

CLINICAL TEACHER

# How to conceptualize professionalism: a qualitative study

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**SUMMARY** *The aim of this study was to clarify which themes and elements constitute professionalism in medicine. Three consecutive steps were taken: (a) a systematic search of the literature to identify constituent elements of professionalism mentioned in definitions and descriptions of the concept; (b) analysis of these elements using the constant comparison technique to reveal possible themes covering these elements; and (c) validating the results using an expert panel. A total of 90 separate elements of professionalism were identified in the 57 articles included in our study. Three themes within professionalism were uncovered: (1) interpersonal professionalism; (2) public professionalism; and (3) intrapersonal professionalism. These themes were considered accurate by the expert panel which supports the validity of the results. Our findings show that the concept of professionalism is multidimensional and should be conceptualized as such.*

## Introduction

Professionalism has been identified as an important learning outcome in medical education (Harden *et al.*, 1999; Simpson, 2002). Nonetheless, most of the teaching of professionalism remains informal or, as some researchers put it, entrusted to the hidden curriculum (Hafferty & Franks, 1994; Stern, 1998). The fundamental idea behind this informal approach is the conventional wisdom that professionalism is passively ‘caught’: students are expected to emulate the values and behaviours modelled by their teachers and senior clinicians (Burack *et al.*, 1999).

Recent studies have proven this assumption to be precarious. Both Feudtner *et al.* (1994) and Baldwin *et al.* (1998) found that clinical clerks and residents are confronted with a high prevalence of unprofessional behaviour of medical team members during their work in hospital. These results stress the importance to teach professionalism explicitly. However, in order to take that step it is first necessary to determine systematically which elements and which behaviours are associated with the concept of professionalism.

The problem is that despite the increasing interest in professionalism there is no agreement on how to define professionalism (Arnold, 2002). Consequently, a factual understanding of what professionalism looks like in everyday practice, such as during interactions with patients and other healthcare professionals, remains unclear. This is troublesome because without this understanding we will never be

able to establish criteria for professionalism nor to direct and assess improvement in our future physicians.

Therefore, the aim of this exploratory study is to take a first step in building the concept of professionalism by deriving themes from the constituent elements of professionalism as mentioned in the literature.

## Method

Due to the exploratory nature of the research question a qualitative study was designed. Qualitative methods are appropriate to uncover and understand what lies behind any phenomenon that is poorly understood (Strauss & Corbin, 1990). Since the topic of our study is a concept that is ill defined, qualitative methods can be considered suitable.

We choose as our database the available wealth of publications on the subject of professionalism. The ample amount of publications on the subject provided us with a unique opportunity to explore the way professionalism is perceived and positioned by the international medical community.

## Design

Our study consisted of three phases. We first performed a systematic search of the literature to identify constituent elements of professionalism mentioned in definitions and descriptions of the concept. We then analysed these elements using the constant comparison technique to uncover themes within these elements. Finally, we validated our results using an expert panel.

Our literature search involved a highly sensitive search in the MEDLINE (1966–2003) database. Search headings were seven topics Cohen (2001) identified as referring to what students acquire as a result of the latent socialization process, namely: “professional attitudes”, “professional behaviour”, “personal qualities”, “personal characteristics”, “non-cognitive factors”, and “attitudes”. In addition, the topics “professionalism”, “ethics”, “humanism”, “values”, “medical education” and “assessment” were explored.

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This search strategy was supplemented with checking the references for missing publications. The manuscripts were then sorted further on the basis of specific inclusion criteria, namely the presence of: (a) a description of professionalism; or (b) a definition of professionalism. Subsequently, the distinct elements of professionalism were identified by breaking the definitions and descriptions down along the separate elements (qualities) mentioned as being part of the concept. For example, a description like “honesty and integrity are values essential in medical professionalism” would be coded as containing two distinct elements, namely “honesty” and “integrity”.

After this initial step, possible themes of professionalism were explored using the constant comparison technique (Maycut & Morehouse, 1994). This technique involved the iterative process of systematic sifting and comparison of the separate elements by the authors to reveal and establish emerging themes. Discussions were convened to develop, apply, revise and confirm a coding structure. Emergence of a theme was indicated by repeated examples across the data. This iterative analysis process required approximately 20 hours of group discussion time, as discrepancies in the code were addressed and resolved, categories were expanded or contracted, and a developing theory of how to conceptualize professionalism was gradually articulated.

As a last step, we verified the results using an expert panel. We purposefully identified five experts on the basis of their expertise and experience in teaching attitude and conduct at the department of postgraduate training for general practice. The panellists were a multidisciplinary group, composed of two physicians (general practitioners), one medical sociologist and two psychologists. The panel was asked to evaluate the results of the initial analysis on the basis of the following questions: (1) do you feel our identified themes of professionalism are valid; and (2) do you feel the separate elements of professionalism are correctly categorized within the identified themes. The members of the panel were asked to discuss these questions and to form a consensus judgement. We also invited them to suggest additional elements if they felt important elements were missing.

## Results

### *Isolated elements of professionalism*

Our search elicited 166 articles in the MEDLINE database. Reference checking yielded seven additional manuscripts, thus a total of 173 manuscripts was located. Applying the inclusion and exclusion criteria left 57 articles that were related directly to the aim of our study (Adams *et al.*, 1998; American Board of Internal Medicine, 2001; Arnold *et al.*, 1998; Baldwin, Jr. & Bunch, 2000; Carey, 1994; Chervenak & McCullough, 2002; Cruess & Cruess, 1997; Cruess *et al.*, 2000; DeLisa *et al.*, 2001; Dinman, 2000; Fincher, 2001; Frankford *et al.*, 2000; Gibson *et al.*, 2000; Halvorsen, 1999; Hemmer *et al.*, 2000; Hensel & Dickey, 1998; Irvine, 1997, 1999; Larkin, 1999; Lazarus *et al.*, 2000; Loeser & Papadakis, 2000; Lu, 2001; Ludmerer, 1999; Lundberg, 1990; Markakis *et al.*, 2000; Mufson, 1997; Papadakis *et al.*, 1999; Phelan *et al.*, 1993; Prislis *et al.*, 2001; Reynolds, 1991; Rothman, 2000; Rowley *et al.*, 2000; Rudy *et al.*, 2001; Russell, 2000; Srinivasan, 1999;

Stephenson *et al.*, 2001; Swick *et al.*, 1999; Wear, 1997; Wear, 1998; Wynia *et al.*, 1999; Ber & Alroy, 2002; Bloom, 2002; Cruess *et al.*, 2002; Duff, 2002; Gordon, 2003; Gorstein, 2002; Klein *et al.*, 2003; Larkin *et al.*, 2002; Latham, 2002; Lynch *et al.*, 2003; Moros & Rhodes, 2002; Nierman, 2002; Pellegrino, 2002; Stevens, 2002; Surdyk, 2003; Welling & Boberg, 2003; Winsconsin Medical Society Task Force on Professionalism, 2003).

Analysis of the included articles confirmed that the concept of professionalism is surrounded by ambiguity and that a generally accepted definition is lacking. The definitions and descriptions of professionalism varied greatly in quantity of elements mentioned and in detail of description of these elements. Sometimes professionalism was defined in one sentence (i.e. ‘adherence to a professional code of ethics’) while other authors proposed ten or more different elements. In only 19 of the included articles the constituent elements were subsequently explained. As can be seen from Table 1 we identified a total of 90 constituent elements of professionalism. It is interesting to note that altruism, accountability, respect and integrity were mentioned relatively constantly.

### *Emerging themes*

As can be seen in Table 2, further analysis of the data using the constant comparison technique revealed three themes within the concept of professionalism, namely: (1) interpersonal professionalism; (2) public professionalism; and (3) intrapersonal professionalism.

### *Interpersonal professionalism*

Interpersonal professionalism encompasses elements of professionalism that refer to prerequisites for effective and adequate contact with patients and other healthcare professionals. One or two elements that fit within this theme refer exclusively to the doctor-patient relationship, such as altruism and educate patients. For example, Klein *et al.* (2003) describe altruism as follows:

“(The resident) adheres to the best interest of the patient, puts the interest of the patient above self-interest and the interest of other parties”.

A few other elements within this theme are specific for dealing with other healthcare professionals, for example relationships with colleagues or team, which Papadakis *et al.* (1999) describe as:

“The student is sensitive to the needs, feelings and wishes of the health care team members”.

However, most elements within this theme are deemed relevant to both types of contact. For instance, in the ABIM definition of professionalism (2001) the element ‘respect’ is described as follows:

“Respect for others (patients and their families, other physicians and professional colleagues such as nurses, medical students, residents, and subspecialty fellows) is the essence of humanism, and humanism is both central to professionalism, and fundamental to enhancing collegiality among physicians”.

**Table 1.** Constituent elements of professionalism cited in definitions and descriptions of professionalism.

Element	Number of references	Element	Number of references
Altruism	26	Treat patients politely	2
Accountability	23	Flexibility	2
Respect	21	Commitment to continuity of patient care	1
Integrity	20	Adherence to guidelines	1
Submission to an ethical code	17	Self-improvement	1
Lifelong learning	17	Negotiation	1
Honesty	13	Justice	1
Compassion	12	Competence	1
Excellence	10	Benevolence	1
Self-regulation	10	Method and thoroughness	1
Service	10	Expert authority	1
Responsibility	9	Transparent rules	1
Honor	8	Humanistic values	1
Duty	8	Being well-organized	1
High level of expertise	8	Tolerance	1
Social contract	7	Be knowledgeable	1
Reliability	7	Self-awareness	1
Morality	7	Commitment	1
Suspension of self-interest	6	Clear professional values	1
Relationships with colleagues/team	6	Not letting personal beliefs influence care	1
Trust	6	Enhancing welfare of the community	1
Interpersonal skills	5	Give patients information they understand	1
Humility	5	Protect confidential information	1
Professional conduct	4	Be thoughtful	1
Maturity	4	Temperance	1
Communication skills	4	Appreciate literature and arts	1
Be responsive to patients' and colleagues' age, gender and disabilities	3	Respect patients' right of shared decision making	1
Leadership	3	Understanding history	1
Value medical work intrinsically	3	Simplicity	1
Carry out professional responsibilities	3	Faith in life's meaning and value	1
Caring	3	Use of explicit standards	1
Virtue	2	Goodwill	1
Motivation	2	Willingness to admit errors in judgment	1
Sensitivity to a diverse patient population	2	Willingness to take time to complete work	1
Be sensitive	2	Ask help when necessary	1
Critique	2	Participation	1
Absence of impairment	2	Response to instruction	1
Good clinical judgement	2	Deliverance of quality	1
Calling	2	Not ripping people off	1
Know limits of professional competence	2	Deal with high levels of uncertainty	1
Blow the whistle if necessary	2	Professional awareness and sensitivity	1
Courage	2	Technical competence	1
Avoiding misuse of power	2	Critical analysis	1
Educate patients	2	Autonomy of professional associations	1
Response to stress	2	Fight for and guarantee standards	1

In terms of everyday practice, we should be able to witness elements of interpersonal professionalism when a physician is interacting with patients and other healthcare professionals.

*Public professionalism*

The second theme, public professionalism, covers elements of professionalism that relate to the demands society places on the medical profession: it deals with the standards we trust

our physicians to adhere to. An illustration of a description of professionalism containing elements of this theme can be found in the article of Hensel & Dickey (1998):

“Paramount among (the necessary qualities of a profession) is an ethical code more stringent than society’s legal code. Such a code demands that professionals place public interest ahead of self-interest. So a profession is, by definition, a public trust”.

**Table 2.** Themes within professionalism and associated elements.

Theme	Description <i>Associated elements</i>
Interpersonal professionalism	Meeting the demands for adequate contact with patients and other healthcare professionals. <i>Altruism, respect, integrity, service, honor, honesty, compassion, reliability, relationships with colleagues or team, interpersonal skills, communication skills, leadership, trust, educate patients, caring, avoiding misuse of power, admit errors in judgment, take time to complete work, ask help when necessary, not ripping people off, participation, response to instruction, tolerance, be sensitive, sensitivity to a diverse patient population, be thoughtful, treat patients politely, give information in a way patients understand, respect patients' right of shared decision making, be responsive to patients' and colleagues' age, gender and disabilities, responsibility, suspension of self-interest, benevolence</i>
Public professionalism	Meeting the demands society places on the medical profession. <i>Accountability, submission to an ethical code/moral commitment, excellence, self-regulation, social contract, duty, high level of expertise, professional conduct, calling, negotiation, justice, method and thoroughness, clear professional values, understanding history, simplicity, faith in life's meaning and value, use of explicit standards, deliverance of quality, professional awareness, technical competence, be knowledgeable, enhancing the welfare of the community, protect confidential information, carry out professional responsibilities, fight for and guarantee standards, commitment to continuity of patient care, adherence to guidelines, expert authority, transparent rules, autonomy of professional associations, commitment, blow whistle if necessary, competence</i>
Intrapersonal professionalism	Meeting the demands to function in the medical profession as an individual. <i>Lifelong learning, maturity, morality, value medical work intrinsically, humility, critique, absence of impairment, good clinical judgement, response to stress, flexibility, virtue, motivation, appreciate literature and arts, goodwill, deal with uncertainty, critical analysis, not letting personal beliefs influence care, know limits of professional, humanistic values, being well-organised, courage, self-awareness, temperance</i>

As Cruess & Cruess (1997) put it, this public trust obligates the medical society to know national and regional laws, to participate in more effective and transparent self-regulation and to support lay involvement in all regulating bodies as a way of increasing transparency and maintaining trust and links to the public. So compared with interpersonal professionalism, this theme deals with the much broader (and more abstract) context of values and demands associated with the profession and the constant monitoring of the commitment to these values and demands. Examples of public professionalism are the use of clinical guidelines but also blowing the whistle on a poorly performing colleague.

#### *Intrapersonal professionalism*

Finally, the theme intrapersonal professionalism covers demands that have to be met to function effectively and adequately in the medical profession as an individual. It involves personal characteristics or behaviours that are believed to exert influence on the way the medical profession is practised, either inhibiting (such as impairment) or enhancing (such as value medical work intrinsically). Examples of descriptions of elements of intrapersonal professionalism are 'humility' (Adams *et al.*, 1998):

“The socialization process of medicine sometimes allows, even encourages, arrogance. (...) The insightful physician is aware of the vast amount of information that he or she does not yet possess. (...) The physician must keep an open mind, keep

learning, and remain in the humble role of student”.

and “critique” (Phelan *et al.*, 1993):

“(The student) accepts criticism, looks at self objectively, takes steps to correct shortcomings and reacts to criticism”.

Apparently we feel it is part of our physicians' professionalism to possess specific characteristics (such as flexibility) or take specific actions (lifelong learning) in order to function properly as an individual in the medical profession.

#### *Expert panel*

To validate our findings we presented the identified themes of professionalism and their associated elements to a multi-disciplinary expert panel. There was a high level of agreement within the panel about the validity of the identified themes of professionalism. However, the accuracy of categorization of some of the elements within specific themes was questioned. Two panel members argued that the element 'altruism' should be categorized within the theme 'public professionalism' instead of within the theme 'interpersonal professionalism'. Likewise, the panel members debated if the element 'integrity' was indeed part of 'interpersonal professionalism' or that it should be classified as part of 'public professionalism'. The panel also expressed doubt about the relevance of the specific elements of professionalism 'appreciation of literature and arts' and



'understanding history'. These discussions on element-level aside, the consensus judgement of the panel was that the three separated themes of professionalism enhanced their understanding of the concept to a great extent and they deemed it a very useful framework to conceptualise professionalism.

On our invitation to suggest additional elements of professionalism they felt were missing, the panel proposed a set of elements they labelled general practice specific, consisting of the elements 'practice management' and 'co-ordination of care' within the theme public professionalism, 'communication with specialists' within the theme interpersonal professionalism and 'dealing with uncertainty' within the theme intrapersonal professionalism.

## Discussion

### *General findings*

What is clear from the studies reviewed is that there is considerable inconsistency in the use of the term professionalism and that this has an impact on claims of what it entails. Only four constituent elements were cited relatively often as being part of professionalism, namely altruism, accountability, respect and integrity. Since the exact same qualities are incorporated in most of the Hippocratic Oaths administered in medical schools (Orr *et al.*, 1997), this suggests that some authors feel the term professionalism refers to the core values historically associated with the medical profession. Nevertheless, even though these four elements stood out as being mentioned most, our data showed there is absolutely no consensus within the medical community about what constitutes professionalism.

### *The concept of professionalism*

Analysis of the constituent elements referred to in definitions and descriptions of the concept revealed three themes within professionalism, i.e. interpersonal professionalism, public professionalism and intrapersonal professionalism. Our expert panel decidedly agreed upon the validity of these three distinguished themes and considered it a very useful framework to conceptualize professionalism. However, our expert panel had difficulty with the designation of two elements to their respective themes (i.e. altruism and integrity). Additionally, they concluded that the elements 'appreciation of literature and arts' and 'understanding history' were irrelevant. Most striking however, our expert panel suggested at least one additional element within each theme they deemed important for the professionalism of the general practitioner, namely 'practice management' and 'co-ordination of care' within the theme public professionalism, 'communication with specialists' within the theme interpersonal professionalism and 'dealing with uncertainty' within the theme intrapersonal professionalism.

These findings suggest that the conceptualisation of professionalism is context-dependent. Or to put it how our panellists described it: in everyday practice, general practice puts emphasis on other elements of professionalism than anaesthesiology. This determinative role of context also seems a plausible explanation for the variability we found in the way the concept of professionalism is defined and

described in the literature. Depending on the context from which one tries to conceptualize professionalism, constituent elements will differ in abstraction level, relevance and importance.

Recent studies corroborate this view. Brownell & Côté (2001) showed that residents defined professionalism as entailing competence, first and foremost, while according much less importance to values such as altruism. Likewise, Ginsburg *et al.* (2002) demonstrated a significant gap between the way senior medical students operationalize professionalism and the abstract definitions of the concept. The students cited categories as 'unnecessary injury during treatment' and 'being caught in a crossfire between to superiors' as experiences of professionalism and these categories do not map easily onto the abstracted principles and values as described in the literature.

Our next step should be assessing yet more thoroughly which elements of professionalism characterize professionalism in different medical specialities as well as in different phases of medical career (novice versus expert). Subsequently, we need to develop a matrix indicating which elements of professionalism should be learned and educated at which phase of medical education, tailoring the conceptualization of professionalism to the specific needs of our students throughout our curriculum.

### *Limitations and strengths of this study*

The primary limitation is that, unlike quantitative research, the findings are not statistically projectable to the subject under study. The validity in this study is supported by the constant comparative method itself and the use of an expert panel. The strength of this study is that the data were collected systematically and that we used a highly sensitive search strategy, which adds to the transferability of the findings.

## Conclusions

The aim of this paper was to study the constituent elements and themes of professionalism as a first step in building the concept of professionalism. Our examination of definitions and descriptions of professionalism revealed that the term professionalism is used to describe so many elements we are at risk to compromise the utility of the concept. Fortunately, our results showed that the problem contained its own solution. Our study brought to light the understanding that professionalism is a multidimensional concept. The understanding that the concept of professionalism encompasses the three distinct themes of interpersonal professionalism, public professionalism and intrapersonal professionalism provides us with a clear framework to guide the conceptualization of professionalism for each medical specialty and each phase of medical career. At present, we are conducting a study to determine the definite constituent elements of professionalism in general practice within the three identified themes. Our next step will be to make an inventory of the constituent elements of professionalism within each theme that should be learned and educated throughout postgraduate training for general practice.

## Practice points

- Professionalism is a multidimensional concept that constitutes three themes: interpersonal professionalism, public professionalism and intrapersonal professionalism.
- The three themes within professionalism provide a useful framework to guide the conceptualization of professionalism for each medical specialty and each phase of medical career.

## Notes on contributors

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