


Professional identity formation: The experience of regulated pharmacy technicians in Ontario

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Regulated pharmacy technicians are a growing and increasingly important part of the pharmacy workforce, yet their integration into day-to-day community practice has not been as rapid or complete as anticipated. Participants in this study demonstrated incomplete professional identity formation as regulated pharmacy technicians, which may have implications for collaboration, clinical decision making, patient care and general motivation.

Les techniciens en pharmacie réglementés affichent une croissance et représentent une part de plus en plus importante des effectifs en pharmacie; toutefois, leur intégration à la pratique communautaire quotidienne n'est pas aussi rapide ni exhaustive que prévu. Les participants à cette étude avaient une formation de l'identité professionnelle incomplète en tant que techniciens en pharmacie réglementés, ce qui pourrait avoir des répercussions sur la collaboration, la prise de décisions cliniques, les soins aux patients et la motivation en général.

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ABSTRACT



Background: Despite being regulated and spoken about as professionals, there is little formal research examining professional identity formation among regulated pharmacy technicians.

Methods: A semistructured interview protocol was generated, based on Holden et al.'s typology of professional identity formation (PIF). Regulated pharmacy technicians in Ontario with a minimum of 2 years' experience working a minimum of 32 hours/week were recruited to participate. Interviews were transcribed, coded and analyzed based on professional identity formation.

Results: A total of 15 regulated pharmacy technicians from southern Ontario participated in this

study. Regardless of demographic background, most participants demonstrated identity splinting as the dominant form of professional identity formation. Issues related to social valuing of the role of the technician and environmental opportunities to develop and grow were highlighted as significant barriers.

Interpretation: These findings suggest regulated pharmacy technicians have incomplete professional identities due in part to reasons linked to pharmacists and the pharmacy profession. The type of professional identity expressed by participants in this study may limit opportunities for full and optimal expression of their role.

Conclusions: Further work is necessary to better understand the professional identity formation of regulated pharmacy technicians, to help support the evolution of this role. *Can Pharm J (Ott)* 2020;153:46-51.

Background

Sociologists have drawn a clear distinction between an occupation and a profession.¹ Occupations have historically been associated with routinized work, lack of autonomy and structured employment conditions and patterns.² In contrast, professions are characterized by semi-autonomous decision-making in ambiguous circumstances and the application of judgment in addition to knowledge and skills.³

For the past decade, jurisdictions around the world have been moving towards the introduction of a new profession—the regulated

pharmacy technician—as an integral part of the pharmacy workforce.⁴ This shift provides a unique opportunity to observe the formation of a new professional identity,⁵ the transformative process by which individuals develop the core values, moral principles, ethical reasoning patterns and self-awareness needed to assume professional responsibilities.⁶

Professional identity formation has been most closely studied in medicine⁷⁻¹⁰ and is most frequently described as a multifactor, multistep, iterative process⁷ involving social learning,⁸ role modeling,^{7,8} experiences, rewards, punishments,

KNOWLEDGE INTO PRACTICE



- Professional identity provides psychological motivation and energy to manage the complexity of professional practice.
- Regulated pharmacy technicians have incomplete professional identity formation, which interferes with the ability to fully integrate into community practice.
- Professional identity formation will be important in unleashing the full potential of the role of regulated pharmacy technician.

MISE EN PRATIQUE DES CONNAISSANCES



- L'identité professionnelle fournit une motivation psychologique et l'énergie requises pour gérer la complexité de la pratique professionnelle.
- Comme la formation de l'identité professionnelle des techniciens en pharmacie réglementés est incomplète, cela interfère avec leur capacité à s'intégrer pleinement à la pratique communautaire.
- La formation de l'identité professionnelle sera importante pour mettre pleinement en valeur le potentiel du rôle de technicien en pharmacie réglementé.

reflection and other processes. Professional identity formation (PIF) is not a linear process^{8,9}; it evolves and adapts over time and depending upon circumstances. An internalized sense of profession-hood and integration of this profession-hood within one's personal self-identity is crucial to the development of the attitudes and judgment required of professionals in their work.^{7,10}

Holden et al.¹¹ have described various ways in which professional identity formation can proceed in medicine. While a fully formed professional identity integrated with personal identity may take decades for a person to achieve, it is rarely possible through formal education and socialization processes alone.⁹⁻¹¹ Holden proposes a typology of professional identities and notes that at different times, individuals may demonstrate different, lower levels of professional identities as they evolve in their profession-hood.¹¹ This typology of professional identities include 1) *identity splinting*, in which previous occupational or personal identities remain dominant and result in weak professional identity; 2) *identity patching*, in which one's professional identity is incomplete in some areas, patched together with occupational or personal identities; and 3) *identity enrichment*, in which one's underlying personal/occupational identity is

amplified (rather than completely transformed) by professional identity.¹¹ Although these variants may appear nuanced, the implications on professional behaviours in real-world practice may be significant. For example, health care professionals with *identity splinting* may feel their personal views on abortion or end-of-life care are more important than professional ethical responsibilities to patients and thus act in their own interests and needs rather than those of the patient. Professionals with *identity patching* may behave professionally from 9 a.m. to 5 p.m. but feel that once the work day is ended, they no longer have a responsibility to "represent" their profession in their personal time. Practitioners with identity enrichment may believe they are entitled to certain privileges (like queue jumping) because, after all, they are professionals and therefore deserve to command greater deference and respect than average people.

As the regulated pharmacy technician profession continues to evolve and emerge, it is important to understand how the professional identity of these individuals is also developing and what strategies may be important to support full-fledged professional identity formation. Given the important array of new responsibilities associated with this new profession and the importance of the role itself, the pharmacy profession and patients require assurance that those in the role have a professional identity commensurate with the ethical challenges and judgment required in the field.

Objectives

The objective of this study was to examine PIF among regulated pharmacy technicians in Ontario, Canada. As the profession itself is new and continues to evolve and as this topic has not been studied previously, this was an exploratory study focused on the lived experiences of pharmacy technicians as they construct their own new professional identities.

Methods

A qualitative exploratory research method was used, grounded in the work of Holden et al.¹¹ A semistructured interview protocol was developed and pilot tested that focused on the key elements highlighted by Holden et al.¹¹: 1) tacit social learning through observation of others (e.g., peers, teachers, role modeling); 2) mentoring by identified role models in which active conversation and reflection on professional behaviour are highlighted; 3) formal learning through academic programming and evaluation focused on standards of practice and competence expectations; 4) experiential learning (whether formal, as part of a clinical rotation or on-the-job training, or informal); 5) rewards and punishments (including praise, academic awards, recognition from peers, employers, patients or pharmacists, etc.); and 6) self-reflection on professional role and meaning.¹¹ Appendix 1 (available online at www.cpjournal.ca) provides an outline of the interview protocol and sample transcript excerpts.

TABLE 1 Demographic profile of participants

Sex	Age	Years as regulated pharmacy technician	Current employment	Previous employment experiences	Education pathway	Worked previously as assistant?
F	42	3	Hospital	Chain	Online bridging	Yes
F	38	3	Hospital	Chain	Online bridging	Yes
F	36	4	Independent	None	Online bridging	Yes
F	44	2	Chain	Independent	Online bridging	Yes
F	25	2	Chain	None	Community college	No
F	26	2	Chain	None	Community college	No
F	30	2	Chain	Grocery	Private vocational college	Yes
F	50	3	Grocery	None	Online bridging	Yes
F	41	3	Grocery	Independent, chain	Online bridging	Yes
F	31	2	Independent	Chain	Private vocational college	Yes
F	33	2	Chain	Independent	Community college	Yes
F	39	4	Hospital	None	Online bridging	Yes
M	33	2	Hospital	Chain, independent	Online bridging	Yes
M	37	2	Chain	Grocery, independent	Online bridging	Yes
M	28	2	Independent	None	Community college	No

A snowballing sampling technique was used to identify regulated pharmacy technicians working in either hospital or community practice in Ontario, Canada, to participate in this study. Participants were required to have a minimum of 2 years of experience in the role, be working a minimum of 32 hours/week and be comfortable and willing to be interviewed in English. All participants completed informed consent as per the study protocol approved by the University of Toronto's research ethics board. Participants in this study were provided with a small gift card as a token of appreciation for their time and involvement in the study. Interviews were undertaken until saturation of themes was achieved; as all interviews were audiotaped, verbatim transcripts were produced, coded and analyzed using a constant-comparative method to surface themes and generate meanings. All transcripts were reviewed and coded twice to enhance trustworthiness of interpretation; a third reviewer was available should disagreement around codes, themes or meanings emerge but was not actually required.

Findings and discussion

A total of 15 regulated pharmacy technicians were interviewed for this study (for demographic details, please see Table 1). Three key themes were identified:

1. *Identity splinting* was the dominant form of professional identity expressed by participants.
2. *Social validation* is crucial to professional identity formation, yet is absent within both the workplace and formal education for pharmacy technicians.
3. Transformative professional identity formation is constrained/limited by *lack of roles, role models and legitimate environmental opportunities* to act as semiautonomous professionals.

Each of these themes will be discussed in further detail below:

Identity splinting

Holden et al.¹¹ describe identity splinting as a weak and emerging form of professional identity that is distinct from a transitional stage of professional identity formation. Identity splinting is most typically associated with lack of self-confidence and a self-perception of lack of ability to maintain professional competence. In identity splinting, the individual simply does not "trust" his or her own professional identity and consequently (despite any lip-service or rhetoric to the contrary) relies more heavily on other, personal identities to guide behaviour and decision-making. The problem within a profession when most members are identity splinting is that personal values, morals

and opinions become the dominant vehicle for engaging in professional work, leading to highly individualistic, inconsistent and unstandardized practice across the profession as a whole. Participants in this study consistently expressed a lack of trust in their own professional competencies, despite a high degree of self-confidence in technical knowledge and skills. There was a strong need to be able to refer complex decision-making in ambiguous situations “up” to the pharmacist, rather than apply professional judgment to a given situation. Further, the notion of responsibility was framed very clearly around adherence to process rather than actual outcomes: as noted by one participant, “If I do everything I’m supposed to, you know, follow all the steps and if something still goes wrong, well, it’s not my fault, is it?” A focus on blameworthiness rather than on collective responsibility for positive outcome is a core feature of identity splinting, as there is a strong ego-need to protect the personal/self-identity rather than support or nurture a nascent professional identity.

Social validation

All participants in this study noted their frustration related to the disconnect between the idealized role of the regulated pharmacy technician and its day-to-day reality. For some participants, the issue of coercion was dominant: for example, hospital technicians noted that they were forced to become regulated if they wanted to maintain their employment, which in turn produced ambivalent relationships to their new role. All participants commented upon the general lack of understanding or respect associated with the term *regulated pharmacy technician* (RPT): despite significant time, effort and money required to gain the designation, colleagues (particularly pharmacists) were neither encouraging nor interested in the RPT designation, further reinforcing a social image of regulation as merely an administrative requirement, rather than an actual and valuable professional role. Further, particularly for the hospital-based participants, there was a consensus that their day-to-day realities, responsibilities and opportunities had not actually changed in any meaningful way following completion of registration requirements. The lack of promotion opportunities, increased remuneration, enhanced social standing or general respect and social validation for this new role resulted in a type of identity conflict: despite rhetoric proclaiming the birth of a new profession and the opportunities associated with regulation, the lived experience and reality of most participants was that no appreciable difference after registration occurred or (worse, in some instances) they were now doing more work and assuming more responsibility for the same pay and same social standing. Without social valuing of this new profession, identity splinting became the dominant response, and true professional identity formation was frustrated.

Lack of environmental opportunities

A key theme that emerged from this research related to the haphazard/unstandardized nature of formal education,

socialization, enculturation and operationalization of the regulated pharmacy technician role. Within the professional identity literature, appropriate socialization into a professional role is a necessary (although insufficient) condition for full identity formation. Participants in this study noted the highly variable pathways by which individuals became regulated: for some, they moved directly from a postsecondary education program into the regulated role, while others had worked for years as unregulated pharmacy assistants before taking online or correspondence upgrading courses to complete registration requirements. The absence of a consistent, coherent socialization into the professional role further exacerbated the need for identity splinting as a dominant response. In the absence of socialization through education, the lack of available role models and peer mentors to support experiential socialization was also noted as an issue. A key supporting pillar of professional identity formation is inspirational and aspirational mentors in the field who uphold the ideals of that profession—without such figures, professional identity formation is stilted. Many participants in this research noted that even today, years after initiation of the regulatory process for technicians, they still had difficulty naming any role models in their profession or describing attributes of exemplary regulated pharmacy technicians.

These findings highlight a central dilemma for the emerging profession of regulated pharmacy technician: while the need for professional identity formation is crucial to success and sustainability, existing structures, practices and systems do not appear adequate to actually nurture and support individuals through the evolution from occupation to profession. As a result, an incomplete and stilted form of professional identity—identity splinting—appears to be the dominant response within that group, which may not bode well for future growth in the field.

The implications of these findings for the pharmacy profession are significant: the initial *raison d'être* for regulated pharmacy technicians (as opposed to unregistered pharmacy assistants) related to the need to more rationally allocate work within the pharmacy team based on skills and competencies. As was often noted during the development of regulatory frameworks for technicians, the need to “free up” pharmacists’ time to focus on cognitive patient care-focused (rather than technical, dispensing-focused) activities was essential if the pharmacy profession as a whole was to meet its societal responsibilities.

The term *technical activities* or *dispensing* may suggest a highly routinized or proceduralized series of activities rather than judgments, but as most pharmacists will note, dispensing is a cognitively complex process requiring application of knowledge, skills and judgment in a professional manner.¹² The semiautonomous decision-making within an ethical framework that differentiates professions from occupations is premised on a professional identity in which confident, ethical judgments are made by individuals who recognize the importance of their work as being more than “just a job.”^{12,13} Results from this study suggest many pharmacy technicians may

have an incomplete professional identity formation—identity splinting—which makes it challenging for these individuals to actually succeed as professionals and for the field itself to evolve as a traditional profession.

Importantly, this incomplete professional identity formation appears to be rooted in structural and system issues within the profession of pharmacy and with pharmacists, not with particular deficits or issues with pharmacy technicians themselves. For example, in the absence of a profession-wide or society-wide valuing and understanding of the role of the regulated pharmacy technician, it is difficult for individual technicians to acquire the sense of purpose and pride that is associated with identity enrichment. Several participants in this study noted the specific impact of the name of their profession and how it may affect professional identity formation: embedding the term *technician* in the title of “regulated pharmacy technician” was, for some participants, a signal that pharmacists actually did not want other true professionals to share their field. For other participants, it simply reinforced that, regulated or not, they were actually not truly professionals.

Some participants in this study noted that it was important that regulated pharmacy technicians actually become and be professionals: new responsibilities afforded to them require a type of ethical decision-making and behaviour that is not characteristic of unregulated technicians or assistants. For example, in processing renewal prescriptions for patients, regulated pharmacy technicians must still apply professional judgment in assessing appropriateness and must apply ethical reasoning in determining whether a complex situation involving a patient and adherence requires referral to the pharmacist or can be managed independently. If regulated technicians did not apply such independent judgment and reasoning and simply referred everything to the pharmacist instead, they would be functioning as assistants and their value to the pharmacy team (and their impact on pharmacist’s workload) would be significantly reduced.

The professional identity of regulated pharmacy technicians is slowly evolving, not because of but despite the systems and structures currently in place in pharmacy education, practice and regulation. In naming the role “technician,” regulators have perhaps inadvertently contributed to deprofessionalization before professionalization even began. In not providing sufficient, diverse and valued roles for regulated technicians, the practice is not allowing for the evolution of role models and mentors that can serve as inspirations to the next generation. In permitting highly variable qualification pathways to regulation and in not connecting postsecondary pharmacy technician education within a more academic framework, opportunities to actually build professionalism into the profession may be lost.

One intriguing element of this study that may be important to examine further is the extent to which pharmacists’ professional identities may be impinging upon the professional identity formation of regulated pharmacy technicians. A recent qualitative study has suggested that pharmacists’ professional

identity may be less well formed and established than the professional identity of other health professionals (such as nurses and physicians); this study hypothesized that the incomplete professional identity formation of pharmacists leads to a variety of behaviours in practice that are therefore more characteristic of occupations (jobs) than of professions and professionals.¹⁴ The extent to which a knock-on effect of this incomplete professional identity formation for pharmacists may be delaying, frustrating or preventing professional identity formation for pharmacy technicians warrants further exploration.

The need for and potential value of regulated pharmacy technicians as a professional cohort within pharmacy has been discussed for a generation.¹⁵ Despite recent regulatory changes to enable regulation, the emergence of a professional identity for this cohort remains in question. The impact of a “profession without a professional identity” is not fully understood. In the context of the complexity of day-to-day work that requires ethical reasoning and application of clinical judgment, incomplete professional identity formation may result in behaviours that are suboptimal, ranging from unwillingness to make appropriate decisions and take responsibility for them, to staying silent in the face of a difficult choice due to lack of self-confidence or belief that one’s opinions matter.

As an exploratory qualitative study, this research has been helpful in illuminating the experiences of a group of pharmacy professionals who, although large in number, are generally absent from the literature. The method used, while appropriate given the absence of previous research in this area, may not be generalizable due to the relatively small sample size and the narrow geographical range of participants. While saturation of themes was achieved in this research (an important hallmark for qualitative research), triangulation to verify participants’ perceptions could not be undertaken. While there is strength in allowing participants’ own words to guide data analysis, there is a risk that some participants’ perceptions and reports may be incomplete or decontextualized.

Pharmacy as a professional field has a strong interest in unleashing the full potential of the regulated pharmacy technician role.¹⁵ Coordinated, collaborative efforts across different parts of the profession will be needed to address the issues highlighted by participants in this study. Simply relabelling the job as “regulated” or “professional” does not in itself support the formation of a new professional identity among technicians. Further work is required to support the emergence of a meaningful professional identity within the regulated pharmacy technician cohort, which in turn should facilitate these individuals’ abilities to practise to their fullest possible scope in support of optimizing patient care.

Conclusion

In the decade since regulatory change enabled development of regulated pharmacy technicians in Canada, concerns have been raised regarding the unrealized potential of those in the

field. Much of this discussion has focused on tasks rather than identity. This study has highlighted the sporadic nature of the evolution of professional identity for regulated pharmacy technicians and has provided insights into potential reasons for the identity splinting observed. Professional identity formation is an important aspect of professional development and professional behaviour; recognizing that structural issues (such as

title, roles and educational requirements) may inadvertently produce suboptimal professional identities and that these identities may compromise evolution in the field is important to ensure long-term sustainability of the role. Further research focused on the evolution of regulated pharmacy technicians is needed to support fullest and optimal development of this new health profession. ■

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