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Medical Students' Perspectives on Professionalism: A Phenomenological Study from a Medical School in Southern Philippines

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Abstract
Professionalism in relation to the medical profession is up to now debatable of what it really means. The study aimed to explore the perspectives of the medical students on professionalism. The phenomenological research was conducted in one of the medical schools in Southern Philippines with 24 national medical students, 12 were in their third year and the other half were in their fourth-year level. Data were gathered through in-depth interviews and focus group discussions. The study generated 16 themes. Based on the identified themes, it showed that the medical students already recognized specific and fundamental knowledge in professionalism. It gradually increased as they entered the clinical environment. All participants highlighted clinical decorum and fundamental values. The increasing trend of undesirable behaviors observed during their clinical years is correlated with their prolonged exposures. The implication of the findings revealed that professionalism should be strengthened and reinforced through actual practice and role modeling among faculty members, administrative staff, and clinical preceptors. Evaluation and practice through simulation and objective structured clinical evaluation can also be done. The lifetime commitment and stringent conformity to the medical code of ethics and professional conduct must be reiterated and role-modeled.
Keywords: Medicine, professionalism, lived experiences, medical students, phenomenology, thematic analysis, Philippines
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1. Introduction

Our understanding of professionalism is based on how the medical practitioners have used it, being the dominant profession around the globe. Problems in professionalism markedly noted during the clinical years of medical students can distort the quality of medical doctors the institution is producing. This study aimed to explore the views of the third year and fourth year medical students on professionalism as well as investigate the problems they encountered during their clinical rotation in relation to it. Their views on the ways of promoting professionalism were also probed. It focused on the phenomenon of the students' perspectives on professionalism that may influence their behaviors and attitudes during their clinical years.

The desired outcome of this study is geared towards understanding the current meaning of professionalism, improve teaching and assessment of professionalism for students and faculty members, and to come up with a guideline for professional conduct in the medical school.

The study was anchored on the theoretical perspectives on professionalism of Eliot Freidson (2001). Based on his last book published entitled "Professionalism: The Third Logic", professionalism is an ideal type where the organization and its work is controlled by the occupation instead of by the market or by a hierarchy. He emphasizes that it is an occupationally controlled labor market where only competent professionals are allowed to perform certain tasks. Clinical training in various clinical departments with actual patients as well as rigid regulatory requirement in the form of licensure examination to practice medicine should make them superior in all aspects of patient care.

2. Methods

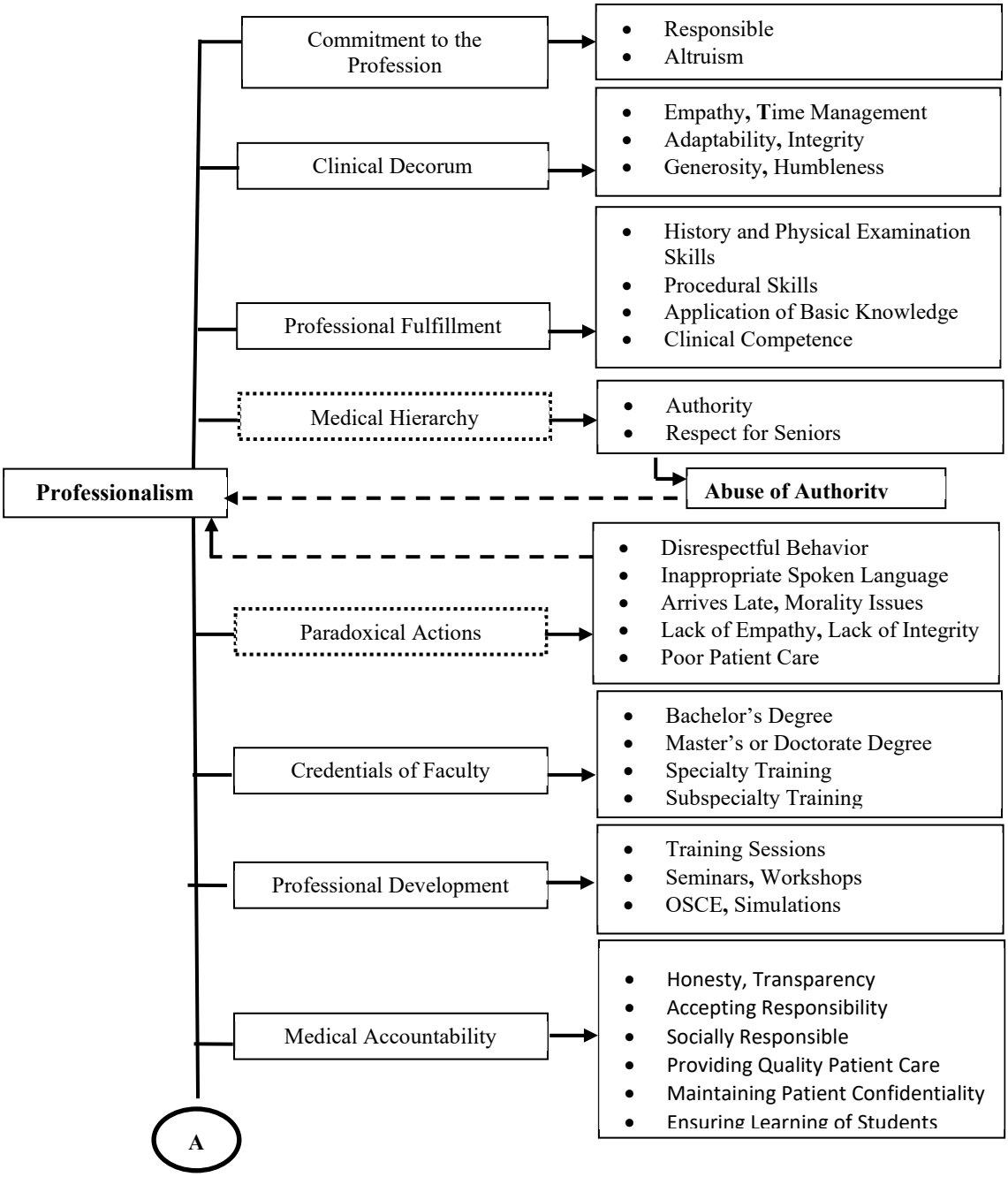
The study was conducted in one of the medical schools in Southern Philippines. Participants are National medical students of a medical institution and selected using purposive sampling technique. A total of 24 students were included in the study, 12 third year and 12 fourth year students.

Qualitative study using descriptive phenomenology research design was utilized. Broad and general questions were asked using focused-group and in-depth interviews. Detailed views of the participants in the form of words or images, and analyzed the information for description and themes were collected followed by thematic analysis. From these data, the meaning of the information was interpreted. Evidences were collected and a systematic, predefined set of procedures was used to answer the structured set of questions.

3. Results and Discussion

Participants were 23 to 33 years old. Ten of them were females and the rest were males. All were Bachelor's degree holders. Twenty-two finished medical-related courses such as medical laboratory science, nursing, biology, pharmacy, and community nutrition. The other two were food technology and agriculture economics graduates.

A total of 402 significant statements were identified from the verbatim transcripts. It generated 41 codes, which were classified under 16 themes. These were commitment to the profession, best practices, professional fulfillment, medical hierarchy, paradoxical actions, credentials of faculty, professional development, medical accountability, interprofessional collaboration, fundamental values, competence in the knowledge and skills, intellectual humility, anticipating greater responsibilities, understanding the essence of the profession, discovering multiple facets of professional progression, and weaknesses of the developing qualities (see Figure 1). The themes were divided according to the participants' lived experiences on professionalism throughout their medical journey, their views on it, and their insights that they can share with the community. These themes were guided by Friedson's (2001) theoretical perspectives on professionalism where he stressed that it is an occupationally controlled labor market where only competent professionals are allowed to perform certain tasks. He also stressed that certain work is so specialized that it is inaccessible to those lacking the required training and experience, and it cannot be commodified.



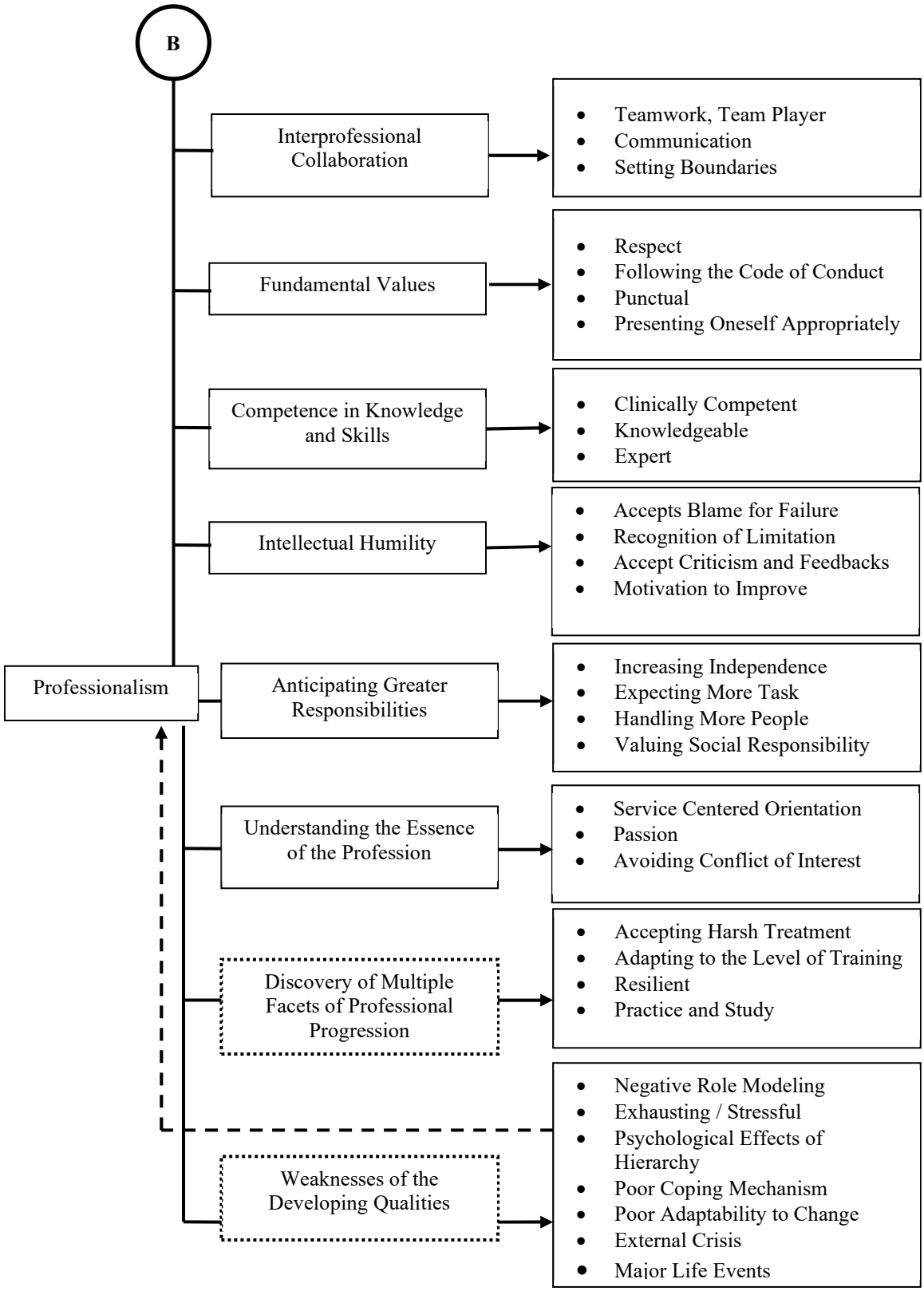


Figure 1. A and B. Concept Map of Professionalism

Table 1. Lived Experiences of the Medical Students as Regards to Professionalism in Their Medical Journey

Themes	Core Ideas
1. Commitment to the Profession	Responsible in doing expected tasks and even goes beyond Thinking of others before self/altruism
2. Clinical Decorum	Shows empathy to patients and students Manages time well between clinical and academic responsibilities Adaptable to change despite the external or internal circumstances Upholds integrity of the profession Generosity to patients Humbleness despite numerous accomplishments
3. Professional Fulfillment	Able to do history and physical examination in the clinical rotation Performed basic procedural skills Applied basic and clinical concepts in diagnosing a patient Actively participated in the treatment of a life-threatening condition
4. Medical Hierarchy	Assumes authority based on the level of training Requires respect for seniors Includes doing tasks unrelated to clinical training
5. Paradoxical Actions	Disrespectful behavior towards students and patients Inappropriate spoken language towards clerks and junior residents Arrives late in clinics and class Actions that demonstrated morality issues Lack of empathy to students and patients Lack of integrity

Table 1 shows the five generated themes expressed from the lived experiences of the students during their journey in medicine. Based on the lived experiences of the students, most of them highlighted altruism, empathy, and clinical competence. However, hierarchy and several paradoxical actions such as disrespect and lack of empathy among others were also experienced. One of the students shared the remarks:

> "*I was reprimanded by a consultant twice…in the nursing office and in front of the patient at the ward…I thought that it was normal for a clerk to be reprimanded…or be ashamed in front of everybody because it also happened to residents…I just cried at home and moved on*." (4S009).

> *"…I need to adjust…with medicine…there is a pyramid, you start at the bottom, in your job, learn to adopt and focus as a clerk for the mean time." (4S012).*

Medical hierarchy, another distinctive theme that surfaced among the senior participants. It opposed the theoretical lens, which states that control over work is realized by the occupation and not by a hierarchy (Friedson, 2001). However, several studies consider it as part of the hidden curriculum where training is done by humiliation (Lempp & Seale, 2004).

Contrary to their good experiences, they conveyed in their accounts that they are seeing and experiencing several encounters of unprofessional behaviors that contest their knowledge and practices about professionalism. Disrespectful behaviors, inappropriate spoken language and arriving late were remarkable sharing in their reports. Disrespectful behavior may refer to poor verbal or nonverbal communication (Vossen et al., 2017). Below are some of their remarks:

> "*It is unprofessional insulting a person, as a doctor it is you job to preserve human dignity…part of it is psychological and emotional aspect, and you are undermining the confidence of a person…that is not good behavior of a person especially a doctor*."] (3S010)

The experiences created confusion. They thought the experience was normal and need to be tolerated in order to prove themselves worthy of being in the profession. Another narrative from one of the clerks:

Table 2. The Views of the Medical Students as Regards Professionalism

Themes	Core Ideas
1. Credentials of Faculty	One should be a bachelor's degree holder. Attained Master's or doctorate degrees Underwent specialty training Had clinical subspecialty advancement training
2. Professional Development	Development through training sessions Improvement in several seminars Skills enhancement through workshops Experience objective structured clinical assessment (OSCE) for clinical practice and evaluation Clinical practice and exercise through simulations
3. Medical Accountability	Honesty on patient's clinical status Transparency regarding holistic patient care Accepting responsibility Socially responsible in considering the financial status of a patient in terms of diagnostic workups and treatment Providing quality patient care Maintaining patient confidentiality Ensuring learning of students
4. Interprofessional Collaboration	Team work and being a team player Effective communication among team members Setting boundaries between personal matters and work issues
5. Fundamental Values	Respect towards clerks, health staff, residents and consultants Following the code of conduct Punctual in class or clinics Presenting oneself appropriately

Their views on professionalism are congruent with the theory of Friedson (2001). They accentuated that professionalism is not only limited to having the required training based on the standards of the profession but also the having the values of honesty, respect, and teamwork.

Respect and punctuality surfaced as fundamental values while empathy, integrity, humbleness, being responsible, being passionate, able to manage time, and generosity emerged for clinical decorum. These themes transpired in all of the students' narratives. These qualities support the immense influence of a person's attitude in his/her perception on professionalism (Jakovljevic' & Ostojic, 2013; Kirk, 2007).

This is highlighted by the narrative of one of the students:

"…one of the most important is…respect towards patients, toward colleagues, towards their students….whether you are in the academe or clinician, talking to students or patients, there should be humane respect. You don't respect them because they have titles, but you respect them because they are humans like you" (3S003)

Medical accountability in the form of honesty, transparency, accepting responsibility, providing patient care, maintaining patient confidentiality and ensuring learning of students were appreciated dominantly during their actual clinical exposures. More face-to-face patient encounters and increasing healthcare workers' interactions reinforced the value of this theme.

It was noted that third year participants have lesser number of reported incidents of unprofessionalism as compared to fourth year students. This shows the direct correlation of the longer exposure time of the senior participants in the clinical field. This suggests that students are increasingly exposed to an informal curriculum as they go through their clinical rotations. This curriculum refers to the everyday learning experiences outside the recognized teaching exposures regardless if such experience is beneficial or not (Karnieli-Miller et al., 2010).

Table 3. Insights Regarding Professionalism the Medical Students Shared to the Medical Community

Themes	Core Ideas
Competence in knowledge and skills	Clinically competent in treating patients Knowledgeable in all aspects Expert in the field
Intellectual Humility	Accepts blame for failure Recognition of limitations Accepts criticisms and feedbacks Motivation to improve oneself
Anticipating greater responsibilities	Increasing independence in doing certain duties Expecting more tasks to come Handling and interacting with more people Valuing social responsibility in the profession
Understanding the essence of the profession	Service-centered orientation Loving what you do, passionate Avoiding conflict of interest such as monetary or material gains
Discovering multiple facets of professional progression	Need to accept harsh treatment. Must adapt to the level of training. Must be resilient to survive and advance. Need to practice and study more
Weaknesses of the developing qualities	Negative role modeling observed in the clinical area Exhaustion/stress from increased workload Psychological effects of hierarchy Poor coping mechanism to stress Poor adaptability to change External crises such as COVID-19 Pandemic Major life events such as loss of a loved one

Clinical exposures in the hospitals are necessary in developing competency. The participants were able to identify the need for competence in both cognitive and procedural skills to adequately care for the patients to be considered a professional in the medical field.

As they are in the clinical setting, the medical students witnessed and learned the actual rules and reality of the professional practice. Gradually the students are discovering the multiple aspects and ways in progressing into this field. These actual everyday encounters strengthen and may set their perceptions on professionalism (Alirkawi, 2014).

The students acknowledged the existence of hierarchy based on the level of education with its climactic experience noted in the last year of their medical education. These students accepted it as part of the medical structure (Lempp & Seale, 2004). Eventually as they move higher into the ladder of medical education, they came to realize that career progression depends on their capacity to endure and accept humiliation and intimidation (Lemp, 2009).

Nine of the fourth year and one of the third-year participants were able to identify this. They realized the need to tolerate insensitive treatment by senior doctors to survive and advance into the next level of medicine. It can be seen on the following narratives:

> *"…if you are criticized or bad mouthed…or something derogatory…accept it openly to learn more. This is part of becoming a professional in the future…to endure any kinds of hardship."(4S011).*

The participants were mindful that as part of the normal passage in the medical field, they must accept their position at the very base of the order before getting the respect of the seniors and consultants (Crowe et al., 2017).

Aside from identifying the different professional qualities, the students were also able to realized that are certain conditions and situations that could result in the loss or weakening of these previously known and learned good behaviors. They have identified a wide array of causes such as negative role modeling, exhaustion/stress, psychological effects of hierarchy, poor coping mechanism, poor adaptability, external crises, and major life events.

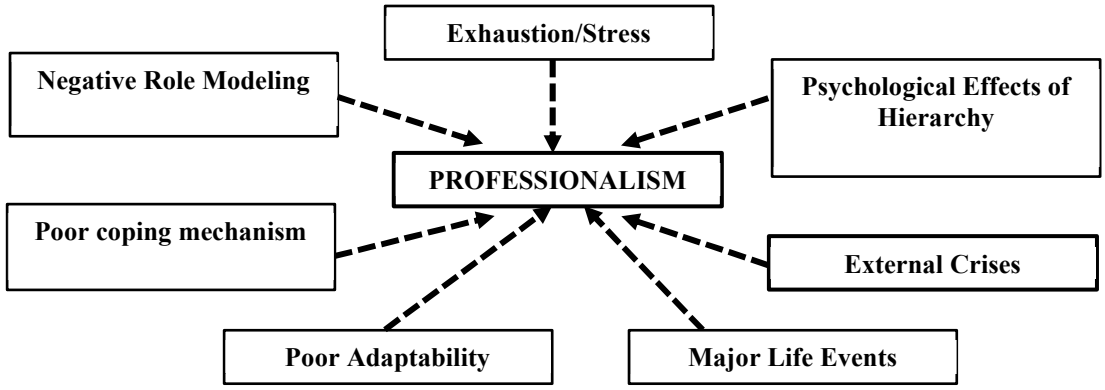


Figure 2. Weaknesses of the Developing Qualities of Professionalism

Being in the hospital, you are surrounded by people of various positions and personalities. The participants look up to their residents and consultants as role models of their future. These real life encounters reinforce and set their perceptions on professionalism (Altikawi, 2014). Seeing some undesirable behaviors in their training area created misunderstandings of what a professional should be.

> "*…bad experiences like being embarrassed with your colleague or with your patients, you will be disappointed of what you are looking forward to, you will lose the drive*." (4S001)

The pandemic created a global effect in the healthcare services. The psychological consequence of this crisis also disturbed some of our participants. One student identified it as an external factor that affects his performance and attitude.

4. Implication of Findings

Professionalism in the perspective of the medical students is evident in their narratives. It is seen as multidimensional competency requiring attitudinal, knowledge, and skill-based components (Lucey & Scouba, 2010). It revealed that the participants have subtle knowledge on it even during their premedical years.

The findings of this study may explain the increasing trend of undesirable behaviors observed among students during third year and maximally prominent as they proceed to the fourth-year level. This study implies that all faculty, clinical preceptors, and healthcare staff undergo series of review courses on professionalism and understand its impact on medical students and patients. Wearn and colleagues (2010) stressed that professionalism can be taught, learned, and applied. Regular evaluation of medical professionals by patients, students, and other healthcare team members in the hospital or clinics can also be made.

It was noted that third year participants have lesser number of reported incidents of unprofessionalism as compared to fourth year students. This shows the direct correlation of the longer exposure time of the senior participants in the clinical field.

This suggests that students are increasingly exposed to an informal curriculum as they go through their clinical rotations. This curriculum refers to the everyday learning experiences outside the recognized teaching exposures regardless if such experience is beneficial or not (Karnieli-Miller et al., 2010). As they are in the clinical setting, they witnessed and learned the actual rules and reality of the professional practice. Gradually the students are discovering the multiple aspects and ways in progressing into this field. On the accounts of some participants, their experiences with unprofessional behaviors done by those who are considered competent and attained the required standards of the medical profession somehow will create conflict if not already created one between the process of becoming a good professional and that of learning of what is necessary to be accepted into their desired field (Altirkawi, 2014).

These actual everyday encounters strengthen and may set their perceptions on professionalism (Alirkawi, 2014). Karnieli-Miller and colleagues (2010) emphasized that it may determine the students' basis of what will pass for suitable behaviors and values in the medical practice. This can be seen in a student's account where she thought that the meanness she experienced and the inferiority she felt is normal and part of training.

This study also implies that distinct perspectives on professionalism eventually generate an impact in medical practice. In the presence of unprofessional behavior, patient care and safety are mainly compromised and this can be anticipated by a physician's behavior as a medical student (Papadakis et al., 2005). This is the basis why the presence of such behavior at their level of education is alarming. It requires timely and anticipatory intervention.

The presence of unprofessional behavior may also reflect severely on the profession and ultimately result in loss of public faith and trust (Swick, 2000). Thus, it should be reiterated and role-modeled to them: the lifetime commitment to the standards and stringent conformity to the medical code of ethics and professional conduct.

Based on the findings of the study these are the other implications to the stakeholders. For the medical students, they must first conduct self-assessment on their strengths and weaknesses prior their clinical rotation. This will help them to manage problems related to professionalism for as long as they know what is morally right and wrong

even if their medical educators or other consultants and resident physicians are manifesting negative behaviors. For the medical educators, they must always be good role models and mentors as their behaviors are being observed by the medical students. Role-modelling and mentoring among the medical students as well as the resident physicians in the training hospitals are commonly identified as being essential strategies and are even utilized as formal methods of delivery for medical professionalism both in the medical institutions and in the clinical setting. For the school management, it may create a teaching strategy for curriculum development particularly on teaching of professionalism. This should be started with the recognition among the medical professionals that there is a cognitive foundation to professionalism particularly on moral development which must be taught during pre-clinical years of study among the medical students and this should be reinforced and adopted by the medical students through their experiential learning in the clinical rotation. For the Commission on Higher Education, it may create a medical professional adjustment curriculum, together with the medical institutions, during pre-clinical years of study and training among the medical students in order to bring a cultural shift in the medical academe towards professional growth and development. This will help to enhance the positive attitudes of the medical students towards medical professionalism.

5. Conclusion

In medical education, we are seeing gradually evolving fruit buds of medical students that may not progress to the ultimate quality of physicians we wanted them to be. Cultivating their clinical environment, neutralizing it if not removing the unwanted behaviors as well as pouring in some growth enhancers in the form of professional review sessions, regular evaluations, and positive role modeling may help supplement their needs for a healthier growth and advancement in the medical field.

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