



Article

How Do Pharmacists Construct, Facilitate and Consolidate Their Professional Identity?

Dawodu, Patrick and Rutter, Paul

Available at <http://clock.uclan.ac.uk/15072/>

Dawodu, Patrick and Rutter, Paul ORCID: 0000-0003-4106-1515 (2016) How Do Pharmacists Construct, Facilitate and Consolidate Their Professional Identity? Pharmacy, 4 (3). p. 23. ISSN 2226-4787

It is advisable to refer to the publisher's version if you intend to cite from the work.
<http://dx.doi.org/10.3390/pharmacy4030023>

For more information about UCLan's research in this area go to <http://www.uclan.ac.uk/researchgroups/> and search for <name of research Group>.

For information about Research generally at UCLan please go to <http://www.uclan.ac.uk/research/>

All outputs in CLoK are protected by Intellectual Property Rights law, including Copyright law. Copyright, IPR and Moral Rights for the works on this site are retained by the individual authors and/or other copyright owners. Terms and conditions for use of this material are defined in the [policies](#) page.

Review

How Do Pharmacists Construct, Facilitate and Consolidate Their Professional Identity?

Patrick Dawodu ¹, Paul Rutter ² *

¹ University of Wolverhampton; pdawodu@wlv.ac.uk

² University of Central Lancashire; prutter@uclan.ac.uk

* Correspondence: prutter@uclan.ac.uk; Tel.: +44 7781 029901

Academic Editor: name

Received: date; Accepted: date; Published: date

Abstract: The pharmacy profession has, and continues to experience change regarding roles and responsibilities. The supply of medicines still remains a central function but patient facing, clinical roles are now becoming more common place where pharmacists use their knowledge to maximise patient use of medicines. This transitional state from supplier of medicine to medicine advisor raises questions over the professional identity of pharmacists. This literature-informed commentary highlights current understanding of how identity is formed and reinforced. We propose the profession needs to be clearer in articulating what pharmacy does and advocate the need for strong branding that the profession, public and other healthcare practitioners understand.

Keywords: pharmacy; professional identity; professionalism

Recent technological, social and policy changes within healthcare have altered the role and professional standing of the pharmacist. Notably, the change to mass production of medicines (by the pharmaceutical industry) has eroded the status that was afforded to the profession.

This function of making medicines is now almost redundant and replaced predominantly by a supply and sales function, for which the majority of pharmacists are actively engaged in performing, and has drawn criticism as not justifying the pharmacists' rigorous training [1]. The under utilisation of pharmacists continues to be recognised by policy makers [2].

The profession is now championing the pharmacist as the medicine expert, advocating that they are best placed to maximise patient best use of medicines and thus contributing to improving patient health and well-being [3-5]. The 'medicine expert tag' could be said to represent the 'pharmacy brand'. In other words, it is the professions unique selling point, which no other health care professional can provide.

As realised by most large commercial organisations, having a clear and definite brand is necessary to achieve a desired impact in terms of sales, profitability and customer loyalty. The brand is jealously guarded and actively promoted by such companies, for example Nike, Coca-Cola and Apple take aggressive stances on brand infringement and run sustained and global marketing campaigns. Parallels can be drawn between commercial branding and the branding of the pharmacy profession; for example the public, patients and healthcare workers need to know what pharmacy is, does and can do. We therefore argue that the 'pharmacy brand' is vital to the practice of pharmacy, but its 'customers' currently poorly understand 'the brand'.

Why pharmacy suffers from poor branding is complex but ranges from tension between commercial enterprise and ethical imperative through to societal perception and expectation. However, effective branding is something that can be managed and controlled by those responsible who 'sell and maintain' the brand – the profession of pharmacy. This requires the profession to

consistently promote this brand, but for this to happen pharmacists need to have a clear sense of who they are and what they stand for. We are therefore concerned about an aspect of self-identity that has to do with our profession; the need for professional identity.

We argue that there is a lack of consensus to clearly articulate what is the professional identity of a pharmacist. The literature terms 'professional' in a variety of contexts [6]. These contexts include professional development, socialisation, education and professional formation [7-9]. An ideal profession is said to have its own standards of education, practice is legally recognised by licensure and is relatively autonomous, with members having a strong sense of identification [10]. Using these parameters then pharmacy appears to fulfill many of these in its assertion of qualifying as a profession. Other viewpoints categorising professionalism exist. For example, the structuralist-functional perspective, where by professions are seen as fulfilling certain functions, which are vital to the workings of modern industrialised society, without which these functions would cease to exist [10]. Again, one could argue that pharmacy fulfils this criterion.

Difficulty starts in translating 'professionalism' into context specific meaning. In other words what constitutes 'pharmacy professionalism'. No consensus currently exists that defines pharmacy professionalism nor how this can be engendered in people. The journey from dispenser of medicines to medicines expert is still evolving. A road map of how to get to this end point is needed but, in our opinion, incoherent, confused and mixed messages conveyed by the profession [about what '*we are*'] are hindering professional socialisation and consequently the ability of 'future pharmacists' [students] and qualified pharmacists to gain a sense of true professional identity.

Professional identity has been shown to provide a sense of worth, belonging or purpose [11]. Johnson et al spoke of 'a vocation that we find agreeable to ourselves and may lead to a positive personal and professional image' [12]. A dissonant professional identity has been linked to job frustration, burnout, and attrition [12-13].

The process of becoming a pharmacist and acquisition of professional identity involves the development of a range of beliefs, attitudes, understanding around boundaries of their role.

Given the lack of research in medical sociology regarding pharmacy professional identity coupled with current on-going changes within pharmacy this paper reviews the pharmacy literature with regard to construction, facilitation and consolidation of professional identity.

Construction of Pharmacist Identity

At what point does the construction of professional identity begin? Johnson's notion of 'vocation' or calling is exemplified in medicine where prospective students have long wanted to be a doctor [14]. The embodiment of being a doctor starts early and students align themselves to the principles of what it is to be a doctor. The same cannot be said for pharmacy. At the start of studying pharmacy, many pharmacy students have never worked in a pharmacy environment and for a proportion of students their preferred degree was another healthcare discipline, usually medicine or dentistry.

A body of literature exists looking at reasons and motivating factors as to why students choose to study pharmacy. [15-20] For example, Willis et al surveyed students from 14 UK Schools of Pharmacy and found the strongest motivator for choosing pharmacy was that it was a science-based course. Similarly, Keshishian et al observed pharmacy students were more likely to be interested in science and math than non-pharmacy students. Capstick et al found a large number of students opted first for medicine or dentistry rather than pharmacy. Predictably, the influence of family and friends is an important influence. [Anderson]

It is clear that 'vocation', or the sense of 'wanting to be a pharmacist' is not why students

historically or currently choose to study pharmacy. It appears that pharmacy students have an image of the pharmacist – someone who is science-focused, who will make decent money and have a degree of social standing. The concepts of patient care, compassion, empathy and altruism are rarely mentioned. A shift in mind set from the incoming student population is needed to align their perceptions of the pharmacists' role; if care, compassion and a desire to be the medicine expert is understood early, then a sense of belonging and professional identity should be easier to gain.

Currently, it falls on educators to shape student view on what it is to be a pharmacist. Here in lies a major problem. Although curricula across the world are regulated and standards and outcomes stipulated it does not mean that students are taught in the same manner, especially when looking at professionalism and professional identity. In addition, traditional educational programmes may also reinforce the view of a pharmacist as a 'scientist' [21-22]. In the US [and to a lesser extent the UK] attempts have been made to inculcate professionalism and professional identity [23-27]. US Schools of pharmacy have used pharmacist mentors to encourage early adoption of professionalism [24]; Berger describes a School-wide approach to change staff and student ethos, from proactive student recruitment and admissions, through to exclusion based on behaviours and not just academic performance [25]. Brehm highlighted a multi-disciplinary orientation programme where students from different disciplines had to define elements of professionalism [26]. The use of humanities to exemplify professionalism through classic stories prior to students starting pharmacy school was reported to be well received by students [27]. Just one UK study has reported on how students learn professionalism [23]. This study described professionalism derived via inculcation rather than specific attempts to teach professionalism.

However, it is unclear whether measures taken in US pharmacy schools have had any lasting effect, for example beyond graduation and licensure.

A small body of research does exist that has examined students' development of identity. [28-32] Generally findings are not encouraging; Schwirian et al [28] and Smith [29], both found professional identity to decrease as they progressed through the course with Shuval [30] noting student expectation [about their future role] lowered as they progressed through the course. Knapp et al also found that students in the latter part of the course held more negative views toward their chosen occupation than those at the start of the course [31]. Only the study by Hatoum et al described any positive findings portrayed by students as they progressed through the course, however, self-reported scoring on professionalism saw students from all years attain low scores [32]. Why this has been observed is unclear, although the disparity between educating students for future roles [quite rightly] and the actual day-to-day job they will take on may account for some of the findings. The role of faculty staff, and opportunities to be taught by practicing pharmacists has been reported by students to be important in engendering professional identity [23].

Facilitation and Consolidation of Professional Identity

Evidence suggests that students enter working life without a strong sense of professional identity, and are potentially prejudiced in their opinion of the profession; the need to reconcile the professional training of students in pharmacy schools and actual professional practice has been identified [22,23,33]. Early work life and experiences would then seem important to enable students to form a clearer sense of professional identity, yet few studies seem to have investigated these formative transition years from graduate to fledgling professional. What studies have been conducted found pharmacists still viewed themselves as primarily 'dispensers of medicines' although they also saw themselves as medicines advisors, social carer, manager or business person [21, 34]. These findings are similar to those of opinion leaders in the profession. [35] Certain factors have been identified that facilitate pharmacists' identity and include practice setting, the skills the pharmacist has acquired, and the influence of mentors [36-37]. Mentorship has shown to be helpful for new pharmacists. The study by Pottie et al identified that mentorship promoted their image and confidence as well as instilling a sense of worth and motivation [37].

A common theme that runs through most studies is the on-going transition away from the traditional product-centred role of the pharmacist and the necessity to re-brand as a patient-centred medicines expert. This seems more acute in the community sector where tension exists between retail pharmacy needs and role conflict with other healthcare practitioners [38]. In comparison, the pharmacist as medicine expert seems more prominent in hospital practice as they have a more integrated role with other healthcare practitioners [21]. The challenge for the pharmacy profession is to develop a strategy to shift all pharmacists to be seen and act as medicines experts.

Future Direction?

It is clear that how pharmacists construct, facilitate and consolidate a professional identity is anything but clear. Students, on the whole, have little 'calling' to be a pharmacist and once qualified find it difficult to develop this identity because of a lack of strong professional leadership and consequently a weak 'brand image'. Pharmacy is undoubtedly trying to re-engineer its place in healthcare as medicines expert but this messaging has a long way to go before being universally recognised. The literature seems to describe a professional identity which is associated with technical skill and that professional identity which is patient focused is slowly emerging. To transition between these two identities requires a culture shift by most pharmacists – especially community pharmacists where there is a lack of peer support and multi-professional working. Newly qualified and young pharmacists would benefit from appropriate peer/mentor support to develop and facilitate the construction of their professional identity, which more closely aligns to a more patient facing and clinical role.

References

1. Mesler, M.A. Boundary encroachment and task delegation: clinical pharmacists on the medical team. *Sociol. Health. Illn.* **1991**, *13*, 310-331.
2. Maruthappu, M. The NHS Five Year Forward View: implications for clinicians. *BMJ*. **2014**, *349*:g6518.
3. Royal Pharmaceutical Society. What do pharmacists do? Available online: <http://www.rpharms.com/ipharmacist/what-do-pharmacists-do.asp> (accessed on 9 April 2016)
4. Pharmaceutical Society of Australia. Pharmacy careers guide. Available online: <https://www.psa.org.au/download/nitp/pharmacy-careers-guide.pdf> (accessed on 9 April 2016)
5. American Association of Colleges of Pharmacy. Pharma...what? <http://www.aacp.org/resources/student/pharmacyforyou/Pages/pharmawhat.aspx> (accessed on 9 April 2016)
6. Trede, F.; Macklin, R.; Bridges, D. Professional identity development: a review of the higher education literature. *Studies in Higher Education*, **2012**, *37*, 365-384.
7. Cornelissen, J.; Van Wyk, A. Professional socialisation: an influence on professional development and role definition. *South African Journal of Higher Education*, **2007**, *21*, 826-841.
8. Clouder, L. Caring as a 'threshold concept': transforming students in higher education into health (care) professionals. *Teaching in Higher Education*, **2005**, *10*, 505-517.
9. Hunter, A.; Laursen, S.L.; Seymour, E. Becoming a scientist: The role of undergraduate research in students' cognitive, personal, and professional development. *Sci. Educ.* **2007**, *91*, 36-74.
10. Taylor, K.M.; Nettleton, S.; Harding, G. *Sociology for pharmacists: an introduction.*; Palgrave Macmillan, United Kingdom, 1990.
11. Pendergast, J.F.; Kimberlin, C.L.; Berardo, D.H.; McKenzie, L.C. Role orientation and community pharmacists' participation in a project to improve patient care. *Soc. Sci. Med.* **1995**, *4*, 557-565.
12. Johnson, M.; Cowin, L.S.; Wilson, I.; Young, H. Professional identity and nursing: contemporary theoretical developments and future research challenges. *Int. Nurs. Rev.* **2012**, *59*, 562-569.
13. Cho, S.; Jung, S.Y.; Jang, S. Who enters nursing schools and why do they choose nursing? A comparison with female non-nursing students using longitudinal data. *Nurse Educ. Today*, **2010**, *30*, 180-186.

14. Knight, L.V.; Mattick, K. When I first came here, I thought medicine was black and white: making sense of medicals students' ways of knowing. *Soc. Sci. Med.* **2006**, *63*, 1084–96.
15. Keshishian, F.; Brocavich, J.M.; Boone, T.; Pal, S. Motivating Factors Influencing College Students' Choice of Academic Major. *Am. J. Pharm. Educ.* **2010**, *74*, 46.
16. Lobb, W.B.; Shah, M.; Kolassa, E.M. Factors influencing the selection of a major: A comparison of pharmacy and nonpharmacy undergraduate students. *J. Pharm. Teach.* **2004**, *11*, 45–64.
17. Willis, S.; Shannon, P.; Hassell, P. Who will be tomorrow's pharmacists and why did they study pharmacy? *Pharm. J.* **2006**, *277*, 107–108.
18. Anderson, D.C.; Sheffield, M.C.; Hill A.M.; Cobb, H.H. Influences on pharmacy students' decision to pursue a doctor of pharmacy degree. *Am. J. Pharm. Educ.* **2008**, *72*, 22.
19. Ferguson, J.A.; Roller, L.; Wertheimer, A.I. Social factors motivating students toward a career in pharmacy: An international study. *J. Soc. Admin. Pharm.* **1986**, *3*, 127–135.
20. Capstick, S.; Green, J.A.; Beresford, R. Choosing a course of study and career in pharmacy—student attitudes and intentions across three years at New Zealand School of Pharmacy. *Pharm. Educ.* **2007**, *7*, 359–373.
21. Elvey, R.; Hassell, K.; Hall, J. Who do you think you are? Pharmacists' perceptions of their professional identity. *Int. J. Pharm. Pract.* **2013**, *21*, 322–332.
22. Schafheutle, E.I.; Hassell, K. Internationally trained pharmacists in Great Britain: What do registration data tell us about their recruitment? *Hum. Resour. Health*, **2009**, *7*, 51.
23. Schafheutle, E.I.; Hassell, K.; Ashcroft, D.M.; Hall, J.; Harrison, S. How do pharmacy students learn professionalism? *Int. J. Pharm. Pract.* **2012**, *20*, 118–128.
24. Fung, S.M.; Norton, L.L.; Ferrill, M.J.; Supemaw, R.B. Promoting professionalism through mentoring via the internet. *Am. J. Pharm. Educ.* **1997**, *61*, 166–9.
25. Berger, B.A.; Butler, S.L.; Duncan-Hewitt, W.; Felkey, B.G.; Jungnickel, P.W.; Krueger, J.L.; Perry, C.R.; Taylor, C. Changing the culture: An institution-wide approach to instilling professional values. *Am. J. Pharm. Educ.* **2004**, *68*, 22.
26. Brehm, B.; Breen, P.; Brown, B.; Long, L.; Smith, R.; Wall, A.; Warren, N.S. An interdisciplinary approach to introducing professionalism. *Am. J. Pharm. Educ.* **2006**, *70*, 81.
27. Bumgarner, G.W.; Spies, A.R.; Asbill, C.S.; Prince, V.T. Using the humanities to strengthen the concept of professionalism among first-professional year pharmacy students. *Am. J. Pharm. Educ.* **2007**, *71*, 28.
28. Schwirian, P.M. Professional Socialization and Disillusionment: The Case of Pharmacy. *Am. J. Pharm. Educ.* **1974**, *39*, 18–23.
29. Smith, M.; Messer, S.; Fincham, J.E. A Longitudinal Study of Attitude Change in Pharmacy Students During School and Post Graduation. *Am. J. Pharm. Educ.* **1991**, *55*, 30–5.
30. Shuval, J.T. Attempts at Professionalization of Pharmacy: An Israel Case Study. *Soc. Sci. Med.* **1978**, *12*, 19–25.
31. Knapp, D.E.; Knapp, D.A. Disillusionment in pharmacy students. *Soc. Sci. Med.* **1968**, *1*, 445–47.
32. Hatoum, H.T.; Smith, M.C. Identifying patterns of professional socialisation for pharmacists during pharmacy schooling and after one year in practice. *Am. J. Pharm. Educ.* **1987**, *51*, 7–17.
33. Noble, C.; Coombes, I.; Shaw, P.N.; Nissen, L.M.; Clavarino, A. Becoming a pharmacist: the role of curriculum in professional identity formation. *Pharm. Pract.* **2014**, *12*, 380.
34. Rosenthal, M.M.; Breault, R.R.; Austin, Z.; Tsuyuki, R.T. Pharmacists' self-perception of their professional role: insights into community pharmacy culture. *J. Am. Pharm. Assoc.* **2011**, *51*, 363–367.
35. Nørsgaard, L.S.; Colberg, L.; Niemann, M.R. The role of the Danish community pharmacist: perceptions and future scenarios. *Pharm. World. Sci.* **2001**, *23*, 159–164.
36. Farrell, B.; Ward, N.; Dore, N.; Russell, G.; Geneau, R.; Evans, S. Working in interprofessional primary health care teams: What do pharmacists do? *Res. Social. Adm. Pharm.* **2013**, *9*, 288–301.
37. Pottie, K.; Haydt, S.; Farrell, B.; Kennie, N.; Sellors, C.; Martin, C.; Dolovich, L.; IMPACT team members. Pharmacist's identity development within multidisciplinary primary health care

teams in Ontario; qualitative results from the IMPACT (+) project. *Res. Social. Adm. Pharm.* **2009**, *5*, 319-326.

38. Edmunds, J.; Calnan, M.W. The reprofessionalisation of community pharmacy? An exploration of attitudes to extended roles for community pharmacists amongst pharmacists and General Practitioners in the United Kingdom. *Soc. Sci. Med.* **2001**, *53*, 943-955.



© 2016 by the authors; licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons by Attribution (CC-BY) license (<http://creativecommons.org/licenses/by/4.0/>).