Qualitative Research

The Influence of Intersectionality on Professional Identity Formation among Underrepresented Pharmacy Students

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ABSTRACT

Objective: The objective of this study is to explore professional identity formation (PIF) among student pharmacists from underrepresented groups (URGs).

Methods: In this qualitative study, 15 student pharmacists from the University of Georgia and Midwestern University Colleges of Pharmacy were recruited for interviews to explore the influence of intersectionality of race, ethnicity, and gender on PIF. Interview data were analyzed using constructivist grounded theory to identify themes and then further analyzed using Crenshaw's theory of intersectionality, namely structural, political, and representational intersectionality.

Results: Intersectionality of identities created situations where participants expressed advantages belonging to certain social categories, while simultaneously being disadvantaged belonging to other social categories. This awareness led to strategies to overcome these collective obstacles for themselves and their communities. Participants then described ways to shift perceptions of how society depicts pharmacists and the pharmacy profession. The results depict these processes and how intersectionality influences PIF for URG student pharmacists.

Conclusion: The sociocultural aspects of race, ethnicity, and gender influence the PIF of student pharmacists who belong to URGs. Intersectionality helps us better understand the ways in which inequality compounds itself, and this results in URG student pharmacists creating opportunities for belongingness and representation. Resultantly, URGs create opportunities for inclusivity and representation. To continue to facilitate this it is essential for educators and university systems to promote ways to foster and incorporate PIF in student pharmacists.

1. Introduction

Professional identity formation (PIF) is a growing area of research in health science education and is considered a fundamental process in the development of health professionals.1,2 In pharmacy education, PIF is concerned with the socialization process of student pharmacists, residents, and pharmacists on how to think, act, and feel like a pharmacist.3–6 Recently, the American Association of Colleges of Pharmacy (AACP) Student Affairs Standing Committee and now standing AACP PIF Taskforce have recommended colleges and schools of pharmacy intentionally integrate PIF within the professional curricula.1,3

Unlike medical education, however, pharmacy education has identified ambiguous meanings for what it means to be a pharmacist.3 As Kellar and colleagues5,6 describe, there are several identities that pharmacists have identified as over the past century, convoluting our identity as a profession. Specifically, the researchers identified 5 identities: apothecary, dispenser, merchandiser, expert advisor, and healthcare provider. Currently, the latter identity dominates the pharmacy education literature, but aspects of all 5 identities continue to confound our professional identity.6

In addition to the identity tied to how a pharmacist contributes to healthcare, there is growing evidence that demonstrates the influence of the intersectionality of race, ethnicity, gender, and so forth on professional identity development.7–15 Previous research on PIF that focuses on underrepresented groups (URGs) in medicine has indicated that the historical exclusion of these groups from medicine has led to
unique experiences and challenges for physicians while developing their own professional identity. Additionally, there is growing evidence in the health professions of the importance to include the sociocultural context and other overlooked influences in PIF research. In Wyatt and colleagues’ meta-ethnicity, the authors identified 4 areas that have shaped PIF among URGs in health professions: sociocultural influences, the hidden curriculum, societal values, and identity negotiation and dissonance. These influences highlight how identity development (1) occurs in relation to others (2) is influenced by role models and patient interactions, (3) is contextualized by societal expectations, and (4) is often at odds with dominant professional frameworks.

Although these factors in relation to PIF have countered the dominant literature on identity development, it has yet to be explored in students considered underrepresented in pharmacy. In this study, we examined how student pharmacists who identify as a member of URGs engages in identity work, focusing on race, ethnicity, and gender identities. Building on recent evidence in medicine and other health professions that demonstrates how professionals from URGs integrate these identities, we employed Crenshaw’s theory of intersectionality, a critical lens that identifies the contextual dynamics of identities and how this intersectionality reveals the ways in which power influences in diffuse and differentiated ways.

2. Methods

In this qualitative study, 15 student pharmacists who identified as members of URGs (eg, Black/African American, Hispanic/Latinx) were recruited from the University of Georgia College of Pharmacy and Midwestern University College of Pharmacy. We employed the snowball method of recruitment, initially working through professional contacts, in which students from the authors’ respective institutions were recruited, then participants were asked to identify peers who may be interested to participate in the study. One seasoned qualitative researcher and pharmacist (NRW) who studies intersectionality among the health professions conducted 30–45-minute semi-structured interviews that asked students to reflect on the saliency of their identities (racial, ethnic, gender) and how these identities influence their professional identity as student pharmacists. As an example, a series of questions asked: In what ways do your race and ethnicity influence (1) your experiences as a pharmacy student or pharmacist? Describe a time in the classroom or in clinic when you perceived that your race or ethnicity was important or prominent. How have these experiences affected you?

We employed a constructivist grounded theory approach to data collection, analysis, and interpretation, embracing that our reality is socially constructed and our collective experiences facilitate data interpretation. Briefly, data were collected, analyzed, and interpreted using an inductive, comparative approach initially, and as more interviews were conducted, our team used iterative interpretations to gather additional data (deductive reasoning). Our research team included 4 pharmacists who study PIF (NRW, SAA, NS, JK), and a URG student pharmacist (AR). Interviews were transcribed using a transcription service (Rev.com). Data were coded for themes by 2 researchers (NRW, AR) and discussed collectively among researchers. We also employed both codes and meaning saturation (eg, “heard it all” and “understand it all”, respectively), to gauge when participant recruitment should conclude. And finally, we instituted “member-checking,” taking our results and analyses back to participants who volunteered to provide feedback on whether our findings resonated with their experiences and recommendations to improve our analysis.

Based on our discussions, we then elevated our analysis by applying Crenshaw’s theory of intersectionality as an analytical lens. Essentially, intersectionality is an analogy for the ways in which various forms of inequality sometimes compound themselves and create obstacles that are not often understood by conventional ways of thinking. This theory can be further divided into 3 components: structural, political, and representational intersectionality. Structural intersectionality delineates how overlapping identities interplay with the structures of power and exclusion. Once these compound, oppressive structures are identified, political intersectionality describes inclusive frameworks of resistance that confront and overcome these obstacles. And finally, representational intersectionality supports the positive portrayal of marginalized individuals to dispel stereotypes.

Data were analyzed using Dedoose, version 9.0.46, a desktop application for analyzing qualitative data (SocioCultural Research Consultants, LLC). This study was approved by the Augusta University institutional review board.

3. Results

Participants included 12 females (80%), 11 who identified as Black/African American (73.3%), 2 who identified as Hispanic/Latinx (13.3%), and 2 who identified as more than 1 race/ethnicity (13.3%). Our analysis of the participants’ interviews indicated that the intersectionality of identities created situations where participants expressed advantages belonging to certain social categories, while simultaneously being disadvantaged belonging to other social categories. This awareness led to strategies to overcome these collective obstacles for themselves and their communities. Participants then described ways to shift perceptions of how society depicts pharmacists and the pharmacy profession. The following results depict these processes and how intersectionality influences PIF for URG student pharmacists.

3.1. Structural Intersectionality: “I Don't Have the Privilege That My Fellow Peers May Have”

All participants recognized how their race, ethnicity, and/or gender influenced their training to become a pharmacist. From a structural intersectionality perspective, participants discussed ways in which their identities resulted in disadvantages. As 1 female student expressed regarding feelings of first inadequacy based on race/ethnicity and gender and then strength in choosing a female-dominated career in pharmacy, “We have to try harder than everybody else because we already are in an adverse situation. So, I've always been top of my class or striving to be the best that I can be just because I know that I don't have the privilege that my fellow peers may have. So, I definitely do think that being an African American and a woman as well plays a huge part in my career (and) my career choice. All the rooms that I step into, I just make sure that I always put my best foot forward because I know (the) majority of people have already counted me out” (Participant 13).

Several participants also described the necessity to always be correct so their work and reputation would not be questioned. One student explained, “I always have to check myself 10, 12, 15 times to make sure I come to the right answer. And it's more acceptable for someone that doesn't look like me, in my opinion, to make a mistake” (Participant 6). Additionally, some students discussed the source of this need to be perfect, many times stemming from misinformation related to affirmative action. As 1 student described, “That's what really bothers me about the affirmative action thing. Because me and my 2 other girls who are Black are doing well and we're getting A's, and we have really high grade point averages and really understand the material enough to be able to teach back and tutor our cohort. (Students) will (say) that we're cheating and (say) that there's no way that we can be excelling. It plays into the ignorance of, ‘You're smart for a Black girl.' I don't understand the negative connotation” (Participant 15).

Additionally, several students described this process of dispelling stereotypes, as 1 student explained, “I spend a lot of time trying to figure out how to be authentic in my own space and not giving air to the stereotypes” (Participant 3). Even more, some students discussed how this could affect their future clinical practice. In this example, a student described how a guest speaker discussed how her identity led to certain patients refusing care, and how these experiences will likely result in
her choosing a hospital setting to minimize patient interactions, "(The guest speaker) was telling us about all the times where she's had people tell her that they didn't want her to be their pharmacist because she was a woman or because she was Black. And I think that'll definitely impact the way that I practice. I would want to work in a hospital setting because there's not as much patient interaction... and not dealing with patients who may completely reject your services because of how you look" (Participant 1). Although these collective experiences influenced aspects of their professional identity, students described a proactive approach to countering these negative experiences, as discussed in the next section.

3.2. Political Intersectionality: "We Wanted to Provide an Outlet That Could Really Encourage Comfort and Create a Safe Space..."

These intersecting identities also positively influenced how participants described their professional identities and expressed their desire to work with their communities and disadvantaged populations, increase inclusivity, and emphasized the importance of mentorship. With respect to working with communities, 1 participant expressed, "I want to advocate for (disadvantaged communities). I want to work specifically with that group of people. And so yes, I do see them differently, I do feel more protective of (them) and (will) go the extra mile for people who are not necessarily minority but disadvantaged. That's really where I feel my calling is" (Participant 12). Even more, several students who had pharmacy experiences described the positive impact their race/ethnicity had or will have on patient care. One student discussed how he helped a Hispanic patient use insulin correctly, after years of inadvertently using it incorrectly due to language barriers, I remember her coming (to the pharmacy), and I decided to ask her 'Do you have any questions? How is everything going?' and she started saying how she used her insulin. I went ahead and explained to her (how to use it correctly). I gave her my phone number and the location where I work (most often). (Participant 14).

Additionally, another student described how her experiences living in diverse communities will positively influence her approach to patient care, "I was able to learn how to talk to everybody from different backgrounds, whether they're Hispanic, Asian, White, or Black; this diversity setting helped me engage with other people, relate to them, understand their circumstances, their background. When you become a pharmacist, you don't have only 1 certain group of people you talk to, you interact with multiple people from different settings, backgrounds, ethnicities, races. Have conversations with them, get to know how they feel about their situation that they're in" (Participant 2).

Participants also discussed the importance of belongingness and inclusivity. When URG student pharmacists recognized the lack of organizations dedicated to their collective mission, several students took it upon themselves to create these spaces. One student described their efforts to create the Black Student Pharmacist Organization at a predominately White institution, “We worked on creating programming to support the intrinsic development of students of color, (and) we wanted to make sure that (the institution noticed) that we noticed that we didn’t feel supported in every aspect. It was really hard for us to find each other and get together in a meaningful way (so) we wanted to provide an outlet that could really encourage comfort and create a safe space for students of color and a place to connect. I think we've done a lot of great things for not only students in the College of Pharmacy but also the community (Participant 4).

To grow this sense of belongingness, many students described the importance of mentorship. In particular, several students discussed the influence of their parents and family members on their dedication to pursuing a career in healthcare. As 1 student described how her mother's mentorship and success as a nurse inspired her to pursue pharmacy, "(My mom) started off as a BSN (Bachelor of Science in Nursing), and then she worked her way up, and by the time I was in high school, she had gotten her master's in nursing education, and she talked more about that and how much she loved that and educating her students. And now she works as a nursing manager. I just loved the education part of what she did for healthcare and hearing about healthcare through her. Then when I got to high school, I realized that I really loved chemistry. (I wanted) the combination healthcare and chemistry and that's (why) I decided I wanted to get into pharmacy" (Participant 1).

Students also described their role as current and future mentors for other URG students. As 1 student described, “Being biracial, not being Black enough for the Black kids or not being White enough for the White kids, I feel plays a huge role in not only serving in a community as a pharmacist but really in everyday life as a mentor. It's important to reach out to those who might be experiencing exclusion because of discrimination (due to) racial adversity and ethnic adversity” (Participant 10). Additionally, several participants described how they were unaware of the countless career opportunities available to pharmacist graduates and emphasized the need for both mentorship and outreach to increase awareness among prospective student pharmacists. One participant described how she had discovered several posts on social media from URG pharmacists that wish they had known the expansive career opportunities in pharmacy, saying, “I've seen (pharmacists) on Instagram I follow and they’ll say, 'I only saw retail as the route to go.' So, I think just educating (prospective students), I’m sure, would bring the minority population in pharmacy up because people just think it’s CVS (a retail pharmacy)” (Participant 12). These examples among others illustrate how student pharmacists who identify as URG integrate these identities during their training to become practicing pharmacists who choose to give back to their communities and emphasize the undeniable value of mentorship.

3.3. Representational Intersectionality: “In Learning Materials, There’s No Representation at All, Just White”

Most students discussed how they would advocate for more representation of their communities within the curriculum, and at pharmacies, healthcare institutions, and among faculty at the institutions they attended. With respect to curriculum, some students felt there was little to no representation, as 1 student expressed, “In learning materials, there’s no representation at all, just White.” Alternatively, some students were happy to see some representation in the curriculum but felt there was room for growth. As another student described, “I would encourage (the) College of Pharmacy (to continue) reevaluating the patient cases that they present. (This) would really get people to think outside of themselves and outside of the box... how you would interact and how you would navigate different social situations and how (if) you do not navigate that situation appropriately, (how it) could affect the patient. I think they’ve focused a lot on what cultural competency is, but not necessarily how to apply it” (Participant 4). Additionally, 1 student described the dearth of URG pharmacists in her community as a motivating factor for becoming a pharmacist, “My decision to become a pharmacist (was) wanting more representation. I don’t think I have ever seen a Black pharmacist until I went to (this hospital system), and then I started seeing different pharmacists on the different floors. I chose pharmacy) so that I could help educate the Black community even more, like my family” (Participant 1).

Many students recognized the importance of robust pipelines to increase representation at the student level. As this student described her future goal to improve the pipeline of students from underrepresented communities into the health professions, stating, “I’m trying to (establish) a Young Doctor’s Club, which helps people in my neighborhood that I grew up in who are younger (and) trying to become a medical professional in some field whether it’s like optometry or dentistry or pharmacy. (It would) give them mentorship on what path to take, because my path to pharmacy was so long. I’m 26, and I started trying to do pharmacy when I first graduated high school when I was 17. I just got accepted last year because I didn’t know what path to take...
or what to do, who to talk to, or what classes to take” (Participant 15).

The value of representation within institutions was also emphasized by students. One student described their process of applying for particular pharmacy schools, “They’re just great on diversity and they actually reflect that in their staff. And they reflect that in the student population. When I was looking on their Facebook page, it wasn’t hard for me to find a Black face as opposed to looking on other university pages or just things that they out where you don’t really see the reflection of the diversity that they speak on” (Participant 14). And finally, students discussed the significance of representation from their communities at the schools they matriculated into. For example, this student described her reasoning for choosing a specific academic institution for their pharmacy education after speaking with a Caribbean faculty member, “I went to their open house and 1 of our professors is from (a Caribbean island), and it’s different seeing someone where you’re from. Even if I don’t see that professor often, (even if) they just taught 1 class.” That’s actually one of the reasons that I picked (the institution) solely because I’m an international student and a lot of other schools they didn’t have (this diversity). It’s knowing that you’re in (an) environment, kind of subconsciously, (that) makes you more comfortable. When I realized that, I got so excited and it was a relief. That is (to say), “I can do this now. This is better. Now I’m fully committed” (Participant 7). Taken together, representation in students, faculty, and throughout the community positively influences the professional identity development of URG student pharmacists.

4. Discussion

Our analysis demonstrates that race, ethnicity, and gender substantially influence the PIF experiences of student pharmacists who identify as URGs. The findings reveal how multiple identities can be both advantageous in some settings (eg, working with disadvantaged communities) and cause adverse experiences in others (eg, feeling the need to prove oneself). Our results build upon the growing evidence between the framework developed by Bush that illustrates how the experiences and perspectives of prospective and current URG student pharmacists to PIF. In this aforementioned framework, URG student pharmacists highlight how pipeline programs and mentors (eg, family, friends, etc) influence their decision to pursue pharmacy while school climate, curriculum, faculty, and peers influence their experiences on an institutional level. Our study operationalizes this framework as to its influence on PIF in URG student pharmacists, describing how these analogous experiences intersect and shape how URG student pharmacists see themselves as future pharmacists.

Additionally, our study illustrates and builds upon the work of Volpe and colleagues, which emphasizes that professional identity development mirrors the image of a double-helix in which the personal and professional identity “strands” bend to accommodate new experiences; however, the professional “strand” tends to be most rigid due to our acceptance of the White male experience as the norm. Our findings help explain this “push and pull” between identity strands and increase the complexity by describing the synergistic, oppressive forces that shape identity development. Furthermore, these results amplify the intersectional experiences of URG healthcare trainees that have often been overlooked in health science literature.

For pharmacy education, our findings have several implications. First, our Academy has the opportunity to incorporate the salient aspects of intersectionality into recommendations and policies to guide the implementation of PIF curricula in pharmacy schools. AACPs had previously highlighted the lack of a standardized approach when implementing and assessing PIF in pharmacy education but has provided theoretical frameworks based on literature review when supporting PIF student activities and faculty development when incorporating PIF into pharmacy education. Additionally, unlike medical education that retrospectively reflected on the absence of sociocultural contexts on PIF experiences of physician trainees and physicians, pharmacy education can lead in embracing these pertinent aspects of identity development.

Secondly, individual institutions should feel compelled to reflect the diversity of their communities in their curriculum, staff, and faculty. Pharmacy education literature has highlighted both the need for and success of incorporating inclusive curriculum and institutions should identify ways to create more inclusive curricula. This study and others have also indicated that while increasing the number of students from diverse backgrounds is important, many URG students choose to matriculate into programs that reflect the students’ diversity in their workforce. Additionally, institutions can grow their inclusivity through partnering with URG students to create and grow URG-related extracurricular groups, invite URG speakers, engage students with diverse mentorship, and invest in robust pipeline programs. These endeavors highlight the power of the “hidden” curriculum that has been shown to shape the PIF of healthcare professionals. Thus, by investing in the growth and support of URG students, schools, and colleges of pharmacy can positively influence the hidden curriculum that, in turn, influences professional identity development.

Our study has several limitations. First, although our study included URG students from different areas of the United States (eg, the Midwest and Southeast), the results may not reflect the experiences of URG students across the country. However, several participants indicated growing up in areas outside of the Midwest and Southeast, which may have mitigated this limitation. Secondly, we collapsed the data from participants identifying from different URGs, including African American, African-born American, Caribbean American, and Mexican American. This may have limited our ability to understand the nuances between the experiences of our diverse sample. We attempted to mitigate this by bringing our findings back to several participants who volunteered to read our findings to see whether the data and interpretations resonated with their experiences.

5. Conclusion

The sociocultural aspects of race, ethnicity, and gender influence the PIF of student pharmacists who belong to URGs. Intersectionality helps us better understand the ways in which inequality compounds itself, and this results in URG student pharmacists creating opportunities for belongingness and representation. Thus, it is crucial for pharmacy education to incorporate intersectionality in PIF curriculum and research.

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Declaration of Competing Interests

The authors declare that they have no known competing interests to disclose.
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