Commentary

Motivating Language and Social Provisions in the Inculcation of Pharmacy Students’ Professional Identity

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A R T I C L E   I N F O

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- social provisions
- professional identity
- pharmacy higher education

A B S T R A C T

Professional identity formation in pharmacy students is a multifaceted, dynamic process stimulated through a variety of experiences, including those in structured classrooms, laboratories, experiential settings, and during interprofessional education. Meaningful faculty communications with students are a critical element in the development process. This commentary situates research findings from studies on communication practices within the frameworks of motivating language theory and social provisions theory to demonstrate how specific language from instructors can impact the formation of students’ professional identity.

Our objective is to review and extrapolate findings from professional pharmacy literature on communication, as well as literature from outside the profession, to demonstrate how specific strategies can aid in the development and reinforcement of pharmacy students’ professional identity.

Clear, specific, tailored, empathetic communication by instructors during pharmacy student training promotes students’ ability to think, act, and feel like valued contributors during the provision of patient care and interprofessional experiences.

Professional identity formation (PIF) is a dynamic process, encompassing ever-changing attitudes, values, knowledge, beliefs, and skills shared within a professional group.\textsuperscript{1,2} The process has been well-studied in the past decade in a variety of disciplines and is gaining increased attention in the inculcation of professional identity in pharmacy students.

PIF should be intentional throughout professional education and during transitions to a work environment.\textsuperscript{1,2} Bridges\textsuperscript{3} suggested that pharmacy students embark on a journey to become professionals as they develop a sense of personal and professional values, beliefs, and ideas through engagement with pedagogy, practice, and interactions with faculty, staff, and fellow students. To ensure intentionality, these processes should be facilitated by teachers and mentors who help them self-evaluate, self-motivate, and self-locate (ie, find their place) within the context of a greater cause, such as serving patients.

Barwick and colleagues\textsuperscript{4} added that the formation of a strong professional identity early in a student’s career can enable a successful transition into the workplace, motivate the beginning practitioner, and establish confidence in their role. Gibson and colleagues\textsuperscript{5} suggested that identity formation includes defining what or who it is you are, internalizing responsibility for professional growth, and developing a systemic identity (shared beliefs and moral codes) as one progresses from expertise to self-validation.

Elvey and colleagues\textsuperscript{6} revealed that pharmacists often sport multiple identities, ranging from clinical practitioner to social caregiver, medicine maker, supplier, and many others. Additionally, Gregory and Austin\textsuperscript{7} indicated that community pharmacists have incomplete, separated, or functional (rather than existential) professional identities. A disjointed professional identity likely influences practice behaviors, such as interactions with patients and other healthcare professionals, as well as self-confidence in clinical decision-making. They argue further that, without a clear understanding of who we are as a profession, how do patients and other healthcare professionals know what to make of us and our claim to contribute toward improved health outcomes?

A testimonial on identity development remarked on the need to leverage opportunities for mentorship, reflection, and dialogue with students, instructors, preceptors, patients, and co-workers.\textsuperscript{8} Doing so promotes character development and virtues, such as integrity,
compassion, and courage. O’Connor argued that PIF, primarily what pertains to service to others and seeing the greater value in one’s work, can be motivated through the right combination of experiences and language used in the training of teaching professionals.

Self-Determination Theory

The 2020-2021 American Association of Colleges of Pharmacy Student Affairs Committee report recommended integrating intentional PIF within professional curricula. They supported leveraging an amended version of Miller’s Pyramid of Clinical Competence to bring students from knowing, to knowing how, showing, doing, to simply being (or “is”), as in the consistent identity of “feeling like a pharmacist.” The Committee encouraged pharmacy educators to develop a working knowledge of one or more identity theories to assist in selecting pedagogies and approaches. Other initiatives that support pharmacy student PIF range from required writing in advanced pharmacy practice experiences to participation as pharmacy camp counselors to high school students.

Wilby argued that simply providing facts, statistics, and textbook descriptions is suboptimal for imbuing a greater sense of identity. One professional program integrated its career development and advising program into the curriculum through the Pharmacist Patient Care Experience course. The goals include self-assessment and goal-setting for career choices. Content was related to work-life balance, community engagement, and leadership. Students worked in small groups, called Professional Development Advising Teams, led by a clinical advisor/practicing pharmacist who debriefed on the students’ self-assessment work and clinical experiences—making connections between the.

Mylrea and colleagues developed a professional identity program for pharmacy students based on self-determination theory. It consisted of autonomy-supportive teaching approaches delivered in 10 workshops spread over 4 semesters of didactic study. The program was evaluated using a student satisfaction survey and validated tools for measuring professional identity and motivation to study pharmacy. Their work resulted in increases in students’ autonomy and a transition to more intrinsic levels of motivation.

In another study, Mylrea and colleagues linked identity with self-determination through pharmacy students’ own motivation to see themselves as lifelong learners. The evidence and trends described above suggest a holistic, comprehensive set of approaches to imbue PIF among students. As researchers and commentary authors, we offer instructional guidance that leverages yet another theoretical framework from which to base student pedagogy—the role of motivation and rendering of social support.

Motivating Language Theory

Motivating language theory (MLT) provides a comprehensive model for understanding the impact of language, suggesting that strategic oral communication is an important motivational tool to enhance performance. Mayfield and colleagues described dimensions of motivating language as (1) direction-giving, (2) meaning-making, and (3) empathetic.

The first dimension, direction-giving language, reduces ambiguity about tasks by clarifying roles, goals, and rewards. Instructors should provide clear direction with course materials and assessments, including how the learning endeavor ties to the students’ development and sense of professional purpose. For example, asking students to write a Specific, Measurable, Achievable, Realistic, and Timely goal may seem like a lesson in futility unless the instructor first explains how this methodology increases the likelihood of success. The second dimension, meaning-making language, reduces uncertainty about policies and practices. Meaning-making language helps students internalize practices and values connoted by the academic program, as well as through insights into what students contribute to patient care, other stakeholders, and the greater society. For example, when discussing medication safety, instructors might relate important safety policies and practices to examples of serious medication errors publicized in the news. The third component of MLT is the use of empathetic language, which in the work environment helps construct amicable and respectful relationships between a colleague and their superiors. In the case of pedagogy, this could be demonstrated by instructors showing empathy for students but especially through role-modeling empathetic behaviors with patients in clinical settings. Use of direction-giving, meaning-making, and empathetic language promotes PIF by reinforcing and exemplifying formal professional codes and rules of conduct.

Social Provisions Theory

Another foundational theory from which to draw when attempting to imbue students’ PIF is that of social provisions theory, which extends from the rendering of social support. Weiss characterized 6 categories of relational provisions of support: attachment, social integration, opportunity for nurturance, reassurance of worth, a sense of reliable alliance, and guidance. Social provisions have been studied across a wide range of disciplines and phenomena. Moss and Petrie argued that the link between social provisions and education depends on the meaning attached to education. They contend that the relationship is a strong one, requiring further consideration when a key component of that education is an attempt to develop the “whole person,” as would be the case in the inculcation of PIF. Reassuring students of their worth as individuals and as pharmacists promotes self-efficacy and an ability to continuously recalibrate their goals for patient service. Language that promotes self-worth and attachment to the profession should be encouraged by those in all disciplines of pharmacy to abate insecurity and ambiguity. An example of language that promotes attachment might be “Don’t be afraid to try; you won’t hurt anyone. I’ll help you through it.” Language that provides security allows students more freedom to learn and explore. It is particularly valuable during interprofessional learning experiences, as students learn to exhibit specific, assertive, and empathetic qualities when interacting with other health professions students. In sum, clear, specific, tailored, empathetic communication by instructors during pharmacy student training should be employed to develop and reinforce pharmacy students’ identities within the pharmacy profession.

Colleges/schools of pharmacy might consider PIF and particularly how various evidence and foundational theories, such as MLT and social provisions, in the context of future strategic planning and curriculum revisions, reflect its salience in developing professionals. Direction-giving and meaning-making language do not preclude problem-solving or teaching students how to confront multi-faceted, complex problems. Rather, use of such language during instruction and in mentoring mitigates unnecessary ambiguity and provides the means to communicate with each other, peers, health care providers, and patients. It enhances clarity and the confidence of someone self-actualized in their profession and comfortable in their own skin. This should result in more assertive, and less passive-aggressive behaviors by all parties in the communication process. Faculty in all disciplines should employ meaning-making language about the contribution of materials being learned toward the optimization of patient medication-related outcomes, rather than merely stressing that the material is “important.” Empathy does not imply giving poor performers or those engaging in unethical conduct a free pass. Rather, it demonstrates understanding that all of us lead complex lives and that we do not fully appreciate what others must contend with in their lives. A future pharmacist’s understanding of this idea will make them a better supervisor of technicians and a more compassionate healthcare provider. This segues into reassurance of worth as part of social provisions. At its core, people generally want to know that what they are contributing (to organizations, society, self, and loved ones) is of value. Institutions can utilize interprofessional education to promote reassurance of worth for
one another’s contributions toward healthcare delivery. Instructors should encourage the use of such motivational strategies, particularly when teaching communication strategies with patients who struggle with issues of disease management and medication adherence. Students, in the context of guidance, can be reinforced to avoid assuming that patients know all that needs to be known and performed in maintaining their health. Further, instructors’ habitualizing guidance in communication concurrently with language that promotes attachment to the profession promotes student self-efficacy. Language that promotes attachment can be used concurrently with activities, events, and co-curricular endeavors aimed toward instilling professional pride, but also humility in students “becoming one” with a sense of purpose greater than one’s self. Instructors and institutions can promote reliable alliances wherein persons can count on one another for assistance under any circumstances through required group activities and projects. Of particular importance are those assignments that aid in making visible pharmacy’s contributions toward patient well-being, which includes all disciplines, such as bench scientists’ work on new drug modalities that improve medication adherence and other outcomes. Experiential education and interprofessional education activities can bolster student opportunities for nurturance by having them take greater responsibility for the well-being of patients and concurrently, fellow team members. In the promotion of work environments that cultivate collegiality, the notion that organizational culture is produced through the efforts of everyone, rather than merely through an organization’s leadership, or top executives is reinforced.

The need to promote PIF is becoming increasingly evident. In principle, much of what we do in pharmacy education assists in this endeavor. As suggested in a scoping review published in nursing literature and requiring further study, initial evidence suggests that PIF during formative education translates into continued identity formation in practice. The authors noted the multidimensional nature of PIF, recommending that a variety of approaches be used to convey and build it, ranging from didactic teaching to case studies, field events, and experiential learning, albeit with consistent messaging across all pedagogical strategies. Another study focused on the nexus of integrating classroom and workplace learning for PIF, suggesting that students are learners in the classroom and pre-accredited professionals in the workplace context. The authors suggest that student participation in professional roles through workplace learning experiences are opportunities for transformative learning that imbue a sense of professionalism, particularly when didactic messages and workplace experiences are cogent and consistent.

Employing the principles of self-determination theory, motivating language, and social provisions in activities and instruction can amplify and strengthen our endeavors to imbue students with the confidence, passion, and self-efficacy that results in “feeling like a pharmacist”—self-actualization inherent to strong PIF. Use of motivating language and social provisions not only sets direction but also models the proper behaviors to which professionals should adhere throughout their careers. Examples of incorporating components and provisions within pharmacy education contexts can be seen in Table 1. Our call to action is for use of consistent, clear, specific, tailored, empathetic communication during pharmacy student training to promote students’ ability to think, act, and feel like valued contributors during the provision of patient care and interprofessional experiences.

Declaration of Competing Interest
None declared.

References

Table 1
Examples of Incorporating Components and Provisions in Pharmacy Education Contexts.

<table>
<thead>
<tr>
<th>Component or provision</th>
<th>Context</th>
<th>Exemplar</th>
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<tbody>
<tr>
<td>Motivating language theory</td>
<td>Writing a SMART goal</td>
<td>“As you write this goal, ensure it is specific, measurable, achievable, relevant, and time bounded, as this will increase the likelihood of your success.”</td>
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<tr>
<td>Meaning-making</td>
<td>Discussing medication safety</td>
<td>“Yes, that was a significant error that hurt the patient. What safety practices have we discussed that could have prevented this medication error?”</td>
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<tr>
<td>Empathetic</td>
<td>Role-modeling in a clinical setting</td>
<td>“Most kids don’t like the taste of this medicine. Let’s see what I can do to make it taste better.”</td>
</tr>
<tr>
<td>Social provisions theory</td>
<td>Providing guidance during a lab</td>
<td>“Don’t be afraid to try; you won’t hurt anyone. I’ll help you through it.”</td>
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<tr>
<td>Social integration</td>
<td>Addressing TA concerns</td>
<td>“What are some concerns you share with your fellow TAs about this course?”</td>
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<tr>
<td>Opportunity for nurturance</td>
<td>Mentoring during experiential education</td>
<td>“How could you have taken greater responsibility for the well-being of this patient in this situation?”</td>
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<tr>
<td>Reassurance of worth</td>
<td>Confirming role in an interprofessional experience</td>
<td>“As a pharmacist, you are the medication expert on this patient’s care team.”</td>
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<td>Sense of reliable alliance</td>
<td>Collaborating during a group activity</td>
<td>“You can count on me to do my part.”</td>
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<tr>
<td>Guidance</td>
<td>Role-modeling in clinical settings</td>
<td>“How often did your doctor tell you to take this medication?” [Twice a day.] “Yes, so take the first tablet now, and another before bedtime, around 9 pm.”</td>
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