Factors Contributing to Unprofessional Behaviour among Nursing Students at the University of Namibia

Daniel Opotamutale Ashipala
https://orcid.org/0000-0002-8913-056X
University of Namibia
dashipala@unam.na

Selma Iyaalo Shaluwawa
https://orcid.org/0000-0002-7856-3052
University of Namibia
selmashaluwawa@gmail.com

Abstract

Globally, there is a universal expectation that nurses should have a duty to serve others with commitment and dedication. Therefore, it is expected from all professional nurses including nursing students that they behave professionally and ethically in accordance with the ethical codes of practice and conduct. Unprofessional behaviour among student nurses has the potential to negatively affect staff and workplace relationships, and most importantly, compromise patient safety and care. The factors contributing to unprofessional behaviour among nursing students in Namibia have not been extensively researched. This requires institutions of higher learning to establish which factors are likely to promote unprofessional behaviour among student nurses, which could then be used to deal with unprofessional behaviour among these students. The objectives of this study were to explore and understand the factors contributing to unprofessional behaviour among nursing students at the University of Namibia. A qualitative, explorative, descriptive and contextual study was conducted. The accessible population in this study consisted of 17 undergraduate nursing students. Purposive sampling was used and the requisite data collected from the 17 participants using individual semi-structured interviews. The data were analysed by means of qualitative content analysis. Three themes were subsequently identified, namely, unprofessional behaviour in nursing, factors contributing to unprofessional behaviour, and moulding unprofessional behaviour. These findings call for well-articulated plans on the part of the faculty management team to deal with unprofessional behaviour among nursing students. It is recommended that further research be conducted to identify specific curriculum components that may be incorporated to strengthen the teaching of nursing ethics to students.

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Introduction

Unprofessional behaviour on the part of nursing students is regarded as an institutional challenge in academic institutions (Tricco et al. 2018). It has the potential to negatively affect staff and workplace relationships, and most importantly, compromise patient safety and care. The Agency for Healthcare Research and Quality (AHRQ 2016) defines unprofessional behaviour or incivility as any action that indicates disrespect for others, or communication that negatively affects patient outcomes. Unprofessional behaviour include being disruptive, manipulative and sarcastic. In addition, it may include impolite speech or acts of rudeness or disrespect towards other students and lecturers (Rosenstein 2017). Pilcher et al. (2015) state that some behaviours that are regarded as unprofessional include being intoxicated or under the influence of drugs while on duty, and posting patient information on social media.

Globally, schools of nursing play a vital role in the successful development of professionalism among nursing students (Tanaka et al. 2017). In addition, these schools strongly influence the professional development of nursing students. Therefore, to prevent unprofessional behaviour, faculty officials are required to display high levels of professionalism and act as role models to positively influence their students (Tanaka et al. 2017). Over the past century, nursing has striven for recognition as a profession (Pera and Van Tonder 2011). Poorchangizi et al. (2019) noted that professionalism among nursing students may be changing considerably and it is important to integrate professional values into the nursing curriculum. Professionalism is one of the key concepts in nursing and is the result of interacting with the environment and others (Shohani and Zamanzadeh 2017). Furthermore, professionalism in nursing influences the quality of care and includes a series of attitudes which represent levels of individuals' identification with, recognition by and commitment to a particular occupation. Nursing students and nurses are respected in the community. Hence, all student nurses are expected to behave professionally and ethically in accordance with the nursing codes of practice and conduct (Mutabani 2018). Professionalism is affected by several factors.

Pera and Van Tonder (2011) state that nursing students should study ethics to be able to deal with issues that may arise in nursing practice, thus providing student nurses and other staff with the groundwork for a systematic approach to ethical and professional behaviours. Therefore, student nurses may maintain an ethical perspective by being aware that all decisions in practice have an ethical dimension. Student nurses have a goal to care for people with the respect and dignity accorded to every human being, and to accept responsibility for making decisions and taking action (Rosenstein 2017). Student nurses are being trained to become future professionals who can behave and who can maintain a professional patient–nurse relationship. At the University of Namibia (UNAM), student nurses are introduced to nursing ethics in their first year and

to professional practice in their fourth year. This is where they acquire the knowledge and skills required for being highly professional and competent (Searle, Human, and Mogotlane 2009).

Education is destined to prepare nursing students for future valued nursing care delivery. In addition, student nurses are expected to be the embodiment of high values and tolerance. Student nurses are supposed to be trusted in the execution of their practice (MoHSS 2010). However, it appears as if students are not behaving in accordance with the ethics, professional values and norms of the profession. From the researcher's own personal experience, students have been observed to exhibit behaviour and conduct that did not meet expected standards. These include being absent from class, coming to work late, and being incorrectly dressed. This has been noted by the researcher; a student herself, who observed that her fellow students' behaviour and conduct were not in accordance with the behaviour expected from well-behaved professional nurses. The implications, therefore, are that students are likely to miss important information, will be left behind and risk failure. In addition, students spend their time on social media where they may reveal patient information (Pilcher et al. 2015). This is bad behaviour and misconduct which have the potential to make consumers lose trust in the nursing profession.

In Namibia, nursing students are registered with the Nursing Council of Namibia. The UNAM has a student code of conduct (UNAM n.d.). The AHRQ (2016) has reported that unprofessional behaviour is a major cause of professional misconduct among nursing students. To deal with unprofessional behaviour among nursing students, the UNAM uses the student code of conduct which clearly outlines expectations of students' behaviour. The UNAM has the authority to deliver its own judgment on students who have been charged with professional misconduct in accordance with the scope of applicable rules governing the behaviour of students The UNAM uses the student code of conduct to subject students to disciplinary hearings, which might result in the students being reprimanded, suspended from the course or terminated from the training owing to a breach of patient confidentiality.

The Presidential Commission of Enquiry into the operation of the Ministry of Health and Social Services (MoHSS 2013) found malpractice and negligence due to the lack of a correct attitude and professionalism among nurses. The conduct, ethics and attitude of some student nurses towards patients, educators, nurses and fellow students are described as having become unacceptable. Both nurses and students are guilty of showing a lack of respect towards their patients and their seniors. In addition, student nurses are displaying bad manners to their patients by playing games and talking on their phones for long periods during practice. The MoHSS (2013) reported that some nurses even go to work under the influence of alcohol, which poses a danger to their patients.

Research Questions

Accordingly the following research questions were posed:

- What are the factors contributing to unprofessional behaviour among nursing students at the UNAM?
- What are the recommendations to inform the UNAM on ways in which to improve the behaviours among nursing students at the UNAM?

Purpose of the Study

The purpose of this study was to explore and understand the factors contributing to unprofessional behaviour among nursing students studying at the UNAM in order to understand and make recommendations for interventions that may help to improve the students' behaviours at the UNAM.

Objectives of the Study

The objectives of the study were to

- explore the factors contributing to unprofessional behaviour among nursing students through qualitative interviews with nursing students at the UNAM, and
- understand the factors identified by interviewees through content analysis of the interview data.

Definition of Key Concepts

Student nurse: "A student in a program leading to certification in a form of nursing; usually applied to students in an RN or practical nurse program" (Medical Dictionary, s.v. "student nurse"). In this study, student nurse refers to a student registered at the UNAM for a Bachelor of Nursing Science (Clinical) (Honours) degree and who is registered with the Nursing Council of Namibia as a student nurse in accordance with the Nursing Act No. 8 of 2004.

Unprofessional behaviour: Refers to the behaviour that is contrary to the standard expected in a particular profession (Cambridge Dictionary, s.v. "unprofessional"). In this study, unprofessional refers to the unexpected behaviours of the nursing students studying at the UNAM on the campus, and in the community and practical facilities.

Research Design

This study used a qualitative, explorative, descriptive and contextual research design (Creswell 2012) in order to gain an in-depth understanding of the factors contributing to unprofessional behaviour among nursing students at the UNAM. According to Maree (2016), a qualitative research design is naturalistic as it focuses on the natural settings in which interactions occur. In addition, a qualitative design is used to explore the way in which people make sense of their surroundings, experiences and understandings of phenomena (Green and Thorogood 2018).

Research Methods

Research Setting

This study was conducted at the UNAM in the north-eastern region of Namibia which offers student nurses training to enable them to become professionally qualified. The campus offers courses in education, nursing science and management sciences. The School of Nursing at this campus offers a four-year undergraduate bachelor honours degree programme only. This study focused on the undergraduate student nurses registered for the Bachelor of Nursing Science (Clinical) (Honours) across all cohorts of students. The key mission of the School of Nursing is to prepare academically and professionally qualified persons for the health needs of Namibia, and to render services, especially in the domains of preventive, promotive, curative and rehabilitative health.

Study Population and Sampling Strategy

In the 2019 academic year, there were 304 (n = 304) nursing students at level one to level four of their training. The population for this study consisted of four cohorts of undergraduate nursing students registered at the UNAM, namely, first-, second-, third- and fourth-year students studying towards a Bachelor of Nursing Science (Clinical) (Honours). The sample in this study consisted of undergraduate student nurses studying full-time at the UNAM in 2019. The researcher approached the participants face to face in the classroom at the UNAM and explained the purpose and objectives of the study to them. A purposeful sampling technique was used to draw a sample of 17 (n = 17) readily available students enrolled at the campus as determined by data saturation. No participant withdrew from the study.

Data Collection Methods

After the approval was granted from the School of Nursing Research Committee, data for this study were collected during September 2019 using semi-structured face-to-face interviews. Students who were willing to participate in the study were recruited by the researcher and the time and venue for the interview were arranged with them. A total of 17 interviews were conducted, lasting about 30 to 40 minutes in accordance with the interview guide; the number of interviews held was determined by data saturation. In

addition, data saturation was determined by the responses of the participants. The researcher posed the following questions to the participants:

- What are the factors contributing to unprofessional behaviour among nursing students at the UNAM?
- What are the recommendations to inform the UNAM on ways in which to improve the unprofessional behaviour among nursing students at the UNAM?

The participants were probed to seek clarity on the responses that were not sufficient and detailed enough. All the participants were audio recorded using a digital voice recorder. No new information emerged at the end of the interview of participant number 17, and at this point, data saturation was reached.

Data Analysis

In this study, content analysis was employed to analyse the data. This is deemed to be the most reliable strategy used in qualitative research as it is fairly systematic and it allows the researcher to organise the information into themes and subthemes (Leedy and Ormrod 2013). This was done in accordance with De Vos et al. (2017) who stated that this technique could be used to generate categories and to code the data. Accordingly, the transcribed interviews and narratives from the research notes were analysed and organised into main themes and subthemes in accordance with a practical guide as provided by Erlingsson and Brysiewicz (2017). The initial step involved the process of the researcher to read and reread the interviews to get a sense of the whole, to gain a general understanding of what the participants are talking about. At this point, the researcher may already start to get ideas of the main points or ideas that the participants are expressing. Then one needs to start dividing up the text into smaller parts, namely, into meaningful units. One then condenses these meaningful units further. While doing this, one needs to ensure that the core meaning is still retained. The next step was to label the condensed meaningful units by formulating codes and then grouping these codes into categories. The researcher chose categories as the highest level of abstraction for reporting results and creating themes and then created themes. An independent coder then verified the accuracy of the analysed data and held a meeting with the researcher to discuss and agree on the themes which had been identified.

Measures to Ensure Trustworthiness

Lincoln and Guba's (1985, 290) model for trustworthiness was used to ensure the validity and reliability of this research. The four criteria for trustworthiness are truth value, applicability, consistency and neutrality. The truth value was ensured by applying the strategy of credibility, and applicability by applying strategies of transferability. Consistency was ensured by strategies of dependability, and neutrality by strategies of confirmability. To ensure credibility the researcher spent each day with the nursing students for three months.

The researcher wrote reflective field notes throughout the research process for six months. Triangulation was implemented by using different methods of data collection such as field notes and interviews. After the data analysis, the researcher did member checking by asking some of the respondents to check if they identified themes reflected what the respondents had verbalised in their interviews about factors contributing to unprofessional behaviour among nursing students. The researcher ensured transferability by providing a dense description of the results of her research. Dependability was ensured by providing a dense description of the whole research process. Confirmability of this research was ensured by using triangulation of the data collection and data analysis methods. The researcher also kept a reflective journal on personal experiences, views and observations. During the collection and analysis of the data she placed personal perceptions and expectations "between brackets'' and did not use the data before an independent coder and literature control verified the data.

Ethical Considerations

The research proposal for this study was submitted to the School of Nursing Research Committee for ethical approval (Ethical Clearance Reference Number: SoNREC 08/2019). The researcher obtained the participants' personal consent in relation to their participation in the study after the purpose and significance of the study had been explained to them. Ethical principles were adhered to throughout the study in order to protect the rights, dignity and safety of the participants. Participation in the study was voluntary and the participants were free to withdraw from the interviews at any time if they so wished. It is not possible in qualitative research to completely guarantee anonymity because such research involves direct contact with the participants. However, the researcher assured the participants that their details would not be disclosed and that their names would not be linked to the data. In addition, confidentiality was assured as the participants were each given numerical codes at the beginning of the structured interviews which were then used to represent their names during the interviews and which subsequently appeared in the transcripts of the interviews.

Results

Description of Study Participants

The participants were all full-time undergraduate nursing students at the UNAM. All participants were under the age of 27. Table 1 indicates the characteristics of the study participants.

Table 1: Characteristics of study participants

Characteristics	Total number
Age	
19–20	5
21–24	10
27	2
Gender	
Female	10
Male	7
Level of study	
First year	3
Second year	5
Third year	4
Fourth year	5

Presentation of Themes and Subthemes

Three main themes emanated from this study, namely, understanding of unprofessional behaviour, factors contributing to unprofessional behaviour, and moulding professional behaviour. These themes and their subthemes are described and discussed in the subsections that follow, and are presented in Table 2.

Table 2: Summary of findings

Themes	Subthemes	Codes
Understanding of unprofessional behaviour	Communication	Attitude Foul language Rules
	Breaking rules	Misuse of phones at work Rules Unacceptable behaviour Break rules
Factors contributing to unprofessional behaviour	Social factors	Peer pressure Culture Background
	Personal factors	Immaturity Attitude Fear Absenteeism Bad attitude

Themes	Subthemes	Codes
Moulding professional behaviour	Corrective measures	Lack of knowledge Ignorance
		Training Compassion Care Avoiding misunderstandings Wearing professional clothing Forging signatures

Theme 1: Understanding of Unprofessional Behaviour

This theme is a description of the way in which the participants understood unprofessional behaviour. The participants described unprofessional behaviour as poor communication and lack of compliance with rules. Such behaviour includes any actions that indicate disrespect for people such as communicating negatively, the use of foul language, and showing a bad attitude towards nurses, lecturers and patients. The excerpts below from two of the interviews demonstrate this aspect of unprofessional behaviour:

> Unprofessional behaviour, these are the behaviours that are not accepted at the working place, for example when people communicating with other in bad way or exchanging bad words. (Participant 7)

> Unprofessional behaviour is when a person is behaving in such a way that is unacceptable to the community or to individual, like insulting people in public. (Participant 3)

In addition, the participants explained unprofessional behaviour in nursing when they are doing their practicals at different health facilities such as breaking rules, being rude towards others and using phones while still on duty.

> By my own understanding, unprofessional behaviour is a behaviour that against the rule of the profession. (Participant 2)

Communication

The participants stated that any action that indicates disrespect for people such as communicating negatively was considered to be unprofessional behaviour; this also includes foul language and bad attitudes towards nurses, lecturers and patients during communication. This was confirmed by the following two extracts:

> Unprofessional behaviour, these are the behaviours that are not accepted at the working place, for example when people communicating with others in bad way or exchanging bad words. (Participant 8)

> Unprofessional behaviour is when a person is behaving in such a way that is unacceptable to the community or to the individual, like insulting people in public. (Participant 10)

Breaking rules

The participants explained that unprofessional behaviour in nursing also involves breaking the rules and behaving in an unacceptable manner, such as being rude to others or using cell phones while in practical sessions, especially during their practicals at health facilities.

> By my own understanding, unprofessional behaviour is a behaviour that is against the rule that was set up. (Participant 9)

Theme 2: Factors Contributing to Unprofessional Behaviour

In this theme the participants highlighted various factors that contribute to unprofessional behaviours among nursing students. The subthemes were social factors, personal factors and competence factors.

Social factors

The participants stated that peer pressure, background and culture are some of the social factors that affect their professional behaviour.

> Some could be because we grow up from different value and ethics, so that could be one of the contributing factors. (Participant 1)

> . . . another things is just like it could be peer pressure and it will influence other students to have that negative [attitude] toward the lecturer without any valid reason. (Participant 4**)**

Personal factors

Besides the social factors, personal factors such as immaturity, fear and bad attitudes were described as sources of unprofessional behaviour. The lack of financial resources was considered a reason for being absent from clinical placement. Others highlighted tiredness as a contributing factor to unprofessional behaviour.

> Immaturity for example if the patient called them because they need assistance. (Participant 5)

> . . . like absenteeism but I don't know if they are tired or they don't have a taxi money. (Participant 11)

Competence factors

The participants noted that ignorance and lack of knowledge and understanding of professional behaviours are some of the contributing factors to unprofessional behaviour among student nurses.

> I think it can be lack of knowledge, if to say a nurse does not know the rules and regulations of nursing at all or they don't know how the nurses have to behave professionally. (Participant 17)

Theme 3: Moulding Professional Behaviour

This theme covers what the participants suggested as mechanisms for improving professional behaviour. The participants were of the view that lecturers need to engage and share responsibilities with students through role modelling. Provision of training was described as a requirement for students to gain more knowledge of professionalism.

> There should be more service training on professional behaviour. (Participant 12)

> The lecturer needs to continue teach students how they should behave. (Participant 14)

> They should respect others, taking care of the patients, giving good example in the community and by wearing professionally. (Participant 6)

Corrective measures

When asked about what can be done to improve professional behaviour, most participants mentioned that lecturers should engage and share expectations with students through role modelling. It was emphasised that the provision of continuous education on ethical behaviour to students could help them to acquire adequate knowledge regarding professionalism.

> There should be more in-service training on professional behaviour. (Participant 15)

> The lecturers need to continue teaching students on how they should behave. (Participant 13)

> They should respect others, taking care of the patients, giving good example in the community and wearing professional uniform. (Participant 16)

Discussion of Findings

Through the interviews, examples of unprofessional behaviours were also noted with the participants' accounts suggesting that the most common forms are the misuse of phones at work, absenteeism from clinical practice, use of foul language and breaking of rules. This section presents the discussion of the study in accordance with the themes

that emerged from the study, namely, understanding of professional behaviour, factors contributing to unprofessional behaviour and moulding of professional behaviour.

Understanding of Unprofessional Behaviour

It is reported in this study that some participants used poor communication and the lack of compliance with rules to describe unprofessional behaviour. The study findings are in line with the AHRQ (2016), which defines unprofessional behaviours as any actions that show disrespect for people such as communicating negatively, using foul language, and displaying poor attitudes towards nurses, lecturers and patients when communicating with them. The understandings of unprofessional behaviour in this study were compared with studies conducted by Rosenstein (2017) and Tricco et al. (2018), who indicate that unprofessional behaviours may include absenteeism without a valid reason, rude speech or acts of rudeness and disrespect towards others. This is in line with Karlstrom (2018) and Singh (2015) who state that absenteeism was ranked highest as many student nurses were absent from school and health facilities without valid reasons.

Factors Contributing to Unprofessional Behaviour

The participants in this study indicated that students have different backgrounds and cultures and that some students are influenced by many factors such as peer pressure. The participants in this study noted that immaturity, fear and bad attitudes are the sources of unprofessional behaviour. The study revealed clear sentiments from the participants regarding the use of phones while on duty and the use of foul language. Pilcher et al. (2015) identify poor behaviour associated with students posting unprofessional content on social media. The findings from of this study are similar to those of Loghmani, Borhani, and Abbaszadeh (2014), who found that a lack of motivation and interest among student nurses, inappropriate ethics and teaching methods and insufficient self-awareness are barriers to professional ethics.

The study participants pointed out that a lack of knowledge, lack of understanding and ignorance are factors contributing to unprofessional behaviour among nursing students. In its study, the Canadian Nurses Association (2008) stated that if students do not demonstrate the expected knowledge of health facility care, their behaviour is considered to be a “deal breaker” and cannot be tolerated either on campus or in clinical health areas.

Moulding of Professional Behaviour

This study highlighted how important it is to explain nursing ethics at the very beginning of the clinical rotation. Lecturers and clinical instructors must role model appropriate behaviours that support the scope of clinical placements and uphold nursing standards. The findings of this study concur with the studies by Killam et al. (2010) and Bogdan (2017), which indicate that there is a need for educators to engage and share responsibility with students through role modelling, professional disclosure,

availability, discussions about clinical expectations and student assessments. Bogdan's (2017) study found that the professional educators should create a policy that establishes professional student behaviour and provides tools that they use when lecturing on established unprofessional student behaviour. They should also provide continuous training on ethical behaviours for students which could help students to acquire adequate knowledge regarding professionalism.

Limitations of the Study

The limitations of this study related to the difficulty in the findings in the literature on the factors contributing to unprofessional behaviours. This study focused on factors that contribute to unprofessional behaviour among nursing students on a university campus located in north-eastern Namibia. Their perspectives on this subject may differ from nursing students who are enrolled at other campuses. This limits generalisations.

Conclusion

The faculty management's readiness to deal with unprofessional behaviour among nursing students is fundamental in ensuring that the university produces graduates who are able to establish and maintain a positive workplace environment which is safe and supportive and provides quality patient care. Absenteeism negatively affects professional practice and also teaching and learning. Nursing student's behaviour towards patients, nurses and their lecturers was mentioned, in particular students ignoring patients, using foul language and showing a lack of respect towards both lecturers and patients.

Recommendations

Student nurses should be assisted during their training by being allocated to professional mentors such as lecturers or clinical preceptors in the School who should socialise them into the nursing profession. Pre-orientation courses for nursing are recommended. These courses may prevent absenteeism and those persons who are really interested in nursing as a profession would apply and complete the course as they would be fully aware of what nursing entails. There is a need for research into educating qualified personnel on the identification of students at risk of unprofessional behaviour so that proper support can be given to them in their early training. Lecturers should follow students at hospitals and evaluate or monitor their behaviour towards the patients and nurses, drawing their attention to what they are doing wrong. Additional research is recommended to identify specific curriculum components that can be incorporated to strengthen the teaching of professional behaviour to students.

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