

How pharmacists perceive their professional identity

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Review Article

How pharmacists perceive their professional identity: a scoping review and discursive analysis

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Abstract

Objectives The objectives of this scoping review were to (a) explore how pharmacists perceive their professional roles and identities and (b) describe factors impacting which professional roles or identities pharmacists embody in different pharmacy practice settings.

Methods A scoping review using a deductive approach was undertaken for this study. Systematic searches were conducted in five databases: Ovid MEDLINE, Ovid EMBASE, Ovid PsycINFO, EBSCO Cumulative Index to Nursing and Allied Health and Scopus (Elsevier). Key words searched included pharmacist, identity, professional role and one variations of these. Results were double-blind screened for relevance by two authors. Data extraction was facilitated by the web-based software platform COVIDENCE. Foucauldian critical discourse analysis was used to deconstruct how pharmacists perceive their professional roles and identities.

Key findings In total, 21 701 articles were retrieved in the search. Following de-duplication and screening, 23 studies from 11 different countries were included. Five major identity themes were identified: Clinician, Dispenser, Business Person, Patient Counsellor and Physician Supporter. The dispenser identity was the most widespread, but it was viewed by many pharmacists as undesirable. The clinician identity also had a strong presence but was viewed as an identity that pharmacists aspire to embody.

Conclusions This scoping review illustrates that pharmacists do not uniformly perceive themselves to be clinicians. A significant gap exists between the profession's desired identity and that embodied by practicing pharmacists. The resulting dissonance may be a contributing factor to the lack of wide-scale practice change that the profession has been seeking for decades.

Keywords: professional identity; professional role; pharmacists

Introduction

Global health system reform is top of mind around the world.^[1,2] Countries and professionals are grappling with issues related to accessibility, cost and infrastructure, as well as the healthcare workforce.^[3,4] Shifting traditional role boundaries and expanding roles of non-physician providers is a strategy being implemented globally to address workforce shortages.^[2,3] Pharmacists are amongst the professionals seeking to reframe their professional role.^[2-13] Pharmacists represent the third largest healthcare professional group in the world, after nurses and doctors.^[14] They are highly educated, with doctor of pharmacy (PharmD) and masters of pharmacy (MPharm) degree programs being the entry to practice requirements across North America, the United Kingdom (UK) and other parts of the globe.^[15,16] In addition, pharmacists are responsible for the stewardship of the most costly and commonly used interventions the healthcare system offers: medications.^[17] As such, pharmacists are well positioned to provide highly valuable, and much needed resources for patient care. A current challenge is that although pharmacy leaders and academics are in pursuit of expanded clinical roles, research suggests that front-line pharmacists may not unanimously identify as clinicians.^[18,19] Numerous studies have explored this phenomenon, citing several barriers to change, such as compensation, physician dominance, lack of confidence, time, knowledge and skills, as causes.^[18,19] However, even when these challenges are addressed, the number of pharmacists providing pharmaceutical patient care consistently remains low.^[18-20] An area yet to be explored in the pharmacy literature is the connection between professional identity and practice change.^[21] Pharmacists' professional identity, their image of who they are as a professional, is important because it shapes work attitudes and behaviours.^[22] Identity theorists agree that when individuals identify with their profession, they will incorporate distinctive professional values and attitudes into their own self-identity as a result of that membership, and will enact the role expectations of their profession.^[22]

This research builds on the work of Kellar *et al.*,^[23] who conducted a historical critical discourse analysis (CDA) exploring how institutions (universities) construct governing discourses as a means to achieve professional legitimacy. The study was informed by the methods of Michel Foucault, a controversial French scholar, who defined the concept of governmentality by the phrase 'conduct of conduct.'^[24,25] As per this definition, 'government' entails any attempt to shape aspects of individual behaviour, including professional behaviour, according to a particular set of norms, and for a variety of ends.^[25] Their CDA identified five identity discourses in action in pharmacy education over the last century, with the current dominant identity being the clinician.^[23] This finding highlights the profession's strong desire to transition away from traditional dispensing roles towards clinically oriented roles.

A Foucauldian informed CDA was chosen for the study by Kellar *et al.* as it facilitated the examination of language and practices of healthcare professionals (pharmacists) and institutions (universities) with the goal of understanding how these practices shape and limit the ways that individuals and institutions can think, speak and conduct themselves in practice settings.^[26] For example, at a certain point in time pharmacists were trained to be sub-servient to physicians – helpers rather than colleagues. This discourse shapes how some pharmacists conduct themselves during physician interactions, specifically pharmacists are careful to acknowledge and affirm the physician's superior role and would not think to challenge or disagree with prescriptions or orders. A different discourse, one

where the pharmacist is a medication expert, enables different ways of being for the pharmacist. This discourse enables pharmacists to think of themselves as professional equals to physicians, thus able to challenge prescriptions for appropriateness or safety. Overall, a Foucauldian approach allows one to challenge assumptions and the status quo, thus creating opportunities for alternative ways of seeing the issue at hand.

The findings by Kellar *et al.* led us to question whether the identity discourses identified in the pharmacy education literature are also evident in the pharmacy practice literature. We thus set out to explore how practicing pharmacists perceive themselves and their professional roles in the international pharmacy literature. The aim of this study is to (a) explore how pharmacists' perceptions of their professional identities are discursively framed in the English language pharmacy practice literature and (b) describe factors that impact which professional roles or identities pharmacists embody in different pharmacy practice settings, i.e. community, hospital and family-health team settings.

Method

This study used a scoping review methodology to map how pharmacists' perceptions of their professional identities are discursively framed in the literature, and the factors they perceive impact which professional identities or roles they can embody (i.e. take on in practice). The term embody is commonly used in Foucauldian informed research. We use the term in this study to refer to how pharmacists take on the roles associated with a particular discourse in a particular context as lived experience. This means that pharmacists are not simply reproducing the narrative of a particular discourse but rather they take on the norms, morals and expected behaviours of the discourse as their own. For example, if a pharmacist's identity is framed within the dispenser discourse, they are more likely to behave in a way that includes not questioning physicians' prescriptions but dispensing them as written, not engaging in activities such as independent prescribing or physical assessment, and referring questions that are 'too medical' to other healthcare professionals rather than trying to solve these problems themselves. Embodiment of a different discourse would result in different behaviours.

Scoping reviews are exploratory studies, which aim to map the available knowledge on a given topic.^[27,28] They bring together information, allowing researchers to offer a subjective interpretation of what is known about the topic.^[28] A scoping review was selected for this study as a broad range of the literature for inclusion was desired, and there are numerous ways professional identity has been studied in pharmacy around the globe. A scoping review methodology allowed for identification of key concepts in how pharmacists' professional identity and roles are positioned globally, but also highlighted gaps in the literature and opportunities for future empiric work. For this study, we followed the scoping review procedures outline by Arksey and O'Malley.^[27]

Identifying the research question, study identification and selection

Our scoping review focused on answering the following research questions: how are pharmacists' professional identities discursively framed in the international literature, and which factors impact the identities that pharmacists embody in their practice settings? For this scoping review, the research team worked closely with an academic health sciences librarian (GBR) to define and execute the

search. Systematic searches were conducted in July 2019 in the following databases: Ovid MEDLINE (1946–present including Epub ahead of print, in-process and other unindexed citations), Ovid EMBASE (1947–present), Ovid PsycINFO (1806–present), EBSCO Cumulative Index to Nursing and Allied Health (1981–present) and Scopus (Elsevier). Keywords and subject headings were used to construct searches using the concepts of pharmacists AND professional identity/roles. Full search strategies, including all keywords used, can be found in the [Supplementary Material](#). The Ovid Medline search was peer reviewed by a second health sciences librarian prior to translations into the additional databases. Supplementary search methods were also used, including reviewing the reference lists of any articles included. Following the searches, the results were imported into EndNote for de-duplication. De-duplication was conducted using the methodology described by Bramer *et al.*^[29]

Selection of articles for inclusion in the final archive was determined using a deductive approach: (a) we included all primary and secondary research studies that focused explicitly on how practicing pharmacists constructed, perceived or enacted their professional identity (ways of thinking, acting and feeling like a pharmacist – ‘what one is’) in any pharmacy practice settings; (b) we also included articles that did not explicitly use the term professional identity but explored any element of how pharmacists perceived their professional roles and functions; (c) we included only published articles; (d) we excluded articles addressing professional identity in students and/or educational settings, as well as articles exploring professionalism or professional behaviour (i.e. ‘what one does’); (e) we also excluded articles published in languages other than English.

All the articles identified during the search were imported into Covidence for review. Covidence is web-based platform used to facilitate screening and data extraction for systematic reviews. The review process consisted of two levels of screening: (1) a title and abstract review and (2) full-text reviewing. For the first level of screening, two authors, JK and LS, independently screened the title and abstracts of all retrieved citations for inclusion in the full text review. In the second step, the two reviewers (JK and LS) independently assessed the articles selected for full text review to determine if they met the inclusion/exclusion criteria. Any discordant full-text articles were reviewed a second time and further disagreements were resolved through discussion with a third investigator (ZA), until consensus was reached. The findings of the analysis were discussed with the broader research team at regular research meetings, and their insights were incorporated into the analysis until complete consensus was reached.

Analysis

This paper used a scoping review and thematic analysis approach drawing from Foucauldian CDA. Michel Foucault was a prominent French scholar, whose perspectives can be of significant value to frame health professions research.^[23,30–32] A Foucauldian CDA is used to identify and describe patterns in the application of terms and concepts in texts.^[26,33–37] A Foucauldian informed CDA was used because it allows for the examination of language and practices of pharmacists and institutions (universities, hospital pharmacy, community pharmacy and primary care settings) with the goal of understanding how these practices shape and limit the ways that individuals and institutions can think, speak and conduct themselves in relation to their professional role.^[33–36] In the context of professional identity, Foucauldian CDA views individuals (pharmacists) as constructed in and through existing discourses.^[23] Hence, the pharmacists’ identity perceptions described in the texts were influenced by dominant

ideologies framing the role of the pharmacists in health care in their various practice settings and locations.^[33–37]

A descriptive analytical approach was used, which involved applying a common framework to all of the included articles. Two authors (JK, LS) read all of the articles and applied the common framework below to each paper:

1. How are pharmacists’ professional identities discursively framed in the literature?
2. What factors impact which professional roles or identities pharmacists embody in different pharmacy practice settings?

The team also kept track of who was writing about pharmacists’ professional identity, the disciplinary background of the researchers and the year of publication and the titles of journals where the studies were written.

Each objective is addressed individually to provide a more concise definition of how pharmacists perceive their professional identity in pharmacy practice. Since the scoping review methodology consisted of collecting and reviewing data from publicly available materials, this study did not require ethics approval.

Results

Demographic findings

The searches retrieved 21 701 articles. Then 11 394 records were screened following deduplication, resulting in 22 papers for inclusion. One additional study was found on review of reference lists, resulting in a total of 23 papers analysed. Of these, 17 studies were qualitative, 5 studies were quantitative, and one was a systematic review. The PRISMA flow diagram illustrates the search process ([Figure 1](#)).

The included studies spanned a vast array of countries, including Canada, the United Kingdom (UK), Brazil, Iceland, Pakistan, the United States (US), Moldova, China, France, Israel and Denmark. The studies sampled pharmacists from community, hospital and primary care settings. Data were most often derived from semi-structured interviews or surveys. The studies were published from 1986 to 2019, with 70% being from the year 2000 or later. All of the included articles reported on pharmacists’ perceptions of their professional identity or professional roles. The articles were published in a broad spectrum of journals, and by a broad sampling of authors, including both pharmacists and sociologists. A summary of the demographic findings of the archive can be found in [Table 1](#).

Thematic analysis and discursive findings

The results from this review build on previous work identifying the governing discourses of pharmacist identity constructed in pharmacy education.^[23] In that study, five dominant identity discourses were identified: apothecary, dispenser, merchant, expert advisor and healthcare provider.^[21] These findings were the starting point for our current study, as we aimed to determine whether practicing pharmacists were embodying these discourses in their practice, as well as identify which factors impacted adopting any of the above professional identities.

First, we present the key themes outlining why the authors of the included papers were interested in exploring pharmacist identity. Then we extrapolate the discursive framings of pharmacist professional identity from the data in the archive, as well as the factors impacting which identities the pharmacists feel authorized to embody in their various practice contexts.

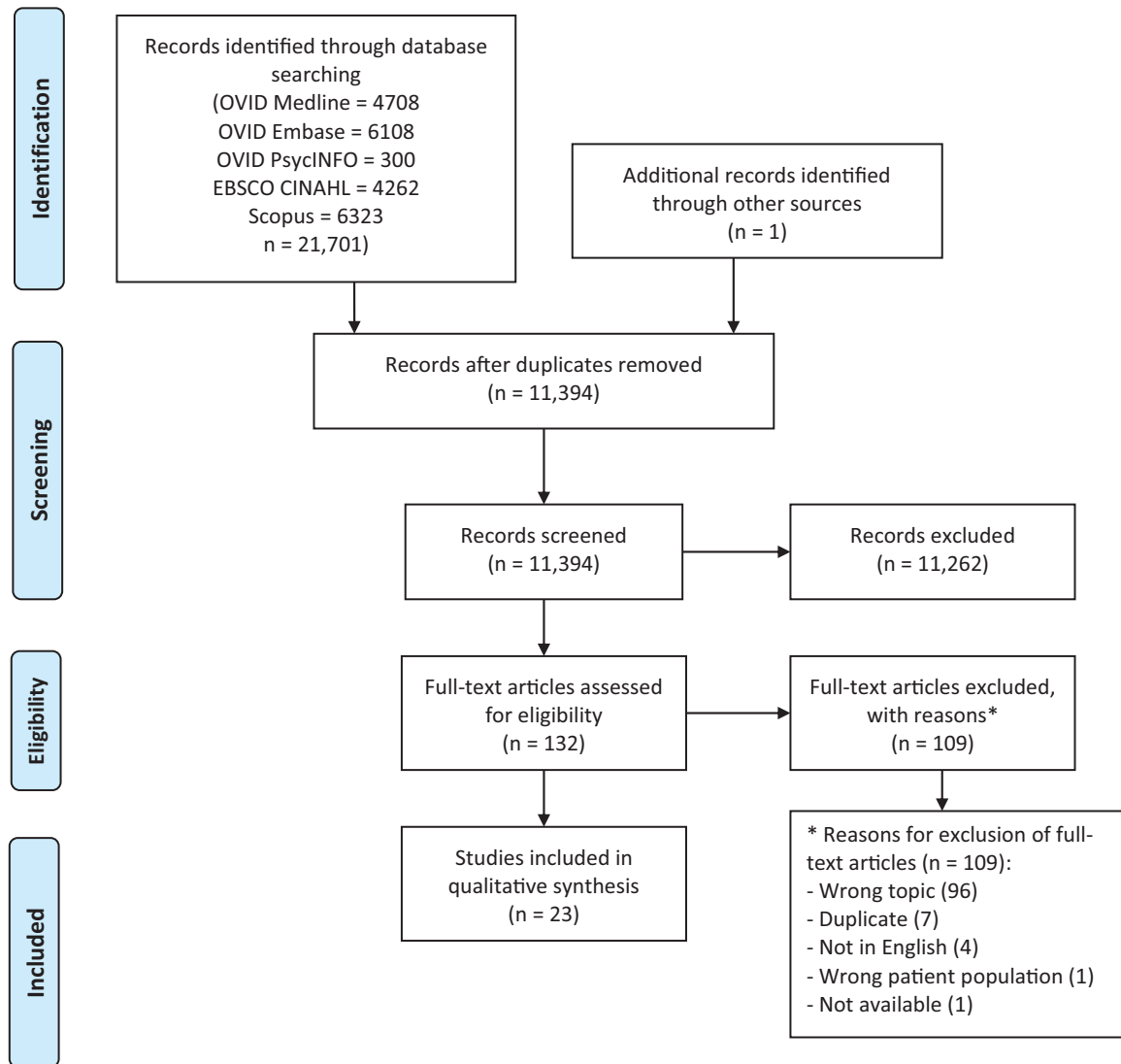


Figure 1 PRISMA 2020 flow diagram

Thematic analysis

Overall, the dominant theme of the papers included in this review was the role that the pharmacist played in the delayed uptake of the clinical pharmacy paradigm.^[38–60] Each paper positioned itself around the notion that pharmacy was transitioning from a technical or dispensing paradigm to a clinical or patient-focused paradigm.^[38–60] The authors illustrated the important role that pharmacists can play in improving patient health outcomes and the desire of the profession globally to be seen as clinicians. The papers noted that in spite of evidence of benefit and desire of the profession to be clinicians, expanded clinical roles and uptake of the paradigm have been slow in practice. Each paper was interested in how the pharmacists perceived their roles or identities, and whether this perception may shed insight into the slow progress for the transition.

Discursive findings

Pharmacist as clinician

Fourteen articles explored the pharmacist clinician identity discourse.^[38–40,42,44,47–50,56–60] This discourse was aligned with the healthcare provider discourse from JK's previous study.^[23] The clinician identity was rooted in patient-centred care and the pharmaceutical care

model. Pharmacists who perceived themselves to be clinicians viewed themselves as integral members of the healthcare team,^[38,39] whose role was to 'improve individual patients' health.'^[38] There was some perception that hospital pharmacists were more clinician oriented than community pharmacists, as evidenced by the following quote:

[I consider]...the whole patient, all their medical problems... side-effect problems, allergies...I think in community they're not able to do that. ...Whereas...on the ward, we've got a lot more information at our fingertips.^[50]

Although hospital pharmacists perceived themselves to be more clinically oriented,^[42,50] data from a study conducted in Alberta documented that hospital pharmacists often reported a drug-focused or drug-distribution activity first when describing their professional role, suggesting that hospital pharmacists have not fully embodied the clinician identity.^[38] In addition, articles from Brazil, Pakistan, China and Israel indicate that implementation of clinical pharmacy services in hospital settings is incomplete.^[40,44,48,53] In general, the studies in the archive illustrate some embodiment of the clinician identity; however, most studies confirm this identity is not yet fully formed, in any practice setting or country. A common theme in the

Table 1 Archive demographics

Characteristics	No. of Articles (%)
Article inclusion	
Articles identified from the literature search	11 394
Excluded from analysis	11 371 (99.8)
Included in analysis	23 (0.2)
Article inclusion by date range	
1985–1989	1 (4.3)
1990–1994	4 (17.4)
1995–1999	1 (4.3)
2000–2004	3 (13.0)
2005–2009	2 (8.7)
2010–2014	7 (30.4)
2015–2019	5 (21.7)
Article inclusion by country	
Canada	5 (21.7)
USA	1 (4.3)
Denmark	2 (8.7)
UK	5 (21.7)
France	2 (8.7)
Brazil	1 (4.3)
Pakistan	2 (8.7)
Moldova	1 (4.3)
China	1 (4.3)
Iceland	1 (4.3)
Australia	1 (4.3)
Sudan	1 (4.3)
Israel	1 (4.3)
Article inclusion by journal	
International Journal Of Pharmacy Practice	4 (17.4)
Canadian Journal Hospital Pharmacy	1 (4.3)
BMC Health Services Research	1 (4.3)
Pharmacy World and Science	2 (8.7)
Tropical Journal of Pharmaceutical Research	2 (8.7)
Journal of Pharmaceutical Marketing & Management	1 (4.3)
Pharmacy Practice	1 (4.3)
African Journal of Pharmacy and Pharmacology	1 (4.3)
Social Science & Medicine	1 (4.3)
Canadian Pharmacists Journal	1 (4.3)
Journal of Social and Administrative Pharmacy	3 (13.0)
Research in Social and Administrative Pharmacy	1 (4.3)
International Journal Entrepreneurship and Innovation Management	1 (4.3)
Journal of the American Pharmacists Association	1 (4.3)
Journal of Research in Pharmacy Practice	1 (4.3)
The Annals of Pharmacotherapy	1 (4.3)

collection of papers that centred on the pharmacist clinician identity is that pharmacists perceive this identity to be important but only partially realized. The studies document how pharmacists aspire to practice more clinically. The key factors that impacted the uptake or full embodiment of the clinician identity cited by pharmacists were lack of time, lack of clinical training and lack of support from physicians. The clinician identity was viewed by many as a way to increase the professional stature of the profession and was associated with the potential for healthcare transformation, and was thus very desirable.^[38–45]

Pharmacist as technical dispenser

The most prevalent identity construction identified and explored in the studies is the pharmacist dispenser identity.^[38–45,47–50,52,54,55,58–60]

Pharmacists in these studies had a strong perception that this is a key component of who they are as professionals. Eighteen articles discussed pharmacists' perceptions as dispensers.^[38–45,47–50,52,54,55,58–60] The dispenser identity was associated with technical skills, a need for accuracy and precision, and was associated with important safety checks. A participant of a study in Pakistan noted:

No, we do not provide any kind of services other than dispensing.^[45]

Another study from the UK illustrates the importance of the technical checking component of the dispensing function as reflected in the quote of one of their participants:

...an underlying trait is you've got to be precise if you like... whether you're a community pharmacist or a hospital pharmacist...extremely important that they're attentive to detail, cos [sic] you are the final check before the patient gets the drugs...^[50]

Although the dispenser discourse was prevalent, there was a feeling expressed by some of the pharmacists that dispensing was a mundane task and that they were over-qualified to perform this role on a regular basis. A study of hospital pharmacists in China cited the following comments:

'We are still a dispensary worker, just like our senior hospital pharmacists' and

'A pharmacist is just a physical laborer, without being mentally challenged.'^[48]

Another participant of a study from the UK noted:

Dispensing is a mundane job to me.^[50]

Overall, most pharmacists in the sample admitted to fulfilling the dispensing role, although not everyone described it as a central role of the pharmacist. It was deemed an important component for ensuring safety but there was a strong desire for pharmacists to move away from this role as their primary function. This version of the pharmacist as dispenser differed from the discourse identified in JK's previous work, perhaps because in our current study the sample was global. Dispensing in these studies was decoupled from counselling. The main factors that impacted embodiment of the dispenser identity was the prevalence and need for dispensing functions in pharmacy practice settings, a level of comfort with this role by pharmacists and an expectation from patients and other healthcare providers that this is a key role that pharmacists perform.

Pharmacist as business person

Eleven articles illustrated a business person identity discourse being embodied by practicing pharmacists around the world.^[41–43,45–47,49,50,52,57,60] This identity was quite prevalent, but not viewed as desirable by most, similar to the merchant discourse in the study by Kellar *et al.*^[23] The business person identity was associated with the retail and shop-keeping aspects of the profession.^[42,50] There was significant concern by pharmacists that being located in a retail environment impacted their ability to act, and be recognized as clinicians by other health professionals and by society at large:

We're just perhaps seen as businessmen, rather than clinicians.^[50]

...some just think you're a glorified shopkeeper. You've got stuff on the shelf.^[50]

Pharmacists also expressed challenges with differentiating a person as a customer or a patient.^[42,50,60] This was particularly

prevalent when discussing health promotion activities, where pharmacists conveyed concern about interfering with lifestyle choices of individuals.^[42] Pharmacists avoided tackling certain healthcare and lifestyle matters with patients as they operated within a business ethos of customers always being right, thus they felt the retail environment was not the place to discuss these issues. There was a dominant clientelism discourse that impacted the embodiment of the clinician identity, as reflected in the following citation from a study conducted in the UK.

Tackling people's weight with them is unrealistic if you wish to have good customer relations. The pharmacy is not a place for that.^[42]

Overall, the business person identity was dominant in retail and community pharmacy practice. It was not something that hospital or family health team pharmacists discussed in relation to their practice. Embodiment of this identity was most impacted by the environment. The more commercial and business oriented the pharmacy physical setting the more prevalent this identity.

Pharmacist as a patient counsellor

Twelve articles found that pharmacists perceived themselves to be patient counsellors.^[38,39,44,45,47,50,53–56,58,59] This identity discourse aligns with the dispenser discourse in JK's previous work.^[23] There was a strong connection and pride associated with this identity. Pharmacists believed they were in an ideal position to educate their patients on medications, particularly since they viewed themselves to be medication experts. Key responsibilities of pharmacists included counselling patients on proper medication use and encouraging compliance. A pharmacist in one study exploring pharmacy culture noted:

We help people understand the medicine they take.^[2]

Another stated pharmacists:

...educate, counsel, and provide information about health, disease state and wellbeing to the patient.^[2]

Also, counselling was something that was predominantly product focused as opposed to patient focused and was completed efficiently by the pharmacist, as reflected in the quote below from a study conducted in the UK.

Yes, we give guidance regarding dosage and how to take medicine; it hardly takes 5 to 10 minutes depending upon the prescription. Any other related information is also passed to customers.^[45]

Overall, most pharmacists embodied a patient counsellor identity to some extent. Factors thought to contribute to this include high level of comfort of pharmacists in educating patients on medications, beliefs that this is a key role for pharmacists, and support from other healthcare providers that this is a key role for pharmacists.

Pharmacist as a physician supporter

Four articles found evidence of a physician supporter identity discourse.^[43,49,53,56] This identity was not associated with autonomy or independent pharmacist practice, but rather with pharmacists performing work that physicians did not want to do and/or did not have time to do. For example, one pharmacist in the UK noted:

A complimentary act...we do what perhaps the physician didn't have the chance to do or what he didn't have sufficient time to do.^[49]

The pharmacists who identified with this framing of their role saw their work as a way to support physicians by helping to reduce their workloads, as opposed to an independent pharmacist service aimed to improve patient outcomes. This identity was subordinate to that of the physician, with the pharmacists clearly stating the physician is responsible for the patient. This scenario aligns with the expert advisor discourse of our earlier study. Much of the work assigned to the pharmacist was related to patient counselling and/or education. The pharmacists did not believe they had unique skills or services to offer patients when compared with physicians.^[49] Key factors thought to impact this identity are medical dominance and physician authority.

Other identities

Other noteworthy identities that were found in our analysis included pharmacist as medicine maker and pharmacists as health promoter. These identities were present but not as pronounced as the identity constructions we have reviewed thus far. The medicine maker identity discourse was present in a handful of studies and is noteworthy because pharmacists had a strong sense of pride associated with it. There was much nostalgia associated with being a medicine maker. Discursively, it was presented as a role valued by pharmacists and patients. This identity was associated with significant professional status, hence the pharmacists in the papers conveyed a longing to return to this role, which was consistent with the findings of JK's earlier work.^[23]

I've worked in shops where we used to make gallons of our own cough medicine and it used to fly out, customers used to come specially for it... they thought they were being treated specially, you could tailor it to their needs...^[50]

There was also the appearance of a health promoter identity, which may be an emerging identity of the future.^[43] There was agreement that there was need for the health promoter role; however, pharmacists are currently more reactive than proactive in the articulation of what this role might be and in which practice space it could be performed.^[43] They felt that the current dispensary obligations impacted their ability to proactively provide health promotion activities.^[43]

Discussion

This scoping review identified 23 articles examining the professional identity and role of pharmacists as perceived by pharmacists themselves. Our findings suggest that pharmacists have strong identities rooted predominantly in dispensing and patient counselling. There was also a business person identity that was deemed undesirable by most and in conflict with pharmacists' desires to be more clinically oriented. There was a physician supporter identity present in some articles, emphasizing the role for pharmacists to help physicians do their work. Finally, there was a clinician identity present that was only partially formed. This clinician identity came through as being desirable by pharmacists but it remained largely aspirational for most. The findings of this review also illustrate that many factors impact which identities pharmacists embody. Overall, the traditional identities of dispensing and patient counselling are more prominent based on comfort level with these roles, societal need, physical infrastructure and support from other healthcare providers. The clinician identity is the most challenging to embody currently and the reasons are multifactorial.

Strengths and limitations

This study has many strengths worth noting. Firstly, the study includes community, hospital and family health team pharmacists, hence it covers the most common areas of pharmacy practice. It is also the first scoping review to explore pharmacists' perceptions of their professional identities and roles. This provides insights into how pharmacists perceive themselves, which is not completely aligned with how pharmacy academics and leaders perceive the professional identity and roles of the profession. This finding has wide-spread applicability to education and practice, as it suggests alterations in education may be needed to further advance practice. It also exposes numerous factors which impact which professional identities pharmacists can embody within their practice settings. These factors will need to be addressed to facilitate practice change moving forward. Another strength is that the study has an international focus, thus it is relevant to pharmacists around the globe. It also adds to the very limited literature exploring pharmacists' professional identity, which is an area that requires a deeper understanding if the profession is going to remain relevant in modern health care.

As with any study, this scoping review has limitations. Firstly, professional identity has not been well studied in pharmacy, hence the total number of studies included in this review is small. As a result, we did not assess the methodological quality of the studies included as it would have reduced our sample even further. A large number of the studies used qualitative research methodologies, which are highly contextualized and may not be transferable to the pharmacy profession as a whole. Also, this work relied on the perceptions of individual pharmacists, which may not reflect the perceptions of the larger professional group. Another limitation is the inconsistency with regards to terminology used in the individual studies, specifically professional identity versus professional roles, making interpretation sometimes difficult. Finally, the use of a Foucauldian informed CDA introduces limitations since there are no methodological manuals to guide the data analysis. Michel Foucault's methodologies are highly theoretical and require interpretation by the research team prior to use. To maximize consistency and objectivity during data analysis, a number of safeguards were put in place including research team members with expertise in using Foucauldian methodology (TM, ZA, JK), independent analysis of each study by two separate researchers (JK, LS) and regular meetings with research team to review data.

This study reinforces that institutional discourses are powerful governing forces for professionals to assume particular ways of enacting their identities and roles in society. The professional identity discourses identified in this scoping review were closely aligned with the findings of JK's CDA of pharmacy education in North America, as well as Elvey *et al.*'s professional identity paper from the UK.^[23,50] The dominant clinician or healthcare provider discourse is associated with significant legitimacy, hence most practicing pharmacists aspire to embody this role regardless of their practice site. A key issue with this finding is that it creates identity dissonance within pharmacists, and contributes to disillusionment in the profession, decreased job satisfaction and attrition.^[61] It is also associated with value judgements and creates hierarchies within the profession and creation of the language 'I'm just a staff pharmacist' or 'I'm just a community pharmacist.' The focus on the clinician identity limits different ways of seeing pharmacists' identities and devalues important pharmacist roles which currently exist. Research by Rathbone and Jamie^[62] highlights similar identity struggles for pharmacist clinicians transitioning to qualitative researchers, reinforcing the complexity of

transitioning long standing professional roles and ways of being. Professional identities are rooted in the education and training of pharmacists and in the practice sites themselves, hence more work is needed to understand what changes need to occur to facilitate identity transformations.

This review identified several identity discourses perceived by practicing pharmacists. The results suggest that although the clinician identity is being actively promoted and those within the profession are aspiring to the role, it does not currently dominate pharmacy practice. The gap between the clinician aspiration and workplace duties may contribute to the slow pace of practice change being observed across the profession. The identity discourses that predominate current practice illustrate structural issues within the institutions and organizations that govern and shape pharmacy education and practice. For example, the structure and organization of most community pharmacies is such that pharmacists view individuals as clients versus patients. This strong clientelism discourse in retail pharmacy settings creates challenges with health promotion activities such as weight loss and smoking cessation. In addition, the corporate structures within retail pharmacy settings prioritize profit, hence pharmacists prioritize prescription volume and efficiencies in dispensing over providing patient care and follow up. Medical dominance also governs pharmacist behavior, as illustrated through the physician supporter identity. In this identity, pharmacists view their role as subordinate to the physician versus being autonomous. Structural and organizational practices significantly impact the ability of modern pharmacists to embody the clinician role.

Future research

Overall, this study brings the construct of professional identity to the forefront as an important component of pharmacy practice change. Future studies exploring professional identity formation and its underlying role in facilitating practice change is important for the profession of pharmacy to actualize the shift towards the clinician role it seeks. Studies exploring how pharmacy education can be re-designed to facilitate formation of strong identities for pharmacists are needed. In addition, understanding the structural and organizational issues that impact identity formation is also crucial to creating meaningful practice change and enabling societal support moving forward. Research exploring the societal needs from pharmacists would be beneficial to inform identity formation. This study may also help other researchers highlight the importance for pharmacy to clearly differentiate between aspirational conceptualizations of professional identity and the professional roles and authorized behaviours found in practice.

Conclusion

This scoping review illustrates that pharmacists do not uniformly perceive themselves to be clinicians. A significant gap exists between the profession's desired identity and that embodied by practicing pharmacists. The resulting dissonance may be a contributing factor to the lack of wide scale practice change the profession has been seeking for decades. This study can inform new lines of research that aim to explore practice change through professional identity frameworks, particularly studies that examine the intersection of authorized narratives related to professional practice in relation to context specific factors that contribute to the embodiment of these narratives.

Supplementary Material

Supplementary data are available at *International Journal of Pharmacy Practice* online.

Authors' contributions

All authors' contributions adhere to the International Committee of Medical Journal Editors' definition of authorship. All authors contributed to the conception and design of the study, GBR conducted the literature search with input from JK. JK and LS screened the studies and performed the preliminary data analysis. All authors contributed to further analysis and interpretation of the data. JK drafted the article, then all authors contributed to re-drafting and revising critically. All authors gave final approval of the version to be published. The authors have no conflicts of interest to disclose.

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