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Commentary

Implementing professionalism by deprofessionalized strategies: A moral quandary

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Abstract

Monetary fine proceedings has been one of the methods of upholding professionalism amongst health care professionals. Professionalism as a concept is multifaceted and fragmented and it has become symbolic to the extent that, unfortunately, some traits of professionalism showcase the whole concept. It seems fair to interpret the symbolic views on the concept of professionalism as means to capitalize on certain aspects of professions such as commercial profitability for the employer and respected status for the profession. Evaluation of professionalism is often implicit and inadequate; and assessing professionalism by relying on abstract and idealized definitions implies that professionalism is a compounded composite of certain set of stable traits. We suggest to refer to the theory of values-based practice so as to achieve collocated views on professionalism among employers and health academics. Instead of capitalizing on certain traits of professionalism to project the whole concept of professionalism, we may need to relook at the traits of professionalism as values. It is extremely crucial to internalize the values of the health profession in the future health professionals, so that the future health professionals imbibe the professionalism through dialog and democratic methods of sharing values during the course of professional development.

Keywords: Professionalism; Deprofessionalization; Health care students

Professionalism in the era of commercialization

Monetary fine proceedings have been one of the methods of upholding professionalism among health care professionals.[1] However, it is surreal to mete out punishment by imposing monetary fines on health students who do not comply with their institutions' code of professional conduct, such as dress code. It is even more staggering to see employers compel their academic staff into implementing such punishments against the "unprofessionally" attired health care students, as the dress code may not necessarily reflect objective professionalism but the commercial stance of the employer (especially private institutions).

Health care professionals are increasingly considered "ordinary" employees, and are subordinate to high- and middle-level administrative officials—a trend referred to as "deprofessionalization."[2] As the influence of marketization is increasing, the scope for health care professionals' influence on policy and practice is becoming more limited.[3] In higher education, marketization is said to have negatively affected academic identity as well as student identity.[4] The employer could be the health industry or a university—both have used power and authority to operationalize certain set of rules and regulations to drive professions as smaller societies.[2,5] However, privatization, power, and authority have driven competition in the marketplace[6] to monopolize sectors of the market for profitability.[2] For instance, private medical universities have the power and authority to decide on what should be the dress code for their students. To force the male health care students wear tie may not necessarily mirror the standards of professional conduct; rather, it could

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be more likely a strategy to attract more students whose parents are of the belief that wearing tie is an indicator of quality education and professional identity. It seems that profitability has transmuted the concept of professionalism, its evaluation, and its implementation.

From linguistic analytic philosophy point of view, professionalism is a term that is difficult to define; but, is readily used by those who refer to it frequently.[7] As a concept, professionalism is multifaceted and fragmented[8]; its definition has become symbolic to the extent that, unfortunately, some traits of professionalism showcase the whole concept. It seems fair to interpret the symbolic views on the concept of professionalism as means to capitalize on certain aspects of professions such as commercial profitability for the employer and prestige for the profession. In the medical context, professionalism has been defined without necessarily reaching agreement[9]; nevertheless, these definitions are congruent where the concept of professionalism can be operationalized in the context of a societal expectation and social contract between the health professionals and their patients.[10–16]

Why is holistic view on professionalism important?

Evaluation of professionalism is often implicit and inadequate.[17,18] To assess professionalism by relying on abstract definitions implies that professionalism is a compounded composite of certain set of stable traits,[18] that is, the presence of specific personality traits predict behavior. Thenceforth, a professional health student does not, and should not wear revealing clothes while in a lecture hall. Interestingly, the assumption that the type of dress predicts the levels of professionalism—and eventually affect the quality of care provided to the patients—is rather an oversimplifying approach that seems to be untrue.[19,20] Consequently, it is suggested that there is a dichotomy in the thinking style of academicians on professionalism (i.e., either be tough and authoritative or be relaxed and let it go).[18] The split view confirms the current shortcomings of definition, operationalization, and evaluation of professionalism.

Professional development, in the health literature, is viewed as a learning process that allows health care students to construct independent personal and professional identities.[21–23] The professional identity is the outcome of formal and informal learning during and after completing a professional course.[24–26] Professional codes of conduct clearly outline the behaviors expected of qualified health care professionals. However, are we supposed to forcefully impose our institutional identities on health care students to mask the so-called "inappropriate personal identities" such as dressing style? Or should we aim at juxtaposing the institutional identities on top of the health care students' personal identities and let the students make an informed decision to either substitute or supplement their personal identities?

Is values-based practice theory the answer?

We suggest to our colleagues in pharmacy education to refer to the theory of values-based practice[27] so as to achieve collocated views on professionalism among employers and their health academics of different disciplines. Values-based practice theory is based on three linked pillars: education, regulation, and teamwork.[27] Values-based practice provides a forum for effective communication between academics and practitioners to decide what is best for the profession. Hence, the decision-making processes are based on mutual respect—thorough and thoughtful discussions linking theory and practice.[28] Specifically, values-based practice is a framework of shared values.[28] Instead of capitalizing on certain traits of professionalism—as a means to project the whole concept of professionalism—we may need to relook at the traits of professionalism as values. Value, in sociology, is defined as something ultimately good, proper, or desirable in human life.[29] Values are embodied in words through which they influence behavior and provide standards for it.[29,30] Interestingly, the Accreditation Council for Pharmacy Education (ACPE) Standards 2016 provides us with a pragmatic approach to better understand and evaluate professionalism and professional identity.[31] Standards 2016 has incorporated the concept of value in all of the key elements of professionalism, interprofessional collaboration (teamwork), and social aspects of practice.[31]

With the contexts of values-based practice theory and ACPE Standards 2016, we can categorize the traits of professionalism as key value terms [i.e., good and ought to (must)].[32] Altruism, for example, as one of the traits of professionalism, is good and must be carried out. In contrary, wearing less revealing dress is good, but it should not be enforced by implementing monetary fines given that dress code is not explicitly mentioned in the ACPE accreditation standards. Academic pharmacists should develop and maintain a two-way communication with the pharmacy councils, regulating bodies, and health services to discuss and determine the traits of professionalism in the context of values and employability. There should be a shared decision-making process that permits conversation among the academic pharmacists, pharmacist practitioners, and pharmacist managers in the health sector to work as team. Professionalism should be embedded in the pharmacy curricula to allow the pharmacist students an easy transmission from graduation to recruitment. Pharmacist students are an integral part of the professionalization process. It is imperative to communicate the need for incorporating professionalism, professional identity, and their evaluation with the students. It is also extremely crucial to internalize the values of the health profession in the future health professionals, so that the future health professionals can imbibe the professionalism through dialog and democratic methods of sharing values during the course of professional development.

Conflict of interest

The authors declare no conflict of interest.

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