Climbing the Ladder in Crafting A Professionalism Framework for Nursing Students in South Africa

Portia Bimray1* & Karien Jooste2

1University of the Western Cape, Cape Town, South Africa
2Cape Peninsula University of Technology, Cape Town, South Africa

Abstract

Introduction: Globally, higher education institutions face the challenge of training nursing students to meet the healthcare demands of an ever-changing society. In nursing education, innovative ways are essential to instil professionalism among nursing students to prepare them for handling complex practice issues without compromising the professional standards of nursing. This paper focuses on developing a conceptual framework to facilitate professionalism among undergraduate nursing students at a higher education institution in South Africa.

Methods: This study was a constructive paradigm research with a qualitative descriptive approach. Data was collected through focus group interviews with participants (three cases). Different phases were followed in the development of the framework using the case method. In Case 1, focus groups (n=8) were held with student nurses at each of the levels of a four-year degree program (n=42). In Case 2, focus groups (n=3) and unstructured interviews (n=1) were conducted with purposively selected nurse educators (n=20), representing academics and clinical facilitators. Case 3 comprised of semi-structured individual interviews (n=5) and focus groups (n=5), a total of 29 preceptors in professional practice. An analysis of a within-case followed by cross-case data analysis resulted in merged themes of three cases that emerged as an overall case study.

Results: Actual accounts of the participants’ experiences on nursing professionalism during theory and practice education were captured in the six concepts of the Practice Orientated Theory that structured the framework developed.

Conclusion: A logical methodological description of creating a framework on nursing professionalism was outlined and the conceptual framework can be evaluated for transferability to other similar nursing education training environments.

Keywords: method, framework development, professionalism, higher education, nursing practice

*Corresponding Author:
e-mail: pbimray@uwc.ac.za

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INTRODUCTION

Professionalism is a concept that stands out in the education of the health professions of every student, including nursing students, pursuing careers such as nursing as a profession [1] [2] [3] [4] [5]. However, the complexity and attempts to define and describe the concept have been vague and educational strategies over the years have been less effective in inculcating the expected professional behavior in students [6] [7] [8] [9] [10] [11]. Sow et al (2021) [5] point out the uniqueness of professionalism and the need to differentiate and conceptualise it in the different healthcare professions. This implies a necessity to develop a specific framework on professionalism that could be valuable to nursing department at a higher education institution (HEI) to direct the integration of theory and practice of nursing students [7] [12].

Cao et al. (2023) [8] recognise the role nurse educators play, in the preparation of undergraduate students to contribute to a high level of professionalism in the profession. Preparing students for entering their professional work life is essential and part of delivering clinical nursing care [13]. Yet, a distinct conceptual perception of nursing professionalism is lacking [14]. Shen et al (2021) [15] explored a set of general theoretical models to be adapted for the nursing education environment to have a positive impact on the professionalism of undergraduate students. Furthermore, the literature reports that the models and frameworks of professionalism are mostly those of the medical profession [16] [12] [5].

This, despite nurses being the largest group of healthcare providers in the healthcare system with multiple and complex roles that require enormous professional responsibility, attention, and vigilance [17]. Nurse educators (hereafter referred to as educators), in South Africa (SA), are challenged to establish an alternative model of nursing education that impacts the quality of care delivered by competent students [18].

One of the first frameworks for the interpretation of professionalism is the Care, Cure and Core Model (1966), developed by Hall (1968) [19] that is applicable to different healthcare settings [20]. However, due to the unique nature of nursing, the standards suggested by Hall were found to be inadequate for the current teaching and assessment of nursing professionalism [20]. One of the most important criteria for nursing is the accumulation of scientific knowledge in professional practice [8] [21] [22]. The conveyance of this knowledge may be in the form of a nursing framework, model, or theory [23]. Brown and Ferrill (2009:3) [24], as well as Miller’s Model [25] of the Wheel of Nursing professionalism, are considered frameworks for understanding professional behaviors among nurses [8].

However, there was a need to facilitate professionalism amongst undergraduate student nurses (hereafter referred to students) for which the conceptualisation of a framework was required. The framework was fundamental within the context of (i) a nursing school in a HEI offering a four-year Bachelor of Nursing, and (ii) the nursing practice environment of four hospitals where clinical placement took place, within the
professional, ethical-legal framework of nursing and the 21 Century generation. There are various methodological approaches to develop frameworks; however, there is a lack of an original research paper on the concrete phases to follow, using a multi-case method, in developing a conceptual framework to facilitate professionalism among students. The study was conducted at a HEI, where undergraduate students were registered.

METHODS

Ethical approval for the study was received from both the Ethics Committees of the Faculty of Community and Health Sciences (CHS) and the Senate Research Committee of a University in the Western Cape (WC) (No 12/10/18).

A constructivist paradigm directed the descriptive qualitative approach with a multi-case study method. A deeper understanding of the phenomenon of student nursing professionalism was explored that led to insight and comprehension rather than a collection of replicable data. Rich data was obtained for credibility of the findings through in-depth individual and focus group interviews with participants (three cases).

The development of the conceptual framework on nursing professionalism entailed different phases (Figure 1).

Phase 1: Situation analysis

Three cases were heterogeneously purposively sampled from the accessible population that became the total sample of: i) students (n=42) selected from each of the four-year levels of the nursing program; ii) educators, namely academics (n=14) and clinical facilitators (n=6), at the educational institution; and iii) preceptors (n=29), who supervise nursing students in accredited clinical practices of four academic hospitals (n=4) (Table 1). In total, sixteen focus groups (from three to nine participants in each) and six unstructured individual interviews were conducted on the three cases. Data was gathered from knowledgeable informants, at an agreed upon time and private spaces, until data saturation occurred during interviews that lasted no longer than 60 minutes.

The study supported the principle that phenomena, nursing professionalism, should be studied in its natural environment, and the focus of understanding a single case was shifted to the differences and similarities between three cases [26]. The initial question to all participants was: “How is the facilitation of professionalism for students in the undergraduate nursing program for you?” The researcher rephrased the question to the participants when they needed clarity [27].

The purpose of the question was conversational, to gain an in-depth understanding of how participants made meaning of their own experiences in nursing professionalism [28]. Participants were allowed to freely express themselves and digitally recorded after informed consent. Data gathering began with focus groups, and unstructured individual interviews enriched the data that emerged from the FGIs [29]. Individual interviews added the value of additional empirical information about the social world of participants in professionalism [29]. Contextual notes were dotted down about the place, time, and
participants that gave a glimpse of the events of the data collection sessions. Field notes enriched the descriptions of the data [30]. The researcher conducted members checking, where data was unclear by following up with participants to determine whether the researcher’s interpretations were consistent with the experiences they shared.

**Phase 2: Spiral of analysis**

The multi-case study included triangulation of data sources from digital recordings and field notes. The literature enriched the findings with confirmation. Thick descriptions gave a coherent account of the concept of student nursing professionalism and aided the researcher in interpreting the information, forming the basis and content of the framework (Dickoff et al., 1968:416) [31]. Inductive spiral analysis of the multi-case study method entailed (Figure 2).

Assembling the collected data about individual cases to condense it into a holistic contextualised picture, for understanding the overall case [32]. Data for each case were analysed separately, engaging in a process of moving in analytic circles, touching on several aspects of the analysis between the data text and the account of the findings in the end [33].

Organizing the data of the three cases into separate classified computer files for data and transcripts to be easily located. Repeated listening to recordings was essential before and after verbatim transcribing [33]. It was a cycle of reflecting back-and-forth about existing data and possible collection of new data. No names were indicated in the transcripts to protect the confidentiality of the participants.

Re-reading individual transcripts several times to get a sense of the whole database [33], including initial exploratory notes in the margins of the transcripts.

Describing, classifying, and interpreting data into codes and themes with an independent coder followed.

Following the loop of the spiral of analysis [33], as the researcher built a detailed description of the multiple data sources (the three cases) and data collection methods within the context of the setting, formed codes or categories (used interchangeably), developed themes, and made interpretations, linked to the relevant literature.

Representation and visualisation of the data in the final spiral, to show the levels of abstraction in the separate cases (Table 2).

**Phase 3: Cross-case synthesis and model case**

Inductive analysis began with the raw data of sources of all three cases, being broadened to several specific themes, and then to general themes. The data of the major role players, as portrayed in the individual cases (within-case analysis), was grouped into thirteen themes and collapsed into six common themes in the cross-case analysis.

Table 4 illustrates similar and different themes among the cases (with multiple sources of data) (cross-case analysis). Overall conclusions with verbatim evidence were added to the end of the analysis of each case.
Phase 4: Reasoning map to develop the framework.

Cognitive processes were followed to construct the framework:
- Identified and named themes and categories of the data from Phases 1 and 2
- Critically reviewed the themes, categories, and their concluding statements in Phase 3 (Tables 2 and 3) and identified its characteristics and role with regard to the survey list of the Practice Oriented Theory [31](Table 4).
- Integrated the concepts of the findings of the three cases in one framework using the questions of the Practice Oriented Theory [31].

Synthesis, re-synthesis, and clarification of the concepts involved the description of the framework with the purpose of providing a comprehensive understanding of nursing professionalism. Data reconstruction was achieved by using theory generation as proposed by Dickoff et al. (1968) [31].

As part of the conceptual framework validation process, the researcher presented the framework to two separate groups of experts in the field of professional practice, each session lasting around 90 minutes. Experts completed a validation instrument with criteria about clarity, simplicity, generality, accessibility, and importance of the framework (adapted from [34]).

Figure 1. Phases in framework development
### Table 1

Phase 1: Objectives, population, and data gathering methods.

<table>
<thead>
<tr>
<th>Cases</th>
<th>Accessible population (N)</th>
<th>Sample of participants (n)</th>
<th>Type and number of interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students</td>
<td>886</td>
<td>42</td>
<td>8 Focus groups (FGs)</td>
</tr>
<tr>
<td>Objective 2:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse educators</td>
<td>26</td>
<td>14</td>
<td>2 FGs</td>
</tr>
<tr>
<td>Preceptors</td>
<td>180</td>
<td>29</td>
<td>5 FGs</td>
</tr>
</tbody>
</table>

*Pilot interviews were valid and formed part of data analysis

### RESULTS AND DISCUSSION

**Phase 1: Situation analysis**

The themes and categories of the in-case analysis of the three cases emerged, of which Theme 1 is demonstrated in Table 2.

In analysing the categories of a theme, concluding statements were drawn that related to the reasoning map of Dickoff et al. (1968) [31], which later informed the development of the conceptual framework.

**Phase 2: Spiral of analysis**

In the summary of the findings of the three cases, some examples of quotations are also included.

**Findings of Case 1: Students**

The first objective of the study was to explore the experiences of nursing students on professionalism during their program (Phase 1). Despite being exposed and trained to
develop professional values, the students experienced mixed messages and emotional turbulences about the meaning of professionalism.

The findings reflected the unprofessional behavior of some preceptors, including humiliating and demoralising communication with peers and students. These preceptors showed a lack of respect for time, and the students were not always orientated to their units when placed. Incidences of misconduct and non-commitment to patient care by preceptors were mentioned.

The overwhelming theme of the above behavior relates to verbal and non-verbal communication between preceptors and students. It should be interpreted as not upholding the values of respect and dignity of co-workers or peers “...she is shouting in front of the patients; your dignity is going to decrease...” (1st yr. P11 FG1). Similarly, second-year participants reflected on belittling communication by preceptors. This made a very negative or degrading impression on inexperienced and sensitive students: “...We began by feeling very insecure about ourselves in the beginning” (2nd yr. P6 FG8). Adding to that, a few participants indicated that they struggled academically (“I was in the foundation program...”), were hurt by rudeness or reprimands (“I'm hurt easily. I take things seriously...”) that could lead to students to withdraw or react with challenging behavior. An example of an incident in which a student withdraws was mentioned: “...so it will be a bad reflection on the university like we are back-chatters and stuff. So, I chose to be quiet and just walk away.” Another participant reacted with challenging behavior: "Now she is (the preceptor) short of gauze. Now she is like: 'Nurse, can you please bring me gauze?' And I’m standing... I have this attitude with doctors that they undermine us too. They undermine us more than the sisters undermine us. So, this doctor is like: 'Nurse, can you?' And I just stood there. I'm not a permanent staff” (4th yr. P10 FG1). Examples of poor role modelling or misconduct were mentioned, while an increasing internal locus of control for professional behavior was demonstrated in the views of the more senior participants. On the other hand, some participants advocated for students to take control of negative role modelling and pay attention to their own behavior.

Findings of Case 2: Educators

The second objective of the study was to explore how educators could facilitate the professionalism of students in nursing practice. Educators taught and facilitated theoretical classes in the general, midwifery, community health, and psychiatric nursing disciplines at the respective year levels. They had a dual academic role, integrating the theoretical and clinical components of the program in the clinical placement facilities. All educators had more than a year of experience in the teaching environment of students, with a post basic qualification in nursing education (one year post-graduate diploma to be registered as a Nurse Educator with the South African Nursing Council). The experiences of the educators focused on learning issues around students and their expectations of professional behavior, and adherence to rules and guidelines.
Educators expected students to follow the prescribed dress code: “...they are supposed to dress like this... because you know that they get to wear navy; this rule of white is for everyone - you cannot run away from it” (CS CHN FG). Important expectations from students were moral conduct and internalising the values of doing the right thing even though nobody was looking: “They have to internalise the values and believe in them enough to act according to those values, regardless of whether someone is going to see me or reward me or if someone is going to catch me and punish me” (NE P11 FG2). In addition, educators expected students to take initiative in their own learning when they are in practice: “You do not expect that the sister have to approach you and ask you what you should be learning here. You should go there and present yourself” (NE P 7 FG 2). Educators presented suggestions to improve student nurses' professionalism. Academics mentioned a reward system with accolades for students who demonstrate expected behavior, after having received proper guidance on acting as a professional: “…there should be a new award system for professional development of students... in the fourth year when they do professional practice for professional development, they get an accolade there. In the portfolio, we can include a contract and say that as a first-year student, this is the professional development that we expect from you as a first-year student. In the second year, this is what you need to build on now from the first year to the second year. And we allow them to build on that for the entire four years, and then we evaluate at the end and see, did we help and did we guide the student enough to become professional...” (NE P9 FG2).

Another suggested example was having a student platform to voice grievances related to misconduct: “Because students do have genuine grievances at times... How do you do it in a professional way? And when they do it in a professional way, then they should be listened too. It shouldn’t only happen that something is done about it when they riot, because then we are rewarding bad behavior.” (NE P11 FG2). By having a grievance platform, educators should listen to students and take action before things escalate into unwanted actions. Educators raised the need to assess the relevance of certain conduct rules in a changing era: “It is not an easy concept to instil in a human being, because a human being – it is not easy to predict. It is not in a science lab and it is not... it is like you are instilling humanity or instilling those values, the important values in a human being and I think if it started it will take time, but at the end it will have some fruit at the end. Because we will restore this profession in a way that will be acceptable in the community changing with the generation, but it will be the same profession that we all love and embrace...” (NE P5 FG 1).

Findings of Case 3: Preceptors

In Case 3, the study explored how preceptors could facilitate the professionalism of students in nursing practice in the WC. A preceptor working in one of the units mentioned respectful behavior of students: “For the past 16 years that I work in a surgical unit, none or rarely any of the students shouted
at patients. I have never had students with attitude problems...” (Hosp. 4 P4 Ind). Another preceptor had an experience of disrespectful behavior of students toward patients: “The way she was talking to the patient was not very professional. It is like you are talking to someone or people talking on the street with each other”. (Hosp. 4 P2 Ind). One preceptor working in theatre, had a very negative experience of students: “I experience a lot of very bad things that happen in the theatres. According to students that we train in the theatre, and I’ve got, they don’t know what professionalism is. You send them for tea and then they abscond.” (Hosp. 4 P5 Ind). Although the responses of the preceptors in the hospitals varied, participants from two different healthcare institutions had positive experiences of students who were polite to patients: “90% of them are well-disciplined; have a professional attitude when they come to the facility” (Hosp. 4 P4 Ind) and “So I have not had any problems since 2010...” (Hosp. 1 FG 1).

Preceptors expected a certain level of competence that students should have to enter the practice environment: “When it comes to your basics, and you are not yet competent. We, as the sisters can see. Because when you hand over you see that the pulse rate was high and you see that the temperature was high. And you know the students were there. They do not come and report it.” (Hosp. 2 FG1). The preceptors expected that the students would apply their knowledge in practice and report any abnormal findings encountered during patient care, as this level of competency was absent. The participants were open in their opinions and also expressed that there were obstacles in mentoring and monitoring student professional behavior. The approachability and attitudes of preceptors caused those students to be reluctant to ask for guidance. The participants emphasized that preceptors should demonstrate their availability to serve the needs of students: “We, as sisters, must also emphasize to them that we are approachable. We are there for them. And ask questions if they do not know...” (Hosp. 2 FG 1). The suggestions were that mentorship should be implemented to support students in enhancing their professional behavior in practice: “We must be the example and take them by the hand. If we see that they are not doing things right, we must show them, we must guide them, and show them right.” (Hosp. 4 P1 Ind).

Phase 3: Cross-case synthesis and model case

The three cases of undergraduate students, educators, and preceptors served as embedded units of analysis for the overall model case. A cross-case synthesis with similar cases themes (Table 4) was the final part of the matching patterns in the data within and between the three cases [35]. The 13 themes representing the three cases were reasoned into six themes in the cross-case analysis. The number of categories that emerged in each of the themes are indicated in Table 4 which indicated the in-depth of the interviews that produced rich data.

The model case

The final case was a summary of the cross-case analysis of the six themes and their categories that were derived.
Different generations of nurses have different perceptions of the implementation of the concept of professionalism. Participants experienced various challenges. Aspects to be addressed are the humiliating and demoralising style of communication by preceptors in some settings, the lack of orientation of learners to clinical placement environments, non-commitment to patient care by preceptors, challenges around organisational structure, and students who conform and adapt to the unethical and unprofessional behavior of preceptors. When addressing professional development, the needs of a new generation of learners should be emphasized, while the traditional heritage of the profession is also acknowledged. Recognizing and meeting the challenges of professional learning in the 21st century. refer to the diversity in culture and social economic environments of learners. Educational needs could be addressed by scaffolding, consistent learning reinforcement strategies (e.g., mobile learning), and more experiential learning to internalise professional values. Agents (educators and preceptors), need to bridge the gap between theory and practice.

The communication of nurses with all stakeholders in the external environment is important, and they should display effective verbal and non-verbal communication skills of listening, language use, assertiveness, and the total image of nurses. Nurses should demonstrate professional values during interactions with authorities, colleagues, learners, and patients. This could first be achieved by interpersonal compatibility (politeness, approachability and tolerance within professional boundaries, being caring, and having self-control, empathy, and influence). Second, professional (capabilities) competencies are needed through demeanour reflected in practice and classroom (knowledge, skills and wisdom). Third, characteristics of personal reliability (e.g., adherence to professional ethics and guidelines, trust, honesty, reliability, humanity, responsibility, and a commitment to excellence, service, and courage) are needed.

Role modelling is related to individuals and different backgrounds of individuals in a changing environment, although the experiences of agents and recipients of professional behavior vary. Unprofessional behavior needs to be addressed through further development.

Support mechanisms to promote professionalism are by improving organisational structures, e.g., counselling. Suggestions are to increase human resources, learning resources and space; to organize time and workload; to effectively monitor and evaluate programs; and to effectively select motivated and committed students and preceptors. Mentorship in practice should provide academic and emotional support to learners. Students should have the opportunity to gain appropriate clinical competence in practice. The underpinning of student professionalism is being mindful of self-leadership and through appropriate clinical competence in practice and appropriate integration of theory with practice.
**Phase 4: The reasoning map**

Through deductive reasoning the Practice Orientated Theory [31] provided the reasoning map (Table 5) for describing the conceptual framework.

The interpretations of the final themes, the concluding statements, and confirmation by literature formed the key concepts in the conceptual framework. Authenticity in conducting the study was ensured, as the researcher fairly conveyed the experiences of the participants and not her own.

**Conceptualisation of the framework**

An integrated framework (Figure 3) was developed from the findings of the six key components, the model case, the conclusions from all categories, and the literature. The findings were conceptualised in the survey list of Dickoff et al. (1968) [31] that refers to the agent, recipient, context, underlying dynamics, procedure, and terminus (Table 5).

In the context of this study, the students, educators, and preceptors interacted in a professional, ethical-legal nursing practice in educational and health care institutions. This was in a low socio-economic and culturally diverse community in an urban area of the WC. Nursing is practiced and incorporates the new generation in the changing times of the 21st century. Graduate nurses are prepared at in an academic environment at a HEI where theoretical learning takes place in a classroom, clinical simulation in a skill laboratory, and the integration of theory applied in the nursing practice environment where students are placed at accredited healthcare facilities. The results of this study indicate that nursing education institutions and nursing practices must be aware of their shared responsibility to improve the professionalism of all nurses in a multicultural environment.

The primary agents are nurse educators, including nurse academics, clinical facilitators, and preceptors as secondary agents. Preceptors work in close collaboration and in partnership with educators to bridge the gap between nursing theory and nursing practice, and to ensure that the learning outcomes for students are met. The agent is a holistic person (educator) with a body, mind, and spirit [36] [37]. The internal environment has professional values in the three domains of; connection (interpersonal compatibility), competence (professional capability) and character (personal reliability), interacting with the external environment that is a university and health services in the WC.

The recipient is a student who needs the support of both the primary and secondary agent to develop nursing professionalism through preparation in a HEI that includes clinical nursing practice in healthcare facilities. The recipient is a holistic being (an internal environment) in interaction with the external environment. The internal environment consists of the body, mind, and spirit, whereas the external environment refers to the i) professional, ethical-legal nursing practice environment; ii) HEI (academic environment); iii) nursing practice environment; iv) socio-economic-cultural environment; and v) the influence of the 21st century generation on the professional behavior of the recipient (Figure 5).
The underlying dynamics in professionalism is mindfulness and caring and is presented as the pivotal foundation for students. Nurses demonstrate professionalism through attitudes, knowledge, and behaviors that reflect a multifaceted approach to the principles and standards underlying successful clinical practice [38].

The procedure refers to processes to facilitate professionalism among students. These are role modelling; promoting interpersonal communication; own development; and support mechanisms. The procedure (Figure 4) is shown as the broken line from the base of the pivot to demonstrate the processes to be used by the agents.

### Table 2
Themes and categories Case 1

<table>
<thead>
<tr>
<th>Themes</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role modelling undermined by unprofessional behavior of preceptors</td>
<td><strong>Humiliating and demoralizing style of communication and intolerant behavior of preceptors in certain settings; No respect for time; Incidences of misconduct/non-commitment to patient care; Inconsistent expectations of and/or ignoring procedures and guidelines/performances</strong></td>
</tr>
<tr>
<td>Influence of language on professional behavior</td>
<td>Language barriers are detrimental to professional development</td>
</tr>
<tr>
<td>Preceptors prejudiced towards students</td>
<td>Degree students disadvantaged during training due to less exposure to practice as other diploma students</td>
</tr>
<tr>
<td>Participants' understanding of professional behavior</td>
<td>Respect in communication towards all; Interaction of personal and basic human values, norms, and values; Student role reversals: school learner to adult learner; Dress code and image of a nurse</td>
</tr>
<tr>
<td>Unprofessional behavior of students that affects the image of the department</td>
<td>Students act disrespectfully and do not take responsibility in practice seriously</td>
</tr>
<tr>
<td>Reasons unprofessional behavior and the impact</td>
<td>Specifics of professionalism unclear, practical guidelines needed; Professional values taught, but not internalized; Newcomers must show commitment; Demotivation in nursing; Reconsider selection of students and preceptors; Unresolved grievances due to lack of discussion platforms; Traumatic life experiences influence professional behavior; Students need more academic assistance and mentoring in practice</td>
</tr>
</tbody>
</table>

**Concluding statements presented in Table 3**
### Table 3

Categories and concluding statements of Theme 1 in Case 1

<table>
<thead>
<tr>
<th>Theme 1: Role modelling of unprofessional behavior of preceptors in practice</th>
<th>Examples of concluding statements (Dickoff et al., 1968)</th>
</tr>
</thead>
</table>
| **Humiliating and demoralizing style of communication and non-tolerant behavior with students** | • Preceptors as nurse leaders (*secondary agent*) should encourage students to take the lead and remind seniors of teaching moments in the clinical facilities  
• Preceptors should create a welcoming atmosphere in the healthcare settings and make students (*recipient*) feel part of the health team  
• In nursing, the context of an atmosphere of trust (reliability) is needed between the student (*recipient*) and the patient where the nurse (learner) has confidence in what she is doing  
• Preceptors should encourage positive ways of communication (*process*) that contribute to the emotional and psychological well-being of students and refrain from gossiping which is degrading |
| **Lack of respect for time** | • Preceptors have the responsibility (personal reliability) of respecting their working time, as they could demonstrate to students that they are reliable and can be trusted.  
• Preceptors remain accountable for tasks delegated to students (*recipients*) in practice  
• Preceptors should create a friendly *external environment* by welcoming students with a positive approach during orientation (*process*), so that students familiarize themselves with the expectations in patient units |
| **Incidences of misconduct and non-commitment to patient care** | • Patient care should be the first consideration of a preceptor and personal matters should not interfere with patient care duties  
• Adequate and appropriate clinical teaching and learning material are needed for simulation to prepare students for “real things” (*process*) in the clinical practice environment |
| **Inconsistent expectations of and ignoring of procedural guidelines** | • Guidance from educators could ensure that students perform tasks within the scope of safe practices |
### Table 4
Thematic analysis within case and between cases (cross-case analysis)

<table>
<thead>
<tr>
<th>Case 1 Students</th>
<th>Case 2 Educators</th>
<th>Case 3 Preceptors</th>
<th>Similar themes in the cross-case analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Role modelling of non-professional behavior of certain preceptors in practice (4 categories)</td>
<td>Nurse educators’ expectations of professional behavior (3 categories)</td>
<td>Experiences of non-professional behavior of university degree students (1 category)</td>
<td>Nurses should demonstrate professional values during interaction with authorities, fellow colleagues, and patients</td>
</tr>
<tr>
<td>Language barriers to the development of professional behavior (1 category)</td>
<td>Suggestions to improve nursing professionalism (6 categories)</td>
<td>Expectations of appropriate behavior in practice (5 categories)</td>
<td>Interpersonal communication style of nurses with all stakeholders</td>
</tr>
<tr>
<td>Preceptors prejudiced towards university degree students (1 category)</td>
<td>Preceptors’ roles in strengthening student professional behavior (2 categories)</td>
<td>Obstacles in mentoring and monitoring student’s professional behavior (2 categories)</td>
<td>Realisation of essential role modelling in different scenarios</td>
</tr>
<tr>
<td>Understanding of professional behavior (4 categories)</td>
<td></td>
<td>Support mechanisms to instil professionalism in students</td>
<td></td>
</tr>
<tr>
<td>Students professional behavior as contributing to the image of the university (1 category)</td>
<td>Suggestions to support/enhance students’ professional behavior (2 categories)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reasons for students and preceptors unprofessional behavior and implications and suggestions for improvement (7 categories)</td>
<td></td>
<td>Nurses should be mindful in practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognition of learning and teaching needs in training, for professional development of a new generation, and historical heritage of the profession.</td>
<td></td>
</tr>
</tbody>
</table>

### Table 5
Reasoning map

<table>
<thead>
<tr>
<th>Questions</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agents Who is the agent of the activity?</td>
<td>Nurse educators (academics, clinical facilitators) and preceptors who perform the activity of facilitating professionalism in students during training</td>
</tr>
<tr>
<td>Who is the recipient of the activity?</td>
<td>Students registered for a Bachelors in nursing program at a HEI</td>
</tr>
<tr>
<td>In what context is the activity performed (framework)?</td>
<td>The context in which the activity occurred was in a HEI and nursing practice in health facilities in the WC.</td>
</tr>
<tr>
<td>What is the energy source for the activity (dynamics)?</td>
<td>Motivational factors required to support students to facilitate professionalism for nursing practice</td>
</tr>
<tr>
<td>What is the guiding procedure?</td>
<td>Guiding processes and strategies for facilitating professionalism in students for practice</td>
</tr>
<tr>
<td>What is the endpoint of the activity (terminus)?</td>
<td>The terminus was the conceptual framework for educators and preceptors to facilitate professionalism among students for nursing practice</td>
</tr>
</tbody>
</table>
Figure 3. Framework for nurse educators and preceptors to facilitate professionalism among students.

Figure 4. Procedure (processes) for the facilitation of professionalism
**IMPLICATION FOR PRACTICE**

This framework is of relevance to nursing education and practice in bringing about change to prepare nursing graduates for their future careers and service in a dynamic, yet unpredictable environment in which professional values could be compromised.

**CONCLUSION**

The three cases had varied experiences with nursing professionalism in academic and clinical learning settings. They were mindful...
that changes and diversity in terms of culture, generations, language, and socio-economic background created challenges for developing professionalism in nursing. This conceptual framework is methodologically unique as it incorporates the experiences of participants in three cases representing the main stakeholders in the education of students.

LIMITATIONS
The limitation of the study was that the findings could not be generalised to other settings of higher education nursing program, a small sample was used.

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COMPETING INTERESTS
The authors declare that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

AUTHORS’ CONTRIBUTIONS
P.B initiated the study and was responsible for design, data collection and analysis, as well as for the interpretation of data and drafting the manuscript as an outcome of her PhD.

K.J. was the study supervisor and assisted in the conceptualisation of the study design, data analysis, and preparation of the manuscript.

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DATA AVAILABILITY
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