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Research

Patient perspectives: Four pillars of professionalism

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Abstract
Professionalism is a core component of healthcare practice and education; however, there is often not a consistent description of professionalism, and current definitions lack a key perspective: that of the patient. This study aimed to deepen understandings of patients' perspectives on how professionalism should be enacted by healthcare providers. Using a phenomenological approach informed by constructivist theory, the study team conducted semi-structured interviews and focus groups with 21 patients to ascertain their views on professionalism. Data analysis was conducted using a constant comparative approach wherein initial analysis informed subsequent data collection. Participant themes fell into four pillars of professionalism: taking a collaborative human-first approach; communicating with heart and mind; behaving with integrity; and practicing competently. This study highlights patient perspectives on professionalism and examines consistencies and differences between those perspectives and those of healthcare providers, which are extensively described in the literature. While published literature highlights competence and communication as main aspects of professionalism which our participants also focused on, participants in this study emphasized integrating patients into care teams, employing empathy, and demonstrating integrity.

Keywords
Patient experience, professionalism, patient-centered care, communication

Introduction

Professionalism, a socially constructed concept that is strongly influenced by environmental and personal factors, is often an implicit behaviour that occurs between clinician and patient. This study was undertaken to explore patients' perspectives about and experiences of professionalism. In adopting and embodying professionalism, several challenges arise. First, a definition of what it means to be "professional" is not widely agreed upon, and relevant stakeholders views are missing from the definition: the patients.[1,2] It is typically defined by sets of attitudes and behaviours expected of healthcare providers across all professions, and yet there is no consensus regarding its definition.[3–5] Terms such as integrity, honour, respect, altruism, excellence, accountability, and honesty have been used to explain this capability in practice.[1,2,6] In the academic and clinical literature, definitions are rooted primarily on the viewpoints and experiences of clinicians and academics.[1] While students are readily exposed to academic content on what it means to be professional, it is often from the perspective of those teaching it and it is a difficult concept to teach in a practical sense. Therefore students and future clinicians may be ill-equipped to know if what they display and observe is acceptable as professional behaviour.[7,8] The fact that professionalism is not easily defined makes it difficult to assess, which presents an additional challenge for those planning the curriculum for teaching and learning the skills and attitudes required to become a clinician who embodies professionalism.[9]

There is some literature regarding patient perspectives on physician professionalism[10–13]. According to Regis, Steiner, Ford, and Byerley[14], good communication, a caring attitude, honesty, and attitude are most valued by patients and are expected professionalism traits. However, little is available on patients' perspectives on professionalism among other professions, such as pharmacists, occupational therapists, and physical therapists. This study aimed to deepen understandings of patients' perspectives regarding professionalism in healthcare providers.

Method

Study Design and Data Collection

Phenomenological inquiry was chosen as the research approach, as it emphasizes human perceptions and thoughts as they relate to the topic being investigated.[15] Phenomenology is particularly well suited to healthcare related topics and patient perspectives because it invites the researcher to examine the various ways individuals experience their lives. In this study, the phenomenon of interest is healthcare provider professionalism.

Semi-structured 90-minute interviews and focus groups were conducted with 21 patients or caregivers to explore their perceptions of professionalism. Interviews and focus groups were selected as the study's data collection method, as they provide insights into complex processes.[15] The professionalism literature was used to guide the design of the interview questions. "What comes to mind when you hear the word professionalism or professional behaviour?" is an exemplar of a question. Interviews/focus groups explored participant definitions of, and experiences around professionalism. No definition of professionalism was provided to participants, as the research team was attempting to elicit from participants their experience-based descriptions. Researchers listened genuinely and actively to the experiences being expressed by participants, and researchers reflected about their own beliefs and assumptions about what professional behaviour looks like. Each focus group/interview was recorded and transcribed verbatim, with pseudonyms assigned. Field notes and memos were collected and used to supplement transcripts.

Participants

Purposive, convenience sampling was used to identify participants from patient partners currently involved in the curricula of health professional programs. Recruitment was via emails sent by program administrators. Inclusion criteria included English fluency and personal identification as being a recipient of health services or a caregiver to someone receiving services.

Eighty-six percent of participants identified as having a disability and the remainder identified as caregivers for an individual with a disability. The majority of participants (57%) interacted with health services related to their neurological disorders. Nineteen percent had experiences of psychiatric disorders, and 33% had experiences with internal medicine services. Nine percent of participants had sensory disabilities. Nearly all participants (76%) had more than one health condition. Participants ranged in age from 39 to 85 years and the mean age was 43. All participants lived in urban/sub-urban settings. Seventy-eight percent had some level of post-secondary education, 33% identified as male and 66% as female.

Prior to conducting the study, ethics approval was obtained from the university's Behavioural Research Ethics Board and all participants provided written consent.

Data analysis

A constant comparative approach was used, wherein data collection and analysis occurred simultaneously, with subsequent data collection being influenced by preliminary themes.[16] Each transcript was independently coded line-by-line by two researchers (paired randomly), and consensus was built through frequent team meetings. Initial codes were combined to form categories, which were further refined to form sub-themes which eventually became four main themes. Team members, among whom were clinicians and educators from physiotherapy, pharmacy, and occupational therapy, met to discuss emerging ideas and themes, to explore any differing understandings and interpretations of the data, and to examine ideas that increased the depth of knowledge, as opposed to focusing on frequency of particular ideas.[17] Four key themes were identified. For an explanation of the data analysis steps and process, please refer to Figure 1, which is based on Backman, Smith, Smith, Montie, and Suto.[18]

Results

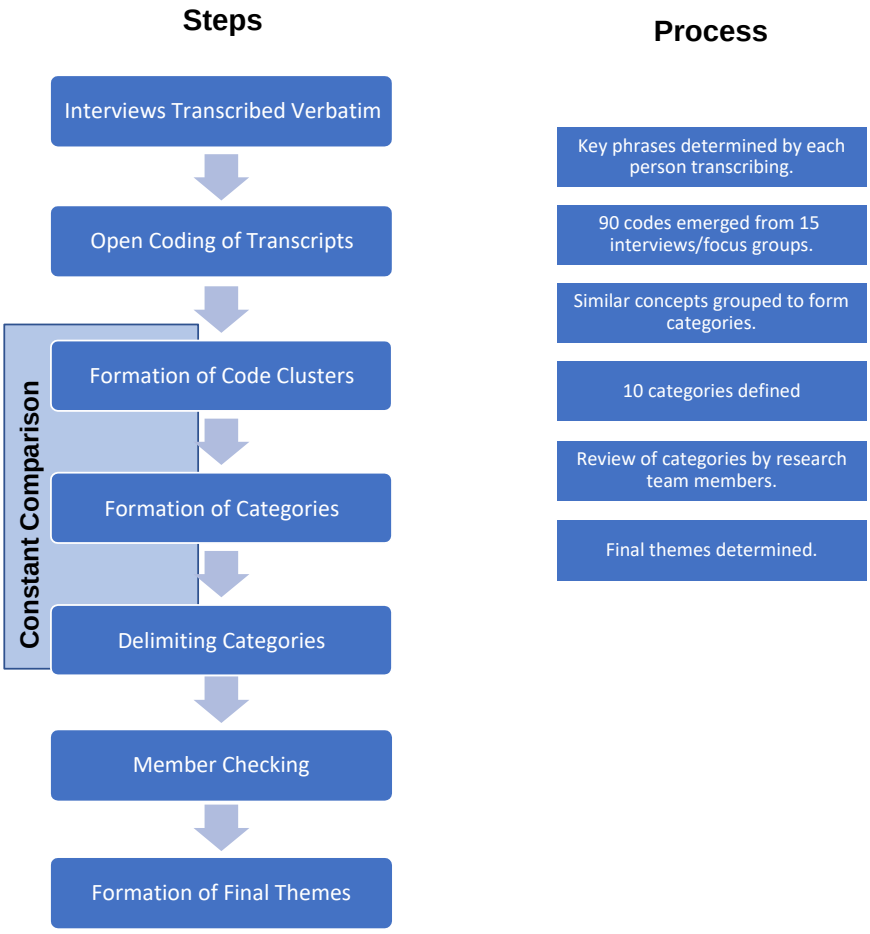
Participants discussed several aspects of professionalism in both students and clinicians, providing rich descriptions and examples of professional and unprofessional behaviours. Their stories led to the emergence of four interconnected themes to describe professionalism:

1. Taking a collaborative human-first approach
2. Communicating with heart and mind
3. Behaving with integrity
4. Practicing competently

Taking a collaborative, human-first approach

This theme was prominent in every focus group and interview, and without it, themes two and three (communicating with heart and mind, and behaving with integrity) may be impossible, and theme four (practicing competently) irrelevant. Two key criteria within this theme are that the patient must be perceived as a) a complex human who deserves to be treated as a priority and b) a vital part of an interdisciplinary team. Unfortunately, these criteria are not always met. Yvonne, reflecting the thoughts of many participants, says "rather than seeing the patient as a, the disease, they need to see the person and then the disease." Jemma emphasizes that "[healthcare providers] have to see [patients] all as unique individuals." Participants felt that professional behaviour includes treating the patient like a person – i.e. an active actor who has desires, needs, hopes, emotions, and so-on that go beyond their disability or condition. Jared says, "fifteen

Figure 1: Outline of data analysis process



people, like three or four doctors, three or four nurses, physiotherapists. Talk around me…and that's not good."

Beyond being seen and treated as a complex human being, many participants also expressed wanting to have more personal power in the encounter with a clinician, stating that the patient is part of the team and their knowledge and experience should be acknowledged. Discussing her experience with one healthcare provider, Jemma says "we worked together, and that's the key." Mary says she appreciates when clinicians are:

Using the word *we* in the sense of together we can become this team that can work something out, because I would like to see the pyramid back to the right side up because right now it's upside down…I want the pyramid to be that way, with the patient up here (motioning above her head).

Expounding upon the need for patients to be a central part of the team and have their expertise/knowledge acknowledged, Ann says:

I find that the one thing I've learned is you become an expert…but when you're meeting a new (clinician)…you don't want to go in dumb but you also don't want to go in guns blazing, you almost want to win them [over].

Sometimes that's even just for a few moments before you kind of let the fact out, that you're relatively knowledge[able] about what it is you're there for.

Ann's use of the phrase *win them over* may indicate that the clinician does not seem to be an ally because they are not centering the patient as part of the team. Mel says "I'd rather have someone who's asking me what I need rather than telling me '*I know what you need*'."

Jamie summarizes what professionalism is:

It's important for people, even if they've been in practice a longtime, to maintain some sense of humility in the face of their patient. They don't know what it is to be that patient and to live with whatever that is that their patient has.

Clinicians must view patients as humans above all so that they maintain a collaborative person-first approach to care.

Communicating with heart and mind

Clinicians who behave professionally communicate well by using both their hearts (i.e. demonstrate emotion and empathy), and their minds (i.e. apply clinical knowledge). Participants describe important implicit aspects of communication, explicit skills of communication, and the quality of empathy communicated by a professional.

Jemma says: The first priority is listening. Keeping an open mind. Don't jump to a conclusion before you even talk to me. I think it all boils to effective communication. That's the key and everything else will fall into place. Without effective communication, you don't get a good outcome.

Adding nuance to the point, Isla makes a distinction between listening and being attentive, both of which are essential: "listening is more like they listen to you. Attentive is more like pays attention to what you say and then does something about it." Emphasizing both the importance of communication skills (using understandable language, listening, etc.) and the content of said communication, Alan says "I respect that [the GP] takes the time to educate me to tell me what's going on…he explains things." Nearly every participant emphasized listening as an explicit communication skill signaling professionalism. Lisa shares that her clinician "answered all my questions and my concerns, addressed them. And I guess the first thing, she actually listened to me." Sue expands the point:

Get from the client if they understand what needs to be done. If they agree what needs to be done, if the client has any questions or concerns … my point is that [professionals] are not like stomping in there and say '*hey, I know better than you. I know what's right, I know what's wrong, and I don't care what you feel, what's happening or what you want to see happen. This is what's gonna get done.*' That's not professional-in my point of view.

Implicit communication skills are the more nuanced aspects of human relationships. Numerous participants clearly articulated this. Jamie says "it's more about how they interact with people is more important to me. I would expect people to be polite and respectful." In concurrence, Isla says professional communication involves "someone who is polite and courteous…not complaining about things. Someone who isn't rude when you're in a lot of pain after surgery." Although being polite is important, Stanley says this must be balanced and that it is very unprofessional when a clinician has a "lack of warmth or something … impassioned, objective, sort of present, giving you data." Attempting to describe the implicit aspects of professional communication, Perry said "I guess it's called developing rapport or something…He makes you feel safe and cared for…he's professional…I don't know how to put it." Participants disclose that the impact of implicit communication skills is significant, although they may be difficult to measure. According to Alex, it can be as simple as, "my doctor and my pharmacist know me by first name. They ask me how I am doing. The pharmacist doesn't have a lot of time in her hands, she's a very busy person but at least there's that little "how are you doing? how is it going?"

Effective communication must balance pertinent information, explicit skills (listening, building rapport, caring, etc.), and implicit skills (come from the heart, empathy). One professional communication characteristic mentioned numerous times is thinking about what the patient is hearing, understanding, and feeling. Sarah highlights this, saying, "think before you talk - this is very important…talk like you actually want to be there, you know? When you're conducting your meeting don't be in a rush to get me outta there to see your next [patient]." Alex says a clinician behaving professionally by communicating empathetically is "like the nurse in the hospital who spends time just talking to you."

Behaving with Integrity

To our participants, a professional demonstrates integrity by telling the truth, maintaining professional boundaries within the context of a human-first approach, and adhering to aspects of ethical codes, such as observing confidentiality. Lisa says that a clinician behaving professionally will "work with the person, no matter how serious their limitations … professional would be unbiased, because there is such a huge societal bias against people with disabilities." Alan also says, "They follow the standards of their professional responsibilities, their boundaries and the code of ethics."

A clinician is perceived as professional when they are willing to admit when they are unsure and to take action related to their lack of knowledge to ensure optimal care. Les says a professional is "willing to admit what they don't know and to be prepared to expand their knowledge to fit my situation, rather than try to shrink my situation to fit their knowledge." Jory agrees, saying a clinician needs "a willingness to admit that they just don't know." Isla shares about negative experiences wherein her healthcare providers refused to admit when they did not have sufficient knowledge, leading to extremely negative health outcomes. Mary agrees:

By saying, '*I don't know the answer to that, I'm not clear on that, I've only recently heard about that'*, those kinds of answers I think are wonderful because that opens the door wide for a great conversation … another expectation from a professional person is to say '*I'm going to look into that, I'm*

going to get some more information, and I'm going to get back to you with that information.'

Admitting lack of knowledge or uncertainty is seen as Honesty and is felt to be extremely important. According to Jared, it is "number one" for a professional. The importance of a clinician admitting when they do not know something does not detract from that clinician's competence – it only enhances it. Mary stated, "it's a slice of heaven. I don't know how else to explain it … it's so profound, they look you in the eye, they speak to you with honesty."

Practicing with competence

Competence, according to our participants, is assumed of their healthcare providers. This competence does not, however, negate the need for honest, as discussed above. They describe competence as including both skills and knowledge, in addition to appropriate education and licensure. Sam says "the first things that come to mind for professionalism is qualified and competent. I mean, that's kind of basic, but being nice doesn't make up for unqualified or incompetent. A professional is qualified and competent." Similarly, Mary says "first of all, I have an expectation that they know more than I do…and give advice." Helen also emphasizes competence: "my first requirement of a professional person is competence … I want them to be very good at what they do." Drea speaks to competency working within the broader health systems:

They've got to be champions for improving the system and not to see it as a threat**…**Professional would be like acknowledging where we are at and working with the broader health community and the governing bodies to get further ahead.

Our participants emphasized that practicing competently is vital to perceived professionalism in the practitioner. Alan said "that a professional follows their training and they stick to their standards, like the standards of care."

Discussion

It is mostly clinicians and scholars who contribute to the literature attempting to characterize the elements of professionalism required of those involved in the provision of health services. The results of this study uniquely portray the perspectives of persons living with illness, disease or disability. In their definitions of professionalism, academic programs and regulatory bodies already have a significant focus on competent practice and communication skills.[19] While it is significant that our participants identified these two already prominent themes, we will highlight their contribution of two additional components: taking a collaborative, human-first approach, and behaving with integrity.

The literature highlights the dominance of technical skills and biomedical competence over caring in the education of clinicians, despite reforms seeking to redress the imbalance.[20-23] Therefore, these should continue to be used as a standard for professional practice and teaching. Our participants felt that competence – *having the skills and knowledge necessary to practice* – should be assumed and is therefore an important aspect of professionalism but not the factor they prioritized most. This is not to say competence is unimportant, but rather, technical skills and biomedical understandings should continue to be a fundamental aspect of all healthcare curricula.

Both this study and the literature frequently highlight communication as a key component of professionalism.[14] Attributes of communication deemed to be important include listening to the patient, demonstrating patience, and explaining things in a language understood by the patient and at an appropriate level of sophistication. Our participants frequently emphasized their desire for professionals to communicate with empathy and understand them, not dismiss them, and include their voice within the care team. Thus, patients should be considered an integral part of the collaborative healthcare team. Some barriers to enacting empathy identified by the literature include the formal curriculum's emphasis on biomedical aspects over psychosocial aspects of health, the lack of patient contact throughout training programs, time constraints, and the competitive nature of health professions, which puts pressure on student/clinicians to focus more on how they compare to peers than how much empathy they show patients.[24] Additionally, students in one study[25] felt detachment was a positive aspect of professionalism, which is concerning because our participants emphasized the centrality of empathy within their descriptions of professionalism. In their study with physicians and patients/families, Regis et al.[14] also cite communication, patient centeredness, and humanness. Therefore, it may be important for regulators and academics to examine how an empathetic approach can be maintained throughout a professional career. Finally, if students/clinicians are not taking a collaborative human-first approach, this may be a reflection that institutions are not doing an adequate job of teaching/practicing patient-centered care. This may signify an institutional or system problem, and based upon results in this study, educational institutions should explicitly make patient-centered care not only a dominant theme of their curriculum, but should also make clear that it is a pillar of professionalism by including this in their professionalism frameworks and curricula.

Of interest is that the majority of examples shared by participants regarding professional behaviour were negative, indicating that it was easier for participants to discuss professionalism in the case of its absence. This is congruent with studies indicating people are more likely to

recall negative events than positive ones.[26] These negative examples highlight times when healthcare providers' actions do not align with their professed values and codes of ethics, i.e. a lack of integrity. Integrity is a core attribute that the admissions processes seek in health student applicants.[27] The rigorous process of student selection would bias one to think only those individuals who would be described as having integrity would gain entrance to the program. Unfortunately, according to our participants, this does not seem to be the case, or perhaps clinicians' integrity gets worn down through the challenges encountered along the professional journey[28]. Integrity is described by the participants as so elemental to professionalism that it cuts across the themes. Integrity can be defined as the quality of being honest and adhering to a code of values.[29] Our participants' definition of integrity includes telling the truth, maintaining professional boundaries, and adhering to a code of ethics. One aspect of integrity is maintaining a congruent message and respectful attitude in all situations. Moreover, our results are in agreement with O'Sullivan, van Mook, Fewtrell, and Wass[30] in emphasizing maintenance of professional boundaries and adherence of a code of ethics. Finally, being honest by admitting when one does not know was included by participants in their definition of integrity. Similarly, Rogers and Ballantyne[30] identified honesty as a key domain of professionalism. Professionals might appear to lack integrity, for example, by not being honest when they do not know, due to the unstated expectation that the clinician always knows the right answers. Clinicians might sacrifice integrity – being honest – in order to perpetuate this image to the patient.

It is important for clinicians and educators to communicate their own concepts of professionalism, since their perspectives are part of the socially constructed concept of professionalism, but it is equally important that students and clinicians are exposed to patient perspectives regarding professionalism. Given that faculty and clinicians are in a position of power relative to the student they may have a major impact on a student's career and the patient perspective of professionalism might be overshadowed. Therefore, this research provides an avenue for learning about patient perspectives on professionalism, in addition to interactions with patients during training. However, in addition to discovering what patient perspectives are, there needs to be a fundamental shift in the value placed on these perspectives. This kind of culture change is long-term and difficult to achieve but highlighting patient perspectives within the literature is one place to begin.

Limitations & Future Directions

Although, for a phenomenological study, this was an adequate sample size and data saturation was attained, there are limitations to consider. This was a highly select sample. Ninety percent of participants were engaged within the patient-educator community, and therefore have a particular perspective that has potentially been influenced by interactions with clinicians, educators, and students. Second, recruitment was conducted through voluntary selection meaning that individuals who have existing opinions on the subject matter are more likely to self-select for participation. Third, the majority of participants are from middle or upper class, and 78% have some level of post-secondary education. Further, all participants are located in a similar urban geographic location and all are fluent in English (for some English was an additional language). Some perspectives are therefore excluded from the current study. Future research should address these limitations by exploring perspectives of more diverse patient groups. Additionally, there are opportunities to expand upon this research. Further opportunities for patients to enter into student learning experiences specifically to target professional behaviors should be explored to determine how patients as teachers of professionalism may impact future professional behaviours in practice. Moreover, future research should explore best practices for developing curricula related to teaching students about the four aspects of professionalism identified in the current study. Finally, future research should examine how the hidden curriculum and poor role modeling relates to the four pillars of professionalism discussed herein.[8]

Conclusion

Professionalism is part of the core curriculum and an integral construct in healthcare educational programs. The challenge remains as how and what to teach within this construct, based on the wide interpretation of its meaning. Because the professionalism concept has being largely explored from the perspective of clinical and academic faculty without patient input, approaches used to determine what pedagogical methods produce lasting results or translation of knowledge to future practice are inconsistent and suboptimal. Professionalism literature highlights the importance of competence and professional boundaries. Professionalism, from the perspectives of the participants in this study, the patients, includes integrity, communication, competency, and a collaborative human-first approach. Implied in the current study, students and practicing clinicians who engage in continuing education need to have opportunities to learn about patient perspectives with regard to professionalism. Moreover, professional regulators/registrars and quality assurance programs could benefit from deeper understandings of how the most important stakeholders – patients – perceive professionalism. This study foregrounds patient perspectives regarding professionalism and examines consistencies and differences between that perspective and those already in the literature, and calls healthcare stakeholders to re-examine how they assess professionalism in light of these important findings.

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Disclaimers
None.

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