Patient-centred professionalism and its impact on community pharmacists

In this article Frances Rapport and colleagues from Swansea University describe 11 themes of patient-centred professionalism and highlight the positive and challenging aspects of these for community pharmacists.

A recent study that we undertook at Swansea University College of Medicine sought to clarify the concept of “patient-centred professionalism” in community pharmacy and assess its effect on the everyday working practices of community pharmacists.

The study, “Contextualising patient-centred professionalism in pharmacy practice: consulting with patients and pharmacists and stakeholders” was commissioned by the Pharmacy Practice Research Trust as part of a programme of research investigating professionalism in pharmacy practice, specifically in relation to patient need and expectation. The term “professionalism” and “patient-centred care” are commonly discussed in healthcare services and literature about how to care for patients. Increasingly the terms have converged. Now the joined-up notion — patient-centred professionalism — describes the desired approach for community pharmacists in their working practice. But what does it mean for them and for the public?

According to the Picker Institute,1 patient-centred professionalism is central to a vision of healthcare evolving appropriately within society. Askham and Chisholm, on behalf of the Picker Institute, 2 suggest that healthcare professionals must make the nature of their professional roles; and patient characteristics.

This study is the first of its type to place such definitions in this specific context, through the use of innovative mixed methods (consultation workshops, photographs and biographies of workspace and nominal group work), to take a thorough look at current pharmacy practice. The mixed-method study follows on from previous research with GPs3 and was conducted in south-west Wales.

Thirty-nine participants, including community pharmacists, support staff, the public and key stakeholders, took part in a series of consultation workshops. A series of positive and challenging examplars generated from the workshops were ranked and then reranked following further discussion. These reranked examplars were used to generate a final consensus list of themes, which were developed into a thematic template of positive and challenging practice.

Eleven themes

Results were classified into 11 themes of patient-centred professionalism presented in a “template of patient-centred professionalism in community pharmacy”. The template defines the notion in terms of the 11 themes: safety; professional characteristics; relationships with patients; confidentiality and privacy; accessibility; training; professional pressures; services; environment; changing professional roles; and patient characteristics.

Each theme, described briefly below, is presented in the order in which importance was ranked at the workshops, identified through in-depth statistical analysis. Themes highlight positives and challenging aspects of what this means for the community pharmacist in practice.4–6

**WHY THE WORK WAS DONE**

In order to nurture professional values and practice in pharmacy and create pharmacy leaders, it is important to understand what aspects of professionalism in practice are valued by pharmacists, patients and the public. To address this, the Pharmacy Practice Research Trust commissioned a series of studies to investigate three different areas: teaching and assessment of professionalism in pharmacy education, contextualising patient-centred professionalism in pharmacy practice, and patient-centred professionalism among newly registered pharmacists. An overview from the second study is presented here.

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Training

There was a strong perception that most pharmacists are not natural communicators, and that more training is required if they are to make the most of the new consultative opportunities. The public are surprised by the pharmacists’ degree of knowledge, especially in relation to the GP. Limited “in-house” training is highly problematic, as is the poor provision of continuing professional education for both pharmacists and support staff.

Professional pressures

Commercial imperatives have left many pharmacists angry and frustrated at the demands and tensions of their new-found roles. Pharmacists and staff are torn between commercial imperatives and putting patients’ needs and their own professionalism first. Pharmacy staff are demoralised by others telling them what to do. Pharmacists complained of a lack of autonomy and describe the potential inconvenience of a generic layout for their workspace, especially where this conflicts with their sense of order.

Services

Pharmacists said services are more important to the public than the space in which they are provided. Their main interest is receiving the correct medicine in a timely and convenient manner. Pharmacists were well aware of the public’s desire for a fast service, but also of the need for pharmacies to offer a wide-range of profitable services. However, the quality of services is compromised by increased workloads. Professional groups emphasise the importance of working more closely together, promoting joined-up working practices, and helping educate patients about the services on offer and how to take more responsibility.

Environment

Although the main reward of the community environment is the direct social interaction it affords, many pharmacists reported feeling isolated. The most significant constraint is the retail environment, which may detract from the serious work of the pharmacy, and may demean the pharmacist in the eyes of the public. Well-organised workplace is crucial, particularly in the dispensary, and staff value a harmonious social space within which to work. Contrasts are made between small, local pharmacies and large, supermarket-based pharmacies that are described as impersonal and characterless, with implications for relationships and trust.

Changing professional roles

A broadening role has increased the pressure on pharmacists and left many concerned about the negative impacts on their relationship with patients. There is little clarity of role, ever-growing company expectations to meet commercial targets, and unrelenting personal accountability, especially with respect to safety. Although the public view the GP as the consultant and diagnostician, they regard the pharmacist as little more than a sales technician, implementing GP decisions.

Patient characteristics

Patients can be challenging: they have a desire to be seen immediately, expectations of a swift dispensing service, unrealistic demands and problematic attitudes. However, the characteristics of a patient should not impede the consistency of service or the equality of treatment. Consequently, pharmacists and staff emphasise the need for tolerance, open-mindedness, and being non-judgemental. Although patients are the raison d’être of community pharmacy, this theme is regarded as the least significant of all.

Discussion

In the first instance the template appears to indicate a workforce that is “disillusioned, isolated from their peers . . . yearning for the sanctuary of the dispensary . . . the place where they believe their professionalism lies”. Clearly, with more research we will be able to reveal how changes to practice and the role of the community pharmacist have led to this despondency.

The template provides community pharmacists with an opportunity to consider aspects of practice from different perspectives, and their approach to delivering patient-centred care in terms of the patient’s perspective. It also enables community pharmacists and stakeholders supporting their work, to recognise the extent to which positive and challenging aspect of a patient-centred professional approach can impact people’s lives.

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References