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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.

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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 marketplace⁶ 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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78 be more likely a strategy to attract more students whose
79 parents are of the belief that wearing tie is an indicator of
80 quality education and professional identity. It seems that
81 profitability has transmuted the concept of professionalism,
82 its evaluation, and its implementation.

83 From linguistic analytic philosophy point of view,
84 professionalism is a term that is difficult to define; but, is
85 readily used by those who refer to it frequently.⁷ As a
86 concept, professionalism is multifaceted and fragmented⁸;
87 its definition has become symbolic to the extent that,
88 unfortunately, some traits of professionalism showcase the
89 whole concept. It seems fair to interpret the symbolic views
90 on the concept of professionalism as means to capitalize on
91 certain aspects of professions such as commercial profit-
92 ability for the employer and prestige for the profession. In
93 the medical context, professionalism has been defined
94 without necessarily reaching agreement⁹; nevertheless, these
95 definitions are congruent where the concept of profession-
96 alism can be operationalized in the context of a societal
97 expectation and social contract between the health profes-
98 sionals and their patients.¹⁰⁻¹⁶

100 Why is holistic view on professionalism important?

101 Evaluation of professionalism is often implicit and
102 inadequate.^{17,18} To assess professionalism by relying on
103 abstract definitions implies that professionalism is a com-
104 pounded composite of certain set of stable traits,¹⁸ that is,
105 the presence of specific personality traits predict behavior.
106 Thenceforth, a professional health student does not, and
107 should not wear revealing clothes while in a lecture hall.
108 Interestingly, the assumption that the type of dress predicts
109 the levels of professionalism—and eventually affect the
110 quality of care provided to the patients—is rather an
111 oversimplifying approach that seems to be untrue.^{19,20}
112 Consequently, it is suggested that there is a dichotomy in
113 the thinking style of academicians on professionalism (i.e.,
114 either be tough and authoritative or be relaxed and let it
115 go).¹⁸ The split view confirms the current shortcomings of
116 definition, operationalization, and evaluation of
117 professionalism.

119 Professional development, in the health literature, is
120 viewed as a learning process that allows health care students
121 to construct independent personal and professional identi-
122 ties.²¹⁻²³ The professional identity is the outcome of formal
123 and informal learning during and after completing a
124 professional course.²⁴⁻²⁶ Professional codes of conduct
125 clearly outline the behaviors expected of qualified health
126 care professionals. However, are we supposed to forcefully
127 impose our institutional identities on health care students to
128 mask the so-called “inappropriate personal identities” such
129 as dressing style? Or should we aim at juxtaposing the
130 institutional identities on top of the health care students’
131 personal identities and let the students make an informed
132 decision to either substitute or supplement their personal
133 identities?

Is values-based practice theory the answer?

134 We suggest to our colleagues in pharmacy education to
135 refer to the theory of values-based practice²⁷ so as to
136 achieve collocated views on professionalism among
137 employers and their health academics of different disci-
138 plines. Values-based practice theory is based on three linked
139 pillars: education, regulation, and teamwork.²⁷ Values-
140 based practice provides a forum for effective communica-
141 tion between academics and practitioners to decide what is
142 best for the profession. Hence, the decision-making pro-
143 cesses are based on mutual respect—thorough and thought-
144 ful discussions linking theory and practice.²⁸ Specifically,
145 values-based practice is a framework of shared values.²⁸
146 Instead of capitalizing on certain traits of professionalism—
147 as a means to project the whole concept of professionalism
148 —we may need to relook at the traits of professionalism as
149 values. Value, in sociology, is defined as something
150 ultimately good, proper, or desirable in human life.²⁹ Values
151 are embodied in words through which they influence
152 behavior and provide standards for it.^{29,30} Interestingly,
153 the Accreditation Council for Pharmacy Education (ACPE)
154 Standards 2016 provides us with a pragmatic approach to
155 better understand and evaluate professionalism and profes-
156 sional identity.³¹ Standards 2016 has incorporated the
157 concept of value in all of the key elements of profession-
158 alism, interprofessional collaboration (teamwork), and
159 social aspects of practice.³¹

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

190 **Conflict of interest**191 The authors declare no conflict of interest.
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