COMMENTARY

The Privilege of Providing Patient Care

Evan T. Robinson, PhD
Creighton University School of Pharmacy and Health Professions, Omaha, Nebraska
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Pharmacists are in a unique place to provide care to those in need. The pharmacist is sought after by patients and/or their family members to help them achieve positive health outcomes. The pharmacists providing this care in various practice settings are struggling with issues leading to stress, burnout, and decreased valuation of the profession. To help pharmacists and future pharmacists deal with these challenges, I propose the concept of the privilege of care and explain how the privilege of care, from the perspective of a pharmacist or healthcare provider, is the privilege to provide care and help those in need.

Keywords: care, privilege, privilege to provide care

INTRODUCTION

Consider the following scenario, which of late seems all too familiar: Nick, a community pharmacist is in charge of a busy store and struggling to keep up. In addition to the professional issues of staffing, insurance, productivity expectations, and COVID-19, he is also struggling with his personal finances and burdensome student loans. As a result, Nick finds himself frustrated and occasionally wondering why he became a pharmacist. He experiences these frustrations more often than he would like to admit. When they occur, he finds them troubling, as he truly enjoys helping people because, at his core, he wants to provide care to those who need it. This is not an uncommon scenario for today’s practicing pharmacist.

The helping of people in the scenario and the provision of care to those in need, either directly or indirectly, is rooted in the concept of the “privilege to provide care.” To get at the essence of the privilege to provide care, both concepts need to be defined. Merriam-Webster defines care, in part, as “things that are done to keep someone healthy, safe, etc.” Privilege can be defined as the “right or benefit that is given to some people and not to others,” such as when pharmacists provide care to patients that others are unable to provide.

DISCUSSION

Care and Patient Care

Within pharmacy education the construct of care has been taught and reinforced within curricula. It is present in the Report of the 2022-2023 Academic Affairs Standing Committee: Revising the Center for the Advancement of Pharmacy Education (CAPE) Educational Outcomes and Entrustable Professional Activities in domains two (Skills; 2.4. Person-centered care) and three (Attitudes; 3.1. Self-awareness, as well as in Standards 2 and 3 of the Accreditation Council for Pharmacy Education (ACPE) 2016 Accreditation Standards.

There has also been movement to more intentionally examine professional identity formation within curricula in that it “… may serve to help students internalize desired characteristics and traits as they adapt to the role of pharmacist and solidify their professional identity.” Considering that care is inherent to being a pharmacist, integrating the privilege to provide care into the professional identity formation of future pharmacists would add to their preparation and help them learn how care provision is not just an action but a gift.

Unfortunately, the healthcare system is not equitable to those we seek to serve, which is evident when considering social determinants of health and health inequalities. Social determinants of health, according to Healthy People 2030, are “…the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” Examples include but are not limited to finances, housing, transportation, educational access, health care access, and nutrition. These can subsequently precipitate health inequities, which are the “… systematic, avoidable and unfair differences in health outcomes that can be observed between populations, between social groups within the same population or as a gradient across a population ranked by social position.”
Pharmacists seek to do their best for patients, but sometimes that path is far from simple or easy. Whether addressing social determinants of health, health inequities, or seeking to provide care among the myriad of other opportunities and challenges, the environment in which pharmacists work to render these services is becoming increasingly more challenging. The inability of pharmacists to be able to render the care they desire to provide can lead to frustration, burnout, and wellbeing challenges that decrease satisfaction and could result in job changes or even leaving the profession.

The concerns regarding frustration, burnout, and wellbeing within our profession have been well documented within the literature. The growth in these issues led to the 2019 Enhancing Well-Being and Resilience Among the Pharmacist Workforce: A National Consensus Conference. The outcome of the conference was 50 recommendations to “… provide immediate, viable, and sustainable solutions to create improvements in critical areas related to wellbeing and resilience for pharmacy professionals at the societal level, at the organizational level, and the individual level.”

To gather real-time data, the American Pharmacists Association launched the Pharmacy Workplace and Well-being Reporting (PWWR) website, an online confidential and anonymous site for pharmacy personnel to submit their experiences, either positive or negative. During its latest submission cycle, December 11, 2021-January 9, 2022, of the 528 submissions, four were positive and 524 were negative. With these challenges in mind, I propose that introducing the privilege to provide care concept could help future and existing practitioners feel personally empowered when faced with challenging times, leading to professional resilience and a willingness to stay the course within their profession.

Privilege to Provide Care

When we think of privilege outside of the definition provided earlier, some synonyms could be honor, treat, pleasure or joy. So how do these relate to the provision of care and directly to the privilege to provide care?

In Tattoos on the Heart: The Power of Boundless Compassion, Father Gregory Boyle suggests that being part of an experience is realized less by what we give to others than by what we receive from others because of being able to interact with them. Patients in need of care are seeking help to resolve an issue, either simple or significant. At the time of interaction, the complexity of the issue and the feasible solution(s) are not known; they require time, effort and, of course, professional expertise to resolve. Working through this can result in clinical satisfaction, knowing that a desired outcome was achieved, but what about how the practitioner, in this case the pharmacist, feels because of that interaction and outcome?

Care and the ability to provide (or even offer) is a special privilege. The privilege to provide care occurs when someone comes to you as a practitioner to seek the disciplinary knowledge you possess. Within pharmacy, by virtue of licensure, the profession is uniquely positioned to provide care that benefits every patient seen. The opening sentence of the Oath of the Pharmacist recited by pharmacy students at graduation states, “I promise to devote myself to a lifetime of service to others through the profession of pharmacy,” and is followed by eight vows. Each one reflects the responsibilities they will assume with licensure. Perhaps by reflecting on the privilege to provide care, pharmacists will link these responsibilities and expectations to the gift that derives from them.

Interestingly, there is a quantitative way to examine this concept. Considering every health profession listed in the Occupational Outlook Handbook published by the U.S. Bureau of Labor Statistics in 2020, more than 15 million were engaged in the care of people. This list includes only practice-eligible health professionals and not health professions students enrolled in the vast array of programs. Included in this number were 332,200 pharmacists and 419,300 pharmacy technicians.

Now consider the census of the United States, which according to the United States Census Bureau, was 331,449,281 in 2020. Based on the numbers identified, in 2020 healthcare professionals made up 4.5% of the population of the United States. Put another way, a 4.5% subset of the US population cares for 95.5% of the US population. How can this not be considered a privilege worth cherishing? Considering the profession of pharmacy, in 2020 pharmacists represented 2.2% of the health care professionals identified, and, in the United States, pharmacists make up only a tenth of a percent of the population. That’s approximately 331,500 pharmacists caring for the nation’s 331.5 million citizens.

Consider the impact a health professional has when providing direct care to individual patients or assisting with the care of others, perhaps an individual’s parents, grandparents, or children. Each experience represents a privilege bestowed upon a practitioner to provide care. For patients this is a challenging time, one where they need assistance that no one else can provide, and therein lies the privilege of care. The patient likely does not want to be in the healthcare situation he or she is in, but a practitioner’s work with them, the chance to be with them in their time of need, is a gift to both the patient and the practitioner.

Benefiting From the Privilege to Provide Care

When pharmacists leave the workplace at the end of their day, the privilege is knowing they made a positive
difference in the lives of their patients, even if only for one individual. But pharmacists are human; therefore, what they remembered may be the insurance claim that did not process, the patient who was upset when a prescription was not ready, or a prescriber’s office not being able to authorize a refill. But should that dominate their attention? What they should focus on are the positive outcomes that are the direct result of the dedication, commitment, and compassion put forth by the pharmacist. The patient may or may not acknowledge this, but at the end of the day, the privilege of providing care is knowing that someone’s life is better because of that engagement and acknowledging that to oneself.

Standard 4 (Personal and Professional Development) of ACPE’s Standards 2016 articulates the expectation that pharmacy students develop self-awareness, which the Standards define as being “able to examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.” Affirming the privilege of providing care with students, alumni, preceptors, and other practitioners and encouraging reflection on the positive experiences could be a mindful way to benefit those who are struggling with the understandable stresses of the contemporary pharmacy workplace and bring a positive perspective to potentially demoralizing situations. For both pharmacists and future practitioners, linking the privilege of providing care to self-awareness can reinforce why being a pharmacist matters so much, as well as providing them with yet one more coping mechanism when things get challenging. One example of accomplishing this could be a mindfulness activity reflecting on two interactions that demonstrated the privilege to provide care and how it made them feel.

Does this sound somewhat Pollyannaish, ie, thinking happy thoughts will make everything better? It could, but considering the previous observations on pharmacists’ wellbeing, facilitating pharmacists to reflect on the privilege to provide care may not change their circumstances. However, it could improve their perceptions of being a pharmacist by reinforcing the joys of practice. To do so, many pharmacists need to move beyond how they feel and instead consider how they can engage and advocate.

The challenges with the pharmacy profession necessitate proactive advocacy for the betterment of workplace conditions, scope of practice, and payment reform, just to name a few. These will only get accomplished via meaningful and sustained engagement by pharmacists at both the state and national levels. The need for pharmacists to advocate for changes is far from new, yet it has been well documented that membership and engagement within various professional organizations are lagging. Today, more than ever, their active involvement and voices are needed to create the future that pharmacy educators and their students desire. Perhaps pharmacists would be more inclined to advocate for their profession if they focused first and foremost on the joys that come from the privilege to provide care.

CONCLUSION

Prior to and in the age of the COVID-19 pandemic we have repeatedly seen the value of the profession of pharmacy and the attention it has garnered. Every day, pharmacists meet the needs of their patients through the provision of care. They do so in the face of challenges and frustrations.

While the privilege to provide care construct will not make the issues challenging our profession go away, it can help by urging pharmacists to reflect and prompting them to remember daily the positive impact they have on patients’ lives. This is the gift given to every practitioner every day.

REFERENCES