

# CRITICAL REFLECTIONS ON PROFESSIONAL BEHAVIOUR AND UNDERSTANDING ‘PROFESSIONALISM’ IN A HEALTHCARE CAREER

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## ABSTRACT

This study contextualises the meaning and definition of professionalism. It investigates the held perspective of what elements or components create a foundation of a professional. The aim was to explore the need of understanding professionalism as a term and practice at university. Furthermore, the aim was to engage students in a critical reflexive process in order to gain deeper understanding of the discourses that have influence in their lives, and how it impacts both their personal and professional lives. Bandura’s Social Learning Theory and Bronfenbrenner’s Ecological Systems Theory were used to substantiate the argument of the study topic. This paper is an integration of two research studies that examine professionalism. Firstly, a systematic literature search was conducted and narrative synthesis approach was used to analyse homogenous studies that investigated professionalism in the healthcare sector. Secondly, a masters’ cohort engaged in a process of sharing life stories to examine the influence of dominant social discourses (race; gender; and class) and how it has given meaning to how they view the world and gives meaning to the things around them. The purpose was to develop critical reflexivity for the students in an educational setting. The outcomes from both research studies suggest that professionalism is a term that is complex to define; while, also promoting the importance of engaging in life story work that necessitates introspection and coming to understand who we are and what world we live in by acquiring the skill to be critically reflexive.

**Keywords:** health professionals; professionalism; reflexivity



It is often taken for granted how people should articulate themselves in a professional manner. However, there is neither a proper nor one definition for the term professionalism. Ericsson and Smith (cited in Pillay & McCrindle, 2005) define professionalism as a state whereby “professional expertise develops within a given domain of knowledge only as a result of contextualised training and practice” (p. 67). This suggests that people require to be well taught in their field of practice such as medicine or psychology on the ethical standards and behaviour that are expected from a health practitioner. Some of the rules of conduct as listed by the Health Professions Council of South Africa (HPCSA) include professional competency; professional relations; privacy, confidentiality and records; fees and financial arrangements; assessment activities.

Pertinent to the highlighted rules of conduct is the ability for psychologists to have the competence to serve people and not breach the client or patient’s privacy. The missing definition and over-generalised conception of what constitutes professional behaviour necessitates that aspiring healthcare practitioners engage in critical reflexivity. People often reflect on their experiences and limit it to thoughts. However, reflexivity goes further and can be considered as an interactive process that places emphasis on the relationship between the self, other and context (Bolton, 2010). Reflexivity promotes understanding of self and others within a collaborative context (Sinacore, Blaisure, Justin & Brawer, 1999). Reflectiveness involves “self-examining one’s own functionality and reflecting on personal efficacy, soundness of own thought and actions, and meaning of their pursuit” (Bandura, 2006, p.165). It is therefore fundamental for aspiring health practitioners to be reflective of what constitutes who they are as individuals, and how the varying experiences they have individually undergone have made them to be better people or relate more with other people.

In the process of learning the skills of becoming a professional in the work setting, it is of necessity for an individual to understand themselves. A master’s programme called ‘The Person is the Professional’ focused on actively incorporating students’ personal life experiences into the course and that supported the notion that a person comes in with knowledge and abilities and needs to understand how to translate these experiences into professional practice. In this programme, students were given four tasks to complete, and these were Life Story (chronological description of events and meaning of a person’s life); applying Ecological system theory into the life story; telling the story in the third person; and after a five-month period retell the life story by highlighting what they had learnt about themselves having partaken in such a process. The students had to assess the impact of dominant social discourses such as race, gender, class, and culture, and how these have shaped who they are, and where they are located in the world.

## RATIONALE

The purpose of this study was to understand the concept of professionalism and notions around it in society. The lack of one definition and how people formulate what

constitutes a professional led to the investigation. At times, this term is used casually and its distinctive meaning has faded, as people create the definition based on their own subjective ideologies. The aim was to find the meaning of professionalism and how it is taught to aspiring healthcare professionals. Subsequent to this initial study, further exploration was done by investigating the importance of critical reflexivity to enhance both personal and professional growth by understanding who we are, and the way we interpret the experiences around us based on our life stories. Therefore, this paper is a combination of two research studies conducted to provide insight on the significance of reflexivity to enable professional growth in an individual.

## STUDY OBJECTIVE(S)

The objectives of this study were to investigate the teaching and training methods used in medical schools, and the effect of the education curricula on students' psychological and physiological well-being.

Another objective of this study was to explore the experiences of students engaging in critical reflexivity and its influence in their personal and professional lives.

## LITERATURE REVIEW

### Perception of Professionalism

It is important to revisit and understand what the concept of professionalism means. There are varying understandings in society, and it is not merely conduct or appearance of a person. According to Brehm, Breen, Brown, Long, Smith, Wall and Steinberg-Warren (2006) "professionalism is multi-faceted and can be divided into three categories: professional parameters, professional behaviour and professional responsibility" (p.1). *Professional parameters* are related to the appropriateness of legal and ethical action. *Professional behaviour* refers to discipline-related knowledge and skills, fitting relationship with clients and colleagues; acceptable appearance and attitudes. *Professional responsibility* includes duty to the profession; to oneself, clients, employers and public (Brehm et al, 2006). This means that professionals in domains such as medicine and psychology should adhere to good conduct, and sustain such behaviour to be able to practise their profession.

A better grasp into defining and conceptualising the essence of professionalism can be gained by Bronfenbrenner's ecological system theory (1977). The theory helps in understanding how individuals behave in their environment, and can influence or be impacted by the society at large. It is vital for people to understand the context and setting in which they find themselves (Bolton, 2010). As people, we have multiple identities, and maintain a balance between the personal and professional lives. DuPreez,

Pickworth and Van-Rooyen (2007) state that the principles of teaching professionalism highlight “strong institutional commitment to support the process” (p. 285). Therefore, it is essential to be included as part of the curriculum and practised in medical school or health-related fields.

The key is to acknowledge that people come from different segments of society and have their own experiences. Professionalism is considered as a dynamic construct of actors and structures shifting across time (Monrouxe, 2011). Within the context of reflexivity, it is important for a person to consistently reflect on their experiences as this informs their growth as professionals. The dimension of time in defining professionalism is significant to take note of, meaning to say that there is a continuing shift in relation to time and how people conceptualise what is ‘professionalism’. This can be related to Bronfenbrenner’s (1977) chronosystem that entails the transitioning of life events and social-historical circumstances. Although things may be evolving and changing there is still some degree of relevance to the things of the past, in this case the components that build up the definition of professionalism.

There is a great need to impose the teaching of professionalism. The core of developing insight is working on the individual’s life experiences as this can enable one to understand oneself better, and also assist in the approach and manner in which one relates to other people. There are numerous ways of learning. Helmich, Bolhuis, Laan and Koopmans (2011) mention two kinds of learning, that is, *practical learning* and *emotional learning*. Practical learning refers to learning clinical skills and study skills; whilst emotional learning concerns the progress of a positive state of mind, including a sense of identity (Helmich et al., 2011). Interpersonal relationships and learning environment show a central role in learning.

In healthcare vocations, it is crucial to review the way students are taught and trained. For instance, not much recognition has been given to the conditions that students experience during their years in medical school and when beginning to work as interns (Kligler, Linde & Katz, 2013). The demanding nature of work has a negative impact on the well-being of the trainees, as they are unable to balance their personal and professional lives. Physiological and emotional strain can have a detrimental effect on the performance of students, and this alludes to psychological impact. Both medicine and psychology require one to care for people and at a trainee level, it could be overwhelming as the capacity to cope is stretched. There is therefore the need to engage and explore one’s own functionality (Bandura, 2006) and identify one’s weaknesses and strengths in order to be able to deal with any challenge, as well as to manage the practice of being professional with clients. Ultimately, during training, the psychological effects should not be excluded as a key component, since it has an impact on the performance and coping strategies of the individual.

## Reflexivity

Gergen (1999) defines reflexivity as “the attempt to place one’s premises into question, to suspend the ‘obvious’, to listen to alternative framings of reality, and to grapple with the comparative outcomes of multiple standpoints” (p. 50). This may be understood as a way in which one thinks more critically about the self. One goes through circumstances which propel one into taking action; and action is temporal and spatially explained. Thus, for a person to be reflexive he or she has to be aware of where, with whom, and in what place in the history of events action takes place (Gilbert & Sliep, 2007). Reflexivity has in the past mainly been used by feminist scholars (Allen & Farnsworth, 1993; Sinacore et al., 1999). It has now become more widely used and is often included in the educational setting (Gilbert & Sliep, 2007). It has been noted that reflexivity in an educational setting promotes self-awareness and helps recognise human truths (Sinacore et al., 1999). In this sense, reflexivity becomes a necessary tool or practice for students so that they can relate their personal experiences to their professional context. Reflexivity further promotes understanding of self and others within a collaborative context (Sinacore et al., 1999).

The importance of self-reflectiveness in this process is to create awareness of the salient discourses that shape and influence our lives (Bandura, 2006). These discourses (race, gender, class, and culture) are not who we are, but facets from the past and present and have the possibility to permeate our future plans. If people are not aware of the sources that influence the way they think and make decisions, they will be unable to effect change. The manner in which people reflect on their lives is important. If they become aware of the influence by society, they will be better able to understand the way in which they describe themselves, which is part of being critically reflexive (Gilbert & Sliep, 2009; Sliep, 2010).

The use of life story work in an educational setting promotes transformational learning (Sliep, 2010). Life history as a methodology is still often criticised by the more traditional approaches to education, as it is centred on the subjectivity of the person (Dhunpath, 2000). Dhunpath has referred to this approach as “*Narradigm*”, which is a narrative centred approach. Various scholars and studies have used techniques such as narrative analysis as tools to analyse qualitative data that is focused on people’s stories (Crossley, 2000; Neumann, 2006). A life story is about who we are deep down, where we come from and how we have developed our identity (Gottschall, 2012). It becomes essential for students to assess their life stories to acknowledge how their personal experiences and societal discourses that influence them also permeate their professional lives (Sliep, 2010). The practice of engaging life histories can be perceived as a strategy for self-advocacy as one takes cognisance of the facets that constitute their social identity (Gibson, 2011; Meininger, 2006). Reflexivity is elicited through understanding one’s positioning in terms of dominant social discourses which leads to actively refuting or accepting one’s positioning in various contexts (Sliep, 2010).

Magnusson (2011) asserts that categorisations are imbued with symbolic, practical and political meaning to the extent that these meanings are often of such immensity that the sex category of a person decides much of her or his life trajectory and individual fate. Giddens states that, “The reflexivity of modernity extends into the core of the self. Put in another way, in the context of a post-traditional order, the self becomes a reflexive project...” (as cited in Stelter, 2009, p.211). Gender is greatly embedded in cultural foundations and at times influenced by religion which further suggests the manner in which a person should behave. It is also influenced by the educational setting where suppositions are purported to be truth or reality (Magnusson, 2011). Our background in terms of economic striving further enables or disables us to acquire education at tertiary level because many people are not able to afford such an opportunity (Sliiep, 2010). Social class refers to hierarchies between groups in societies that are based on economic resources, positions of status or power, as well as political and economic interests (Magnusson, 2011).

## METHODS

As highlighted at the beginning, this paper is an integration of two research studies. Therefore, the following is a breakdown on the methods and tools utilised for each of the papers.

### Study Participants

For the systematic review (primary study), the participants were mixed gendered. The students were attending tertiary institutions. The research focused on defining professionalism, the training of medical students, and the psychological effect warranted by the demands of the lack of holistic balance between the personal and professional lives of students. The secondary study was a masters’ cohort enrolled for the course, *The Person is the Professional*, at the University of KwaZulu-Natal (Howard College). The research focus was to explore reflexivity in an educational setting through life story sharing aimed at examining the dominant social discourses of the masters’ cohort. Archival research and interviews were used as data collection methods. For the purpose of this paper, the results of this research are not thoroughly detailed, but the intention is to highlight the importance of life story work and engaging in a reflexive process. This is a snippet of how such a programme is valuable in developing critically reflexive professionals.

### Search Strategy

The following databases were used to search for articles published in English, covering the period 2004 to August 2014: PsycInfo; Psyc Articles; Google Scholar; MEDLINE and EbscoHost. Search terms used were ‘defining professionalism’, ‘understanding the

nature of responsibility’, ‘how to become a professional’, ‘South African challenges and achievements of medical students’, and ‘Education and training of medical students’. Some of these terms did not yield any results. However, smarter search was able to detect some sources related to the topic of study.

## Screening and Paper Selection Criteria

The first round of screening publications was carried out based on the titles. The second round of screening of the remaining papers was conducted using abstracts. In the final round, the remaining papers were assessed using the full texts.

The following criteria were used to exclude the ineligible papers:

- Studies not providing insight on defining professionalism;
- Published in other languages than English;
- Studies published before 2004;
- Theses and dissertations;
- Reports of medical issues and academic programme design;
- Papers related to the tools/instrument development.

## Data Extraction

Data was extracted from full texts and abstracts. The extracted information consisted of: authors; year of publication; research questions; study setting; purpose and study objectives; study design; study population; participant numbers; participant types; study outcomes; study results; study timeline and limitations.

## Ethics

Standard ethical practices were observed in carrying out this study. Work from primary studies is properly acknowledged in order to avoid misrepresenting the information as my own.

## RESULTS

### Search Flow

The reviewers identified 1137 publications; a timeframe was selected to refine the search and 725 were found. After the first round of screening, the 725 remaining publications



were reduced to 352 publications because of duplication and ineligible criteria for this study. In the second round of screening, the 352 were reduced to 100 articles because of other languages. In the final round, a pre-selection of 25 articles was done using full text, and these were further reduced to 20 eligible articles. However, only 10 were used for data analysis, as they provided better insights into the topic investigated.

## Systematic Review

The findings of the study are captured in a table that has been included to show the results of various studies that have contributed towards the aim of this review. The table provides summary highlights of what has been done and the findings of the authors and describes the results in detail and compares it to other published material. In this project the data is presented in a textual format, because it is a qualitative approach and also because the research is from primary studies that used different techniques; thus it is the best option in this case. This review considered evidence from both quantitative and qualitative studies. However, the interpretative paradigm was used for the purpose of this study. A textual narrative synthesis was used to analyse the results. The textual narrative synthesis can be explained as an approach which arranges studies into more homogenous groups (Noblit & Hare, 1988). The synthesis is versatile in combining both qualitative and quantitative studies. This approach compares the similarities and differences across studies (Noblit & Hare, 1988). Therefore, in the following section the studies that were used for the sole purpose of this review are analysed according to what each researcher found.

## Data Synthesis

### Teaching and Training

Role modelling and mentorship are suggested methods to help students in their academic journey. This is based on Bandura's Social Learning Theory (2006) which argues that we emulate the behaviour that we observe. Curriculum design at tertiary institutions does not fully address the issue of learning about professional behaviour. Some studies suggest that to become a professional is a complex interpersonal activity, but to include a programme that gives a background on code of conduct will be beneficial to students. If it is included as part of the course then students cease to assume that it is basic knowledge, but something to be adhered to. The lack of field preparation by means of providing emotional support and guidance weighs on the students during clinical years. The detrimental effects of limited support and structure lead to lack of empathy from the training students towards patients. Therefore, it is crucial that students are assisted in understanding themselves as individuals as well as to establish a balance between their personal and professional lives.



## Identity and Reflexivity

Entry into university is a challenging experience both academically and personally. The environment is different and more responsibility is laid on an individual trying to get a sense of who they are and developing their own identities. Therefore, the inclusion of a programme in the educational curricula is necessary to form a foundation of understanding oneself and acquiring the skill to be critically reflexive.

No	Paper	Setting	Methodology	Outcome
1.	Monrouxe et al (2011)	England, Australia and Wales	Discourse Analysis	The analysis derived is that 'static' policy documents, handbooks and didactic lectures alone are insufficient for the development of a deep understanding of professionalism in students, and do not mitigate against the potentially deleterious effects of the informal and hidden curricula on student understandings of professionalism. The study suggests that becoming a professional is an interpersonal and complex activity which needs to be nurtured within the formal curriculum.
2.	Helmich et al (2011)	Netherlands	Qualitative analysis and logistic regression analysis.	Students' learning goals closely match educational goals, which are adequately met in early nursing attachments in both hospitals and nursing homes. Learning to deal with emotions was underrepresented as a learning goal and learning outcome, which may indicate that emotional aspects of medical students' professional development are neglected in the first year of medical education. Younger students mention a larger increase in communication skills and empathy, which may reflect age-related differences in life experience and the development of interpersonal skills. Maturity was identified as a major predictor of medical students' transition into the clinical environment. Learning outcomes were not related to the place of attachment.

3.	Bearman et al (2011)	Australia	Grounded theory	The experience of internship can be viewed both as participating in the workplace and as a phase in a much longer career path. In both instances the intern is working and learning and tensions between these twin roles are mediated by appropriate support and opportunities for taking responsibility. The 'natural progression' provides a kind of evolutionary privilege to what is otherwise a 'low status' role. Interns experienced conflicts between these two forms of identification.
4.	Kliger et al (2013)	Albert Einstein College of Medicine of Yeshiva University	Thematic analysis	The new responsibilities in the third year of medical school comprise a unique set of opportunities and challenges that affect how students make choices regarding health and wellness.
5.	McLean (2004)	Institution: UKZN (Nelson R. Mandela School of Medicine)	SPSS	The literature suggests that the relationships that children form with their parents in early childhood, during the school years, as well as during adolescence, impact profoundly on their pro-social behaviour. As adolescents and young adults, when they enter a learning or working environment, they may then be able to identify individuals who may serve as role models or mentors, who then replace parents in this capacity. Of the faculty role models selected by students in this study, it was not often for their relationship with patients. Rather, it was for their teaching abilities, their concern for student well-being or their interaction with and approachability by students; traits that have been reported by others as important in the choice of role models.

6.	Brehm et al (2006)	University of Cincinnati	Orientation; Field experience and evaluation survey.	By participating in an interdisciplinary educational experience, health professions students increased their awareness and understanding of professionalism in clinical settings and potential contributions to each discipline of the healthcare team. Faculty members can gain and strengthen students' commitment to interdisciplinary healthcare through structured learning activities.
7.	Yusoff et al (2013)	School of Medical Sciences, University Saints Malaysia.	Predictive Analytical Software (PASW) version 18 and ANOVA.	The prevalence and level of unfavourable stress and depression during medical training were significantly higher than before onset of medical training. This study supports the view that medical training is not an optimal environment to psychological health of medical students.
8.	Bayne (2011)	Medical school in southeast Virginia.	Didactic and experiential content and small group format.	There is indication that group trainings such as this one may have a positive effect on medical students' empathetic skill, particularly as perceived by patients.
9.	Vågan (2009)	Faculty of Medicine, University of Oslo	Discourse Analytic approach	Students' perceptions challenge educational goals, suggesting that there is limited potential for formation of professional identity through early training. Teacher-doctors must acknowledge how students' low levels of clinical competence and patients' behaviour complicate students' identity formation.
10.	Patel et al (2009)	United States	Pearson chi-square tests	Graduating medical students report consistently high satisfaction rates with training in clinical decision making and clinical care. In contrast, despite national recommendations for improvement in undergraduate medical training in the context of healthcare systems, students consistently report that not enough instructional time is devoted to the practice of medicine, specifically medical economics.

## DISCUSSION

This review shows that professionalism cannot be fully developed through informal transmission of shared professional values, but it should be taught (Monrouxe et al, 2011). This suggests that medical students in their pre-clinical years would not have full grasp of what a professional is, but it is through portrayal from the role models that they can learn (McLean, 2004). Thus, it is crucial that medical institutions provide students with the proper knowledge. It is essential to ensure that the learning goals and learning outcomes of the programme are met without any compromise. The medical students also suffer during their clinical training; the shift from learning per se to entering the clinical setting is a huge change in their routine and demanding as well, which often leads to many students neglecting healthy behaviour (Kliger et al., 2013). This is because they tend to suffer from stress and failure to cope, which leads to psychological effects such as burn out and anxiety (Yusoff et al., 2013). The findings suggest that professionalism is a concept to some students whilst others know what the term entails, but have a strong preference in having people as their role models (McLean, 2004). Professionalism is understood in different contexts and this could somehow influence the manner in which students come to make precise understanding of the word and acting it out.

In the masters' cohort, students completed written assignments and applied the ecological systems theory (Bronfenbrenner, 1977) into their life stories to assess the impact and influence that are played by the broader society. It was meant to examine the effect of dominant social discourses in their lives. This was based on the intersectionality of race, gender, class, culture and education. It became clearer that these facets played a big role in this cohort, with some students becoming aware of the privileges and oppression they have suffered because of these discourses. Below are the examples of what students shared in relation to race as a social construct:

I've accepted that I'm different. But how do you classify a person that doesn't know what they are? You know you're not Indian; you're not fully Indian or fully Coloured either. Where do you go? To which spectrum do you go? (JM)

It's a struggle, you never know, especially if you living in South Africa, if you will be accepted... It's not like anyone is racist or prejudiced it's just that people always want to box you into a race group (NK)

Looking at these extracts, participant JM shows resilience by accepting her uniqueness instead of attempting to be categorised. Relating to Bandura's concept of self-reflectiveness, JM shows how she has come to define herself outside the confines of the normative rules of society that distinguish people from one another. NK seems to be conflicted about being possibly rejected for not matching a criterion that will classify her into a specific racial group. In relation to the constructionist framework, these students present two points, the first point being that we adhere to using the standard criteria to

define where one can be categorised. Secondly, we need to shift away from the existing definitions or criteria, and move towards embracing who we are as individuals.

Social class is understood as hierarchies between groups in societies that are based on economic resources and positions of status or power (Anthias, 2013; Magnusson, 2011). Some of the participants expressed that their perception was that class is either part of inheritance or it is acquired. This suggests that by default a person is classified under a particular cluster. For example, if a person is born into a disadvantaged family, they can be associated with a low working class. Two participants explained their positioning as:

I am in this class and the privileges I have is because I was born into this family, so it is not who I am (CL)

...I do not really look at myself as belonging to a class and I do not look at people as classes; class is inherited and I do not see why I should value class (NN)

Another alternating view about class was that it can be acquired depending on how an individual works towards empowering themselves. It is not merely about classifying oneself using the family or parents' social stratum.

One participant who was unaware of the privilege she had at the beginning, later recognised and acknowledged being privileged. This participant stated:

I was fortunate to have been able to grow up in gated estates (a secured area and accessible to people who are financially well off). I was unaware of the suffering of others until I saw it first hand at university (MR)

This is indicative of being reflexive whereby the student has now been able to assess the kind of lifestyle and opportunities she has been afforded, in comparison to other students who felt they were being limited by their background which taught them to persevere. She states that though she has good things at her disposal, the change in environment and coming to a tertiary institution provided her the opportunity to learn that not everyone had such a privilege. This was a significant shift and demonstrates reflexive ability for her to reach such an insight, and becoming more aware of herself and other people's struggles. Hodgetts and Griffin (2015) suggest that class remains a construct with multiple meanings and mainly looks at how the personal is interwoven with the social. This means that there is no specific way of defining class, and as people, our experiences in social contexts and associations have an influence on our categorisation. This is congruent to the social constructionist framework that we create and give meaning to our daily experiences (Burr, 1995). In relation to the participant, living in a gated community already portrayed her socio-economic standing as it was judged based on the area she resided in. The concept gives deeper understanding to intergroup relations and social inequalities. However, most approaches focus on the inequalities that are inclusive of economic, cultural and ideological processes (Anthias,

2013). The combination of these dimensions is important as it emphasises that class relations are experienced, reproduced, negotiated, and transformed on a daily basis.

The students' increased ability to reflect critically was central to the study. By having done the module, most participants showed evidence of having gained critical reflexive skills. For example:

It is important because if you are not aware of your strengths and weaknesses, then how are you going to communicate and relate to other people? Sometimes through the self-reflection we are doing you will find that things are not often negative, it's not always negative (NN).

According to this participant, there is a valuable lesson in becoming reflective and engaging with the different dominant social discourses and their impact. Culture becomes integral in how this student makes sense of her environment and relates to other people. This is in line with Sinacore and colleagues (1999) who place emphasis on the importance of promoting reflexivity in the classroom, as it enhances self-awareness and recognises a range of human truths. Allen and Farnsworth (1993) highlight that learners who engaged with reflexivity will be better able to perceive and locate themselves as apprehenders within a particular cultural and socio-historical context.

From a Vygotskian perspective, to enhance cognitive development the environment should be enabling for some form of social interaction (Louis, 2009). Reflexivity fundamentally puts the person at the forefront of social interactions, permits the individual to be an object of study to themselves and have dual roles of being the subject and object of study through the social experiences that occur to them (Callero, 2003). One participant remarked that:

It is valuable to me because I have never actually taken time to think about how these dominant discourses intersect in my life, so for the very first time I got to know and do reflection on that (SP)

Thus, one can deduce that taking part in this programme has helped students to reflect more and know how to find balance between their personal and professional lives.

## LIMITATIONS

In the systematic review, it was observed that there is lack of literature that relates to psychological effects that students go through. There is much emphasis on how to be and become professional. However, there is a scarcity of literature that defines and describes what *professionalism* is and why it is so important to be maintained. Furthermore, in the discussion, importance of reflexivity is hinted at but not well explored. Finally, the integration of two research papers proved to be challenging, as the research methods were different, in spite of them focusing on similar issues. Therefore, the research might not have desired outcome.

## CONCLUSION

Incorporating an educational programme that will enhance students' ability to acquire the skill to be critically reflexive should be prioritised. Although not implemented in all institutions, it has been proven to be beneficial to the students who have engaged in the process resulting in them gaining better insight of who they are and what their agency is in relation to the discourses that shape their personal and professional lives. As highlighted, understanding professionalism is a complex activity that requires introspection, and such a skill is necessary for aspiring healthcare professionals.

## BIOGRAPHICAL NOTE



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