

Exploring the Professional Identity of Hospital Pharmacists in British Columbia

Karen Dahri, Cindy Luo, Brandy Kent, Madison Lai, Amanda Driver, and Hans Haag

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ABSTRACT

Background: Pharmacists lack a cohesive professional identity, with only limited previous research on the formation of a professional identity for pharmacy. In particular, there is sparse information on the professional identity of pharmacists who practise in hospital settings.

Objectives: To determine hospital pharmacists' professional identity and the characteristics of an ideal pharmacist and ideal practice setting.

Methods: This qualitative study used key informant interviews with semistructured questions. A maximum variation sampling strategy was used to recruit a cross-section of pharmacists from different geographic areas of British Columbia who were practising in a variety of roles. The interviews were transcribed and then analyzed thematically.

Results: Nineteen pharmacists participated in the study. Seven themes pertaining to hospital pharmacists' professional identity were generated, specifically medication expert, therapy optimizer, collaborator, educator, researcher, patient advocate, and unknown professional. Similarities were found with personas previously identified in a population of primarily community pharmacists. The ideal pharmacist was described as being a medication expert, a collaborator, and a leader. The ideal practice setting was characterized as being adequately funded and allowing pharmacists to practise to their full scope.

Conclusions: Hospital pharmacists' professional identity is based on being a medication expert who is seen as an essential member of a collaborative team.

Keywords: professional identity, pharmacists, hospital practice

RÉSUMÉ

Contexte : Les pharmaciens manquent d'une identité professionnelle cohérente et les recherches antérieures portant sur la formation d'une identité professionnelle de la profession sont limitées. En particulier, les informations sur l'identité professionnelle des pharmaciens exerçant en milieu hospitalier sont rares.

Objectif : Déterminer l'identité professionnelle des pharmaciens d'hôpitaux ainsi que les caractéristiques d'un pharmacien idéal et d'un milieu d'exercice idéal.

Méthodes : Pour cette étude qualitative, des questions d'entretien semi-structurées ont été utilisées auprès d'informateurs clés. Une stratégie d'échantillonnage à variation maximale a été utilisée pour recruter un échantillon représentatif de pharmaciens de différentes régions géographiques de la Colombie-Britannique pratiquant divers rôles. Les entretiens ont ensuite été retranscrits puis analysés par thème.

Résultats : Dix-neuf pharmaciens ont participé à l'étude. Sept thèmes relatifs à l'identité professionnelle des pharmaciens d'hôpitaux se sont dessinés : expert en médicaments, optimisateur thérapeutique, collaborateur, éducateur, chercheur, défenseur des patients et professionnel méconnu. Des similitudes se sont dégagées avec des identités précédemment cernées dans une population constituée principalement de pharmaciens communautaires. Le pharmacien idéal a été décrit comme étant un expert en médicaments, un collaborateur et un leader. Le milieu de pratique idéal a quant à lui été décrit comme un milieu adéquatement financé permettant aux pharmaciens d'exercer pleinement leurs compétences.

Conclusions : L'identité professionnelle du pharmacien hospitalier repose sur le fait d'être un expert en médicaments. Cet expert est considéré comme membre essentiel d'une équipe collaborative.

Mots-clés : identité professionnelle, pharmaciens, pratique hospitalière

INTRODUCTION

Pharmacists lack a cohesive professional identity. Professional self-identity captures how an individual relates to the expectations of their designated professional role and the internalization of the fundamental values related to the individual's profession.^{1,2} For a health care provider, developing a professional identity centres on integrating the knowledge and skills specific to the person's profession with the professional behaviours that are reflective of a health professional.³

The process of professional identity development begins during formal education through an interaction involving one's social identity, personal identity, and personality.²

Whereas some health care professions, such as medicine, have emphasized the importance of professional identity development,⁴ a similar emphasis for pharmacists is lacking. Pharmacy education primarily focuses on knowledge and skill acquisition, but lacks a purposeful and consistent focus on professional identity development.⁵ Pharmacy students in one survey study lacked a comprehensive understanding

of what it meant to be a pharmacist.⁶ In a study of first-year nursing, medical, dental, and pharmacy students, the nursing and medical students were found to have the strongest sense of their professional identity when entering their training, along with the strongest commitment to their profession.⁷ In contrast, pharmacy students struggled to describe their professional role and identity.⁷ Despite their education on patient-oriented care and their desire to provide high-quality care, pharmacy students often identified more with traditional dispensing and counselling roles.⁶ It is evident that pharmacy students are struggling to incorporate the knowledge, skills, and behaviours learned from the pharmacy curriculum into their own values and into the formation of a unified professional identity.⁵

Much variation has been found in the professional identity of practising pharmacists. Elvey and others⁸ examined pharmacists' perceptions of their own professional identity in a mixed population of community, hospital, and primary care pharmacists. These authors found a high degree of role ambiguity and observed a large number of identities.⁸ A Canadian study examined whether community pharmacists identified with their professional identities in situations where they themselves were patients or caregivers.⁹ The participants found it unnecessary to identify themselves as pharmacists to their health care providers and relied on "niceness" to advocate for themselves, rather than utilizing their own medical knowledge and professional judgment.⁹

Although many exemplary pharmacist practices exist, without a cohesive professional identity, pharmacy professionals are hindered from practising to the full extent of their capabilities, as described in a study of pharmacists in Africa.¹⁰ The hospital pharmacists in that study, which was conducted in Nigeria, felt that others viewed their roles as being more focused on products and the dispensing of medications, which prevented them from developing clinical roles.¹⁰ These feelings are similar to those of more than 100 community pharmacists in Canada who were asked to self-describe their professional roles, with almost 50% of responses being product-focused and less than 30% being patient-focused.¹¹ The majority of those interviewed failed to embrace the vision of shifting the pharmacy profession toward the provision of patient-centred care and instead desired to maintain a more product-focused practice.¹¹

Overall, the literature concerning pharmacists' professional identity focuses on the tasks that pharmacists complete rather than the beliefs and values of these professionals. Internalization of the beliefs, values, and behaviours of a profession leads to the development of competent, confident health care professionals.¹² When a profession does not have an established professional identity, there is lower job satisfaction and increased burnout, issues that are especially important in this time of limited availability of health care professionals.^{13,14} In other professions, such as nursing, it has been shown that professional identity plays

a critical role in the choice of practitioners to remain in their profession.¹⁵

There is a lack of literature examining what hospital pharmacists perceive to be their professional identity. It is unknown whether the variation seen in community practices applies similarly to pharmacists practising in hospitals. In addition, it is uncertain whether there are any underlying values that describe pharmacists, regardless of their practice area. In medicine, the process of socialization within different communities of practice leads to professional identity formation.¹⁶ Physicians are described as possessing multiple professional identities that result from the multiple layers making up their communities of practice.¹⁶ The communities of practice can be described at the macro, meso, and micro levels.¹⁶ The macro level emphasizes values that are essential to being a physician, such as competence, compassion, and integrity.¹⁶ The meso level captures the different practice areas in which physicians may specialize, and the micro level refers to the specific environment within which they practise.¹⁶

Pharmacists practice in many different environments, and it is important to capture how socialization within these various environments affects how pharmacists view themselves and what are the common elements among these different communities of care. By examining how hospital pharmacists currently identify themselves, we can take a step toward the profession as a whole better defining our professional identity. The objective of this study was to determine hospital pharmacists' professional identities.

METHODS

The consolidated criteria for reporting qualitative research (COREQ) were used as a reporting guide for the study.¹⁷

Study Design

This qualitative study was based on semistructured interviews.

Previous literature informed the development of the semistructured interview questions.^{8,11} Key stakeholders were approached to review the questions and provide feedback for further refinement. Participants were first asked a series of baseline questions, followed by open-ended questions exploring how they viewed pharmacists and how they thought others viewed the profession. The interview guide contained prompts to help guide the discussion. In their earlier study, Elvey and others⁸ identified 9 personas in a mixed population of pharmacists, with limited representation from hospital pharmacists. A question related to these personas was included in the current study. After the first 2 interviews, the interviewers (K.D., C.L.) reviewed the questions to improve their quality and clarity, with the result being inclusion of an additional question: "What do you consider as important traits or values for hospital pharmacists?"

Participant Recruitment

Participants were recruited using a purposive snowball sampling method, as described by Gregory and Austin.⁹ Pharmacists known to the investigators were invited by email and were asked to identify others potentially interested in participating and to share the email invitation with them. The consent form was attached to the email invitation, so potential participants had a chance to review and ask questions of the study team before enrolling. Those interested in participating were instructed to contact the primary investigator (K.D.) and to send their signed consent form by email to the primary investigator before their interview. There was no specific target sample size, as the goal was to conduct interviews until little new information was being reported. A maximum variation sampling strategy was used to recruit a cross-section of pharmacists practising in a variety of positions from different geographic areas in British Columbia.

Participation was restricted to pharmacists licensed in British Columbia who were currently employed in a hospital. Pharmacy assistants, pharmacy technicians, pharmacy students, and pharmacists practising in other settings were excluded.

Data Collection

An interview time was scheduled at each participant's convenience, and the interviews took place either by telephone or using the Zoom videoconferencing platform (Zoom Video Communications, Inc). All participants provided written informed consent and received a \$20 coffee card as an honorarium. The interviews were conducted by 2 of the investigators (K.D., C.L.) in fall 2020. All interviews were audio recorded, and the interviewers made field notes after each interview to organize their initial findings and impressions. This study was approved by the University of British Columbia's Behavioural Research Ethics Board.

Research Team and Reflexivity

The 2 investigators who conceived the study design (K.D., C.L.) have advanced pharmacy credentials, work in a hospital setting, and have extensive research experience. Some of the participants were known to the researchers before their enrolment in the study. However, the personal opinions and beliefs of the researchers were not shared with the participants. The study investigators' employment as hospital pharmacists could have introduced bias in terms of their motivation to conduct the study and the lens through which the data were analyzed.

Data Analysis

Interviews were transcribed verbatim by 2 research assistants (B.K., M.L.), working independently, and the transcriptions were compared for accuracy by 2 of the study investigators (A.D., H.H.). Interview transcripts were not

returned to participants for review before analysis. The transcripts were then analyzed and coded independently by the 2 research assistants (B.K., M.L.) using thematic analysis (NVivo qualitative data analysis software, QSR International Pty Ltd, version 12, 2018). The thematic analysis consisted of initial review and annotation of the transcripts, development of a coding scheme, coding of the data, and identification of themes.^{18,19} Throughout this process, members of the research team met after every 3 or 4 interviews to review the data coding. Any conflicts in coding were discussed and resolved by consensus.

The data were analyzed using a reflexive thematic analysis approach that allows for the development of themes throughout the coding process.²⁰ With this approach, themes are realized as meaning-based patterns based on the data codes that arise during the analysis, with these themes being used to develop a qualitative conceptualization of the data.²⁰ Unlike other schools of analysis, such as the coding reliability approach, the purpose of this method is not to achieve accuracy of summarization or to limit researcher subjectivity, but rather to collect a convincing interpretation of the data.²⁰ The 2 research assistants developed initial themes, which were then discussed with the research group to yield the final themes.

After completion of the thematic analysis, a synopsis of the preliminary results, hosted within Qualtrics software, was provided to participants (link sent by email), with a reminder sent after 2 weeks. Participants were asked to provide anonymous feedback on the identified themes.

RESULTS

Nineteen hospital pharmacists participated in the study. Because of technical difficulties, 5 of the interviews conducted by one interviewer (C.L.) had to be redone by the other interviewer (K.D.). On average, the interviews were 28.2 minutes long (standard deviation 8.2 min; range 14.9–51.5 min). Participants primarily practised in the inpatient setting (Table 1). For those who received an invitation but chose not to respond, their reasons for not participating are unknown.

A commentary about hospital pharmacists' professional identity was developed from perceived roles, assumed responsibilities, and ideal practice. The qualitative analysis yielded 7 themes related to hospital pharmacists' professional identity: medication expert, therapy optimizer, collaborator, researcher, educator, patient advocate, and the unknown professional (Table 2).

Medication Expert

Pharmacists are recognized for their expertise concerning medications. There was general consensus among the participants that pharmacists see themselves as the drug therapy expert on their team. Within the practice environment,

TABLE 1. Characteristics of Participants

Characteristic	No. of Participants (<i>n</i> = 19)
Health authority location (British Columbia)	
Lower Mainland	14
Vancouver Island	4
Interior	1
Experience (years)	
≤ 5	5
6–10	4
> 10	10
Practice setting	
Inpatient only	12
Outpatient only	1
Inpatient and outpatient	5
Inpatient and managerial	1
Main role	
Dispensary only	1
Clinical only	7
Dispensary and clinical	7
Managerial	4
Highest level of education	
Pharmacy practice residency	9
Postgraduate Doctor of Pharmacy	7
Entry-to-practice Doctor of Pharmacy	1
Additional education (BCPS)	2

BCPS = pharmacotherapy specialty certification (Board of Pharmacy Specialties).

many health care professionals who work alongside pharmacists also have extensive knowledge of medications, but still choose to consult the pharmacist with questions about medications.

... a lot of the other health care professionals think the same thing if there's anything related or issue with medications ... we are the first profession that they think of and they do come to us for questions and for advice (Participant 12).

Therapy Optimizer

Participants described an active role in optimizing care and individualizing patients' medication regimens. Many participants described going beyond guideline recommendations to ensure that therapies are safe, efficacious, and practical for their individual patients.

Pharmacists ensure that the patient receives the optimal therapy for them whether or not that's guideline recommended, sometimes you have to make adjustments to make the treatment practical for the patient and actually attainable (Participant 11).

Collaborator

The majority of participants (*n* = 16) described working in a team environment where they collaborate with a variety of other health care professionals, most notably physicians and nurses. Collaboration with other health care professionals, such as dietitians or social workers, took place only if it was relevant to a medication intervention. As the medical teams turn over frequently, pharmacists are relied upon to convey the patients' historical context to the rest of the team.

They definitely see us as an integral component of the program, in particular in day to day care a lot of the positions rotate through, whereas the pharmacist tends to be kind of a stable member of the team. ... The physicians and nurses kind of rotate, so they look to us as source of a lot of information (Participant 13).

Pharmacists also work with patients to involve them in their care and with community providers to help coordinate transitions of care. One participant noted that liaising with the community pharmacist reassures patients, with the patient's trust in pharmacists being strengthened through this collaboration.

I think the acknowledgment of their community pharmacy often is quite like reassuring to them somebody has communicated something to someone they're familiar with, so I think that's another expectation (Participant 18).

Educator

Pharmacists were identified as educators of patients and other health care professionals, with this role being of great importance in establishing relationships with patients. Patients were more likely to remember the pharmacist if they experienced a high-quality interaction that was of a sufficient duration and contained an educational component.

... if there is a component to care that really stands out that the pharmacist was involved in then that might be the interaction, I'm thinking, where the patient goes home saying thank goodness I had this pharmacist come and see me (Participant 15).

Researcher

Pharmacists described directing their own research or offering a pharmacist's perspective on multidisciplinary research teams. Participation in research was thought to help move the profession toward an ideal level of practice.

I'm involved in research even though they haven't been you know like groundbreaking clinical trials, but we do try to answer some clinical questions or gaps or even just for practice improvement (Participant 10).

Patient Advocate

Participants spoke about interacting with patients to individualize their goals of treatment. They also described advocating on behalf of their patients within the health care team and for the health care system as a whole.

A pharmacist has a responsibility of ensuring that safe, adequate, medication therapy is available to patients as individuals and as a society, or within our culture, and provided in a manner which balances the social responsibilities with the individual patient needs (Participant 15).

Unknown Professional

Participants felt that sometimes other health care professionals are unsure of the pharmacist's role, and that while they are recognized as important, their duties and responsibilities are not clear. This situation is complicated by the difficulty that other professions may have in distinguishing among the different facets of pharmacy practice.

So a lot of those other ones that we don't interact with probably just see us, they know that we're there but probably not really a good sense of what we do (Participant 18).

TABLE 2. Final Themes, Descriptions, and Relevant Codes for Professional Identity of Hospital Pharmacists

Theme	Description	Codes
Medication expert	Pharmacists are recognized for their knowledge of and expertise in medications. They are consulted for medication-related questions and asked to handle complex cases where first-line choices are not an option. A pharmacist's training, approach, and focus in their practice is different from other health professionals, as they are medication focused.	<ul style="list-style-type: none"> • Knowledge of medications • Provides pharmacotherapy insight to the medical team • Training and approach to patients are focused on medications
Therapy optimizer	Pharmacists use their skills and knowledge to optimize their patients' medication therapy regimens. Pharmacists take into consideration patient-specific factors to determine the safest and most effective therapy and to monitor how well the therapy is working for their patients. The recommendations that they make are based on their analysis of the evidence for the therapies.	<ul style="list-style-type: none"> • Optimization of therapy • Evidence-based recommendations
Collaborator	Pharmacists collaborate with other health care professionals to deliver care. They have good communication skills which allows them to work collaboratively with others in their workplace. They not only collaborate with other health care professionals but also with their patients to determine what the patients' priorities are for their own care.	<ul style="list-style-type: none"> • Collaborates with other health care professionals • Good communication skills • Patient-centred care
Educator	Pharmacists educate patients and other health care professionals. For patients, they counsel them on new medications and keep patients informed of therapy changes during their hospitalization and on their discharge from hospital. They answer other health care professionals' medication-related questions and conduct educational sessions in their workplace (example: journal club).	<ul style="list-style-type: none"> • Patient education • Education of other health care professionals
Researcher	Pharmacists are involved in all aspects of research projects from spearheading their own projects to providing a pharmacy perspective on research teams. In addition to direct involvement in research, they also create materials and protocols based on research studies. For example, they may develop a new preprinted order set based on a studied intervention.	<ul style="list-style-type: none"> • Support research projects • Initiate research projects • Create support materials
Patient advocate	Pharmacists often communicate to other health care professionals on behalf of their patients. They are also stewards of the health care system and advocate for necessary changes to the system and culture.	<ul style="list-style-type: none"> • Communicates to other health care professionals on behalf of patients • Health system advocate
Unknown professional	Many patients are unaware that there are pharmacists within the hospital as part of their health care team. Patients may not distinguish pharmacists from other health care providers that they encounter during their stay. Often, they are encountering many different professions, and especially if the pharmacist's encounter with them is brief, they are unlikely to remember it. Overall, patients may have limited knowledge of the pharmacy profession. They may assume that hospital pharmacists' practice is similar to what they have seen in community pharmacies and may see the focus as being on dispensing of medications and not be aware of the clinical duties of hospital pharmacists. Even other health care professionals, if they have not worked closely with hospital pharmacists, may be unsure as to their role.	<ul style="list-style-type: none"> • Too many encounters with different health care professionals • Lack of knowledge of the profession • Unaware that there are pharmacists in the hospital • Assumptions about community pharmacist duties

It was felt that patients without prior experience with a pharmacist in the hospital setting would not have any expectations of their pharmacist. These patients may have previously encountered pharmacists in the community setting but may not recognize the role of a clinical pharmacist in the hospital system.

... like the comparison between community pharmacists and hospital pharmacists tend[s] to be quite similar at least on initial experience I think for most patients (Participant 3).

The Personas of a Pharmacist

Hospital pharmacists identified with 3 of the 9 personas described by Elvey and others⁸: scientist, medicine advisor, and clinical practitioner (Table 3). In terms of the social carer persona, participants felt there was less emphasis on hospital pharmacists providing emotional support in lieu of a more active role in a patient's care. In terms of the personas of medicine maker and medicine supplier, there was a general consensus among participants that this role has shifted to pharmacy technicians. Our study population did not identify with the commerce-related personas of manager and businessperson. All participants disagreed with the unremarkable character persona.

Pharmacist and Practice Ideals

Participants were asked to describe, in their own words, the ideal pharmacist. Analysis of their answers resulted in the definition of the ideal pharmacist as a medication expert, collaborator, and leader. In other words, the ideal pharmacist would be a leader who goes above and beyond to advance patient care, pharmacy practice, and research opportunities.

The ideal practice setting was described as one with increased opportunities for pharmacists to take an active role in patient care. Participants felt there was a need for an expanded scope of practice, including activities such

as independent prescribing. In addition, participants identified a need for funding models to ensure that pharmacist-to-patient ratios allowed for pharmacists to spend sufficient time with each of their patients. An increase in funding of pharmacists to participate in research was also desired. Participants did not feel that current practice settings reflected this ideal environment. To move the profession toward this ideal, participants identified the need for better advocacy for the profession, improved resources, and changes to pharmacy education, all of which would expand clinical practice experiences.

DISCUSSION

The hospital pharmacists who participated in our study worked primarily in a direct patient care, inpatient hospital setting. They distinguished themselves from other professionals through their expertise in medications, which resulted in a professional identity that is focused on their clinical practice. The practice environment in which they work is conducive to collaboration with other members of the health care team. Although their professional identity was focused on clinical practice, they identified with numerous other professional identities, a situation that could cause confusion in terms of others' expectations of the profession.²¹ In contrast to physicians, who have multiple layers of professional identities, hospital pharmacists still found themselves to be the "unknown professional", with others being unsure of their role and what they contribute.¹⁶

The evolution of pharmacists' professional identities parallels the change in the focus of the pharmacy profession from dispensing to the provision of care. The 5 major discourses of a pharmacist identified over time are apothecary, dispenser, merchandiser, expert advisor, and health care provider.²² Research involving hospital pharmacists who worked primarily in a dispensary setting showed a

TABLE 3. Hospital Pharmacists' Identification with the 9 Personas of Elvey and others⁸

Persona	Response; No. (%) of Respondents (n = 19)		
	Yes	No	Partial/Unclear
Scientist	17 (90)	2 (11)	0 (0)
Medicine advisor	17 (90)	1 (5)	1 (5)
Clinical practitioner	18 (95)	0 (0)	1 (5)
Social carer	10 (53)	7 (37)	2 (11)
Medicine maker	6 (32)	11 (58)	2 (11)
Medicine supplier	7 (37)	10 (53)	2 (11)
Manager	7 (37)	11 (58)	1 (5)
Businessperson	1 (5)	17 (89)	1 (5)
Unremarkable character	0 (0)	18 (95)	1 (5)

greater focus on drug distribution when the pharmacists were asked to describe their professional role.²³ In contrast, the hospital pharmacists in our study were predominantly involved in direct patient care and therefore placed greater emphasis on clinical roles than on dispensary-related ones. This finding is similar to the results of a scoping review that analyzed how pharmacists perceive their professional identity, which found more clinically oriented perceptions among pharmacists who practised in a hospital setting.²⁴ Conversely, the perception of pharmacists as dispensers and business people was more dominant in retail and community pharmacy practice.²⁴

The identity of pharmacists as clinicians is perceived to be important, but pharmacists struggle to realize this identity in practice.²⁴ Physicians' professional identities include values that are integral to their vocation, regardless of the setting in which they practise or the specialization they choose to pursue.¹⁶ In contrast, pharmacists seem to struggle to consolidate their professional identity when placed in different practice settings. Research into pharmacists' professional identity captures more task-oriented roles than is the case for physicians, which perhaps contributes to the challenge of finding a unified professional identity. Like other professions with differing roles and environments, individual pharmacists will have variation in their ultimate professional identities. These variations may in part reflect the diversity within our communities and backgrounds and should be inclusive of these aspects.²⁵ However, there may still be common elements that would help unify the profession. Conversely, the absence of a well-defined professional identity may hinder how the public views the profession and may also cause students to have a more fragile professional identity.²²

Ultimately, it may be unrealistic to expect there to be a single professional identity for pharmacists, and indeed a singular identity may be harmful if it is not inclusive of all pharmacists, such as those from racialized or immigrant backgrounds, those who identify as 2SLGBTQIA+, or those with an unconventional aesthetic.²⁵ It is nonetheless important to recognize the changing climate of pharmacy practice and its impact on pharmacists' professional identity. As some of the more traditional dispensing roles are shifted from pharmacists to pharmacy technicians in all pharmacy practice settings, there is a need to better support professional identities that relate to a greater role in providing patient care, such as those found in our study (medication expert, therapy optimizer, collaborator, educator).

The success of professional identity formation during formal education hinges on students having a clear view of the profession's identity. It is the responsibility of professional education programs to not only provide the requisite knowledge and skills but also to support the process of becoming a professional.²⁶ In this regard, various initiatives have been implemented, such as a pre-matriculation

program to give students a sense of professional identity before commencing their pharmacy studies.²⁷ Pharmacy students have also been surveyed to determine the degree to which they identify with Elvey's 9 personas.¹³ Similar to this study's findings, pharmacy students most commonly identified with the personas of medicine adviser (38%) and clinical practitioner (22%).¹³ However, the challenge within the pharmacy profession lies in the existence of divergent professional identities among working pharmacists. When students transition to their respective workplaces and are faced with the realities of their practice environment, the idealistic professional identity formed through their pharmacy education is often challenged.²⁸ Pharmacy graduates may be forced to adjust their ambitions when confronted with the ambiguities and actualities of practice, with only those graduates who have a strong sense of professional identity being able to stay motivated and confident in their practice.^{6,28}

This study had a number of limitations. Two researchers conducted the semistructured interviews, which may have led to altered interpretations or responses to the questions, although a well-defined question list, with predetermined prompts, was used to minimize this difference and the possibility of leading the participant responses. Some of the participants were known to the interviewers, which may have affected participants' comfort with discussing the study topic. Overall, the interviews were of short duration, and there may not have been enough time to properly discuss the topic. There is a potential for selection bias when the purposive snowball sampling method is used for participant recruitment. The study population was small and consisted mainly of pharmacists in inpatient settings, so the data may not be generalizable to all hospital pharmacists across Canada.

Future research should continue to explore the professional identity of pharmacists in different settings. In addition, studies exploring the impact of professional identity on job satisfaction in pharmacy and on patient outcomes are also needed.

CONCLUSION

Seven themes related to hospital pharmacists' professional identities were described. Hospital pharmacists differ from their community pharmacist colleagues in how they identify professionally. However, it is important for the pharmacy profession to have a global identity that within it contains unique identities reflecting the various facets of the pharmacy profession.²⁹

References

1. Bridges SJ. Professional identity development: learning and journeying together. *Res Soc Adm Pharm.* 2018;14(3):290-4.
2. Goldie J. The formation of professional identity in medical students: considerations for educators. *Med Teach.* 2012;34(9):e641-8.

3. Olckers L, Gibbs TJ, Duncan M. Developing health science students into integrated health professionals: a practical tool for learning. *BMC Med Educ.* 2007;7(1):45.
4. Olive KE, Abercrombie CL. Developing a physician's professional identity through medical education. *Am J Med Sci.* 2017;353(2):101-8.
5. Noble C, Coombes I, Nissen L, Shaw PN, Clavarino A. Making the transition from pharmacy student to pharmacist: Australian interns' perceptions of professional identity formation. *Int J Pharm Pract.* 2015; 23(4):292-304.
6. Burrows J, Dall'Alba G, Caze AL. Becoming pharmacists: students' understanding of pharmacy practice at graduation from an Australian university. *Curr Pharm Teach Learn.* 2016;8(6):729-41.
7. Morison S, O'Boyle A. Developing professional identity: a study of the perceptions of first year nursing, medical, dental and pharmacy students. In: Callara LR, editor. *Nursing education challenges in the 21st century.* Nova Science; 2007. pp. 195-220.
8. Elvey R, Hassell K, Hall J. Who do you think you are? Pharmacists' perceptions of their professional identity. *Int J Pharm Pract.* 2013;21(5): 322-32.
9. Gregory P, Austin Z. Pharmacists' lack of profession-hood: professional identity formation and its implications for practice. *Can Pharm J (Ott).* 2019;152(4):251-6.
10. Auta A, Strickland-Hodge B, Maz J. Challenges to clinical pharmacy practice in Nigerian hospitals: a qualitative exploration of stakeholders' views. *J Eval Clin Pract.* 2016;22(5):699-706.
11. Rosenthal MM, Breault RR, Austin Z, Tsuyuki RT. Pharmacists' self-perception of their professional role: insights into community pharmacy culture. *J Am Pharm Assoc.* 2011;51(3):363-8a.
12. Cornett M, Palermo C, Ash S. Professional identity research in the health professions—a scoping review. *Adv Health Sci Educ.* 2023;28: 589-62.
13. Chien J, Axon DR, Cooley J. Student pharmacists' perceptions of their professional identity. *Curr Pharm Teach Learn.* 2022;14(6):712-9.
14. Ashby SE, Ryan S, Gray M, James C. Factors that influence the professional resilience of occupational therapists in mental health practice. *Aust Occup Ther J.* 2013;60(2):110-9.
15. Kristoffersen M. Does professional identity play a critical role in the choice to remain in the nursing profession? *Nurs Open.* 2021;8(4): 1928-36.
16. Cruess SR, Cruess RL. The development of professional identity. In: Swanwick T, Forrest K, O'Brien BC, editors. *Understanding medical education.* John Wiley & Sons, Ltd; 2018. pp. 239-54.
17. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care.* 2007;19(6):349-57
18. Patton MQ, Cochran M. *A guide to using qualitative research methodology.* Médecins Sans Frontières; 2007 [cited 2023 Sep 21]. Available from: <https://evaluation.msf.org/sites/default/files/2021-12/An%20MSF%20guide%20to%20Using%20Qualitative%20Research%20Methodology.pdf>
19. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol.* 2008;3(2):77-101.
20. Braun V, Clarke V, Hayfield N, Terry G. Thematic analysis. In: Liamputtong P, editor. *Handbook of research methods in health social sciences.* Springer; 2018 [cited 2021 Apr 9]. pp. 1-18. Available from: https://doi.org/10.1007/978-981-10-2779-6_103-1
21. Sorenson TD, Hager KD, Schlichte A, Janke KK. A dentist, pilot, and pastry chef walk into a bar... why teaching PPCP is not enough. *Am J Pharm Educ.* 2020;84(4):7704.
22. Kellar J, Paradis E, van der Vleuten CPM, Oude Egbrink MGA, Austin Z. A historical discourse analysis of pharmacist identity in pharmacy education. *Am J Pharm Educ.* 2020;84(9):7864.
23. Al Hamarneh YN, Rosenthal M, McElnay JC, Tsuyuki RT. Pharmacists' perceptions of their professional role: insights into hospital pharmacy culture. *Can J Hosp Pharm.* 2011;64(1):31-5.
24. Kellar J, Singh L, Bradley-Ridout G, Martimianakis MA, van der Vleuten CPM, Oude Egbrink MGA, et al. How pharmacists perceive their professional identity: a scoping review and discursive analysis. *Int J Pharm Pract.* 2021;29(4):299-307.
25. Borden N. Problems with professional identity. *Can Pharm J (Ott).* 2002; 155(6):297.
26. Dall'Alba G. Learning professional ways of being: ambiguities of becoming. *Educ Philos Theory.* 2009;41(1):34-45.
27. Malhotra A, Kreys E, Feng X. Impact of prepharmacy program on students' self-awareness of pharmacist professional identity: comparison between virtual and in-person settings. *Pharmacy (Basel).* 2022;10(2):44.
28. Noble C, McKauge L, Clavarino A. Pharmacy student professional identity formation: a scoping review. *Integr Pharm Res Pract.* 2019;8:15-34.
29. Janke KK, Bloom TJ, Boyce EG, Johnson JL, Kopacek K, O'Sullivan TA, et al. A pathway to professional identity formation: report of the 2020-21 AACP Student Affairs Standing Committee. *Am J Pharm Educ.* 2021;85(10):8714.

Karen Dahri, BSc, BScPharm, PharmD, ACPR, FCSHP, is with the Faculty of Pharmaceutical Sciences, The University of British Columbia, and Vancouver General Hospital, Lower Mainland Pharmacy Services, Vancouver, British Columbia.

Cindy Luo, BScPharm, PharmD, ACPR, is with Vancouver General Hospital, Lower Mainland Pharmacy Services, Vancouver, British Columbia.

Brandy Kent, PharmD, is with the Faculty of Pharmaceutical Sciences, The University of British Columbia, Vancouver, British Columbia.

Madison Lai, BSc, PharmD, is with the Faculty of Pharmaceutical Sciences, The University of British Columbia, Vancouver, British Columbia.

Amanda Driver, BScPharm, ACPR, is with Vancouver General Hospital, Lower Mainland Pharmacy Services, Vancouver, British Columbia.

Hans Haag, BSc, BScPharm, ACPR, is with Vancouver General Hospital, Lower Mainland Pharmacy Services, Vancouver, British Columbia.

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Address correspondence to:

Dr Karen Dahri
Pharmaceutical Sciences
Vancouver General Hospital
855 West 12th Avenue
Vancouver BC V5Z 1M9

email: Karen.Dahri@vch.ca

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