

Pharmacy professionalism: A systematic analysis of contemporary literature (1998-2009).

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Abstract

Background: In responding to the debate about the place of professionalism in the student curriculum, it became clear there was no existing consensus as to the definition of professionalism.

Aims: The aim of this review was to determine how professionalism is defined and discussed in contemporary pharmacy literature.

Method: We searched The Pharmaceutical Journal, MEDLINE, ERIC, PsychINFO, PsychARTICLE, PubMed, Academic Search Complete and Embase. Articles were selected according to their relevance to the research questions.

Results: A total of 58 articles published since 1998 were selected for full review. The articles identified 55 different components of professionalism.

Conclusion: There remains a lack of consensus around the definition of professionalism, as evidenced by the range of literature and diversity of definitional terms. Many of the character traits relate to complex concepts such as empathy and integrity. The challenge for pharmacy education is in integrating these complex areas into the curriculum.

Keywords: *Professionalism, student, undergraduate, education, definition, empathy*

Introduction

Current changes to pharmacy practice through policy and through innovative technologies require increased interaction with the public, and with this comes an increased emphasis on professional skills and attitudes. This is particularly true in today's context, in which health policy frequently emphasises the importance of user choice and quality of experience. As a UK Department of Health (2007, p.4) report states:

"For the pharmacy profession, these are historic times. The transformation underway from a 'product-focused service' to a truly clinical profession, directly caring for patients and the public is to be welcomed. However, this brings with it expectations of both quality and safety".

The drivers for this are not solely a response to policy influence, but the wish to improve professional performance and find ways of identifying potential problems before they occur. In medicine, there is some evidence that lapses in professional behaviours could be identified at medical school (Ainsworth & Szauter, 2006).

Whilst there has been much debate about the importance of professionalism, the concept itself retains a large degree of flexibility. This has prompted debate on what it is to be a professional, and how professionalism might be fostered at student level.

In the healthcare field the most public discussions of professionalism have been in the field of medicine, yet even here there is no one coherent definition of professionalism. Although there is a growing body of literature relating to

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professionalism in medical schools, one recent review by Jha *et al.* (2007, p.827) concluded that: “the evidence for how medical schools currently promote and measure aspects of professionalism is scant”.

In the pharmacy arena, two UK reports have confirmed the problem of definition and assessment. A 2004 review of undergraduate education (Wilson *et al.*, 2005, p.10) identified the importance placed upon professionalism and professional attitudes by their respondents, noting that there were “conceptual difficulties in relation to attitudes”. They noted that they were problems at the practical as well as the theoretical level, as most respondents “considered that attitudes were difficult to define and even more difficult to assess” (Wilson *et al.*, 2005, p.46). The 2006 report *Healthcare Professional Education and Training: How does Pharmacy in Great Britain compare?* (Wright *et al.*, 2006, p.11) further highlighted the conceptual difficulties associated with defining professional attitudes and the implications for education, in that:

“the development and assessment of student professionalism as a ‘competence’ creates a variety of difficulties for educationalists”.

The report noted that:

“a considerable amount of work is required before a universally accepted description of what constitutes assessment of healthcare professionalism is identified”.

The current discussion led by the UK governing body, the Royal Pharmaceutical Society of Great Britain (RPSGB), into student Fitness to Practice and codes of conduct* reflect this concern with encouraging professional attitudes and behaviours at an early stage, yet leave the concept largely undefined. As Hammer *et al.* (2003, p.6) note in their review:

“Professionalism is a complex composite of structural, attitudinal and behavioural attributes”.†

A clear account of professionalism in pharmacy practice would make visible these complex attributes. This would then provide the basis for a clear set of objectives on which educational interventions would be based.

The aim of this review was to determine what definitions of professionalism appear in contemporary pharmacy literature. Given the lack of a conclusive definition of healthcare professionalism, the review was designed to move away from general discussions of professionalism to concentrate on how the pharmacy world constitutes professionalism and focus on the attributes required to practice as a professional. The aim was to obtain a pharmacy specific snapshot of current

published literature, and to establish if any consensus emerged.

Three research questions were identified:

- What is the focus of discussion relating to professionalism in pharmacy practice?
- What attitudes, attributes, or behaviours are being put forward as defining professionalism in pharmacy practice?
- What methods are being used and proposed in the teaching and assessment of pharmacy professionalism?

In focusing on how professionalism is defined, this paper concentrates on the first two of these questions.

Methods

A search strategy was designed to provide an overview of the field, prior to narrowing the focus to literature relevant to the research questions. This was designed as an iterative process, beginning with a broad search to be refined through subsequent searches.

The following electronic databases were searched, together with the archive of The Pharmaceutical Journal: MEDLINE, ERIC, PsychINFO, PsychARTICLE, PubMed, Embase and Academic Search Complete. An initial search using keywords “pharmacy” and “professionalism” retrieved 1,661 articles. A review of the titles and a sample of randomly selected texts confirmed our initial view that this unrefined search would return articles covering a wide range of material, of little relevance to the research questions. The second stage of the search strategy was implemented, and the search was refined by adding the keywords “behaviour”, “attitude” and “conduct”. Given the focus on the contemporary debate, the search was restricted to articles published from 1998 onwards. For practical reasons only articles published in English were included. This search identified 871 articles.

The titles, abstracts, and keywords of each of these articles were reviewed by two members of the research team, to assess their relevance to the research questions. Articles were excluded if the concept of professionalism was not explored or was referred to without an accompanying definition. For example, articles excluded at this stage included those on the demographics of student populations and on admissions and enrolment procedures. Articles pertaining to clinical skills and knowledge were also excluded as they identified professionalism with the practice of clinical skills, rather than with attitudes, behaviours or conduct. There was also a body of literature which discussed professional status rather than professionalism itself and did not present definitions of professionalism; these were also excluded. Similarly, articles which focused on unprofessional behaviour, but did not define professionalism were also excluded.

* These documents were released for consultation as this article was submitted for publication, and consequently we do not engage with the debate here.

† Hammer *et al.*, provide a comprehensive overview of perspectives on professionalism, acknowledging in their conclusion that the concept remains to be clearly defined in the pharmacy context.

The final choice of articles was made through an initial reading of the remaining articles. Articles were selected if they met one or more of the following criteria:

1. Discussion of elements of professionalism related to pharmacy practice;
2. Discussion of behaviour, conduct or attitude of pharmacists or pharmacy students; and
3. Discussion of learning, teaching and assessment of pharmacy professionalism.

The references of the selected articles were also surveyed for appropriate articles, resulting in the inclusion of one additional article. Using the research questions as a guide, an initial reading of each article provided a framework for the development of data extraction fields. An electronic database was designed to record terms used to define professionalism. These included the terms used in the articles when discussing attributes of pharmacy professionalism, or when explicitly offering a definition of professionalism. Separate databases recorded information relating to the teaching and assessment of professionalism and to discursive themes which arose in the texts.

This review will present only the terms used in the discussion of professionalism. The results pertaining to learning and assessment and to the discursive themes are to be discussed in a separate review.

Results

Using the information entered into the database, the different terms used in discussions of professionalism were analysed along with the number of articles in which these terms appeared. Definitions of some aspects of professionalism, whether stated explicitly or implicit, appeared within 41 of the articles. The articles identified 55 different components of

professionalism. The number of components discussed in an individual article ranged from one through to 21.

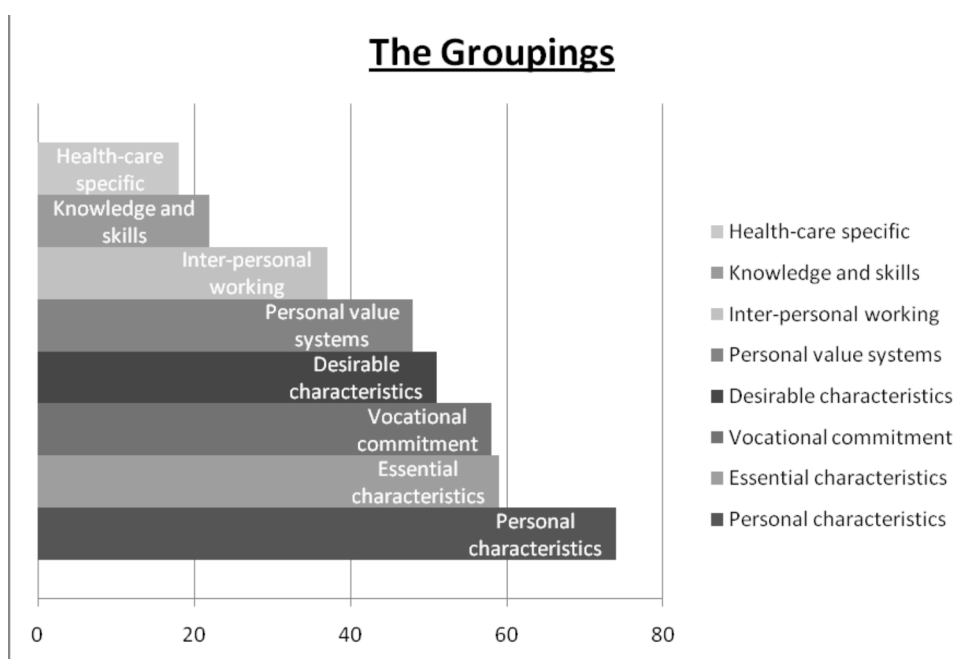
Over 70% of the articles were of American origin. These articles tended to use a wider range of terms than the UK literature.

The terms “honesty”, “integrity” and “trustworthy” were used most frequently, together appearing in 20 articles, with “respect” (towards others) appearing in 18 articles. Other high-scoring terms were: altruism, accountability, self-improvement (e.g. Continuing Professional Development), and empathy. These terms all appeared in 16 articles each. Other terms included: communication (14), knowledge (13), ethics (12), responsibility and concordance approach (11), appearance and/or attire, confidentiality, compassion and competence (10); skills, leadership, caring and patient centred (9), collaboration (with other health care professionals) (8), assertiveness (7), and commitment (6). Excellence, duty, honour, values, respect for diversity and discretion appeared in five articles.

The following terms appeared in 10% or less of the articles: pride in profession, non-judgemental, adherence to the seven principles, autonomy, conscience, civility, confidence, consistent, morals, punctuality, a calling to the profession, creativity, courtesy, innovation, justice, reliability, self control, diplomatic, co-operative, service, teamwork, authority, analytical, nurturing, and politeness.

As this was a time-limited project, priorities had to be decided at an early stage; this included rejecting articles which focused on clinical aspects of professionalism as it was felt that these aspects are related to the skills-base of pharmacists and are well established, unlike the less well-defined behaviours and attributes associated with patient interactions. Limits on time meant a hand search of journals was not possible, although sufficient electronic databases were

Figure 1: Representation of the 367 occurrences divided into the eight groupings



included. However, the data collection is repeatable by following the same search strategy.

There is always the possibility of subjectivity in selecting the articles for review, but this possibility was minimised by comparison and checking of work by two team members.

The groupings

Analysis of the definitional terms was a complex process due to the large number of different components of professionalism which appeared in the literature. The research team agreed that the analysis would not be based wholly on the number of times a term appeared in the text. In part, this decision was to enable a representation of the full extent of the discussion in the current literature. Further, it had been noted that some of the terms had similar meanings and that a numerical analysis, excluding those terms used infrequently, would not capture the full picture. This occurrence of similar terms became the basis for the next stage of the review. Initially two members of the project team agreed on pairs or triplets of terms with similar meaning, such as 'appearance' and 'attire'. This process was developed further, in order to facilitate the analysis. The same two members of the project team independently developed groupings of the terms, and through comparison and discussion together agreed on eight groupings. A percentage figure was arrived at for each grouping to show the percentage of the total number of occurrences. With the appearance of one term in one article counting as one occurrence, the 41 articles contained 367 occurrences. Figure 1 shows how these 367 occurrences divide into the eight groups.

In devising titles the groupings were thought to be reminiscent of those one might find on a job description or person specification.

The *essential characteristics* grouping brought together terms described as quite basic characteristics or attitudes required of employees in any workplace. Some of these relate to attitudes towards others, such as civility and confidentiality. Other terms synonymous with these were courtesy, politeness, and discretion. Basic attributes such as appearance and attire, and punctuality were also grouped in this category. Responsibility, competence and reliability completed the grouping. This category included ten different terms, 16% of the total occurrences.

The *desirable characteristics* grouping again included attitudes or personal traits, which one would hope to see in all workplaces. The personal qualities of self-control, confidence and consistency were placed in this group. Relationships with other people formed the majority of this group. These included skills or abilities such as communication and diplomacy and attitudes towards others, as represented by the terms non-judgmental, respect for diversity, and respect (towards others). This category included eight different terms, 14% of the total occurrences.

Personal characteristics refer to those attributes which are desirable qualities with particular relevance in a healthcare setting. A distinction has been made between this grouping

and the previous group based on an understanding of the attitudes as intrinsic rather than instrumental: qualities of a person, rather than demonstrated by a person. That is, a person may act as though respectful of diversity whilst being privately disrespectful, but it is incoherent to think that an act of altruism can be anything other than altruistic. This grouping again includes attitudes towards others, that is: caring and nurturing, compassion, empathy, and altruism. The grouping also includes personal attitudes: commitment, integrity, honesty, trustworthiness, and conscience. A total of ten terms were included in this category, 20% of the total occurrences.

Inter-personal working and working practices formed the basis for a further group. An emphasis on being part of a team occurred in references to collaboration, co-operation and teamwork itself. The importance of the need for individual strengths is shown by the qualities of assertiveness, leadership, and authority. Also included in this grouping were references to independent thinking, that is, to creativity and innovation. This group included a total of eight terms, 10% of the total occurrences.

Those terms which referred to matters traditionally associated with professions, and with professional bodies, were grouped together as *vocational commitment*. Hence notions of honour, of service, and of the profession as 'a calling' appear in this group. Similarly, notions of pride in the profession, of excellence, and of accountability were seen as relating to traditional notions of the professions. Specific reference to governance matters was made with the inclusion of continuing professional development, and to the seven principles which form the basis for the RPSGB Code of Ethics. The eight terms in this group together accounted for 16% of the total occurrences.

A separate grouping was made for *personal value systems*. This is distinct from the personal characteristics category as the terms are not descriptive of an individuals' character in the same way. Rather, the terms refer to more complex and undefined areas. In particular the terms morals, values, and ethics, require further elaboration to have any concrete meaning. The group also includes three other values, or moral values, which are more straightforward, but still open to interpretation. These are the values of justice, duty, and autonomy. It can be noted that these are values which are frequently referred to in discussion of health care ethics. The six terms in this group represent 13% of the total occurrences.

Although articles specifically dealing with clinical skills were excluded from the review, there were generic references to *knowledge and skills*. As well as general references to skills and to knowledge, the requirement for analytical skills came into this group. The group therefore included a total of three terms and 6% of the total occurrences.

The final grouping relates to *healthcare specific* terms: concordance and patient-centred. These two terms accounted for 5% of the total occurrences.

Discussion

This review shows that in the pharmacy practice context:

- There remains a lack of consensus around the definition of professionalism, as evidenced by the range of literature and diversity of definitional terms;
- It is likely that this lack of consensus has hampered the development of effective educational interventions;
- The terms which appeared most frequently related to complex personal characteristics, such as empathy and altruism;
- The most frequently used terms were honesty, integrity and trustworthiness; and
- The literature reflects the importance of patient-centred care.

Many of the terms identified within the literature are an integral part of expected working practices in any context. Where not already done so, these components could be integrated into pharmacy education and professional practice with relative ease and lack of controversy. Greater difficulty arises around the more complex components such as empathy, altruism and values.

The challenge for pharmacy education is in integrating these complex areas into the curriculum. This has particular relevance in light of the current debate about the relevance of Fitness to Practice procedures, Codes of Conduct and Competency Frameworks at student level. The key will be to develop teaching, learning and assessment into the curriculum with a clear set of objectives, supported by research and best practice, in order to positively influence patient care.

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