

What characterises professionalism in pharmacy students? A nominal group study

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Abstract

The adoption of behaviours, beliefs and values by undergraduate pharmacy students has been recognised as crucial to a students' professional development. The objective of this study was to identify the attributes of professionalism relevant to pharmacy undergraduate students using the Nominal Group Technique. The group consisted of ten pharmacists purposefully selected from academia, hospital and community pharmacy and 30 potentially relevant attributes were generated at the group meeting. A follow up questionnaire was used to allow group members to rate each attribute on a four point scale and consensus was reached on 18 of the attributes. There was considerable overlap between the attributes of professionalism identified in this work and that identified in the literature on professionalism in medicine. Future work should focus on the development and validation of research tools to track the professionalism of pharmacy undergraduates throughout their course.

Keywords: *Nominal group technique, Professionalism, Undergraduate*

Introduction

It has been argued that the basic values that underpin professionalism are universal, have not altered over time and are common to all cultures around the globe irrespective of how different they may appear to be (Arnold and Stern 2006). These values include compassion, trust, respect, integrity and confidentiality. The term professionalism as applied to healthcare appears to have more recent origins and can be traced back to Project Professionalism launched in 1995 in the United States (American Board of Internal Medicine 1995).

Public concern and media attention following some high profile failures in the UK have helped focus these debates within the medical profession. The Royal College of Physicians recognised that patients are able to spot poor professionalism and view it as harmful to their interests (2005). They define medical professionalism as 'a set of values, behaviours and relationships that underpin the trust that the public has in doctors'.

It has been argued that the changing nature of society and healthcare delivery in the United States has led to an increasing need for professionalism in pharmacy to be defined and assessed (Hammer et al 2003). These authors recognised the challenges involved in addressing professionalism and made a number of recommendations to schools of pharmacy that included defining professionalism for all aspects of their curriculum, assessing the barriers to professionalism and

developing valid assessment instruments to measure professional development in students.

There have also been calls for professionalism in pharmacy to be addressed in the UK (Wingfield 2006). It has been suggested that the need to address professionalism in the UK is greater now due a number of changes in pharmacy education in the last twenty years (Harding and Taylor 2006). Changes that have potential to impact on the teaching and assessment of professionalism in pharmacy include changes to the content of the undergraduate pharmacy course (Taylor et al 2004). A decrease in the number of pharmacists occupying academic positions in Schools of Pharmacy (Hassell et al 2002) combined with increasing student numbers has reduced student contact with pharmacist academics in the UK (Taylor et al 2004). This is countered to some extent with the introduction of clinical placements and teacher practitioners but the nature and extent of these vary between schools (Wilson et al 2006).

The adoption of behaviours, beliefs and values by undergraduate pharmacy students has been recognised as crucial to a students' professional development (Harding and Taylor, 2006). However, before assessment tools can be produced to track and assess professional development, the attributes of professionalism must be identified. It has been concluded that valid assessment of professionalism should contain three components (Arnold 2002). The first of these is to decide what to be assessed. The second is how to assess and finally why it should be assessed. The objective of this

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study was to answer the first of these questions by identifying the attributes of professionalism relevant to pharmacy undergraduate students.

Method

As this is a relatively unknown area of research within pharmacy it was decided to adopt a qualitative approach. The Nominal Group Technique was used to generate a list of attributes of professionalism relevant to pharmacy education (Tully and Cantrill 1997). The process consisted of one group meeting followed by circulation of a questionnaire to each group member. The group consisted of ten pharmacists purposefully selected from academia, hospital and community pharmacy. All participants had experience teaching pharmacy undergraduates. See table I for a summary of the demographics of the sample.

Each group member received two articles that focussed on professionalism in medicine prior to the meeting to help them prepare for the meeting (van de Camp et al 2006 and Dogra and Karnik 2004). The group meeting consisted of two parts. The first part was an unstructured discussion of each participant's experiences regarding professionalism with pharmacy undergraduates. The second part involved each group member listing all the attributes of professionalism they could think of. The group meeting was tape recorded and transcribed verbatim. A coding system was developed through reading the transcript and applied using NVIVO software to facilitate efficient retrieval. The coded transcript was analysed to generate a list of attributes of professionalism for pharmacy undergraduates.

The generated list of attributes was circulated to all group members and each attribute was assessed on a four point scale (1 = does not correspond with professionalism, 4 = does correspond with professionalism). The criteria for determining whether a statement was an attribute of professionalism was based on the method employed by van de Camp et al (2006). Consensus that an attribute

corresponded with professionalism was established if 75% or more of the group rated the item 3 or 4. Group members had the opportunity to add additional comments for each attribute.

Results

The attributes of professionalism were considered under four headings which were Professionalism towards patients; other professionals; the public and oneself. The Group meeting generated 30 potentially relevant attributes. Following analysis of the questionnaire a number of attributes were amalgamated due to similarity to give a total of 24 attributes (see table II). Following the questionnaire, consensus was reached on 18 of the attributes.

Quotes from the initial group meeting and comments from the questionnaire are used to illustrate the scope of the attributes and to describe problems the group members had experienced in the past. The number e.g. [P1] at the end of each quote identifies the pharmacist and letters 'm' and 'q' are used to identify whether the quote was obtained from the group meeting or the questionnaire respectively.

Professionalism towards patients

The theme of professionalism towards patients covers communication, empathy, awareness of patient diversity, ethical practice and confidentiality. All of the potential attributes within this category were considered to be attributes of professionalism.

All participants believed that communication skills were an important attribute of professionalism and whilst there was a general feeling that communication skills were an area of the curriculum that were taught and assessed well there was an appreciation that there was room for improvement in some areas:

Having the skills to apply that knowledge so we are talking about communication skills, listening skills, written skills and I think again we probably do

Table I – Demographic characteristics of the nominal group participants

Demographic	Variable	Number of participants
Sex	Male	3
	Female	7
Years as a pharmacist	Less than 3	0
	3 to 5	0
	6 to 10	2
	Greater than 10	6
	Not stated	2
Years worked in pharmacy education	Less than 3	1
	3 to 5	3
	5 to 10	3
	Greater than 10	2
	Not stated	1
Sector of pharmacy worked in	Community pharmacy & academia	2
	Hospital pharmacy & academia	4
	Academia only	4

those quite well. We could do them better. [P4-m]

The group thought communication should be addressed in the widest sense and include electronic in addition to verbal and written communication. Dealing sensitively with patients from a diverse range of cultural backgrounds and those with potentially embarrassing conditions was considered important:

Not just multiculturalism but other society discriminations such as sale of the morning after pill and management of sexually transmitted diseases.
[P6-q]

All participants felt that being able to show empathy and compassion towards patients was an attribute of professionalism:

They must be able to show empathy and compassion. I guess they don't actually have to feel it. [P9-q]

Professionalism towards other professionals

Treating other health care professionals, pharmacists, teaching staff and fellow students with respect was considered to be an attribute of professionalism:

Consideration to or for others, you know general manners and courtesy because you know they haven't even got that. Unless we underpin that, and that I think is part of being a professional that you have got to be polite and courteous and just general manners and please and thank you and all the rest. [P3-m]

Whistle blowing was not considered an attribute of professionalism although this term was not favoured by the group. Other terms such as 'being prepared to report poor

Table II – Rating of attributes by group members

	Number of responses				Corresponds to professionalism
	Does not correspond with professionalism		Does correspond very well with professionalism		
	1	2	3	4	
Professionalism towards patients					
1. Pharmacy students must have good communication skills			2	8	Yes
2. Pharmacy students must have empathy / compassion towards patients			2	8	Yes
3. Pharmacy students must be able to deal with patient diversity		1	5	4	Yes
4. Pharmacy students must be committed to ethical practice		1		9	Yes
5. Pharmacy students must be committed to confidentiality			1	9	Yes
Professionalism towards other professionals					
6. Pharmacy students must have respect for pharmacists and other health care professionals		1	1	8	Yes
7. Pharmacy students must be committed to whistle blowing	1	2	5	1	No
Professionalism towards the public					
8. The pharmacy students must have social responsibility / public altruism	1		6	3	Yes
9. The pharmacy students must have integrity and honesty				10	Yes
Professionalism towards oneself					
10. Pharmacy students must be aware of the potential impact on others of their actions and words		3	1	6	No
11. Pharmacy students must be aware of their own limitations			2	8	Yes
12. Pharmacy students must be aware of the 'big picture' and their part in it.	1	2	7	0	No
13. Pharmacy students must be committed to life long learning			1	9	Yes
14. Pharmacy students must be committed to the profession	2	1	3	4	No
15. Pharmacy students must have a professional appearance in all classes	4	3	2	1	No
16. Pharmacy students must have a professional appearance in some classes (e.g. dispensing & hospital tutorials)		1		9	Yes
17. Pharmacy students must have resilience, (rapid recovery from troublesome situations)		7	2	1	No
18. Pharmacy students must have self reliance		1	7	2	Yes
19. Pharmacy students must be able to deal with uncertainty		1	6	3	Yes
20. Pharmacy students have the ability to reflect on their own shortcomings			1	9	Yes
21. Pharmacy students must have the ability to negotiate, compromise and resolve conflicts		1	4	5	Yes
22. Pharmacy students must be accountable for their actions, keeping promises and appointments			2	8	Yes
23. Pharmacy students must be able to provide and receive feedback		1	3	6	Yes
24. Pharmacy students must be able to deal appropriately with mistakes they make in practice			2	7	Yes

performance' were preferred. The group believed whistle blowing was an attribute of professionalism for pharmacists but not for undergraduate students:

This (whistle blowing) is hard in the undergraduate population. It is an important principle to emphasize.
[P6-m]

Professionalism towards the public

The group thought altruism was an attribute of professionalism and they defined this as putting the interests of the patient first. All participants gave honesty and integrity the highest score in the questionnaire and this also came through strongly in the discussion:

I think integrity is an area where I think we have got to get it into them that they can't plagiarise. They can't copy. They can't cheat. [P3-m]

Professionalism towards oneself

Problems that staff had encountered in the hospital setting involved students lack of awareness of their own limitations which had the potential to upset patients and caused the clinical staff additional work as they had to remedy the incorrect advice provided by the student:

I get a bit concerned sometimes as students sometimes enter into advising patients without consulting me first. I ask them not to do that and they find themselves drawn into conversation and they don't seem able to say 'actually I'm a student and I can't tell you that'. [P8-m]

The ability to deal with uncertainty was viewed as an attribute of professionalism:

I think the other part of professionalism is people feeling confident to work in the grey because life is not black and white and I think that is something that needs to be part of it. [P2-m]

The ability to negotiate with others was considered an attribute of professionalism both in situations concerning differences of opinion regarding the most appropriate options for managing a patient and for conflicts in the workplace:

They (the students) are really awful at dealing with conflict so again if they see that there is a situation that might lead to some form of conflict or some form of discussion that they are not happy with, they will vie away from that. [P4-m]

Rapid recovery from troublesome situations such as personal problems, errors or conflicts was discussed and considered an important quality that pharmacy students should possess. There was concern that not all students would experience such situations and therefore this could not be an attribute of professionalism for undergraduates:

Some students do not experience these (troublesome) situations whereas others seem to go from one crisis to another. [P8-m]

Professional appearance was considered an attribute of professionalism although not for all classes. It was considered necessary in dispensing classes and visits to hospitals or

community pharmacies but not necessary in lectures or science practical classes.

They must have professional appearance when representing the profession. i.e. interprofessional work, dispensing and hospital tutorials. [P6-q]

There were two aspects to professional appearance. The first of these were behavioural:

You have got to be polite and courteous and just general manners and please and thank you and all the rest. And then cooperation with others, you know they have got to actively participate in teamwork. [P3-m]

The second were the physical aspects of appearance such as dress codes, cleanliness and tidiness but there was an appreciation that standards for dress codes were not universally agreed:

Professional appearance could be interpreted very differently by different people. [P1-q]

What is professional appearance? We need to consider multiculturalism. [P10-q]

The ability to self-reflect was considered to be an attribute of professionalism. Examples of areas for self reflection included knowledge, personal attributes and communicating with patients. There was a distinction between reflecting on a lack of knowledge and reflecting on their own attributes:

They are good at reflecting on their lack of knowledge. They don't reflect on those other personal attributes such as integrity. [P9-m]

Being accountable for one's actions was considered to be an attribute of professionalism. This included meeting student obligations, sticking to agreements and arriving at classes suitably prepared:

They have to keep promises and appointments, so they have got to time keep and they have got to hand in work on time and they have got to report sickness which is what they are not doing and they have got to prepare for tutorials. [P3-m]

Discussion

Comparison with medicine

There is considerable overlap between the attributes of professionalism identified in this work and that identified in the literature on professionalism in medicine which is not surprising given the focus on patient care that both professions share. However, there were two areas where there appear to be differences.

Pharmacists thought that maintaining a professional appearance was an attribute of professionalism and this attribute contained the dimensions of physical appearance such as dress code and student behaviour. Traditionally schools of pharmacy and pharmacy text books in the UK emphasised the physical aspects of professional appearance,

such as cleanliness, tidiness of work space and neatness of report writing in dispensing classes (Cooper and Gunn 1965). More recently the behavioural aspects of professional appearance have been emphasised in communication classes and pharmacy texts (Harman and Mason 2002). There was little coverage of either of these dimensions in the medical literature on professionalism (van de Camp et al 2006). However, the Medical School Charter lists dressing in a professional manner as a responsibility of medical students and provides guidance covering fashion and personal hygiene so the differences between the professions may be less than first imagined (2006).

The possession of resilience (rapid recovery after a troublesome situation) was not considered an attribute of professionalism for pharmacy undergraduates but it was listed as an attribute of professionalism in van de Camp's study (2006). However, there is an important difference between the two studies that could help to explain this apparent difference. The focus of this study were the pharmacy undergraduates who complete the majority of their training in a higher education establishment with minimal patient contact whilst the focus of the medical study were GP trainees who already had qualified as medical practitioners and had high level of patient contact. It could be argued that resilience and rapid recovery are important qualities to possess when in a work environment which could involve seeing large numbers of patients compared to discussing case studies in a higher education establishment. The pharmacists in this study thought resilience was a useful quality for a professional to have, but it was not considered a necessary attribute for current pharmacy undergraduate students. Further work is required to determine whether this should be addressed in the pre-registration training or as part of the continuing professional development (CPD) of newly qualified pharmacists.

Implications for educators

Identifying the attributes of professionalism is an important first step but before any assessments can take place the appropriate standards for each attribute must be set. For example what represents an acceptable standard in each of the dimensions of professional appearance? The question of who sets the standards must be answered. Should it be left to each individual school of pharmacy to set their own standards or should accrediting bodies set national standards?

The challenge of setting the standards should not be underestimated. One commentator suggests there are differences in professional appearance standards across national boundaries (Florence 2006). Another commentator provides a flavour of the variety of views regarding acceptable professional dress within a national boundary (Wang 2007). Recently, guidance on clothing for healthcare staff working in the National Health Service within the UK has been issued as part of the measures to combat infection (Department of Health 2007) and these should be taken into account when standards of professional appearance are developed. Making these standards available to students should minimise confusion regarding what is acceptable and should support the student's CPD.

Strengths and limitations

This was the first study that attempted to identify the attributes of professionalism relevant to pharmacy education. It was a relatively small scale project with pharmacists from a single school of pharmacy and it is not possible to extrapolate the findings to the wider population. However, the findings are generally in line with the literature on medical professionalism. The majority of pharmacists in this sample had qualified more than ten years previously and it is possible that views of younger pharmacists and students would differ from those reported here.

Future research

Studies of professionalism in medicine have noted differences between student's views of professionalism and the abstract definitions of professionalism provided in the literature (Ginsberg et al 2002). Duke et al compared the attitudes, values and beliefs of students regarding professionalism with those stated in their college's curriculum and differences were reported that were not consistent between the genders and years of the course (2005). Further research is required to ascertain whether students would select a similar set of attributes and also whether they associate similar meanings to the terms used in this work.

The development and validation of research tools to measure the attributes of professionalism in individual students would enable professionalism of pharmacy undergraduates to be tracked throughout their course. This would provide a greater understanding of how professionalism develops and could help to identify the factors that influence professional development. Following on from the use of research tools to measure and track professionalism in undergraduates it is hoped that these could be developed into methods of assessment. Such assessments could be used formatively to help students achieve professional standards and summatively as part of the undergraduate pharmacy degree assessment procedure.

Conclusion

Helping students attain a high standard of professionalism during their training is the goal. This study has contributed to this goal by identifying attributes of professionalism relevant in pharmacy education. The priority is now to set standards in each of the attributes and develop tools to assess student performance against each of the standards.

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