness. Seen against the aforementioned, it would greatly benefit the teaching of professionalism at tertiary level if one could gauge which attributes final year dietetics students' view as important in the development of professionalism.

It stands to reason that often the concepts of professionalism and ethics are used interchangeably. Although these concepts have similarities in the end result (namely better patient care), they have vastly different underpinnings. Ethics refer to external guidelines which aim at influencing a person's behaviour by recommending how one ought to behave in a specific context. Professionalism on the other hand refers to skills and competencies (specialised knowledge) an individual must acquire, as a societal expectation, in order to be seen as a professional. For the purpose of this article, the focus will only be on professionalism and the skills attributed to the development thereof in a cohort of students.

Sample and methodology

The sampling technique used was a non-probability technique, since the focus of this study was exploratory in nature in order to gain more knowledge on dietetics students' view of attributes which develop professionalism. The chosen participants were final-year dietetics students. The inclusion criteria were that they needed to have had fieldwork exposure, a clear understanding of English (as the questionnaire was in the said language), and to be in their final year of study. A total of 11 final-year dietetics students participated in this study from the University of the Western Cape. A control group was not included as the aim of this study was not to address any threats to the validity of the data, but rather to elaborate the richness of the group studied and to identify commonalities and differences within the group. The data were collected by virtue of a pen-and-paper questionnaire given to the participants, where they had to rank 12 attributes most cited by literature, and rank these from the most to the least important. This study received ethical clearance (REC/2015/05/006). Participants were not obliged to complete the questionnaire. Anyone could have left the study at any time without experiencing any adverse effects.

From the cohort, 10 participants were female and only 1 was male. The average age distribution was between 21 and 24 years of age.

Results

The aim of this section is to report on the most important attributes the students identified which, according to them, would develop professional behaviour. Below is a frequency distribution which indicates that the six most important attributes were: respect for patients; clinical competence; ethical conduct; altruism by being non-judgmental and compassionate; education to go on regular refresher courses; compliance with the law; cultural competence; and, have good leadership.

Attribute	Percentage
Respect	21%
Clinical competence	18%
Ethical conduct	16%
Altruism	9%
Education	8%
Cultural competence	5%
Leadership	5%
Legal	5%
Accountability	4%
Interpersonal skills	4%
Self-reflection	3%
Appearance	2%

Discussion

Arnold and Stern⁷ have proposed a framework for professionalism where they have identified clinical competence, a sound understanding of ethics and effective communication skills as the cornerstones for professional behaviour. The data analysed in this study support the first two assertions of the authors in as much as clinical competence, which focuses on technical skills and diagnostic ability, and the ethics of patient beneficence correspond to their framework. Being a healthcare provider, any dietician requires a sound understanding of ethics. Because of the nature of their work, dieticians inevitably will encounter ethical dilemmas (e.g. requests to breach confidentiality, sharing information with next of kin, applying therapy to those with limited decision-making capacity, etc.); and, they need to have the ability to discern what constitutes ethical behaviour and what does not.⁸ Research conducted in South Africa has shown that most dietetics professionals adhere to ethical rules and conduct their duties in a professional manner.⁹

Communication was, however, not as highly regarded by the students as per Arnold and Stern's assertion. A reason for this difference could be the fact that much of their fieldwork experience was under the supervision of a senior, and also possibly because their patients are assigned to them; and, hence, they do not need to be aware of verbal and non-verbal cues to discern patients' healthcare-related concerns, goals and preferences. Another reason could be that the curricula followed by the specific students do not address the issue of communication skills.

The one attribute identified by all the respondents, though for some to a lesser degree of importance at times but seen as the most important overall, was the fact that one should have respect for his/her patient and treat them with dignity. This

attribute is in line with the core competency as set out by the influential Romanell Report on Graduate Medical Education¹⁰ and the HPCSA.¹¹ What is worrisome of these results, however, is that a core competency identified by the aforementioned reports, namely cultural competence, was rated very low by the students at large. The fact that they do not view professionalism as being important in cultural diverse settings when dealing with people from different groups could possibly be a red flag.

Cross-cultural differences regarding therapy and treatment often enlarge the disagreement between the views held by patients and healthcare providers. The latter often exhibit an inability to recognise and deal with perspectives of illness that deviate from those of their biomedical training. This may then result in restricted and/or inappropriate attempts to identify problems and develop plans to solve those issues. Cultural boundaries can therefore make the patient feel that he/she is not respected and treated professionally. Often formal training, instruction and certification in methodology create a sense of correctness, authority and superiority amongst healthcare professionals in which 'the professional' knows best. This can lead to a situation in which patient views are overlooked or excluded as invalid concerns. Failure to recognise a patient's views and role in the illness process can severely hamper the patient-professional relationship and should be addressed in any training programme for graduates.

Another point of concern is that the attribute of self-reflection was rated as one of the least important by the students. This attribute, which was described in the questionnaire as the ability to admit to one's own mistakes and being aware of one's own biases, was seen as important by only 3%. There was a correlation between this attribute and cultural competence. Nortjé and Hoffmann hold that in order for healthcare professionals to choose the right thing to do, they need to have the ability to think critically about a situation and apply this to their decision-making model.¹² What is of great interest in the data was that appearance (clothing and general tidiness) was least important in cultivating professionalism among students. The question could be raised whether the general change in socially acceptable attire has also influenced students' perceptions that the 'feathers do not make the bird' and that their clothing should be seen as who they are individually. The reality is that a healthcare provider can meet patients from a vast array of social and cultural groups any day. Inappropriate attire could inhibit a professional relationship; for example, leisurewear could portray an image of inexperience and non-seriousness.

Strengths and limitations

The strengths of this study were the importance of the opinions of students' experiences, the occurrence of similar opinions for participants in this study, and future research possibilities highlighted by the study. Limitations of this study were limited generalisation of the results and geographical representation of the participants, since the research was conducted in the Western Cape at a single university only. Another limitation to the study is the fact that a small cohort participated voluntarily in the study.

Conclusion and recommendations

Taking cognisance of the data above, the question could be asked how one could promote the importance of appropriate attributes to enhance professionalism. Developing curricula to address this issue could be an option, although some hold that it is never easy to teach professionalism.¹³ One reason for this difficulty is alluded to by Spencer¹⁴ who argues that despite the

urgings of senior academics and the pressure of public expectations, inserting professionalism and teamwork into the curriculum is proving to be challenging. The main reason for this is that traditionally, professional values and behaviours have been believed to be 'caught' from rolemodels.¹⁵ Although one cannot negate the influence that seniors (lecturers and clinical supervisors) have on a student's view of professionalism, this informal process is no longer considered sufficient with the current heterogeneity of medical students from different social, cultural and socioeconomic backgrounds.¹⁶

In order to circumvent alienation of students from different cultures, it is paramount that professionalism must be explicitly taught in the formal curriculum. Taking cognisance of the fact that the definition of professionalism is influenced by cultural values, lectures on what one ought to and ought not to do would be counterproductive. A pedagogical approach which is suggested for teaching professionalism is that of 'situated learning theory', where knowledge needs to be presented in authentic contexts. This can be very positive to enhance professionalism in the classroom. The theory holds that information/knowledge should be presented to the students in an authentic context with which they identify. Talking about professionalism in the abstract form would not necessarily influence behavioural changes. Using the Socratic debate premise (in a safe environment), where the value of any question is not necessarily its answer, but lies in asking the questions and reflecting on them, would also be greatly beneficial. Therefore, a set of scenarios (or vignettes) describing professional and ethical dilemmas relevant to the students' lived experiences, self-reflection and reflection among peers, will be fundamental to the understanding and development of professionalism.¹⁷

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